

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0U2DXHZ	CHANGE CONTRACEPTIVE DEVICE IN UTERUS AND CERVIX, EXT	X	
0U500ZZ	DESTRUCTION OF RIGHT OVARY, OPEN APPROACH		X
0U503ZZ	DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS APPROACH		X
0U504ZZ	DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS ENDOS APPROACH		X
0U510ZZ	DESTRUCTION OF LEFT OVARY, OPEN APPROACH		X
0U513ZZ	DESTRUCTION OF LEFT OVARY, PERCUTANEOUS APPROACH		X
0U514ZZ	DESTRUCTION OF LEFT OVARY, PERCUTANEOUS ENDOS APPROACH		X
0U520ZZ	DESTRUCTION OF BILATERAL OVARIES, OPEN APPROACH		X
0U523ZZ	DESTRUCTION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH		X
0U524ZZ	DESTRUCTION OF BILATERAL OVARIES, PERC ENDO APPROACH		X
0U550ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	X	
0U553ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	X	
0U554ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	X	
0U557ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, VIA OPENING	X	
0U558ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, ENDO	X	
0U560ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	X	
0U563ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	X	
0U564ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	X	
0U567ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, VIA OPENING	X	
0U568ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, ENDO	X	
0U570ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	X	
0U573ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	X	
0U574ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	X	
0U577ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	X	
0U578ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, ENDO	X	
0U590ZZ	DESTRUCTION OF UTERUS, OPEN APPROACH		
0U593ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS APPROACH		X
0U594ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0U597ZZ	DESTRUCTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING		X
0U598ZZ	DESTRUCTION OF UTERUS, ENDO		X
0U5B0ZZ	DESTRUCTION OF ENDOMETRIUM, OPEN APPROACH		X
0U5B3ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH		X
0U5B4ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS ENDO APPROACH		X
0U5B7ZZ	DESTRUCTION OF ENDOMETRIUM, VIA OPENING		X
0U5B8ZZ	DESTRUCTION OF ENDOMETRIUM, ENDO		X
0UB00ZZ	EXCISION OF RIGHT OVARY, OPEN APPROACH		X
0UB03ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS APPROACH		X
0UB04ZX	EXCISION OF RIGHT OVARY, PERC ENDO APPROACH, DIAGN		X
0UB04ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0UB07ZZ	EXCISION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING		X
0UB08ZZ	EXCISION OF RIGHT OVARY, ENDO		X
0UB10ZZ	EXCISION OF LEFT OVARY, OPEN APPROACH		X
0UB13ZZ	EXCISION OF LEFT OVARY, PERCUTANEOUS APPROACH		X
0UB14ZX	EXCISION OF LEFT OVARY, PERC ENDO APPROACH, DIAGN		X
0UB14ZZ	EXCISION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0UB17ZZ	EXCISION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING		X

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0UB18ZZ	EXCISION OF LEFT OVARY, ENDO		X
0UB20ZZ	EXCISION OF BILATERAL OVARIES, OPEN APPROACH		X
0UB23ZZ	EXCISION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH		X
0UB24ZX	EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH, DIAGN		X
0UB24ZZ	EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH		X
0UB27ZZ	EXCISION OF BILATERAL OVARIES, VIA OPENING		X
0UB28ZZ	EXCISION OF BILATERAL OVARIES, ENDO		X
0UB50ZX	EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC		X
0UB50ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH		X
0UB53ZX	EXCISION OF RIGHT FALLOPIAN TUBE, PERC APPROACH, DIAGN		X
0UB53ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH		X
0UB54ZX	EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN		X
0UB54ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH		X
0UB57ZX	EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING, DIAGN		X
0UB57ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING		X
0UB58ZX	EXCISION OF RIGHT FALLOPIAN TUBE, ENDO, DIAGN		X
0UB58ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, ENDO		X
0UB60ZX	EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC		X
0UB60ZZ	EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH		X
0UB63ZX	EXCISION OF LEFT FALLOPIAN TUBE, PERC APPROACH, DIAGN		X
0UB63ZZ	EXCISION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH		X
