X.G. Family Planning Services

Partnership HealthPlan of California (PHC) defines Family Planning services by diagnosis and procedure code. Attachment 1 lists those diagnoses which PHC considers a family planning diagnosis. A claim must have one of these diagnoses to be considered a family planning service. Attachment 2 lists those procedures which PHC considers a family planning procedure if it is billed with one of the family planning diagnoses.

PHC members may self refer without an authorization to any Medi-Cal certified family planning provider, or they may choose to see their primary care physician for family planning services. If the member self refers to a family planning provider, PHC will reimburse the provider on a Medi-Cal fee-for-service basis, with the exception of services for members assigned to Kaiser. Kaiser members may choose to receive family planning services within Kaiser or outside of Kaiser. If services are provided by a non Kaiser provider, the claims for the family planning services are billed to Kaiser for payment.

An ultrasound done at the time of an abortion does not require a RAF or TAR.

The following services are not considered family planning services:

- Facilitating services such as transportation, parking and child care while family planning care is being obtained
- Infertility studies or procedures provided for the purpose of diagnosing or treating infertility
- Routine infertility studies or procedures
- Reversal of voluntary sterilization
- Hysterectomy for sterilization purposes only
- Evaluation and treatment of gynecological problems
- Evaluation and treatment of breast problems

For additional information on Family Planning Services see PHC Health Service Policy: Family Planning By-pass Services MCUP3015.

http://www.partnershiphp.org/Providers/Policies/Pages/UtilizationManagement.aspx
PHC FAMILY PLANNING DIAGNOSIS CODES

Attachment 1

PHC defines Family Planning Bypass Services by diagnosis and procedure code. Below is the list of codes which PHC considers family planning diagnoses. A claim must have one of these diagnoses to be considered a family planning service. Attachment 2 lists those procedures that PHC considers a family planning procedure if it is billed with one of the family planning diagnoses below.

- 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
- N34.2 Other urethritis
- N45.3 Epididymo-orchitis
- N48.5 Ulcer of penis
- N76.6 Ulceration of vulva
- N87.0 Mild cervical dysplasia
- N87.1 Moderate cervical dysplasia
- N89.8 Other specified noninflammatory disorders of vagina
- N94.10 Unspecified dyspareunia
- N94.11 Superficial (introital) dyspareunia
- N94.12 Deep dyspareunia
- N94.19 Other specified dyspareunia
- N94.89 Oth cond assoc w female genital organs and menstrual cycle
- R10.2 Pelvic and perineal pain
- R10.30 Lower abdominal pain, unspecified
- R30.0 Dysuria
- R30.9 Painful micturition, unspecified
- R31.0 Gross hematuria
- R35.0 Frequency of micturition
- R87.612 Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
- R87.613 High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
- R87.615 Unsatisfactory cytologic smear of cervix
- R87.616 Satisfactory cervical smear but lacking transformation zone
- T83.31XA Breakdown (mechanical) of intrauterine contraceptive device, initial encounter
- T83.31XD Breakdown (mechanical) of intrauterine contraceptive device, subsequent encounter
- T83.31XS Breakdown (mechanical) of intrauterine contraceptive device, sequela
- T83.32XA Displacement of intrauterine contraceptive device, initial encounter
- T83.32XD Displacement of intrauterine contraceptive device, subsequent encounter
- T83.32XS Displacement of intrauterine contraceptive device, sequela
- T83.39XA Other mechanical complication of intrauterine contraceptive device, initial encounter
- T83.39XD Other mechanical complication of intrauterine contraceptive device, subsequent encounter
- T83.39XS Other mechanical complication of intrauterine contraceptive device, sequela
- Z01.42 Encntr for cerv smear to cnfrm norm smr fol init abn smear
- Z01.812 Encounter for preprocedural laboratory examination
- Z01.818 Encounter for other preprocedural examination
- Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
- Z30.011** Encounter for initial prescription of contraceptive pills
- Z30.012** Encounter for prescription of emergency contraception
- Z30.013** Encounter for initial prescription of injectable contraceptive
- Z30.014 Encounter for initial prescription of intrauterine contraceptive device
- Z30.015** Encounter for initial prescription of vaginal ring hormonal contraceptive
Z30.016** Encounter for initial prescription of transdermal patch hormonal contraceptive device
Z30.017** Encounter for initial prescription of implantable subdermal contraceptive
Z30.018** Encounter for initial prescription of other contraceptives
Z30.019 Encounter for initial prescription of contraceptives, unspecified
Z30.02** Counseling and instruction in natural family planning to avoid pregnancy
Z30.09** Encounter for other general counseling and advice on contraception
Z30.2** Encounter for sterilization
Z30.40 Encounter for surveillance of contraceptives, unspecified
Z30.41** Encounter for surveillance of contraceptive pills
Z30.42** Encounter for surveillance of injectable contraceptive
Z30.430** Encounter for insertion of intrauterine contraceptive device
Z30.431** Encounter for routine checking of intrauterine contraceptive device
Z30.432** Encounter for removal of intrauterine contraceptive device
Z30.433** Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.44** Encounter for surveillance of vaginal ring hormonal contraceptive device
Z30.45** Encounter for surveillance of transdermal patch hormonal contraceptive device
Z30.46** Encounter for surveillance of implantable subdermal contraceptive
Z30.49** Encounter for surveillance of other contraceptives
Z30.8 Encounter for other contraceptive management
Z30.9 Encounter for contraceptive management, unspecified
Z31.430** Encounter of female for testing for genetic disease carrier status for procreative management
Z31.438** Encounter for other genetic testing of female for procreative management
Z31.440** Encounter of male for testing for genetic disease carrier status for procreative management
Z31.441** Encounter for testing of male partner of patient with recurrent pregnancy loss
Z31.5** Encounter for procreative genetic counseling
Z31.61 Procreative counseling and advice using natural family planning
Z31.62 Encounter for fertility preservation counseling
Z32.00 Encounter for pregnancy test, result unknown
Z72.51 High risk heterosexual behavior
Z72.89 Other problems related to lifestyle
Z87.410 Personal history of cervical dysplasia
Z92.0 Personal history of contraception
Z97.5** Presence of (intrauterine) contraceptive device
Z98.51** Tubal ligation status
Z98.52** Vasectomy status

