



MONTANA HEALTHCARE PROGRAMS NOTICE

July 3, 2019

Family Planning Clinic, FQHC, Inpatient Hospital, Outpatient Hospital, ASC, RHC, Mid-Levels, Pharmacy, and Public Health Clinic Providers

Effective July 5, 2019

Montana Plan First – Update to Covered Code List

The Plan First Covered Procedures and Service Code list has been updated. The single code, 90649, has been removed from the list as this is no longer covered under Montana Medicaid.

Contact Information

Plan First Program Officer, Linda Skiles-Haddock, email lskiles-haddock@mt.gov or telephone (406) 444-6868

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)

PLAN FIRST Procedures and Service Codes

Effective July 5, 2019

***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.**

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	Y	N/A
0U500ZZ	DESTRUCTION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0U503ZZ	DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0U504ZZ	DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS ENDOS APPROACH	N/A	Y
0U510ZZ	DESTRUCTION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0U513ZZ	DESTRUCTION OF LEFT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0U514ZZ	DESTRUCTION OF LEFT OVARY, PERCUTANEOUS ENDOS APPROACH	N/A	Y
0U520ZZ	DESTRUCTION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0U523ZZ	DESTRUCTION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH	N/A	Y
0U524ZZ	DESTRUCTION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
0U550ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0U553ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0U554ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0U557ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0U558ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, ENDO	Y	N/A
0U560ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0U563ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0U564ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0U567ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, VIA OPENING	Y	N/A

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0U568ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, ENDO	Y	N/A
0U570ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Y	N/A
0U573ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	Y	N/A
0U574ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	Y	N/A
0U577ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	Y	N/A
0U578ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, ENDO	Y	N/A
0U590ZZ	DESTRUCTION OF UTERUS, OPEN APPROACH	N/A	Y
0U593ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS APPROACH	N/A	Y
0U594ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0U597ZZ	DESTRUCTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0U598ZZ	DESTRUCTION OF UTERUS, ENDO	N/A	Y
0U5B0ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH	N/A	Y
0U5B3ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH	N/A	Y
0U5B4ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS ENDO APPROACH	N/A	Y
0U5B7ZZ	DESTRUCTION OF ENDOMETRIUM, VIA OPENING	N/A	Y
0U5B8ZZ	DESTRUCTION OF ENDOMETRIUM, ENDO	N/A	Y
0UB00ZZ	EXCISION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0UB03ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0UB04ZX	EXCISION OF RIGHT OVARY, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB04ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB07ZZ	EXCISION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UB08ZZ	EXCISION OF RIGHT OVARY, ENDO	N/A	Y
0UB10ZZ	EXCISION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0UB13ZZ	EXCISION OF LEFT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0UB14ZX	EXCISION OF LEFT OVARY, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB14ZZ	EXCISION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB17ZZ	EXCISION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UB18ZZ	EXCISION OF LEFT OVARY, ENDO	N/A	Y
0UB20ZZ	EXCISION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0UB23ZZ	EXCISION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH	N/A	Y
0UB24ZX	EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB24ZZ	EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
0UB27ZZ	EXCISION OF BILATERAL OVARIES, VIA OPENING	N/A	Y
0UB28ZZ	EXCISION OF BILATERAL OVARIES, ENDO	N/A	Y
0UB50ZX	EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB50ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	N/A	Y
0UB53ZX	EXCISION OF RIGHT FALLOPIAN TUBE, PERC APPROACH, DIAGN	N/A	Y
0UB53ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	N/A	Y
0UB54ZX	EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB54ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	N/A	Y
0UB57ZX	EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING, DIAGN	N/A	Y
0UB57ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING	N/A	Y
0UB58ZX	EXCISION OF RIGHT FALLOPIAN TUBE, ENDO, DIAGN	N/A	Y
0UB58ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, ENDO	N/A	Y

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PLAN FIRST Procedures and Service Codes

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UB60ZX	EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB60ZZ	EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	N/A	Y
0UB63ZX	EXCISION OF LEFT FALLOPIAN TUBE, PERC APPROACH, DIAGN	N/A	Y
0UB63ZZ	EXCISION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	N/A	Y
0UB64ZX	EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB64ZZ	EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	N/A	Y
0UB67ZX	EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING, DIAGN	N/A	Y
0UB67ZZ	EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING	N/A	Y
0UB68ZX	EXCISION OF LEFT FALLOPIAN TUBE, ENDO, DIAGN	N/A	Y
0UB68ZZ	EXCISION OF LEFT FALLOPIAN TUBE, ENDO	N/A	Y
0UB70ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH, DIAGN	N/A	Y
0UB70ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	N/A	Y
0UB73ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH, DIAGN	N/A	Y
0UB73ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	N/A	Y
0UB74ZX	EXCISION OF BI FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB74ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	N/A	Y
0UB77ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING, DIAGN	N/A	Y
0UB77ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	N/A	Y
0UB78ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO, DIAGN	N/A	Y
0UB78ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO	N/A	Y
0UB90ZX	EXCISION OF UTERUS, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB90ZZ	EXCISION OF UTERUS, OPEN APPROACH	N/A	Y
0UB93ZX	EXCISION OF UTERUS, PERCUTANEOUS APPROACH, DIAGNOSTIC	N/A	Y

