

10-144 Chapter 101
Department of Health and Human Services
MAINECARE BENEFITS MANUAL
Chapter X

Section 4	LIMITED FAMILY PLANNING BENEFIT	10/01/16
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4.01 SUMMARY

This section establishes procedures for implementing the Limited Family Planning Benefit. Under the Limited Family Planning Benefit, MaineCare provides a targeted set of family planning services and supplies and family planning-related services to eligible individuals who are not otherwise eligible for full MaineCare benefits. No other MaineCare services, except those listed in this policy, are covered. Services performed by providers must be within the scope of practice of his or her professional licensure as defined by state law.

The goal is to improve the health of individuals and families in Maine by improving access to family planning services and decreasing the overall costs of health care by helping prevent or delay pregnancies and to improve overall reproductive health of Enrollees.

4.02 DEFINITIONS

Unless otherwise indicated, the following terms have the following meanings:

4.02-1 Benefit is the Limited Family Planning Services.

4.02-2 Enrollee is an individual who has applied for and been determined eligible to receive services under this Chapter.

4.02-3 Family Planning Related Services refers to medical diagnosis and treatment services, including reproductive health services, provided as part of or as follow up to a family planning visit.

4.02-4 Family Planning Services refers to services relating to the individuals' desire to prevent or delay pregnancy, or regulate the number and spacing of children.

4.02-5 Federal Poverty Levels (FPL) are the income levels established annually by the U.S. Department of Health and Human Services and can be found on the Internet at: <http://aspe.os.dhhs.gov/poverty/index.shtml>; an individual also can receive a copy of the current FPL amounts by contracting his/her local DHHS office, or by writing to:

Office for Family Independence

11 State House Station

19 Union Street

Augusta, ME 04333

4.02-6 MaineCare Eligibility Manual is the Office for Family Independence procedures that establish application and eligibility determination policies for MaineCare assistance. This manual can be found under the 10-144 *Code of MaineCare Regulations*, Chapter 332 at: <http://www.maine.gov/sos/cec/rules/10/ch332.htm> .

4.03 ELIGIBILITY

Individuals must meet the eligibility criteria as set forth below:

- A. Be an individual who is not pregnant; and
- B. Be an individual whose income is at or below 209% (two hundred and nine percent) of the FPL; and
- C. Meet any additional criteria for the Benefit required under the *MaineCare Eligibility Manual*.

It is the responsibility of the provider to verify an Enrollee's eligibility for the Limited Family Planning Benefit, as described in *MaineCare Benefits Manual*, Chapter I, prior to providing services.

4.04 COVERED SERVICES

A covered service is a service for which payment to a provider is permitted under this section of the *MaineCare Benefits Manual*. The services covered under this policy are listed below:

- A. Office visits for family planning.
- B. FDA-approved oral contraceptives, devices, and supplies.
- C. Over-the-counter contraceptives, including condoms, spermicides, and sponges, if prescribed.
- D. Patient family planning education and counseling.
- E. Follow-up visits for complications associated with contraceptive methods.
- F. Breast and pelvic exams and cancer screening.
- G. Pap smears, colposcopies, biopsies, and cryotherapies for cervical dysplasia.
- H. Treatment of genital tract and genital skin infections and disorders.
- I. Diagnosis and treatment of Sexually Transmitted Infections (STIs).
- J. Testing, prevention education, counseling and referral for Human Immunodeficiency Virus (HIV).

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4.04 COVERED SERVICES (cont.)

- K. Limited pharmacy services, consisting of birth control supplies and medications, vaccines, and supplies to prevent and treat STIs and other reproductive health infections.
- L. Limited laboratory services, consisting of testing for STIs, HIV, anemia, sickle cell disease, cervical and testicular cancer screening, and pap smears.
- M. Anesthesia services when medically necessary for a procedure that is covered under the Limited Family Planning Benefit.
- N. Sterilization if a properly completed sterilization consent form in accordance with the requirements of 42 C.F.R. 441, Subpart F, is attached to the billing claim.
- O. Provision of immunization services for STIs, including but not limited to, Hepatitis B where medically indicated.
- P. Treatment of major complications related to family planning services and family planning-related services (e.g., treatment of perforated uterus due to IUD insertion; severe menstrual bleeding by Depo-Provera injection, requiring dilation and curettage; or treatment of surgical; or anesthesia-related complications during a sterilization procedure).