0UB64ZX	EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN		X
0UB64ZZ	EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH		X
0UB67ZX	EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING, DIAGN		X
0UB67ZZ	EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING		X
0UB68ZX	EXCISION OF LEFT FALLOPIAN TUBE, ENDO, DIAGN		X
0UB68ZZ	EXCISION OF LEFT FALLOPIAN TUBE, ENDO		X
0UB70ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH, DIAGN		X
0UB70ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH		X
0UB73ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH, DIAGN		X
0UB73ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH		X
0UB74ZX	EXCISION OF BI FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN		X
0UB74ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH		X
0UB77ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING, DIAGN		X
0UB77ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING		X
0UB78ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO, DIAGN		X
0UB78ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO		X
0UB90ZX	EXCISION OF UTERUS, OPEN APPROACH, DIAGNOSTIC		X
0UB90ZZ	EXCISION OF UTERUS, OPEN APPROACH		X
0UB93ZX	EXCISION OF UTERUS, PERCUTANEOUS APPROACH, DIAGNOSTIC		X
0UB93ZZ	EXCISION OF UTERUS, PERCUTANEOUS APPROACH		X
0UB94ZX	EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH, DIAGN		X
0UB94ZZ	EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0UB97ZX	EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING, DIAGN		X
0UB97ZZ	EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING		X
0UB98ZX	EXCISION OF UTERUS, ENDO, DIAGN		X
0UB98ZZ	EXCISION OF UTERUS, ENDO		X

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0UJ34ZZ	INSPECTION OF OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0UL50CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, OPEN	X	
0UL50DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, OPEN	X	
0UL50ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	X	
0UL53CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC	X	
0UL53DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC	X	
0UL53ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	X	
0UL54CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	X	
0UL54DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	X	
0UL54ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	X	
0UL57DZ	OCCLUSION OF R FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING	X	
0UL57ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, VIA OPENING	X	
0UL58DZ	OCCLUSION OF RIGHT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	X	
0UL58ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, ENDO	X	
0UL60CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, OPEN	X	
0UL60DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, OPEN	X	
0UL60ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	X	
0UL63CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC	X	
0UL63DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC	X	
0UL63ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	X	
0UL64CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	X	
0UL64DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	X	
0UL64ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	X	
0UL67DZ	OCCLUSION OF L FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING	X	
0UL67ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, VIA OPENING	X	
0UL68DZ	OCCLUSION OF LEFT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	X	
0UL68ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, ENDO	X	
0UL70CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, OPEN	X	
0UL70DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, OPEN	X	
0UL70ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	X	
0UL73CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC	X	
0UL73DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC	X	
0UL73ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	X	
0UL74CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	X	
0UL74DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	X	
0UL74ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	X	
0UL77DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, VIA OPENING	X	
0UL77ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	X	
0UL78DZ	OCCLUSION OF BI FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	X	
0UL78ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, ENDO	X	
