

Virginia Department of Medical Assistance Services (DMAS)

Coverage of Family Planning Services

Coverage of family planning services and supplies for Fee for Service (FFS), Managed Care Organizations (MCO) and Plan First enrollees

This document includes general coverage of family planning services and supplies for Fee-for-Service (FFS) Medicaid/FAMIS/FAMIS MOMs and Plan First enrollees. In addition, an outline of specific billing requirements for the Plan First program is provided. **Please note: Plan First billing requirements must be followed or services will not be covered.**

MCOs also cover the contraceptive services and supplies, however may have different processes for obtaining coverage. If you have questions about the contraceptive policies of an MCO, please contact the appropriate MCO in your area. If you do not know who your contact is, the below MCO references may be used. As these policies are subject to change, please stay up to date with the individual MCO.

MCO	Contact Information
Amerigroup	800-454-3730
Anthem	800-901-0020
CareNet	888-279-1878
Optima	800-881-2166
Virginia Premier	800-727-7536 Richmond/Central/Western 800-828-7989 Tidewater 800-338-4579

DMAS Coverage of Pharmacy Point of Sale (POS) Transactions for FFS Medicaid/FAMIS/FAMIS MOMs and Plan First Enrollees

DMAS covers both over-the-counter and prescription contraceptives for a maximum 34-day supply of medication per prescription per patient in accordance with the prescriber's orders and subject to Board of Pharmacy regulations. For prescription orders whose quantity exceeds a 34-day supply, refills may be dispensed in sufficient quantity to fulfill the prescription order within the limits of federal and state laws and regulations.

If a 90-day supply drug is packaged as 90-day, this drug will not be dispensed as 34-days supply with remaining drug sold as refills. **Please note: Medications for purposes other than contraception will not be covered for recipients who are enrolled in Plan First.** For specific information on the DMAS pharmaceutical program, please refer to the DMAS Pharmacy Provider Manual (www.dmas.virginia.gov). For more information about DMAS covered National Drug Codes (NDCs), please follow up with your local pharmacist. (DMAS does not publish a list of covered NDCs for local pharmacists).

DMAS Coverage of Physician Administered Medications for FFS Medicaid/FAMIS/FAMIS MOMs and Plan First Enrollees

Contraceptives that are administered in an office or outpatient setting are to be billed by the practitioner on the CMS-1500 form (manually) or the 837P (electronic) format using the appropriate Healthcare Common Procedure Coding System (HCPCS) code. Claims for miscellaneous/unlisted codes must have the actual (or copy of) purchase invoice attached to the claim. Examples of covered contraception that must be billed through the practitioner include the contraceptive injectable - Depo-Provera, contraceptive implant - Implanon, and IUDs such as Mirena and Paraguard. Please note that any form of self administered contraceptive in excess of 34 day supply, such as Seasonale or Levora, must also be billed by the practitioner. DMAS will reimburse the provider their actual invoice cost for the contraceptive.

Please note: Additional actions must be taken when billing claims for Plan First enrollees. Please refer to the section in this document titled “Specific Billing Guidance for Plan First”. **If the billing guidance is not followed for Plan First enrollee claims, the service will not be covered.**

Therapeutic Injections

Reimbursement for the administration of a therapeutic injection is included in the office visit when a medical service is rendered. When a therapeutic injection is the only service performed, an appropriate Evaluation and Management Service (E&M) (e.g., Current Procedural Terminology (CPT) code 99211) may be listed in addition to the injection if there is significant, separately identifiable E&M services documented in the medical record. Providers are to use the appropriate modifier as indicated by CPT.

To bill for the administration and the drug:

- Use the appropriate HCPCS "J" code in Locator 24D and the usual and customary charge for the injectable in Locator 24F of the CMS-1500 claim form; attach the actual invoice copy for miscellaneous/unlisted codes and
- Use the appropriate CPT code for a therapeutic injection (96372).
 - Use of the 837P electronic format may be submitted with a attachment control number (ACN) to indicate that the actual purchase invoice is being send to DMAS.
 - For more specific billing instructions see the DMAS Physician Provider Manual, Chapter V.