**Abortion Codes**

A34 Obstetrical tetanus
N91.0 Primary amenorrhea
N91.1 Secondary amenorrhea
N91.2 Amenorrhea, unspecified
O04.5 Genital tract and pelvic infection following (induced) termination of pregnancy
O04.6 Delayed or excessive hemorrhage following (induced) termination of pregnancy
O04.7 Embolism following (induced) termination of pregnancy
O04.80 (Induced) termination of pregnancy with unspecified complications
O04.81 Shock following (induced) termination of pregnancy
O04.82 Renal failure following (induced) termination of pregnancy
O04.83 Metabolic disorder following (induced) termination of pregnancy
O04.84 Damage to pelvic organs following (induced) termination of pregnancy
O04.85 Other venous complications following (induced) termination of pregnancy
O04.86  Cardiac arrest following (induced) termination of pregnancy
O04.87  Sepsis following (induced) termination of pregnancy
O04.88  Urinary tract infection following (induced) termination of pregnancy
O04.89  (Induced) termination of pregnancy with other complications
O08.0   Genital tract and pelvic infection following ectopic and molar pregnancy
O08.1   Delayed or excessive hemorrhage following ectopic and molar pregnancy
O08.6   Damage to pelvic organs and tissues following an ectopic and molar pregnancy
O08.82  Sepsis following ectopic and molar pregnancy
O20.0   Threatened abortion
O20.8   Other hemorrhage in early pregnancy
O20.9   Hemorrhage in early pregnancy, unspecified
Z33.2   Encounter for elective termination of pregnancy
Z64.0   Problems related to unwanted pregnancy