0UPD0HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, OPEN APPROACH	X	
0UPD3HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, PERC APPROACH	X	
0UPD4HZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, PERC ENDO	X	
0UPD7HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, VIA OPENING	X	
0UPD8HZ	REMOVAL OF CONTRACEPTIVE DEVICE FROM UTERUS AND CERVIX, ENDO	X	
0UPDXHZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, EXTERN	X	
0UT00ZZ	RESECTION OF RIGHT OVARY, OPEN APPROACH		X

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0UT04ZZ	RESECTION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0UT07ZZ	RESECTION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING		X
0UT08ZZ	RESECTION OF RIGHT OVARY, ENDO		X
0UT0FZZ	RESECTION OF RIGHT OVARY, VIA OPENING W PERC ENDO		X
0UT10ZZ	RESECTION OF LEFT OVARY, OPEN APPROACH		X
0UT14ZZ	RESECTION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0UT17ZZ	RESECTION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING		X
0UT18ZZ	RESECTION OF LEFT OVARY, ENDO		X
0UT1FZZ	RESECTION OF LEFT OVARY, VIA OPENING W PERC ENDO		X
0UT20ZZ	RESECTION OF BILATERAL OVARIES, OPEN APPROACH		X
0UT24ZZ	RESECTION OF BILATERAL OVARIES, PERC ENDO APPROACH		X
0UT27ZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING		X
0UT28ZZ	RESECTION OF BILATERAL OVARIES, ENDO		X
0UT2FZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING W PERC ENDO		X
0UT70ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH		X
0UT74ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH		X
0UT77ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING		X
0UT78ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, ENDO		X
0UT7FZZ	RESECTION OF BI FALLOPIAN TUBE, VIA OPENING W PERC ENDO		X
0UT90ZZ	RESECTION OF UTERUS, OPEN APPROACH		X
0UT90ZZ	RESECTION OF UTERUS, OPEN APPROACH		X
0UT94ZZ	RESECTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0UT94ZZ	RESECTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH		X
0UT97ZZ	RESECTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING		X
0UT97ZZ	RESECTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING		X
0UT98ZZ	RESECTION OF UTERUS, ENDO		X
0UT98ZZ	RESECTION OF UTERUS, ENDO		X
0UT9FZZ	RESECTION OF UTERUS, VIA OPENING W PERC ENDO		X
0UT9FZZ	RESECTION OF UTERUS, VIA OPENING W PERC ENDO		X
00851	ANESTHESIA FOR TUBAL LIGATION/TRANSECTION	X	
00940	ANES VAGINAL PROCEDURES		X
00944	ANESTH VAGINAL HYSTERECTOMY		X
00952	ANESTHESIA FOR HYSTEROSCOPY AND/OR HYSTERSALPINGOGRAPHY		X
10060	INCISION AND DRAINAGE OF ABSCESS; SIMPLE OR SINGLE		X
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID		X
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCISED DIAMETER 0.5		X
11421	EXCISION, EXCISED DIAMETER 0.6 TO 1.0 CM		X
11976	REMOVABLE, IMPLANTABLE CONTRACEPTIVE CAPSULES	X	
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT		X
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT		X
11983	REMOVAL, WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY		X
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR		X
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR		X

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36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE		X
46900	DESTRUCTION OF LESION(S), ANUS, SIMPLE; CHEMICAL		X
46910	DESTRUCTION OF LESION(S), ANUS, ELECTRODESICCATION		X
46916	DESTRUCTION OF LESION(S), ANUS, CRYOSURGERY		X
46922	DESTRUCTION OF LESION(S), ANUS, SURGICAL EXCISION		X
46924	DESTRUCTION OF LESION(S), ANUS, EXTENSIVE		X
49320	LAPROSCOPIC, ABDOMEN, PERITONEUM & OMENTUM, DIAGNOSTIC; W/ OR W/OUT COLLECTION OF SPECIMENS		X
49321	LAPROSCOPIC, SURGICAL; W/ BIOPSY (SINGLE OR MULTI)		X
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS		X
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS		X
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE		X
56605	BIOPSY OF VULVA OR PERINEUM, 1 LESION		X
56606	BIOPSY OF VULVA OR PERINEUM, EACH ADDITIONAL LESION		X
56820	COLPOSCOPY OF THE VULVA		X
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)		X
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE		X
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE		X
57170	FITTING OF DIAPHRAGM OR CERVICAL CAP	X	
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT		X
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT, WITH BIOPSY OF VAGINA/CERVIX		X