4.05 NON-COVERED SERVICES

MaineCare will not reimburse for services provided that are non-covered services under this benefit. Non-covered services include:

- A. Infertility treatment.
- B. Abortion services and abortion-related services.
- C. Artificial Insemination.
- D. *In vitro* fertilization.
- E. Fertility drugs.
- F. Treatment for HIV (These services are covered under the Maine HIV/AIDS Waiver).
- G. Hysterectomies.
- H. Transportation.
- I. Services unrelated to family planning.

4.06 PROFESSIONAL AND OTHER QUALIFIED STAFF

The following professional staff who are fully, provisionally, or conditionally licensed, or recognized to practice by the state in which services are provided, are qualified professional staff for purposes of this rule subject to the limitations below. All qualified professional staff must be MaineCare enrolled providers in order to be reimbursed for services provided under this policy.

- A. **Physicians.**
- B. **Physician assistant** may provide family planning, medical, and counseling services when he or she has obtained full or temporary licensure from the Board of Licensure in Medicine or Osteopathy, which must be renewed bi-annually in accordance with Board rules. Such services may be performed only when delegated by a physician in accordance with the rules and regulations governing physician assistants.
- C. A **family planning nurse practitioner** or **certified nurse-midwife** may provide family planning, medical, and counseling services when he or she is a graduate of a certified nurse practitioner program or its equivalent, and when he or she holds a current nurse practitioner or nurse-midwife license to practice in the state in which services are provided.

4.07 ENROLLEE'S RECORDS

There shall be a specific record for each Enrollee which shall include, but not necessarily be limited to:

- A. The Enrollee's name, address, and birth date;
- B. The Enrollee's medical and social history, including immunization records, as appropriate;
- C. A description of the findings from the physical examination;
- D. Long and short range medical goals, as appropriate;
- E. A description of any tests ordered and performed and their results;
- F. A description of treatment, counseling, or follow-up care provided and the dates scheduled for revisits;
- G. Notation of any medications and/or supplies dispensed or prescribed;
- H. Recommendations for and referral to other sources of care;

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4.07 ENROLLEE’S RECORDS (cont.)

- I. The dates on which all services were provided; and
- J. Written progress notes, which shall identify the services provided.

Other qualified staff (woman's specialists, educators, etc.) may sign record entries relative to history-taking, updates, instruction, and pregnancy testing and results.

Entries are required for each date of service billed and must include the name, title, and signature of the service provider.

4.08 REIMBURSEMENT

MaineCare reimbursement shall be made only for those family planning counseling, instruction and medical services which are provided directly to the member.

- A. The maximum amount of payment for services rendered shall be the lowest of the following:
 - 1. The provider's usual and customary charge.
 - 2. Payment for services listed in the Limited Family Planning Benefit table (attached hereto as Appendix A) at the rate established by MaineCare as listed on the Department’s rate-setting website:
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx> .
 - 3. The lowest amount allowed by Medicare Part B when such service is covered.
- B. Family planning providers are reimbursed at the same fee-for-service rates as other providers of these services, including Section 90, “Physician Services,” where applicable.
- C. Family planning service providers, when furnishing covered services, shall be reimbursed for interpreter services provided to deaf/hard of hearing Enrollees when these services are necessary to communicate effectively with the Enrollees regarding health-care needs. Refer to the *MaineCare Benefits Manual* Chapter I for more information on interpreter services.
- D. In accordance with Chapter I of the *MaineCare Benefits Manual*, it is the responsibility of the provider to seek payment from any other sources that are available for payment of a rendered service prior to billing the MaineCare program.