STD Codes

A50.09  Other early congenital syphilis, symptomatic
A50.1   Early congenital syphilis, latent
A50.2   Early congenital syphilis, unspecified
A50.31  Late congenital syphilitic interstitial keratitis
A50.40  Late congenital neurosyphilis, unspecified
A50.41  Late congenital syphilitic meningitis
A50.42  Late congenital syphilitic encephalitis
A50.45  Juvenile general paresis
A50.49  Other late congenital neurosyphilis
A50.52  Hutchinson's teeth
A50.57  Syphilitic saddle nose
A50.59  Other late congenital syphilis, symptomatic
A50.6   Late congenital syphilis, latent
A50.7   Late congenital syphilis, unspecified
A50.9   Congenital syphilis, unspecified
A51.0   Primary genital syphilis
A51.1   Primary anal syphilis
A51.2   Primary syphilis of other sites
A51.31  Condyloma latum
A51.32  Syphilitic alopecia
A51.39  Other secondary syphilis of skin
A51.41  Secondary syphilitic meningitis
A51.42  Secondary syphilitic female pelvic disease
A51.43  Secondary syphilitic oculopathy
A51.44  Secondary syphilitic nephritis
A51.45  Secondary syphilitic hepatitis
A51.46  Secondary syphilitic osteopathy
A51.49  Other secondary syphilitic conditions
A51.5   Early syphilis, latent
A51.9   Early syphilis, unspecified
A52.00  Cardiovascular syphilis, unspecified
A52.01  Syphilitic aneurysm of aorta
A52.02  Syphilitic aortitis
A52.03  Syphilitic endocarditis
A52.05  Other cerebrovascular syphilis
A52.06  Other syphilitic heart involvement
A52.09  Other cardiovascular syphilis
A52.10  Symptomatic neurosyphilis, unspecified
A52.11  Tabes dorsalis
A52.12  Other cerebrospinal syphilis
A52.13  Late syphilitic meningitis
A52.14  Late syphilitic encephalitis
A52.15  Late syphilitic neuropathy
A52.16  Charcot's arthropathy (tabetic)
A52.17  General paresis
A52.19  Other symptomatic neurosyphilis
A52.2  Asymptomatic neurosyphilis
A52.3  Neurosyphilis, unspecified
A52.71  Late syphilitic oculopathy
A52.72  Syphilis of lung and bronchus
A52.73  Symptomatic late syphilis of other respiratory organs
A52.74  Syphilis of liver and other viscera
A52.75  Syphilis of kidney and ureter
A52.76  Other genitourinary symptomatic late syphilis
A52.77  Syphilis of bone and joint
A52.78  Syphilis of other musculoskeletal tissue
A52.79  Other symptomatic late syphilis
A52.8  Late syphilis, latent
A52.9  Late syphilis, unspecified
A53.0  Latent syphilis, unspecified as early or late
A53.9  Syphilis, unspecified
A54.0  Late syphilis, unspecified as early or late
A54.00  Gonococcal infection of lower genitourinary tract, unspecified
A54.01  Gonococcal cystitis and urethritis, unspecified
A54.02  Gonococcal vulvovaginitis, unspecified
A54.03  Gonococcal cervicitis, unspecified
A54.09  Other gonococcal genitourinary infections
A54.1  Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21  Gonococcal infection of kidney and ureter
A54.22  Gonococcal prostatitis
A54.23  Gonococcal infection of other male genital organs
A54.24  Gonococcal female pelvic inflammatory disease
A54.29  Other gonococcal genitourinary infections
A54.30  Gonococcal infection of eye, unspecified
A54.31  Gonococcal conjunctivitis
A54.32  Gonococcal iridocyclitis
A54.33  Gonococcal keratitis
A54.39  Other gonococcal eye infection
A54.40  Gonococcal infection of musculoskeletal system, unspecified
A54.41  Gonococcal spondylodiscitis
A54.42  Gonococcal arthritis
A54.43  Gonococcal osteomyelitis
A54.49  Gonococcal infection of other musculoskeletal tissue
A54.5  Gonococcal pharyngitis
A54.6  Gonococcal infection of anus and rectum
A54.81  Gonococcal meningitis
A54.82  Gonococcal brain abscess
A54.83  Gonococcal heart infection
A54.84  Gonococcal pneumonia
A54.85  Gonococcal peritonitis
A54.86 Gonococcal sepsis
A54.89 Other gonococcal infections
A55 Chlamydial lymphogranuloma (venereum)
A56.00 Chlamydial infection of lower genitourinary tract, unspecified
A56.01 Chlamydial cystitis and urethritis
A56.02 Chlamydial vulvovaginitis
A56.09 Other chlamydial infection of lower genitourinary tract
A56.11 Chlamydial female pelvic inflammatory disease
A56.19 Other chlamydial genitourinary infection
A56.2 Chlamydial infection of genitourinary tract, unspecified
A56.3 Chlamydial infection of anus and rectum
A56.4 Chlamydial infection of pharynx
A56.8 Sexually transmitted chlamydial infection of other sites
A57 Chancroid
A58 Granuloma inguinale
A59.00 Urogenital trichomoniasis, unspecified
A59.01 Trichomonal vulvovaginitis
A59.02 Trichomonal prostatitis
A59.03 Trichomonal cystitis and urethritis
A59.09 Other urogenital trichomoniasis
A60.00 Herpesviral infection of urogenital system, unspecified
A60.01 Herpesviral infection of penis
A60.02 Herpesviral infection of other male genital organs
A60.03 Herpesviral cervicitis
A60.04 Herpesviral vulvovaginitis
A60.09 Herpesviral infection of other urogenital tract
A60.1 Herpesviral infection of penis
A60.9 Herpesviral infection of other urogenital tract
A63.0 Anogenital (venereal) warts
A64 Unspecified sexually transmitted disease
B07.0 Plantar wart
B07.8 Other viral warts
B07.9 Viral wart, unspecified
B08.1 Molluscum contagiosum
B20 Human immunodeficiency virus [HIV] disease
B37.3 Candidiasis of vulva and vagina
B85.3 Phthiriasis
B86 Scabies
B97.7 Papillomavirus as the cause of diseases classified elsewhere
N30.00 Acute cystitis without hematuria
N30.01 Acute cystitis with hematuria
N30.30 Trigonitis without hematuria
N30.31 Trigonitis with hematuria
N34.1 Nonspecific urethritis
N41.0 Acute prostatitis
N70.01 Acute salpingitis
N70.02 Acute oophoritis
N70.03 Acute salpingitis and oophoritis
N70.11 Chronic salpingitis
N70.12 Chronic oophoritis
N70.13 Chronic salpingitis and oophoritis
N70.91 Salpingitis, unspecified
N70.92 Oophoritis, unspecified
N70.93  Salpingitis and oophoritis, unspecified
N72    Inflammatory disease of cervix uteri
N73.5  Female pelvic peritonitis, unspecified
N73.9  Female pelvic inflammatory disease, unspecified
N76.0  Acute vaginitis
N76.1  Subacute and chronic vaginitis
N76.2  Acute vulvitis
N76.3  Subacute and chronic vulvitis
N77.1  Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N89.0  Mild vaginal dysplasia
N89.1  Moderate vaginal dysplasia
N89.3  Dysplasia of vagina, unspecified
Z11.3  Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.8  Encounter for screening for other infectious and parasitic diseases
Z20.2  Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z22.4  Carrier of infections with a predominantly sexual mode of transmission
Z72.51 High risk heterosexual behavior