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UB93ZZ	EXCISION OF UTERUS, PERCUTANEOUS APPROACH	N/A	Y
0UB94ZX	EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH, DIAGN	N/A	Y
0UB94ZZ	EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB97ZX	EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING, DIAGN	N/A	Y
0UB97ZZ	EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UB98ZX	EXCISION OF UTERUS, ENDO, DIAGN	N/A	Y
0UB98ZZ	EXCISION OF UTERUS, ENDO	N/A	Y
0UJ34ZZ	INSPECTION OF OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UL50CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL50DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A
0UL50ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0UL53CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A
0UL53DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL53ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0UL54CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL54DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL54ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0UL57DZ	OCCLUSION OF R FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING	Y	N/A
0UL57ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0UL58DZ	OCCLUSION OF RIGHT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL58ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, ENDO	Y	N/A
0UL60CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL60DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UL60ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0UL63CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A
0UL63DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL63ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0UL64CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL64DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL64ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0UL67DZ	OCCLUSION OF L FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING	Y	N/A
0UL67ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0UL68DZ	OCCLUSION OF LEFT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL68ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, ENDO	Y	N/A
0UL70CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL70DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A
0UL70ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Y	N/A
0UL73CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A
0UL73DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL73ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	Y	N/A
0UL74CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL74DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL74ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	Y	N/A
0UL77DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, VIA OPENING	Y	N/A
0UL77ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	Y	N/A

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0UL78DZ	OCCLUSION OF BI FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL78ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, ENDO	Y	N/A
0UPD0HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, OPEN APPROACH	Y	N/A
0UPD3HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, PERC APPROACH	Y	N/A
0UPD4HZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, PERC ENDO	Y	N/A
0UPD7HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, VIA OPENING	Y	N/A
0UPD8HZ	REMOVAL OF CONTRACEPTIVE DEVICE FROM UTERUS AND CERVIX, ENDO	Y	N/A
0UPDXHZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, EXTERN	Y	N/A
0UT00ZZ	RESECTION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0UT04ZZ	RESECTION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT07ZZ	RESECTION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT08ZZ	RESECTION OF RIGHT OVARY, ENDO	N/A	Y
0UT0FZZ	RESECTION OF RIGHT OVARY, VIA OPENING W PERC ENDO	N/A	Y
0UT10ZZ	RESECTION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0UT14ZZ	RESECTION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT17ZZ	RESECTION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT18ZZ	RESECTION OF LEFT OVARY, ENDO	N/A	Y
0UT1FZZ	RESECTION OF LEFT OVARY, VIA OPENING W PERC ENDO	N/A	Y
0UT20ZZ	RESECTION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0UT24ZZ	RESECTION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
0UT27ZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING	N/A	Y
0UT28ZZ	RESECTION OF BILATERAL OVARIES, ENDO	N/A	Y

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PLAN FIRST Procedures and Service Codes

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
0UT2FZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING W PERC ENDO	N/A	Y
0UT70ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	N/A	Y
0UT74ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	N/A	Y
0UT77ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	N/A	Y
0UT78ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, ENDO	N/A	Y
0UT7FZZ	RESECTION OF BI FALLOPIAN TUBE, VIA OPENING W PERC ENDO	N/A	Y
0UT90ZZ	RESECTION OF UTERUS, OPEN APPROACH	N/A	Y
0UT94ZZ	RESECTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT97ZZ	RESECTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT98ZZ	RESECTION OF UTERUS, ENDO	N/A	Y
0UT9FZZ	RESECTION OF UTERUS, VIA OPENING W PERC ENDO	N/A	Y
00840	ANESTHESIA FOR LOWER ABDOMINAL PROCEDURE	N/A	Y
00851	ANESTHESIA FOR TUBAL LIGATION/TRANSACTION	Y	N/A
00940	ANES VAGINAL PROCEDURES	N/A	Y
10060	INCISION AND DRAINAGE OF ABSCESS; SIMPLE OR SINGLE	N/A	Y
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	N/A	Y
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCISED DIAMETER 0.5 CM OR LESS	N/A	Y
11421	EXCISION, EXCISED DIAMETER 0.6 TO 1.0 CM	N/A	Y
11976	REMOVABLE, IMPLANTABLE CONTRACEPTIVE CAPSULES	Y	N/A
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	N/A	Y
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	N/A	Y
11983	REMOVAL, WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	N/A	Y