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4.09 BILLING INSTRUCTIONS

Billing codes that “prevent or delay pregnancy or otherwise control family size” now require an FP modifier in MIHMS.

All Limited Family Planning Benefit claim forms require a family planning diagnosis code, with the exceptions of pharmacy and laboratory claims, from the approved diagnosis codes listed on the attached Appendix A. Claims without an approved family planning diagnosis code will be denied.

Family Planning Service providers shall bill for services under this Section in accordance with the billing requirements of the Department of Health and Human Services, including use of the CMS 1500 claim form. For instructions and to download a CMS 1500 sample claim form, see the OMS “Billing Instructions” web page, available at: <https://mainecare.maine.gov/Billing%20Instructions>.

4.10 LIMITATIONS

Services provided under this policy cannot be billed under core visits by Federally Qualified Health Clinics, Rural Health Clinics, or Indian Health Centers. Billing must comply with the Limited Family Planning Benefit billing instructions.

4.11 COST-SHARING

There are no co-payments for services received under the Limited Family Planning Benefit policy.

4.12 APPEAL RIGHTS

The Enrollee has appeal rights as described in Chapter 1 of the *MaineCare Benefits Manual*.

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Appendix A

Billing codes that “prevent or delay pregnancy or otherwise control family size” now require an FP modifier in MIHMS.

All Limited Family Planning Benefit claim forms require a family planning diagnosis code, with the exceptions of pharmacy and laboratory claims, from the approved diagnosis codes listed on the attached Appendix A. Claims without an approved family planning diagnosis code will be denied.

Unbundling and billing separately for tests included as part of a group (profile or panel) that pay at a lower rate is not allowed.

As codes or coding conventions change, the codes listed in this document will be updated to reflect those changes. Coding updates do not indicate a change in coverage policy regarding this benefit.

Diagnosis Codes approved for Limited Family Planning Benefit

Category	Code	Description
Cervical cytology	Z11.51	Screen, HPV
	R87.810	High-risk HPV DNA test positive
	R87.820	Low-risk HPV DNA test positive
Other frequently used	Z01.411	Routine gyn exam, abnormal findings
	Z01.419	Routine gyn exam, w/out abnormal findings
	Z12.72	Vaginal pap smear
	Z12.4	Screening, malignant neoplasm of cervix
	Z01.42	Cervical smears to confirm findings following initial abnormal
	Z08	Follow-up after treating for malignant neoplasm
	Z00.00	General adult medical exam w/out abnormal findings

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Category	Code	Description
	Z00.01	General adult medical exam w/abnormal findings
	Z71.1	Person w/feared health complaint, no diagnosis
	Z31.9	Encounter for procreative management
Pregnancy test	Z32.00	Pregnancy test, result unknown
	Z32.01	Pregnancy test, result positive
	Z32.02	Pregnancy test, result negative
HIV test	Z11.4	Screen, HIV
	Z20.6	HIV contact/(suspected) exposure
STD test	Z11.3	Screen, STI
	Z11.8	Screening, other infections or parasitis disease (chlamydial)
	Z11.59	Screening, other viral diseases
	Z12.4	Screening, for malignant neoplasm of cervix
	Z20.2	STI contact/(suspected) exposure
	Z20.828	Viral disease contact/(suspected) exposure
	Z72.51	High risk heterosexual behavior
	Z72.52	High risk homosexual behavior
	Z72.53	High risk bisexual behavior
Contraceptives	Z30.014	Encounter for initial Rx, IUD
	Z30.430	Insertion of IUD
	Z30.431	Routine checking of IUD
	Z30.432	Removal of IUD
	Z30.433	Removal and reinsertion of IUD
	T83.32xA	Displacement of IUD, initial encounter
	Z30.018	Encounter for initial Rx, other contra (implant)
	Z30.49	Surveillance of contra, other (implant)
	Z30.013	Encounter for initial Rx, injectable contra
	Z30.42	Surveillance of contra, injectable
	Z30.011	Encounter for initial RX, oral contra
	Z30.41	Surveillance of contra, oral contra
	Z30.012	Encounter for Rx, emergency contra
	Z30.2	Sterilization
	Z98.51	Tubal Ligation status
	Z98.52	Vasectomy status
	T83.31	Breakdown (mechanical) of UCD