** Codes are for comprehensive Family Planning
PHC defines Family Planning Bypass Services by diagnosis and procedure code. Attachment 1 lists codes which PHC considers family planning diagnoses. Below is a list of those procedures that PHC considers a family planning procedure if it is billed with one of the family planning diagnoses.

### OFFICE/HOSPITAL VISITS:

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**LAB (Professional / Technical Modifier Required-Except Z5218, Z5220 & 81025):**

- Blood serology, quantitative 86593
- Culture, bacterial; blood, aerobic, w/isolation & Presumptive ID of Isolates; any other source except urine, Blood, or stool.
- Chlamydia (Culture) 87110
- Chlamydia (Fluorescent Antibody Screen) 86255
- Smear (Fluorescent Stain For Bacteria, fungi, or cell types) 87206
- Chlamydia (Antibody) 86631
- Chlamydia trachomatis, Infectious Agent Antigen Detection by Immunoflorescent technique; adenovirus 87270
- Chlamydia trachomatis, Infectious Agent Antigen Detection by Enzyme Immunoassay Technique 87320
- Chlamydia trachomatis, Direct Probe Technique 87490
- Cholesterol 82465
- Cytopathology, cervical or vaginal (any reporting system) 88141
- Cytopathology, cervical or vaginal (added 5/9/00) 88142
- Cytopathology, cervical or vaginal (added 5/9/00) 88143
- Cytopathology, cervical or vaginal 88174
- Cytopathology, cervical or vaginal 88175
- Cytopathology smears, cervical or vaginal (added 5/9/00) 88147
- Cytopathology smears, cervical or vaginal (added 5/9/00) 88148
- Cytopathology smears, cervical or vaginal (added 5/9/00) 88152
- Cytopathology smears, cervical or vaginal (added 5/9/00) 88153
Cytopathology smears, cervical or vaginal (added 5/9/00) 88154 ------

Dark Field Examination, any source includes specimen collection 87164 ------

Dark Field Examination, any source includes specimen without collection 87166 ------