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA		X
57454	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE		X
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER /ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX		X
57456	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER / ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE		X
57460	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER / ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX		X
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER / ADJACENT VAGINA; WITH LOOP ELECTRODE COLONIZATION OF THE CERVIX		X
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)		X
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)		X
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL		X
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT		X
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT D&C, WITH OR WITHOUT REPAIR, COLD KNIFE OR LASER		X
57522	CONIZATION OF CERVIX: LEEP		X
57800	DILATION OF CERVICAL CANAL; INSTRUMENTAL (SEPARATE PROCEDURE)		X
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD		X

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58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY		X
58260	VAGINAL HYSTERECTOMY FOR UTERUS <= 250 G		X
58262	VAGINAL HYSTERECTOMY FOR UTERUS <= 250 G W/REMOVAL OF TUBES AND/OR OVARIES		X
58290	VAGINAL HYSTERECTOMY FOR UTERUS > 250G		X
58291	VAGINAL HYSTERECTOMY FOR UTERUS >250 G W/REMOVAL OF TUBES AND/OR OVARIES		X
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	X	
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	X	
58340	CATHERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEOSALPINGOGRAPHY (IMPLANT POST-PROCEDURE		X
58353	ENDOMETRIAL ABLATION, THERMAL, W/OUT HYSTERSCOPIIC GUIDANCE		X
58356	ENDOMETRIAL CRYOABLATION W/ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURRETTAGE WHEN PERFORMED		X
58563	HYSTEROSCOPY, SURGICAL, W/ENDOMETRIAL ABLATION (E.G., ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION,		X
58565	HYSTEROSCOPY, WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	X	
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBES, ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	X	
58615	OCCLUSION OF FALLOPIAN TUBES BY DEVICE VAGINAL OR SUPRAPUBIC APPROACH	X	
58660	LAPROSCOPIC, SURGICAL; W/LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)		X
58661	LAPROSCOPIC, SURGICAL; W/REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHERECTOMY AND/OR SALPINGECTOMY)		X
58662	LAPROSCOPIC, SURGICAL; W/FULFUARION OR EXCISION OF LESIONS OF OVARY, PELVIC NISCERA, OR PERITONIAL SURFACE BY ANY METHOD		X
58670	LAPAROSCOPY, SURGICAL; W/ FULGURATION OF OVIDUCTS BY DEVICE (WITH OR WITHOUT TRANSECTION)	X	
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (E.G., BAND, CLIP, ETC.)	X	
58679	UNLISTED LAPAROSCOPIC PROCEDURE, OVIDUCT, OVARY		X
58700	SALPINGECTOMY, UNILATERAL OR BILATERAL		X
58720	SALPINGO-OOPHORECTOMY, UNILATERAL OR BILATERAL		X
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS		X
58920	WEDGE RESECTION OR BISECTION OF OVARY; UNILATERAL OR		X
58940	OOPHORECTOMY, UNILATERAL OR BILATERAL		X
62311	INJECTION, SINGLE, NOT INCLUDING NEUROLYTIC SUBSTANCES, . . . LUMBAR, SACRAL (CAUDAL)		X
62319	INJECTION, INCLUDING CATHETER PLACEMENT, . . . LUMBAR, SACRAL (CAUDAL)		X
64435	INJECTION, ANESTHETIC AGENT PARACERVICAL (UTERINE) NERVE		X
72190	RADIOLOGIC EXAMINATION, PELVIS, COMPLETE, MINIMUM 3 VIEWS		X

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74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW		X
74010	RADIOLOGIC EXAMINATION, ABDOMEN, ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS		X
74740	HYSTEOSALPINOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION		X
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE RADIOLOGICAL SUPERVISION AND INTERPRETATION		X
76830	ULTRASOUND TRANSVAGINAL		X
76831	ECHO EXAM UTERUS		X
76856	ULTRASOUND, PELVIC (NONOBSTRETIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		X
76857	ULTRASOUND PELVIC (NONOBSTRETIC), REAL TIME WITH IMAGE DOCUMENTATION, LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)		X
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE		X
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD		X
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON		X
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON		X