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Category	Code	Description
	T83.32	Displace of UCD
	T83.39	Other mechanical complication of UCD
Additional Family Planning Codes	Z30.018	Encounter for initial Rx, other contra
	Z30.019	Encounter for initial Rx, unspecified contra
	Z30.09	Encounter for general counseling, contra
	Z30.8	Encounter for other contra management
	Z30.9	Encounter for contra management, unspecified
	Z30.40	Surveillance of contra, unspecified
	Z30.02	Counseling, natural family planning
	Cervical Abnormalities	R87.610
R87.611		ASH-H Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytological smear
R87.612		LGSIL Low grade squamous intraepithelial lesion on cytologic smear
R87.613		HGSIL High grade squamous intraepithelial lesion on cytologic smear
R87.619		Unspecified abnormal cytological, cervix uteri
Additional Cervical Abnormalities	C53.0	Malignant neoplasm of endocervix
	C53.1	Malignant neoplasm of exocervix
	C53.9	Malignant neoplasm of cervix uteri, unspecified
	N86	Erosion and ectropion of cervix uteri
	D06.0	Carcinoma in situ of endocervix
	D06.1	Carcinoma in situ of exocervix
	D06.7	Carcinoma in situ of other parts of cervix
	D06.9	Carcinoma in situ of cervix, unspecified
	N72	Inflammatory disease of cervix uteri
	N87.9	Dysplasia of cervix uteri, unspecified
	N87.0	Mild cervical dysplasia
	N87.1	Moderate cervical dysplasia

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Category	Code	Description
	N88.0	Leukoplakia of cervix uteri
	N88.2	Stricture and stenosis of cervix uteri
	N84.1	Polyp of cervix uteri
PID	N73.9	Female pelvic inflammatory disease
	N70.11	Chronic salpingitis
	N.70.12	Chronic oophoritis
	N70.13	Chronic salpingitis and oophoritis
	N70.91	Salpingitis, unspecified
	N70.92	Oophoritis, unspecified
	N70.93	Salpingitis and oophoritis, unspecified
	N73.0	Acute parametritis and pelvic cellulitis
	N73.1	Chronic parametritis and pelvic cellulitis
	N73.2	Unspecified parametritis and pelvic cellulitis
	N73.3	Female acute pelvic peritonitis
	N73.6	Female pelvic peritoneal adhesions (postinfective)
	N71.1	Chronic inflammatory disease of uterus
	N71.0	Acute inflammatory disease of uteris
Endometriosis	N80.0	Endometriosis of uterus
	N80.3	Endometriosis of pelvic peritoneum
	N80.6	Endometriosis in cutaneous scar
	N80.9	Endometriosis, unspecified
Additional Gyn-Related Diagnosis Codes	N76.0	Acute vaginosis
	N76.2	Acute vulvitis
	B96.89	Other specified bacterial agents as the cause of other classified
Urethritis	N34.1	Nonspecific urethritis
Herpes	A60.01	Herpesviral infection of penis
	A60.04	Herpesviral vulvovaginitis
	A60.09	Herpesviral infection of other urogenital tract
	A60.9	Anogenital herpes viral infection, unspecified
Genital Warts	B07.9	Viral wart, unspecified
	A63.0	Anogenital (venereal) warts