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS	N/A	Y
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 15 OR MORE LESIONS	N/A	Y
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	N/A	Y
46900	DESTRUCTION OF LESION(S), ANUS, SIMPLE; CHEMICAL	N/A	Y
46910	DESTRUCTION OF LESION(S), ANUS, ELECTRODESICCATION	N/A	Y
46916	DESTRUCTION OF LESION(S), ANUS, CRYOSURGERY	N/A	Y
46922	DESTRUCTION OF LESION(S), ANUS, SURGICAL EXCISION	N/A	Y
46924	DESTRUCTION OF LESION(S), ANUS, EXTENSIVE	N/A	Y
49320	LAPROSCOPIC, ABDOMEN, PERITONEUM & OMENTUM, DIAGNOSTIC; W/ OR W/OUT COLLECTION OF SPECIMENS	N/A	Y
49321	LAPROSCOPIC, SURGICAL; W/ BIOPSY (SINGLE OR MULTI)	N/A	Y
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	N/A	Y
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	N/A	Y
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE	N/A	Y
56605	BIOPSY OF VULVA OR PERINEUM, 1 LESION	N/A	Y
56606	BIOPSY OF VULVA OR PERINEUM, EACH ADDITIONAL LESION	N/A	Y
56820	COLPOSCOPY OF THE VULVA	N/A	Y
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	N/A	Y
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE	N/A	Y
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE	N/A	Y
57170	FITTING OF DIAPHRAGM OR CERVICAL CAP	Y	N/A

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57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT	N/A	Y
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT, WITH BIOPSY OF VAGINA/CERVIX	N/A	Y
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	N/A	Y
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER /ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	N/A	Y
57455	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER / ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	N/A	Y
57456	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER / ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	N/A	Y
57460	COLPOSCOPY OF THE CERVIX INCLUDING THE UPPER / ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	N/A	Y
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER / ADJACENT VAGINA; WITH LOOP ELECTRODE COLONIZATION OF THE CERVIX	N/A	Y
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	N/A	Y
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	N/A	Y
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	N/A	Y
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	N/A	Y
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT D&C, WITH OR WITHOUT REPAIR, COLD KNIFE OR LASER	N/A	Y
57522	CONIZATION OF CERVIX: LEEP	N/A	Y
57800	DILATION OF CERVICAL CANAL; INSTRUMENTAL (SEPARATE PROCEDURE)	N/A	Y
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE)	N/A	Y
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY	N/A	Y
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	Y	N/A
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	Y	N/A

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
58340	CATHERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY (IMPLANT POST-PROCEDURE CONFIRMATORY TEST)	N/A	Y
58565	HYSTEROSCOPY, WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	Y	N/A
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBES, ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	Y	N/A
58615	OCCLUSION OF FALLOPIAN TUBES BY DEVICE VAGINAL OR SUPRAPUBIC APPROACH	Y	N/A
58661	LAPROSCOPIC, SURGICAL; W/REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHERECTOMY AND/OR SALPINGECTOMY)	N/A	Y
58670	LAPAROSCOPY, SURGICAL; W/ FULGURATION OF OVIDUCTS BY DEVICE (WITH OR WITHOUT TRANSECTION)	Y	N/A
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (E.G., BAND, CLIP, ETC.)	Y	N/A
58700	SALPINGECTOMY, UNILATERAL OR BILATERAL	N/A	Y
58720	SALPINGO-OOPHORECTOMY, UNILATERAL OR BILATERAL	N/A	Y
58920	WEDGE RESECTION OR BISECTION OF OVARY; UNILATERAL OR BILATERAL	N/A	Y
58940	OOPHORECTOMY, UNILATERAL OR BILATERAL	N/A	Y
62311	INJECTION, SINGLE, NOT INCLUDING NEUROLYTIC SUBSTANCES, . . . LUMBAR, SACRAL (CAUDAL)	N/A	Y
62319	INJECTION, INCLUDING CATHETER PLACEMENT, . . . LUMBAR, SACRAL (CAUDAL)	N/A	Y
64435	INJECTION, ANESTHETIC AGENT PARACERVICAL (UTERINE) NERVE	N/A	Y
72190	RADIOLOGIC EXAMINATION, PELVIS, COMPLETE, MINIMUM 3 VIEWS	N/A	Y
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	N/A	Y
74010	RADIOLOGIC EXAMINATION, ABDOMEN, ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	N/A	Y
74740	HYSTEROSALPINGOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION	N/A	Y
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE RADIOLOGICAL SUPERVISION AND INTERPRETATION	N/A	Y