Culture, presumptive, pathogenic organisms, screening only 87081 ------

Glucose 82947 ------

Hepatitis B Core Antibody (HbcAb) 86704 ------

Hepatitis B Surface Antigen, Infectitious Agent Antigen 87340 ------

Hep. B Vaccine, Adolescent (2 Dose Schedule) 10 MCG 90743 ------

Hep. B Vaccine, Adolescent (3 Dose Sched.) 10 MCG 90744 ------

Hep. B Vaccine, Adult Dose, Intramuscular Use 10 MCG 90746 ------

Herpes (Non-specific Test) 86694 ------

Herpes (Type I) 86695 ------

Herpes (Special Stain For Inclusion Bodies) 87207 ------

Herpes Simplex Virus 1 87274 ------

HIV (HTLV I) 86687 ------

HIV (HTLV II) 86688 ------

HIV (HTLV or HIV Antibody, Confirmatory Test, E.G., Western Blot) 86689 ------

HIV - 1 86701 ------

HIV - 2 86702 ------

HIV - 1 and HIV - 2, Single assay 86703 ------
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<td>Details</td>
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<td>Virus Identification</td>
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<tr>
<td>VDRL-RPR (Syphilis)</td>
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<td>Blood Drawn (Exam) - <strong>MUST HAVE LOC 6 OR 81</strong></td>
<td>99000</td>
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<td>Cytopathology slides, cervical or vaginal</td>
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<td>Cytopathology slides, cervical or vaginal</td>
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<td>Gram Stain</td>
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<tr>
<td>Hematocrit</td>
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<td>Hematocrit (Spun, Microhematocrit)</td>
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<td>Hemoglobin</td>
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<td>Pregnancy Test</td>
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<td>Automated Hemogram</td>
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<td>RH Typing</td>
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<td>Urinalysis (Micro)</td>
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<td>Urinalysis (Dipstick)</td>
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<td>Wet Mount</td>
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<td>Sedimentation rate, erythrocyte, automated</td>
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<td>Bleeding time test</td>
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<td>Prothrombin time</td>
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<td>Thromboplastin time, partial</td>
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<td>Surgical pathology, complete</td>
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<tr>
<td>Wet mounts, incl.preparations of vaginal,cervical or skin specimens</td>
<td>Q0111</td>
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</table>
DRUGS/INJECTIONS/SUPPLIES:

♦ Atropine Sulfate upto 0.3mg (Eff 9/1/10) ------- J0461
♦ Cefoxitin – 1 gm ------- J0694
♦ Ceftriaxone Sodium - 250 mg/vial ------- J0696
♦ Digoxin – 0.25 mg/ml (lanoxin) (effective 9/1/11) ------- J1160
♦ Doxapram HCL 20mg (NDC code required with J3490) ------- J3490 (Eff. 4/1/11)
♦ Doxycycline 100mg ------- S5000/S5001
♦ Fentanyl - .05 mg/ml (sublimaze) (effective 1/1/13) ------- J3010
♦ Heparin Lock Flush Solution 100 units/ml (effective 7/1/11) ------- J1642
♦ IV Infusion Up to 1 Hour 96360 -------
♦ IV Infusion Additional Hour 96361 -------
♦ IV Infusion for therapy, prophylaxis, or diagnoses up to 1 hour 96365 -------
♦ IV Infusion Additional Hour 96366 -------
♦ IV Infusion Additional seq. inf. up to 1 hr 96367 -------
♦ Concurrent infusion 96368 -------
♦ Introduction of needle or intracatheter, vein 36000-50 -------
♦ IV Solution (1000ml), including supplies (termed 6/1/17) ------- X7700
♦ Surgical Supply Misc (Eff 8/1/09) ------- A4649
♦ Lidocaine HCL for IV Infusion, 10 mg (Eff 7/01-11) ------- J2001
♦ Methylergonovine Maleate 0.2 mg./ml (effective 1/1/13) ------- J2210
♦ Mini RhIg Human 90385 -------
♦ Mifepristone, oral 200 mgs (RU-486) (effective 2/1/13) ------- S0190
♦ Mifepristol, buccal, 200 mcg ------- S0191
♦ Mirena Intrauterine System (end dated 9/30/16) ------- J7302
♦ Skyla Intrauterine System ------- J7301
♦ Nerve Block Injection 64435-AG -------
<table>
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<th>Item</th>
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<td>Oxytocin (10 units) (effective 1/1/13)</td>
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<td>Penicillin G Benzathine</td>
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<tr>
<td>Plan B Emergency Contraceptive (effective 6/1/14)</td>
<td>J3490-U6</td>
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<tr>
<td>Garamycin, gentamicin, up to 80 mg</td>
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<tr>
<td>Droperidol (2.5 mg/ml) (effective 6/1/14)</td>
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<td>Rh0D Immune Globin (Rh1g) Full Dose</td>
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<td>Supplies Provided By the Physician over and Above Those Usually Included With Office Visit</td>
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<tr>
<td>Sterile Tray</td>
<td>Z7610</td>
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<td>Supplies/Drugs for Norplant Removal (Eff. 11/1/10)</td>
<td>11976-UB, 11976-UA</td>
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<td>Supplies/Drugs For Destruction of lesions(s), penis, Simple; Chemical (Eff. 11/1/10)</td>
<td>54050-UA</td>
</tr>
<tr>
<td>Supplies/Drugs For Destruction of lesions(s), penis, Cryosurgery (Eff. 11/1/10)</td>
<td>54056-UA</td>
</tr>
<tr>
<td>Supplies/Drugs For Biopsy of penis (Eff. 11/1/10)</td>
<td>54100-UA</td>
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<tr>
<td>Supplies/Drugs For IUD Insertion Without General Anesthesia (Eff. 11/1/10)</td>
<td>58300-UA</td>
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<tr>
<td>Supplies/Drugs For IUD Insertion With General Anesthesia (Eff. 11/1/10)</td>
<td>58300-UB</td>
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<tr>
<td>Supplies/Drugs For IUD Removal Without General Anesthesia (Eff. 11/1/10)</td>
<td>58301-UA</td>
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<tr>
<td>Supplies/Drugs For IUD Removal With General Anesthesia (Eff. 11/1/10)</td>
<td>58301-UB</td>
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<td>Supplies/Drugs For Induced Abortion, By Dilation and Curettage, Without General Anesthesia (Eff. 11/1/10)</td>
<td>59840-UA</td>
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<tr>
<td>Supplies/Drugs For Induced Abortion, By Dilation and Curettage, With General Anesthesia (Eff. 11/1/10)</td>
<td>59840-UB</td>
</tr>
<tr>
<td>Supplies/Drugs For Induced Abortion, By Dilation and Evacuation, Without General Anesthesia (Eff. 11/1/10)</td>
<td>59841-UA</td>
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Supplies/Drugs For Induced Abortion, By Dilation and Evacuation, With General Anesthesia (Eff. 11/1/10) 59841-UB -------

Supplies/Drugs for Induced Abortion, by one or more intra-amniotic injections including hospital admission and visits, delivery of fetus and secundines, Without General Anesthesia (Eff. 11/1/10) 59850- UA -------

Supplies/Drugs for Induced Abortion, by one or more intra-amniotic injections including hospital admission and visits, delivery of fetus and secundines, With General Anesthesia (Eff. 11/1/10) 59850-UB -------

Supplies/Drugs for Induced Abortion, with dilation and curettage and/or evacuation, Without General Anesthesia (Eff. 11/1/10) 59851- UA -------

Supplies/Drugs for Induced Abortion, with dilation and curettage and/or evacuation, With General Anesthesia (Eff. 11/1/10) 59851-UB -------

Supplies/Drugs for Induced Abortion, with Hysterotomy, Without General Anesthesia (Eff. 11/1/10) 59852- UA -------

Supplies/Drugs for Induced Abortion, with Hysterotomy, With General Anesthesia (Eff. 11/1/10) 59852-UB -------

Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines, Without General Anesthesia (Eff. 11/1/10) 59855- UA -------

Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines, With General Anesthesia (Eff. 11/1/10) 59855-UB -------

Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation, Without General Anesthesia (Eff. 11/1/10) 59856- UA -------

Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation, With General Anesthesia (Eff. 11/1/10) 59856-UB -------

Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories, with hysterotomy, Without General Anesthesia (Eff. 11/1/10) 59857- UA ----
Ultrasounds (Professional/Technical Modifier Required):

- Echography, Pregnant Uterus, Limited 76815
- Echo exam follow-up or repeat 76816
- Echo, transvaginal Obstetric 76817
- Echography, Pregnant Uterus, Complete, 1st trimester 76801
- Echography, OB, < 14 Wks addl fetus 76802
- Echography, Pregnant Uterus, Complete, after 1st trimester 76805
- Echography, Pregnant Uterus, each additional gestation 76810
- Echography, OB, detailed single fetus 76811
- Echography, OB, detailed addl fetus 76812
- Echography, OB, Nuchal Meas 1 gest 76813
- Echography, OB, Nuchal Meas add-on 76814

Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories, with hysterotomy, Without General Anesthesia (Eff. 11/1/10) 59857-UA

Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories, with hysterotomy, With General Anesthesia (Eff. 11/1/10) 59857-UB

Therapeutic Injection 96379

Other Contraceptive Supplies (effective 6/1/14) A4261
- Cervical Cap A4266
- Diaphragm A4267
- Diaphragm A4268
- Foam/Cream/Jelly/Film A4269-U1
- Condoms A4269-U2
- Sponge A4269-U3
- Cervical Cap A4269-U4
- Nuchal Meas 1 gest S5199
- Nuchal Meas add-on

Azithromycin (Zithromax) 1000MG (1 gram) (X7718 – end dated 1/31/13) Q0144
SURGERY:

- Echography, Transvaginal, Non-OB 76830
- Ultrasound pelvic (nonobstetric), real time with image documentation; limited or follow up 76857
- Echo Guide for Biopsy 76942
- Echo Guide for Amniocentesis 76946
- Echo Exam At Surgery 76998

- Anesth, Surgery of Abdomen 00840
- Anesth, Hysterectomy 00846
- Anesth, Pelvic Organ Surg 00848
- Anesth, Tubal Ligation 00851
- Anesth, Male Genitalia 00920
- Anesth, Surgery of Abdomen 00860
- Anesth, Vasectomy 00921
- Anesth, Sperm Duct Surgery 00922
- Anesth, Vaginal Procedures 00940
- Anesth, Surgery on Vagina 00942
- Anesth, Vaginal Hysterectomy 00944
- Anesth, Vaginal Endoscopy 00950
- Anesth, Uterine Endoscopy 00952
- Anesth-Abortion Procedures 01966
- Unlisted Anesth Procedure 01999
- Incision and drainage of abscess; complicated 10061
- Complex drainage, wound 10180
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<tr>
<th>Procedure Description</th>
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<tr>
<td>Unlisted Anesth Procedure</td>
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<tr>
<td>Incision and drainage of abscess; complicated</td>
<td>10061</td>
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<tr>
<td>Complex drainage, wound</td>
<td>10180</td>
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<tr>
<td>Destruction, anal lesion</td>
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<td>Cryosurgery, anal lesion(s)</td>
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<td>Biopsy of penis</td>
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<td>Laser ablation of the cervix</td>
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<tr>
<td>Revision of cervix</td>
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<td>Endometrial sampling (biopsy) performed w/colposcopy (add-on code)</td>
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<tr>
<td>Amniocentesis</td>
<td>59000</td>
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<tr>
<td>Fetal Scalp Blood Sample</td>
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<tr>
<td>Induced Abortion, By Dilation and Curettage</td>
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<tr>
<td>Induced Abortion, By Dilation and Evacuation</td>
<td>59841-AG</td>
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<td>Induced Abortion, by one or more intra-amniotic injections, including hospital admission and visits, delivery of fetus and secundines</td>
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<td>Destruction of Lesion(s), penis; Simple, Chemical</td>
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<tr>
<td>Destruction of Lesions (s), penis; Cryosurgery</td>
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<td>Destruction, Penis Lesions(s); extensive</td>
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<tr>
<td>Destruction, Vulva Lesion(s); extensive</td>
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<tr>
<td>Destruction, Vaginal Lesions(s); extensive</td>
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<td>Induced Abortion, with dilation and curettage and/or evacuation</td>
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<td>Induced Abortion, with Hysterotomy</td>
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<td>Procedure Description</td>
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<tr>
<td>♦ Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines</td>
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<td>♦ Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation</td>
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<td>♦ Induced Abortion, by one or more vaginal suppositories with Hysterotony</td>
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<tr>
<td>♦ Laparoscopy, surgical; with fulguration of oviducts (with or without transection)</td>
<td>58670</td>
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<td>♦ Laparoscopy, surgical; with occlusion of oviduct by device (e.g. band, clip, or Falope ring) (1994 CPT)</td>
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<tr>
<td>♦ Ligation (percutaneous) of vas deferens, unilateral or bilateral, (separate procedure)</td>
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<td>♦ Ligation or transection of fallopian tube, unilateral or bilateral, abdominal or vaginal approach.</td>
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<tr>
<td>♦ Ligation or transection of fallopian tube(s), unilateral or bilateral, abdominal or vaginal approach, postpartum during same hospitalization (separate procedure)</td>
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<tr>
<td>♦ Ligation or transection of fallopian tube, when done at the time of cesarean section or intra-abdominal surgery</td>
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<tr>
<td>♦ Laparoscopy, surgical with removal of adnexal structures</td>
<td>58661</td>
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<tr>
<td>♦ Medical abortion (eff. 4/1/11)</td>
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<tr>
<td>♦ Occlusion of fallopian tube(s) by device (e.g. band clip, or Falope ring), vaginal or suprapubic approach</td>
<td>58615</td>
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<tr>
<td>♦ Vasectomy, unilateral or bilateral (separate procedure) including postoperative semen examination(s)</td>
<td>55250</td>
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</table>
MISCELLANEOUS