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Category	Code	Description
	B08.1	Molluscum contagiosum
Syphilis	A51.0	Primary genital syphilis
	A51.31	Condyloma latum
	A51.39	Other secondary syphilis of skin
	A51.5	Early syphilis, latent
	A52.11	Tabes dorsalis
	A52.16	Charcot's arthropathy (tabetic)
	A52.8	Late syphilis, latent
	A52.9	Late syphilis, unspecified
	A53.0	Latent syphilis, unspecified as early or late
Epididymitis	N45.1	Epididymitis
Menstrual	N91.0	Primary amenorrhea
	N91.1	Secondary amenorrhea
	N91.2	Amenorrhea, unspecified
	N91.3	Primary oligomenorrhea
	N91.4	Secondary oligomenorrhea
	N91.5	Oligomenorrhea, unspecified
	N92.0	Excessive/frequent menstruation w/regular cycle
	N92.5	Other specified irregular menstruation
	N92.6	Irregular menstruation, unspecified
	N94.1	Dyspareunia
	N94.3	Premenstrual tension syndrome
	N94.4	Primary dysmenorrhea
	N94.5	Secondary dysmenorrhea
	N94.6	Dysmenorrhea, unspecified
Chlamydial Infections	A56.00	Chlamydial infection, lower GU tract, unspecified
	A56.01	Chlamydial cystitis and urethritis
	A56.02	Chlamydial vulvovaginitis
	A56.09	Other chlamydial infection of lower GU tract
	A56.11	Chlamydial female PID
Gonococcal Infections	A54.24	Gonococcal female PID
	A54.29	Other gonococcal GU infections
	A54.00	Gonococcal infection, lower GU tract, unspecified

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Category	Code	Description
	A54.02	Gonococcal vulvovaginitis, unspecified
	A54.09	Other gonococcal infection of lower GU tract
	A54.01	Gonococcal cystitis and urethritis, unspecified
	A54.1	Gonococcal infection of lower GU tract w/abscess
	A54.22	Gonococcal prostatitis
	A54.23	Gonococcal infection, other male genital organs
	A54.03	Gonococcal cervicitis, unspecified
	A54.21	Gonococcal infection of kidney and ureter
	A54.29	Other gonococcal GU infections
	A54.5	Conococcal pharyngitis
	A54.6	Gonococcal infection of anus and rectum
Trichomoniasis	A59.01	Trichomonal vulvovaginitis
	A59.02	Trichomonal prostatitis
	A59.03	Trichomonal cystitis and urethritis
Scabies & Pubic Lice	B86	Scabies
	B85.3	Phthiriasis (Public Lice)
Breast-Related	N64.4	Mastodynia
	N63	Unspecified lump in breast
	N60.19	Diffuse cystic mastopathy of breast, unspecified
	N60.12	Diffuse cystic mastopathy of left breast
	N60.11	Diffuse cystic mastopathy of right breast
Other	Z22.4	Carrier of infections with a predominantly sexual mode of transmission
	Z22.50	Carrier of unspecified viral hepatitis

Procedure Codes for Limited Family Planning Benefit

For rates, see the Department's rate-setting website: <https://mainecare.maine.gov/Provider%20Fee%20Schedules>

Procedure Code	Description
11976	Removal, implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant

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Procedure Code	Description
11982	Removal, non-biodegradable drug delivery implant
11983	Removal and reinsertion, non-biodegradable drug delivery implant
17110	Destruction (eg., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen (eg., finger, heel, earstick)
46900	Destruction of lesion(s), anus, simple; chemical
46910	Destruction of lesion(s), electrodesiccation
46916	Destruction of lesion(s), cryosurgery
46922	Destruction of lesion(s), surgical excision
46924	Destruction of lesion(s), anus, extensive
54050	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54056	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser

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Procedure Code	Description
54060	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive; (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery)
54100	Biopsy penis separate procedure
55200	Vasotomy cannulization w/wo vas inc uni/bi spx
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
56501	Destruction of lesion(s) vulva; simple (laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s); vulva; extensive (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); one lesion
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to the 56605 billing code for primary procedure.)
56820	Colposcopy of the vulva;
56821	Colposcopy of the vulva; with biopsy(s)
57061	Destruction of vaginal lesion(s); simple (laser surgery, electrosurgery, cryosurgery, chemosurgery)