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76830	ULTRASOUND TRANSVAGINAL	N/A	Y
76831	ECHO EXAM UTERUS	N/A	Y
76856	ULTRASOUND, PELVIC (NONOBSTRETIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	N/A	Y
76857	ULTRASOUND PELVIC (NONOBSTRETIC), REAL TIME WITH IMAGE DOCUMENTATION, LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)	N/A	Y
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	N/A	Y
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	N/A	Y
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	N/A	Y
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	N/A	Y
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON	N/A	Y
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZE)	N/A	Y
80048	BASIC METABOLIC PANEL (CLIA PANEL PROC)	N/A	Y
80050	GENERAL HEALTH PANEL	N/A	Y
80051	ELECTROLYTE PANEL (CLIA PANEL PROC)	N/A	Y
80053	COMPREHENSIVE METABOLIC PANEL	N/A	Y
80055	OBSTETRIC PANEL	N/A	Y
80061	LIPID PANEL (REFER TO CPT FOR COMPLETE DESCRIPTION) (CLIA WAIVER LIST AND PANEL PROCEDURE)	N/A	Y
80074	ACUTE HEPATITIS PANEL	N/A	Y
80076	HEPATIC FUNCTION PANEL	N/A	Y
81000	URINALYSIS BY DIPSTICK/ TABLET REAGENT; NON- AUTOMATED WITH MICROSCOPY	N/A	Y
81001	URINALYSIS ETC. AUTOMATED WITH MICROSCOPY	N/A	Y
81002	URINALYSIS BY DIP STICK/TABLET REAGENT; NON- AUTOMATED WITHOUT MICROSCOPY (CLIA WAIVER LIST)	N/A	Y
81003	URINALYSIS BY DIP/TABLET; AUTOMATED WITHOUT MICROSCOPY	N/A	Y

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81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE EXCEPT IMMUNOASSAYS	N/A	Y
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)	N/A	Y
81020	URINALYSIS; 2 OR 3 GLASS TEST (PPMP CLIA LIST)	N/A	Y
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS (CLIA WAIVER LIST)	N/A	Y
82040	ALBUMIN SERUM	N/A	Y
82042	ALBUMIN; URINE QUANTITATIVE	N/A	Y
82043	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE	N/A	Y
82105	ALPHA-FETOPROTEIN; SERUM	N/A	Y
82120	AMINES VAGINAL FLUID QUALITATIVE	N/A	Y
82150	AMYLASE	N/A	Y
82247	BILIRUBIN TOTAL	N/A	Y
82310	CALCIUM; TOTAL	N/A	Y
82330	CALCIUM; IONIZED	N/A	Y
82435	CHLORIDE; BLOOD	N/A	Y
82465	CHOLESTEROL SERUM TOTAL (CLIA WAIVER LIST)	N/A	Y
82550	CREATIVE KINKASE (CK) (CPK); TOTAL	N/A	Y
82553	CREATIVE KINASE (CK) (CPK); MB FRACTION ONLY	N/A	Y
82565	CREATININE; BLOOD	N/A	Y
82570	CREATININE; OTHER SOURCE	N/A	Y
82575	CREATININE CLEARANCE	N/A	Y
82607	CYANOCOBALAMIN (VITAMIN B-12)	N/A	Y
82670	ESTRADIOL	N/A	Y
82671	ESTROGENS FRACTIONATED	N/A	Y

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82672	ESTROGENS TOTAL	N/A	Y
82677	ESTRIOL	N/A	Y
82679	ESTRONE	N/A	Y
82728	FERRITIN	N/A	Y
82746	FOLIC ACID; SERUM	N/A	Y
82947	GLUCOSE; QUANTITATIVE (CLIA WAIVER LIST)	N/A	Y
82948	GLUCOSE; BLOOD REAGENT STRIP	N/A	Y
82950	GLUCOSE POST GLUCOSE DOSE (INCLUDES GLUCOSE)	N/A	Y
82962	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED/ FDA SPECIFICALLY/ HOME USE	N/A	Y
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE (FSH)	N/A	Y
83002	GONADOTROPIN LUTEINIZING HORMONE (LH)	N/A	Y
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS	N/A	Y
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMOTOGRAPHY	N/A	Y
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON AUTOMATED	N/A	Y
83036	GLYCOSYLATED HEMOGLOBIN TEST (A1C)	N/A	Y
83518	IMMUNOASSAY FOR ANALYTE, QAULI/SEMIQUANTITATIVE SINGLE STEP METHOD	N/A	Y
83520	IMMUNOASSAY ANALYTE; QUANTITATIVE NOT OTHERWISE SPECIFIED	N/A	Y
83690	LIPASE	N/A	Y
84075	PHOSPHATASE ALKALINE	N/A	Y
84144	PROGESTERONE	N/A	Y
84146	PROLACTIN	N/A	Y
84425	THIAMINE (VITAMIN B-1)	N/A	Y
84443	THYROID STIMULATING HORMONE	N/A	Y