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON		X
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZE)		X
80048	BASIC METABOLIC PANEL (CLIA PANEL PROC)		X
80050	GENERAL HEALTH PANEL		X
80051	ELECTROLYTE PANEL (CLIA PANEL PROC)		X
80053	COMPREHENSIVE METABOLIC PANEL		X
80055	OBSTRETIC PANEL		X
80061	LIPID PANEL (REFER TO CPT FOR COMPLETE DESCRIPTION) (CLIA WAIVER LIST AND PANEL PROCEDURE)		X
80074	ACUTE HEPATITIS PANEL		X
80076	HEPATIC FUNCTION PANEL		X
81000	URINALYSIS BY DIPSTICK/ TABLET REAGENT; NON-AUTOMATED WITH MICROSCOPY		X
81001	URINALYSIS ETC. AUTOMATED WITH MICROSCOPY		X
81002	URINALYSIS BY DIP STICK/TABLET REAGENT; NON-AUTOMATED WITHOUT MICROSCOPY (CLIA WAIVER LIST)		X
81003	UNRINALYSIS BY DIP/TABLET; AUTOMATED WITHOUT MICROSCOPY		X
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE EXCEPT IMMUNOASSAYS		X
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)		X
81020	URINALYSIS; 2 OR 3 GLASS TEST (PPMP CLIA LIST)		X
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS (CLIA WAIVER LIST)		X
82040	ALBUMIN SERUM		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
82042	ALBUMIN; URINE QUANTITATIVE		X
82043	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE		X
82105	ALPHA-FETOPROTEIN; SERUM		X
82120	AMINES VAGINAL FLUID QUALITATIVE		X
82150	AMYLASE		X
82247	BILIRUBIN TOTAL		X
82310	CALCIUM; TOTAL		X
82330	CALCUIM; IONIZED		X
82435	CHOLORIDE; BLOOD		X
82465	CHOLESTEROL SERUM TOTAL (CLIA WAIVER LIST)		X
82550	CREATIVE KINKASE (CK) (CPK); TOTAL		X
82553	CREATIVE KINASE (CK) (CPK); MB FRACTION ONLY		X
82565	CREATININE; BLOOD		X
82570	CREATININE; OTHER SOURCE		X
82575	CREATININE CLEARANCE		X
82607	CYANOCOBALAMIN (VITAMIN B-12)		X
82670	ESTRADIOL		X
82671	ESTROGENS FRACTIONATED		X
82672	ESTROGENS TOTAL		X
82677	ESTRIOL		X
82679	ESTRONE		X
82728	FERRITIN		X
82746	FOLIC ACID; SERUM		X
82947	GLUCOSE; QUANTITATIVE (CLIA WAIVER LIST)		X
82948	GLUCOSE; BLOOD REAGENT STRIP		X
82950	GLUCOSE POST GLUCOSE DOSE (INCLUDES GLUCOSE)		X
82962	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED/ FDA SPECIFICALLY/ HOME USE		X
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE (FSH)		X
83002	GONADOTROPIN LUTEINIZING HORMONE (LH)		X
83020	HEMOGLOBIN FRACTIONATION AND QUANITATION; ELECTROPHORESIS		X
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMOTOGRAPHY		X
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON AUTOMATED		X
83036	GLYCOSYLATED HEMOGLOBIN TEST (A1C)		X
83518	IMMUNOASSAY FOR ANALYTE, QAULI/SEMIQUANTITATIVE SINGLE STEP		X
83520	IMMUNOASSAY ANALYTE; QUANTITATIVE NOT OTHERWISE SPECIFIED		X
83690	LIPASE		X
84075	PHOSPHATASE ALKALINE		X
84144	PROGESTERONE		X
84146	PROLACTIN		X
84425	THIAMINE (VITAMIN B-1)		X
84443	THYROID STIMULATING HORMONE		X
84520	UREA NITROGEN; QUANTITATIVE		X
84550	URIC ACID; BLOOD		X
84702	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE		X
84703	GONADOTROPIN CHORIONIC QUALITATIVE (CLIA WAIVER LIST)		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT		X
85007	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT		X
85008	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL		X
85009	MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT		X
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT (CLIA WAIVER LIST)		X
85014	HEMATOCRIT		X
85018	HEMOGLOBIN		X
85025	COMPLETE CBC WITH AUTO DIFF WBC		X
85027	COMPLETE CBC AUTOMATED		X
85032	MANUAL CELL COUNT EACH		X
85045	AUTOMATED RETICULOCYTE COUNT		X
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III		X
85378	FIBRIN DEGRADE PRODUCTS, D-DIMER QUALITATIVE OR		X
85576	PLATELET; AGGREGATION (IN VITRO) EACH AGENT		X
85597	PHOSPHOLIPID NEUTRALIZATION; PLATLET		X
85598	HEXAGONAL PHOSPHOLIPID		X
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)		X
85652	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED		X
85660	SICKLING OF RBC REDUCTION SLIDE METHOD		X
85730	THROMBOPLASTIN TIME PARTIAL (PTT) PLASMA OR WHOLE BLOOD		X
86255	FLUORESCENT NONINFECTIONS AGENT ANTIBODY; SCREEN EACH		X
86318	IMMUNOASSAY/INFECTI AGENT ANTIBODY QUALI/ SEMIQUANT SINGLE		X
86382	NEUTRALIZATION TEST VIRAL		X
86403	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY		X
86580	SKIN TEST TUBERCULOSIS INTRADERMAL (EXEMPT FROM CLIA EDITING)		X
86592	SYPHILIS TEST, NON TREPONEMAL ANTIBODY; QUALITATIVE		X
86593	SYPHILIS TEST NON TREPONEMAL ANTIBODY; QUANTITATIVE		X