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Procedure Code	Description
57065	Destruction of vaginal lesion(s); extensive (laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy vaginal mucosa simple
57105	Biopsy vaginal mucosa extensive
57170	Diaphragm or cervical cap fitting with instructions
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	Endocervical curettage (not done as part of a dilation and curettage)
57510	Cautery cervix electro/thermal
57511	Cautery of cervix; electro or thermal; cryocautery, initial or repeat
57513	Cautery cervix laser ablation
57800	Dilation of cervical canal; instrumental (separate procedure)
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure) [Use 58110 in conjunction with 57452-57454.]
58120	Dilation & curettage diagnostic and/or therapeutic (nonobstetric)
58300	Insertion of intrauterine device (IUD)

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Procedure Code	Description
58301	Removal of intrauterine device (IUD)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58670	Tubal ligation by laparoscopic surgery with fulguration of oviducts (with or without transection)
58671	Tubal ligation by laparoscopic surgery with occlusion of oviducts by device (eg, band, clip, or Falope ring)
64435	Injection, anesthetic agent paracervical (uterine) nerve
72190	Radiologic examination, pelvis, complete, minimum 3 views
74000	Radiologic examination, abdomen; single anteroposterior view
74010	Radiologic examination, abdomen, anteroposterior and additional oblique and cone views
74740	Hysterosalpinography radiological supervision and interpretation
76830	Ultrasound transvaginal
76831	Echo exam uterus
76856	Ultrasound, pelvic (nonobstretic), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstretic), real time with image documentation, limited or follow-up (eg, for follicles)
81000	Urinalysis, by dip stick or tablet reagent
81001	Urinalysis; automated with microscopy
81002	Urinalysis, non-automated without microscopy
81003	Urinalysis, automated without microscopy

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Procedure Code	Description
81005	Urinalysis; qualitative or semiquantitative except immunoassays
81007	Urine screen for bacteria
81025	Urine pregnancy test, by visual color comparison methods
82120	Amines vaginal fluid qualitative
85013	Blood count; spun microhematocrit
85014	Blood count; other than spun hematocrit
85018	Hemoglobin (Hgb)(To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.)
85025	Complete CBC with auto diff WBC
85027	Blood count, complete (CBC), automated (Hgb, Hct, RBC, WVC and platelet count)
86592	Syphilis test, non-treponemal antibody; qualitative
86593	Syphilis test, quantitative
86631	Chlamydia test
86632	Chlamydia, IgM
86689	HTLV or HIV antibody, confirmatory test
86694	Herpes simplex, non-specific type test
86695	Herpes simplex, type 1
86696	Herpes simplex, type 2
86701	HIV-1

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Procedure Code	Description
86702	HIV-2
86703	HIV-1 and HIV-2, single assay (ex. Oraquick Advance Rapid ½. (If positive result, providers must recommend Western Blot confirmatory testing and collect a sample, blood or saliva, during the same encounter to send to an outside professional lab for testing. Prepaid Kits to collect the sample are to be purchased from the Maine Center for Disease Control and Prevention, Health and Environmental Testing Laboratory in accordance with <i>MaineCare Benefits Manual</i> , Section 90.04-24).
87081	Culture, presumptive, pathogenic organisms, screening only
87086	Culture, bacterial; quantitative colony count, urine
87110	Culture, chlamydia, any source
87207	Smear, primary source, with interpretation, special stain for inclusion bodies or parasites (eg, malaria, coccidian, microsporidia, trypanosomes, herpes viruses)
87210	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; wet mount for infectious agents (e.g. saline, India ink, KOH preps)
87270	Infectious agent antigen detection by enzyme immunofluorescent technique; adenovirus; Chlamydia trachomatis
87273	Herpes simplex virus type 2
87274	Herpes simplex virus, type 1
87285	Treponema pallidum
87320	Infectious agent antigen detective by enzyme immunoassay technique; Chlamydia trachomatis
87340	Hepatitis B surface antigen
87390	HIV-1
87391	HIV-2