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84520	UREA NITROGEN; QUANTITATIVE	N/A	Y
84550	URIC ACID; BLOOD	N/A	Y
84702	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE	N/A	Y
84703	GONADOTROPIN CHORIONIC QUALITATIVE (CLIA WAIVER LIST)	N/A	Y
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	N/A	Y
85007	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	N/A	Y
85008	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL WBC COUNT	N/A	Y
85009	MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	N/A	Y
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT (CLIA WAIVER LIST)	N/A	Y
85014	HEMATOCRIT	N/A	Y
85018	HEMOGLOBIN	N/A	Y
85025	COMPLETE CBC WITH AUTO DIFF WBC	N/A	Y
85027	COMPLETE CBC AUTOMATED	N/A	Y
85032	MANUAL CELL COUNT EACH	N/A	Y
85045	AUTOMATED RETICULOCYTE COUNT	N/A	Y
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III ACTIVITY	N/A	Y
85378	FIBRIN DEGRADE PRODUCTS, D-DIMER QUALITATIVE OR SEMIQUANTITATIVE	N/A	Y
85576	PLATELET; AGGREGATION (IN VITRO) EACH AGENT	N/A	Y
85597	PHOSPHOLIPID NEUTRALIZATION; PLATELET	N/A	Y
85598	HEXAGONAL PHOSPHOLIPID	N/A	Y
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)	N/A	Y
85652	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED	N/A	Y
85660	SICKLING OF RBC REDUCTION SLIDE METHOD	N/A	Y

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85730	THROMBOPLASTIN TIME PARTIAL (PTT) PLASMA OR WHOLE BLOOD	N/A	Y
86255	FLUORESCENT NON INFECTIONS AGENT ANTIBODY; SCREEN EACH ANTIBODY	N/A	Y
86318	IMMUNOASSAY/INFECTI AGENT ANTIBODY QUALI/ SEMIQUANT SINGLE STEP METHOD	N/A	Y
86382	NEUTRALIZATION TEST VIRAL	N/A	Y
86403	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY	N/A	Y
86580	SKIN TEST TUBERCULOSIS INTRADERMAL (EXEMPT FROM CLIA EDITING)	N/A	Y
86592	SYPHILIS TEST, NON TREPONEMAL ANTIBODY; QUALITATIVE	N/A	Y
86593	SYPHILIS TEST NON TREPONEMAL ANTIBODY; QUANTITATIVE	N/A	Y
86628	ANTIBODY; CANDIDA	N/A	Y
86631	ANTIBODY; CHLAMYDIA	N/A	Y
86632	ANTIBODY; CHLAMYDIA IGM	N/A	Y
86687	ANTIBODY; HTLV I	N/A	Y
86688	ANTIBODY; HTLV-II	N/A	Y
86689	ANTIBODY; HTLV OR HIV ANTIBODY CONFIRMATORY TEST (EG WESTERN BLOT)	N/A	Y
86694	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST	N/A	Y
86695	ANTIBODY; HERPES SIMPLEX TYPE 1	N/A	Y
86696	HERPES SIMPLEX TYPE 2	N/A	Y
86698	ANTIBODY HISTOPLASMA	N/A	Y
86701	ANTIBODY HIV 1	N/A	Y
86702	ANTIBODY; HIV 2	N/A	Y
86703	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY	N/A	Y
86704	HEPATITIS B TOTAL CORE ANTIBODY	N/A	Y
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	N/A	Y

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86707	HEPATITIS BE ANTIBODY (HBEAB)	N/A	Y
86762	ANTIBODY; RUBELLA	N/A	Y
86787	ANTIBODY; VARICELLA-ZOSTER	N/A	Y
86803	HEPATITIS C ANTIBODY	N/A	Y
86804	HEPATITIS C ANTIBODY TEST CONFIRM	N/A	Y
86900	BLOOD TYPING; ABO	N/A	Y
86901	BLOOD TYPING; RH(D)	N/A	Y
87015	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE BACILLUS (TB AFB)	N/A	Y
87040	BLOOD CULTURE FOR BACTERIA CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	N/A	Y
87070	CULTURE BACTERIA OTHER CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	N/A	Y
87071	CULTURE BACTERIA; QUANTITATIVE AEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT URINE, BLOOD OR STOOL	N/A	Y
87073	CULTURE BACTERIAL; QUANTITATIVE ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT URINE, BLOOD OR STOOL	N/A	Y
87075	CULTURE BACTERIA ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	N/A	Y
87076	CULTURE BACTERIAL ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE	N/A	Y
87077	CULTURE BACTERIAL; AEROBIC ISOLATE ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION EACH ISOLATE	N/A	Y
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY	N/A	Y
87086	CULTURE BACTERIAL URINE QUANTITATIVE COLONY COUNT	N/A	Y
87088	URINE BACTERIA; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE	N/A	Y