86628	ANTIBODY; CANDIDA		X
86631	ANTIBODY; CHLAMYDIA		X
86632	ANTIBODY; CHLAMYDIA IGM		X
86687	ANTIBODY; HTLV I		X
86688	ANTIBODY; HTLV-II		X
86689	ANTIBODY; HTLV OR HIV ANTIBODY CONFIRMATORY TEST (EG WESTERN		X
86694	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST		X
86695	ANTIBODY; HERPES SIMPLEX TYPE 1		X
86696	HERPES SIMPLEX TYPE 2		X
86698	ANTIBODY HISTOPLASMA		X
86701	ANTIBODY HIV 1		X
86702	ANTIBODY; HIV 2		X
86703	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY		X
86704	HEPATITIS B TOTAL CORE ANTIBODY		X
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)		X
86707	HEPATITIS BE ANTIBODY (HBEAB)		X
86762	ANTIBODY; RUBELLA		X
86787	ANTIBODY; VARICELLA-ZOSTER		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
86803	HEPATITIS C ANTIBODY		X
86804	HEPATITIS C ANTIBODY TEST CONFIRM		X
86900	BLOOD TYPING; ABO		X
86901	BLOOD TYPING; RH(D)		X
87015	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE		X
87040	BLOOD CULTURE FOR BACTERIA CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES		X
87070	CULTURE BACTERIA OTHER CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES		X
87071	CULTURE BACTERIA; QUANTITATIVE AEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT		X
87073	CULTURE BACTERIAL; QUANTITATIVE ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT		X
87075	CULTURE BACTERIA ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES		X
87076	CULTURE BACTERIAL ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE		X
87077	CULTURE BACTERIAL; AEROBIC ISOLATE ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION EACH ISOLATE		X
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;		X
87086	CULTURE BACTERIAL URINE QUANTITATIVE COLONY COUNT		X
87088	URINE BACTERIA; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE		X
87102	CULTURE FUNGI ISOLATION OTHER SOURCE (EXCEPT BLOOD)		X
87110	CULTURE CHLAMYDIA		X
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLOURESENCE (EG, AGGLUTINATION GROUPING), PER		X
87164	DARK FIELD EXAMINATION ANY SOURCE (E.G. PENILE, VAGINAL, ORAL,		X
87184	SENSITIVITY STUDIES ANTIBIOTIC DISK METHOD PER PLATE (12 OR LESS		X
87186	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION [MIC] OR BREAKPOINT), EACH MULTI-ANTIMICROBIAL, PER PLATE		X
87205	SMEAR PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES		X
87206	SMEAR PRIMARY SOURCE WITH INTERPRETATION FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA FUNGI, PARASITES, VIRUSES		X
87207	SMEAR SPECIAL STAIN SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR		X
87210	SMEAR PRIMARY SOURCE WITH INTERPREATION WET MOUNT FOR INFECTIOUS AGENTS		X
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES		X
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE IDENTIFICATION BY CYTOPATHIC EFFECT		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT IMMUNOFLOURESCENT ANTIBODY TECH; CHLAMYDIA TRACHOMATIS		X
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT ANTIBODY; HERPES SIMPLEX VIRUS TYPE 2		X
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; HEPES SIMPLEX VIRUS		X
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY EMZYME IMMUNOSSAY TECHNIQUE, QUALITATIVE OR SEMIQUAUTITATIVE, CHLAMYDIA TRACHOMATIS		X
87340	HEPATITIS B SURFACE ANTIGEN IA		X
87341	HEPATITIS B SURFACE ANTINGEN IA		X
87350	HERPES SIMPLEX TYPE 2		X
87390	HIV-1		X
87391	HIV-2		X
87470	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DIRECT PROBE		X
87480	CANDIDA SPECIES DIRECT PROBE TECHNIQUE		X
87481	CANDIDA SPECIES AMPLIFIED PROBE TECHNIQUE		X
87482	CANDIDA SPECIES QUANTIFICATION		X
87485	CHLAMYDIA PNEUMONIAE DIRECT PROBE TECHNIQUE		X
87486	CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE		X
87487	CHLAMYDIA PNEUMONIAE QUANTIFICATION		X
87490	CHLAMYDIA TRACHOMATIS DIRECT PROBE TECHNIQUE		X
87491	CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TECHNIQUE		X
87492	CHLAMYDIA TRACHOMATIS QUANTIFICATION		X
87495	CYTOMEGALOVIRUS DIRECT PROBE TECHNIQUE		X
87496	CYTOMEGALOVIRUS AMPLIFIED PROBE TECHNIQUE		X
87497	CYTOMEGALOVIRUS QUANTIFICATION		X
87510	GARDNERELLA VAGINALIS DIRECT PROBE TECHNIQUE		X
87511	GARDNERELLA VAGINALIS AMPLIFIED PROBE TECHNIQUE		X
87512	GARDNERELLA VAGINALIS QUANTIFICATION		X
87528	HERPES SIMPLEX VIRUS DIRECT PROBE TECHNIQUE		X
87529	HERPES SIMPLEX VIRUS AMPLIFIED PROBE TECHNIQUE		X
87530	HERPES SIMPLEX VIRUS QUANTIFICATION		X
87531	HERPES VIRUS-6 DIRECT PROBE TECHNIQUE		X