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Procedure Code	Description
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87510	Gardnerella vaginalis direct probe technique
87511	Gardnerella vaginalis amplified probe technique
87528	Herpes simplex visu, direct probe technique
87529	Herpes simplex virus, amplified probe technique
87530	Herpes simplex virus, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique, includes reverse transcription when performed
87536	HIV-1, quantification, includes reverse transcription when performed
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87624	Human Papillomavirus (HPV), high-risk types
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis

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Procedure Code	Description
87850	Neisseria gonorrhoea
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88164	Cytopathology, slides, cervical or vaginal
88165	Cytopathology, slides, cervical or vaginal
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
88302	Surgical pathology, gross and microscopic examination
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Each additional vaccine (single or combination vaccine/toxoid)
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage for intramuscular use
90649	Human Papilloma Virus (HPV) vaccine types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90651	Human Papilloma Virus (HPV) vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule for intramuscular use.
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report (sterilization pre-op only)
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only (sterilization pre-op only)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

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Procedure Code	Description
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family. (Physician assistants and nurse practitioners may also perform these services within the scope of their licensure.)
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend twenty (20) minutes face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend thirty (30) minutes face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty-five (45) minutes face-to-face with the patient and/or family.

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Procedure Code	Description
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend sixty (60) minutes face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five (5) minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend fifteen (15) minutes face-to-face with the patient and/or family.

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Procedure Code	Description
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend twenty-five (25) minutes face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty (40) minutes face-to-face with the patient and/or family.
99384	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (age 12 through 17 years). (All providers of these services must meet all <i>MaineCare Benefits Manual</i> , Section 94 “Early, Periodic, Screening, Diagnostic and Treatment (EPSDT)” periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)
99385	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent age 18-39 years. (All providers of these services must meet all <i>MaineCare Benefits Manual</i> , Section 94 “Early, Periodic, Screening, Diagnostic and Treatment (EPSDT)” periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)

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Procedure Code	Description
99386	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (age 40-64)
99387	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (65 years and older)
99394	Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory diagnostic procedures, established patient; adolescent (age 12 through 17 years). (All providers of these services must meet all <i>MaineCare Benefits Manual</i> , Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; age 18-39 years. (All providers of these services must meet all <i>MaineCare Benefits Manual</i> , Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory diagnostic procedures, established patient; adolescent (65 years and older)

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Procedure Code	Description
99401	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes (Family planning professionals and other qualified staff may provide.)
99402	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Family planning professionals and other qualified staff may provide.)
99403	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes (Family planning professionals and other qualified staff may provide.)
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel) each
J0558	Penicillin G benzathine/procaine injection, 100,000 units
J0561	Penicillin G benzathine injection, 100,000 units
J0690	Injection, cefazolin sodium, 500 mg
J0694	Injection, cefoxitin sodium, 1 g
J0696	Injection, ceftriaxone sodium, per 250 mg
J0697	Injection, sterile cefuroximr sodium, per 750 mg
J0698	Cefotaxime sodium, per g

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Procedure Code	Description
J0710	Injection, cephapirin sodium, up to 1 g
J0715	Injection, ceftizoxime sodium, per 500 mg
J1050	Injection, medroxyprogesterone acetate, 1 mg
J1850	Injection, kanamycin sulfate, up to 75 mg
J1890	Injection, cephalothin sodium, up to 1 g
J3000	Injection, streptomycin, up to 1 g
J3260	Injection, tobramycin sulfate, up to 80 mg
J3320	Injection, spectinomycin dihydrochloride, up to 2 g
J3370	Injection, vancomycin HCl, 500 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 yr. duration (Liletta)
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 yr. duration (Mirena)
J7300	Intrauterine copper contraceptive (Paragard T3880A)
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla)
J7303	Contraceptive Supply, hormone containing vaginal ring, each
J7304	Contraceptive Supply, hormone containing patch, each (not on UCR)
J7307	Etongestrel (contraceptive) implant system, including implant and supplies (Implanon and Nexplanon)
S4993	Contraceptive pills for birth control