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87102	CULTURE FUNGI ISOLATION OTHER SOURCE (EXCEPT BLOOD)	N/A	Y
87110	CULTURE CHLAMYDIA	N/A	Y
87147	CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG, AGGLUTINATION GROUPING), PER ANTISERUM	N/A	Y
87164	DARK FIELD EXAMINATION ANY SOURCE (E.G. PENILE, VAGINAL, ORAL, SKIN)	N/A	Y
87184	SENSITIVITY STUDIES ANTIBIOTIC DISK METHOD PER PLATE (12 OR LESS DISKS)	N/A	Y
87186	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION [MIC] OR BREAKPOINT), EACH MULTI-ANTIMICROBIAL, PER PLATE	N/A	Y
87205	SMEAR PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	N/A	Y
87206	SMEAR PRIMARY SOURCE WITH INTERPRETATION FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA FUNGI, PARASITES, VIRUSES OR CELL TYPES	N/A	Y
87207	SMEAR SPECIAL STAIN SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES (EG, MALARIA, COCCIDIA, MICROSPORIDIA, TRYPANOSOMES, HERPES VIRUSES)	N/A	Y
87210	SMEAR PRIMARY SOURCE WITH INTERPRETATION WET MOUNT FOR INFECTIOUS AGENTS	N/A	Y
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES	N/A	Y
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE IDENTIFICATION BY CYTOPATHIC EFFECT	N/A	Y
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT IMMUNOFLUORESCENT ANTIBODY TECH; CHLAMYDIA TRACHOMATIS	N/A	Y
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT ANTIBODY; HERPES SIMPLEX VIRUS TYPE 2	N/A	Y
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; HERPES SIMPLEX VIRUS	N/A	Y
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOSSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, CHLAMYDIA TRACHOMATIS	N/A	Y
87340	HEPATITIS B SURFACE ANTIGEN IA	N/A	Y

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87341	HEPATITIS B SURFACE ANTIGEN IA	N/A	Y
87350	HERPES SIMPLEX TYPE 2	N/A	Y
87390	HIV-1	N/A	Y
87391	HIV-2	N/A	Y
87470	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DIRECT PROBE TECHNIQUE	N/A	Y
87480	CANDIDA SPECIES DIRECT PROBE TECHNIQUE	N/A	Y
87481	CANDIDA SPECIES AMPLIFIED PROBE TECHNIQUE	N/A	Y
87482	CANDIDA SPECIES QUANTIFICATION	N/A	Y
87485	CHLAMYDIA PNEUMONIAE DIRECT PROBE TECHNIQUE	N/A	Y
87486	CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE	N/A	Y
87487	CHLAMYDIA PNEUMONIAE QUANTIFICATION	N/A	Y
87490	CHLAMYDIA TRACHOMATIS DIRECT PROBE TECHNIQUE	N/A	Y
87491	CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TECHNIQUE	N/A	Y
87492	CHLAMYDIA TRACHOMATIS QUANTIFICATION	N/A	Y
87495	CYTOMEGALOVIRUS DIRECT PROBE TECHNIQUE	N/A	Y
87496	CYTOMEGALOVIRUS AMPLIFIED PROBE TECHNIQUE	N/A	Y
87497	CYTOMEGALOVIRUS QUANTIFICATION	N/A	Y
87510	GARDNERELLA VAGINALIS DIRECT PROBE TECHNIQUE	N/A	Y
87511	GARDNERELLA VAGINALIS AMPLIFIED PROBE TECHNIQUE	N/A	Y
87512	GARDNERELLA VAGINALIS QUANTIFICATION	N/A	Y
87528	HERPES SIMPLEX VIRUS DIRECT PROBE TECHNIQUE	N/A	Y
87529	HERPES SIMPLEX VIRUS AMPLIFIED PROBE TECHNIQUE	N/A	Y
87530	HERPES SIMPLEX VIRUS QUANTIFICATION	N/A	Y