87532	HERPES VIRUS-6 AMPLIFIED PROBE TECHNIQUE		X
87533	HERPES VIRUS-6 QUANTIFICATION		X
87534	HIV-1 DIRECT PROBE TECHNIQUE		X
87535	HIV-1 AMPLIFIED PROBE TECHNIQUE		X
87536	HIV-1 QUANTIFICATION		X
87537	HIV-2 DIRECT PROBE TECHNIQUE		X
87538	HIV-2 AMPLIFIED PROBE TECHNIQUE		X
87539	HIV-2 QUANTIFICATION		X
87590	NEISSERIA GONORRHOEAE DIRECT PROBE TECHNIQUE		X
87591	NEISSERIA GONORRHOEAE AMPLIFIED PROBE TECHNIQUE		X
87592	NEISSERIA GONORRHOEAE QUANTIFICATION		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
87623	HPV LOW RISK TYPES		X
87624	HPV HIGH RISK TYPES		X
87625	HPV TYPES 16 & 18 ONLY		X
87660	TRICHOMONAS VAGIN DIR PROBE		X
87797	NOT OTHERWISE SPECIFIED DIRECT PROBE TECHNIQUE		X
87800	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; DIRECT PROBE TECHNIQUE		X
87801	INFECT AGT DETECTION BY NUCLEIC ACID AND MULTIPLE ORGANISMS; AMPLIFIED PROBE TECHNIQUE		X
87810	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS		X
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE		X
88108	CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRETATION (EG SACCOMANNO TECHNIQUE)		X
88141	CYTOPATHOLOGY CERVICAL OR VAGINAL REQUIRING INTERPRETATION BY PHYSICIAN		X
88142	CYTOPATHOLOGY CERVICAL OR VAGINAL, THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION		X
88143	CYTOPATHOLOGY CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION		X
88147	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION		X
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING UNDER PHYSICIAN		X
88150	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION		X
88152	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL; WITH MANUAL & COMPUTER-ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION		X
88153	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION		X
88154	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION		X
88155	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL DEFINITIVE HORMONAL EVALUATION		X
88160	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; SCREENING AND		X
88161	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; PREPARATION SCREENING AND INTERPRETATION		X
88162	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS		X
88164	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION		X
88165	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND RESCREENING UNDER		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
88166	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED		X
88167	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION UNDER PHYSICIAN SUPERVISION		X
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, FIRST EVALUATION EPISODE, EACH SITE		X
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE;		X
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN		X
88175	CYTOPATH C/V AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR		X
88177	IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, EACH SEPARATE ADDITIONAL EVALUATION EPISODE, SAME		X
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY		X
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC		X
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC		X
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC		X
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC		X
90471	IMMUNIZATION ADMINISTRATION		X
90472	SUBSEQUENT IMMUNIZATION ADMINISTRATION		X
90649	GARDASIL (HPV) VACCINE		X
90650	CERVARIX (HPV)		X
90651	GARDASIL 9- HPV 9-VALENT		X
90739	HEP B 2-DOSE SERIES		X
90746	VACCINE PREVENTABLE HEPATITIS		X
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR		X
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE SURGICAL PACKAGE, TO INDICATE THAT AN EVALUATION AND MANAGEMENT SERVICE WAS PERFORMED DURING A POSTOPERATIVE PERIOD FOR A REASON(S) RELATED OT THE ORIGINAL PROCEDURE		X
99144	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, AGE 5 YEARS OR OLDER, FIRST 30 MINUTES		X
99145	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, AGE 5 YEARS OR OLDER, EACH ADDITIONAL 15		X
99201-99205	NEW PATEINT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT		X
99211-99215	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT		X
99221-	INITIAL HOSPITAL CARE		X
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES		X
99385-	PREVENTATIVE MEDICINE SERVICES/ NEW PATIENT		X
99395-	PREVENTATIVE MEDICINE SERVICES/ ESTABLISHED PATIENT		X