- Destruction of penis lesion(s); extensive 54065+ -------
- Destruction of vulva lesion(s); simple 56501+ -------
- Colposcopy (vaginoscopy) 57452 -------
- Colposcopy of the cervix including upper/adjacent vagina with biopsy(s) of the cervix. 57455 -------
- Colposcopy of the cervix including upper/adjacent vagina with endocervical curettage. 57456 -------
- Destruction of vagina lesion(s); extensive 57065+ -------
- Cryocautery of cervix; endocervical curettage; initial or repeat 57511+ -------
- Endometrial sampling (biopsy) with or without endocervical samplings (biopsy) w/out dilation, any method, (separate procedure) 58100 -------
- X-Ray exam of chest 71020 -------
- X-Ray exam of abdomen 74000 -------
- Radiological Guidance for Percutaneous Drainage of Abscess, or Specimen 75989 -------
- Acute venous thrombosis imaging, peptide 78456 -------
- Assay Calcium i Blood 82310 -------
- Immunoassay, Analyte, by radioimmunoassay (EG, RIA) 83519 -------
- Assay Serum Iron 83540 -------
- Serum Iron Binding Test 83550 -------
- Assay body fluid acidity 83986+ -------
- Bleeding Time Test 85002 -------
- Blood Count, Manual Blood Smear Exam w/o manual differential parameters 85008 -------
- Immunoassay for infectious agent antibody, qualitative or semi-quantitative, single step method 86318 -------
Partnership Health Plan of California
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT

- Particle agglutination; screen, each antibody 86403
- Antibody Screen, RBC, each Serum Technique 86850
- Antihuman Globulin test; direct, each antibody (Coombs) 86880
- Antihuman globulin test; indirect, qualitative, each reagent red cell (Coombs Test) 86885
- Blood Typing, RBC Antigens, other than ABO or Rh(D), each 86905
- Ova and/or Parasites direct smears, concentration & ID 87177
- Chromosome Analysis, score 50 – 100 cells, count 20 cells, 2 Karyotypes 88248
- Chromosome Analysis; 5 Cells, 1 Karyotype w/ banding 88261
- Chromosome Analysis; 15-20 Cells, 2 Karyotypes w/ banding 88262
- Visceral Vascular Study 93975/93976

+ Procedure code qualify as family planning bypass service if billed with a STD diagnosis (A51.0-A51.2, A51.31, A51.39, A51.41-A51.46, A51.49, A51.5, A51.9, A52.00-A52.06, A52.09-A52.17, A52.19, A52.2, A52.3, A52.71-A52.79, A52.8-A53.0, A53.9, A54.00-A54.03, A54.09, A54.1, A54.21-A54.24, A54.29-A54.33, A54.39-A54.43, A54.49, A54.5, A54.6, A54.81-A54.86, A54.89, A55, A56.01, A56.02, A56.09, A56.11, A57, A58, A59.00-A59.03, A59.09, A60.00-A60.04, A60.09, A60.1, A60.9, A63.0, A64, B07.0, B07.8-B07.9, B08.1, B20, B37.3, B85.3, B86, B97.7, N30.00, N30.01, N30.30, N34.1- N35.0, N41.0, N70.01-N70.03, N70.11-N70.13, N70.91-N70.93, N72, N73.5, N73.9, N76.0-N76.3, N77.1, N89.0, N89.1, N89.3, V02.8, V69.2, V73.88, Z11.3, Z11.8, Z20.2, Z22.4, Z72.51) for dates of service on or after 6/01/01.

** Note – Eff. for dates of service on or after 11/1/10, Modifier UA (Medicaid Level of Care 10) and UB (Medicaid Level of Care 11)

# This is a PHC addition.