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87531	HERPES VIRUS-6 DIRECT PROBE TECHNIQUE	N/A	Y
87532	HERPES VIRUS-6 AMPLIFIED PROBE TECHNIQUE	N/A	Y
87533	HERPES VIRUS-6 QUANTIFICATION	N/A	Y
87534	HIV-1 DIRECT PROBE TECHNIQUE	N/A	Y
87535	HIV-1 AMPLIFIED PROBE TECHNIQUE	N/A	Y
87536	HIV-1 QUANTIFICATION	N/A	Y
87537	HIV-2 DIRECT PROBE TECHNIQUE	N/A	Y
87538	HIV-2 AMPLIFIED PROBE TECHNIQUE	N/A	Y
87539	HIV-2 QUANTIFICATION	N/A	Y
87590	NEISSERIA GONORRHOEAE DIRECT PROBE TECHNIQUE	N/A	Y
87591	NEISSERIA GONORRHOEAE AMPLIFIED PROBE TECHNIQUE	N/A	Y
87592	NEISSERIA GONORRHOEAE QUANTIFICATION	N/A	Y
87623	HPV LOW RISK TYPES	N/A	Y
87624	HPV HIGH RISK TYPES	N/A	Y
87625	HPV TYPES 16 & 18 ONLY	N/A	Y
87660	TRICHOMONAS VAGIN DIR PROBE	N/A	Y
87797	NOT OTHERWISE SPECIFIED DIRECT PROBE TECHNIQUE	N/A	Y
87800	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; DIRECT PROBE TECHNIQUE	N/A	Y
87801	INFECT AGT DETECTION BY NUCLEIC ACID AND MULTIPLE ORGANISMS; AMPLIFIED PROBE TECHNIQUE	N/A	Y
87810	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS	N/A	Y
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE	N/A	Y
88108	CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRETATION (EG SACCOMANNO TECHNIQUE)	N/A	Y
88141	CYTOPATHOLOGY CERVICAL OR VAGINAL REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y

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88142	CYTOPATHOLOGY CERVICAL OR VAGINAL, THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88143	CYTOPATHOLOGY CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88147	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	N/A	Y
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88150	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88152	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL; WITH MANUAL & COMPUTER-ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88153	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88154	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION	N/A	Y
88155	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL DEFINITIVE HORMONAL EVALUATION	N/A	Y
88160	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; SCREENING AND INTERPRETATION	N/A	Y
88161	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; PREPARATION SCREENING AND INTERPRETATION	N/A	Y
88162	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS	N/A	Y
88164	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
88165	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN'S SUPERVISION	N/A	Y
88166	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y

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88167	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION UNDER PHYSICIAN SUPERVISION	N/A	Y
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, FIRST EVALUATION EPISODE, EACH SITE	N/A	Y
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	N/A	Y
88174	SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION	N/A	Y
88175	CYTOPATH C/V AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION	N/A	Y
88177	IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, EACH SEPARATE ADDITIONAL EVALUATION EPISODE, SAME SITE	N/A	Y
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	N/A	Y
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	N/A	Y
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	N/A	Y
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	N/A	Y
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	N/A	Y
90471	IMMUNIZATION ADMINISTRATION	N/A	Y
90472	SUBSEQUENT IMMUNIZATION ADMINISTRATION	N/A	Y
90650	CERVARIX (HPV)	N/A	Y
90651	GARDASIL 9- HPV 9-VALENT	N/A	Y
90739	HEP B 2-DOSE SERIES	N/A	Y
90746	VACCINE PREVENTABLE HEPATITIS	N/A	Y
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION; SUBCUTANEOUS OR INTRAMUSCULAR	N/A	Y

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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	N/A	Y
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 INTRA-SERVICE TIME	N/A	Y
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 MINUTES INTRA-SERVICE TIME	N/A	Y
99201- 99205	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT	N/A	Y
99211- 99215	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT	N/A	Y
99221- 99223	INITIAL HOSPITAL CARE	N/A	Y
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	N/A	Y
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	N/A	Y
99385- 99386	PREVENTATIVE MEDICINE SERVICES/ NEW PATIENT	N/A	Y
99395- 99396	PREVENTATIVE MEDICINE SERVICES/ ESTABLISHED PATIENT	N/A	Y
99401- 99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL	N/A	Y
99411	PREVENTATIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING, APPROXIMATELY 30 MINUTES	N/A	Y
99412	PREVENTATIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING, APPROXIMATELY 60 MINUTES	N/A	Y
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT	N/A	Y
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	Y	N/A
A4266	DIAPHRAGM	Y	N/A
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE	Y	N/A