99401-99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCITON INVERVENTION(S) PROVIDED TO AN INDIVIDUAL		X
99411	PREVENTATIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCITON INVERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP		X
99412	PREVENTATIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCITON INVERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP		X
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT		X
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	X	
A4266	DIAPHRAGM	X	
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE	X	
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	X	
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL)	X	
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION		X
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION		X
G0124	SCREEN C/V THIN LAYER BY MD		X
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING REQUIRING INTERPRETATION BY PHYSICIAN		X
G0143	SCREEN C/V CYTO, THIN LAYER RESCR		X
G0144	SCREEN C/V CYTO, THIN LAYER RESCR		X
G0145	SCREEN C/V CYTO, THIN LAYER RESCR		X
G0147	SCREEN C/V CYTO AUTOMATED SYS		X
G0148	SCREEN C/V CYTO AUTOSYS RESCR		X
G0432	EIA HIV-1/HIV-1 SCREEN		X
G0433	ELISA HIV-1/HIV-2 SCREEN		X
G0435	ORAL HIV-1/HIV-2 SCREEN		X
G0445	HIGH INTENSIVE BEHAVIORAL COUNSELLING STD 30 MINUTES		X
G0463	HOSPITAL OUTPATIENT CLINIC VISIT		X
G0472	HEP C SCREEN HIGH RISK/OTHER		X
J0456	INJECTION, AZITHROMYCIN, 500 MG		X
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS		X
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG		X
J0694	INJECTION, CEFOXITIN SODIUM, 1 G		X
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 G		X
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG		X
J0698	CEFOTAXIME SODIUM, PER G		X
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 G		X
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	X	
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 G		X
J2460	INJECTION, OXYTETRACYCLINE HCl, UP TO 50 MG		X
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS		X
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS		X
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 G		X
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	X	
J7301	LEVORGESTREL IUD 13.5 MG (SKYLA)	X	
J7297	LEVONORGESTREL IUD 52MG 3 YR	X	
J7298	LEVONORGESTREL IUD 52MG 5 YR	X	
J7303	CONTRACEPTIVE VAGINAL RING	X	
J7304	CONTRACEPTIVE HORMONE RING	X	
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING	X	
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION		X
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN		X
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY		X
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS		X
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS		X
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/ POWDER, 1 GM		X
S0610	ANNUAL GYNECOLOGICAL EXAM- NEW PATIENT	X	
S0612	ANNUAL GYNECOLOGICAL EXAM- ESTABLISHED PATIENT	X	
S0191	MISOPROSTOL, ORAL, 200 MCG		X
S4989	CONTRACEPTIVE IUD	X	
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	X	
G2A	PROGESTATIONAL AGENTS		X
G8A	CONTRACEPTIVES, ORAL	X	
G8B	CONTRACEPTIVES, IMPLANTABLE	X	
G8C	CONTRACEPTIVES, INJECTABLE	X	
G8F	CONTRACEPTIVES, TRANSDERMAL	X	
G9B	CONTRACEPTIVES, INTRAVAGINAL	X	
L5A	KERATOLYTICS		X
Q4F	VAGINAL ANTIFUNGALS		X
Q4W	VAGINAL ANTIBIOTICS		X
Q5R	TOPICAL ANTIPAPASITICS		X
Q5V	TOPICAL ANTIVIRALS		X
Q6V	EYE ANTIVIRALS		X
R1R	URICOSURIC AGENTS		X
W1A	PENICILLINS		X
W1B	CEPHALOSPORINS		X
W1C	TETRACYCLINES		X
W1D	MACROLIDES		X
W1F	AMINOGLYCOSIDES		X
W1K	LINCOSAMIDES		X
W1P	BETALACTAMS		X

PLAN FIRST Procedures and Service Codes  
Effective August 1, 2016

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W1Q	QUINOLONES		X
W1X	CEPHALOSPORINS 2ND GENERATIONS		X
W1Y	CEPHALOSPORINS 3RD GENERATION		X
W2A	ABSORBABLE SULFONAMIDES		X
W3B	ANTIFUNGAL AGENTS		X
W3C	ANTIFUNGAL AGENTS (CONTINUED)		X
W4E	ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL AGENTS		X
W4G	2ND GEN. ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL		X
W5A	ANTIVIRAL, GENERAL		X
W7B	VIRAL/ TUMORIGENIC VACCINES		X
X1B	DIAPHRAMS/ CERVICAL CAP		X
X1C	INTRA-UTERINE DEVICES		X
Z2G	IMMUNOMODULATORS		X
	MISOPROSTOL TABLETS		X

\*Codes in the "May be family planning or family planning related service" category must be billed with either a FP modifier or a Z30.XXX diagnosis to receive reimbursement.