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A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	Y	N/A
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL)	Y	N/A
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	N/A	Y
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	N/A	Y
G0124	SCREEN C/V THIN LAYER BY MD	N/A	Y
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y
G0143	SCREEN C/V CYTO, THIN LAYER RESCR	N/A	Y
G0144	SCREEN C/V CYTO, THIN LAYER RESCR	N/A	Y
G0145	SCREEN C/V CYTO, THIN LAYER RESCR	N/A	Y
G0147	SCREEN C/V CYTO AUTOMATED SYS	N/A	Y
G0148	SCREEN C/V CYTO AUTOSYS RESCR	N/A	Y
G0432	EIA HIV-1/HIV-1 SCREEN	N/A	Y
G0433	ELISA HIV-1/HIV-2 SCREEN	N/A	Y
G0435	ORAL HIV-1/HIV-2 SCREEN	N/A	Y
G0445	HIGH INTENSIVE BEHAVIORAL COUNSELING STD 30 MINUTES	N/A	Y
G0463	HOSPITAL OUTPATIENT CLINIC VISIT	N/A	Y
G0472	HEP C SCREEN HIGH RISK/OTHER	N/A	Y
J0456	INJECTION, AZITHROMYCIN, 500 MG	N/A	Y
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	N/A	Y
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	N/A	Y
J0694	INJECTION, CEFOXITIN SODIUM, 1 G	N/A	Y
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 G	N/A	Y

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning related service*
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	N/A	Y
J0698	CEFOTAXIME SODIUM, PER G	N/A	Y
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 G	N/A	Y
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	Y	N/A
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	N/A	Y
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 G	N/A	Y
J2460	INJECTION, OXYTETRACYCLINE HCl, UP TO 50 MG	N/A	Y
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	N/A	Y
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	N/A	Y
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 G	N/A	Y
J7296	LEVONORGESTREL RELEASING IUD 19.5 MG	Y	N/A
J7297	LEVONORGESTREL IUD 52MG 3 YR	Y	N/A
J7298	LEVONORGESTREL IUD 52MG 5 YR	Y	N/A
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	Y	N/A
J7301	LEVONORGESTREL IUD 13.5 MG (SKYLA)	Y	N/A
J7303	CONTRACEPTIVE VAGINAL RING	Y	N/A
J7304	CONTRACEPTIVE HORMONE PATCH	Y	N/A
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	Y	N/A
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION	N/A	Y
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	N/A	Y
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS	N/A	Y

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Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	N/A	Y
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/ POWDER, 1 GM	N/A	Y
S0610	ANNUAL GYNECOLOGICAL EXAM- NEW PATIENT	Y	N/A
S0612	ANNUAL GYNECOLOGICAL EXAM- ESTABLISHED PATIENT	Y	N/A
S0191	MISOPROSTOL, ORAL, 200 MCG	N/A	Y
S4989	CONTRACEPTIVE IUD	Y	N/A
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	Y	N/A
G2A	PROGESTATIONAL AGENTS	N/A	Y
G8A	CONTRACEPTIVES, ORAL	Y	N/A
G8B	CONTRACEPTIVES, IMPLANTABLE	Y	N/A
G8C	CONTRACEPTIVES, INJECTABLE	Y	N/A
G8F	CONTRACEPTIVES, TRANSDERMAL	Y	N/A
G9B	CONTRACEPTIVES, INTRAVAGINAL	Y	N/A
L5A	KERATOLYTICS	N/A	Y
Q4F	VAGINAL ANTIFUNGALS	N/A	Y
Q4W	VAGINAL ANTIBIOTICS	N/A	Y
Q5R	TOPICAL ANTIPARASITICS	N/A	Y
Q5V	TOPICAL ANTIVIRALS	N/A	Y
Q6V	EYE ANTIVIRALS	N/A	Y
R1R	URICOSURIC AGENTS	N/A	Y
W1A	PENICILLINS	N/A	Y
W1B	CEPHALOSPORINS	N/A	Y
W1C	TETRACYCLINES	N/A	Y
W1D	MACROLIDES	N/A	Y

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W1F	AMINOGLYCOSIDES	N/A	Y
W1K	LINCOSAMIDES	N/A	Y
W1P	BETALACTAMS	N/A	Y
W1Q	QUINOLONES	N/A	Y
W1X	CEPHALOSPORINS 2ND GENERATIONS	N/A	Y
W1Y	CEPHALOSPORINS 3RD GENERATIONS	N/A	Y
W2A	ABSORBABLE SULFONAMIDES	N/A	Y
W3B	ANTIFUNGAL AGENTS	N/A	Y
W3C	ANTIFUNGAL AGENTS (CONTINUED)	N/A	Y
W4E	ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL AGENTS	N/A	Y
W4G	2ND GEN. ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL	N/A	Y
W5A	ANTIVIRAL, GENERAL	N/A	Y
W7B	VIRAL/ TUMORIGENIC VACCINES	N/A	Y
X1B	DIAPHRAGMS/ CERVICAL CAP	N/A	Y
X1C	INTRA-UTERINE DEVICES	N/A	Y
Z2G	IMMUNOMODULATORS	N/A	Y
N/A	MISOPROSTOL TABLETS	N/A	Y

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