Sterilization Coverage for FFS Medicaid/FAMIS/FAMIS MOMs and Plan First Enrollees

Reproductive sterilization is covered for these enrollees if all conditions are met. For more information on the specific conditions, please see the DMAS Physician Provider Manual, Chapter IV – Covered Services.

Essure Sterilization and Hysterosalpingogram (HSG) Implementation

The Food and Drug Administration (FDA) requires a follow up procedure, Hysterosalpingogram (HSG), post Essure sterilization procedure to demonstrate a successful tubal occlusion.

The Essure procedure is covered by DMAS. The Essure may be performed 6-8 weeks from delivery or termination of pregnancy. The HSG procedure must then be performed 90 days after the Essure procedure.

The purpose of this section is to highlight to providers that women enrolled in Medicaid for pregnancy or FAMIS MOMs may lose coverage at the end of the month which her 60th day postpartum period falls, if she does not meet another category for full coverage Medicaid or FAMIS. Thus, she would not be eligible for coverage of the HSG procedure through Medicaid for Pregnant Women or FAMIS MOMs. The HSG procedure may be covered through Plan First for women losing Medicaid or FAMIS MOMs coverage postpartum, only if she completes the Plan First application and is enrolled in Plan First after her coverage for pregnancy ends.

As a provider you may examine all the options with the patient, including performing the Essure and HSG once she is enrolled in Plan First, to avoid any possible enrollment and reimbursement issues with the timing of procedures and enrollment ending for postpartum coverage.

You may request Plan First applications to have available for patients through Commonwealth Martin at 804-780-0076.

Please note:

- If submitting on a UB-04 claim for Plan First recipients, you must use the one of the approved billing codes for Plan First; otherwise it is not covered by Plan First.
- Contraception (other than and an Intrauterine Devise (IUD) or Intrauterine System (IUS)) between the Essure procedure and the follow up HSG will also be covered by Plan First. You must use the approved billing codes for Plan First for coverage.

If you have any questions or concerns about recipient eligibility for Plan First for coverage of the HSG post Essure procedure, please contact the Maternal and Child Health Division at (804) 786-6134.

Specific Billing Guidance for Plan First

The CPT codes, the HCPCS codes and the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes all listed in Table 1 are approved by the Centers for Medicare and Medicaid Services (CMS) to be covered by Plan First. These services are only covered by Plan First when accompanied by one of the ICD-9-CM diagnosis codes identified in Table 2 as the primary diagnosis on the claim. **Note: Only codes listed in this section are covered by Plan First.** *This list of codes has been updated based on the new 2009 revisions of the manuals listed above.*

Follow up services to a family planning office visit or major complications of family planning services are not reimbursable under Plan First. Services provided that are not included on this list of approved codes, will not be reimbursed. Services provided that are included in this list, but not accompanied with an approved ICD-9-CM diagnosis code, will not be reimbursed. Each claim must use a V25 series code listed in Table 2, to be considered a covered service. Providers need to inform Plan First enrollees of non-covered services that the enrollee may be billed for.

For example, when billing for an office visit with insertion of an IUD for a Plan First enrollee, the claim should include the appropriate E&M service, the appropriate procedure code for insertion of the IUD and the HCPCS J-code for the particular IUD. Each claim **must** have an approved ICD-9-CM diagnosis code (V25 series) to be considered a covered service under Plan First.

Please be aware that services covered through Plan First may be revised subsequent to CMS review of services. **It will be the responsibility of the individual provider to adhere to the DMAS Provider Manuals and Medicaid Memos.** Upon CMS review of services, Virginia will modify its listing of covered services accordingly.

www.planfirst.org

PlanFirst@dmas.virginia.gov



Table 1 Plan First Approved Procedure/Supply Codes

Procedure Codes			
Code	Description (Must be used with diagnosis codes listed in Table 2)	Suggested Diagnosis Code	Policy/Comments
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes	V25.2	A completed DMAS-3004, Sterilization Consent Form must accompany the sterilization claim. Please see the DMAS Physician's Provider Manual, Chapter IV for specific coverage instructions.
66.22	Bilateral endoscopic ligation and division of fallopian tubes	V25.2	
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes	V25.2	
66.31	Other bilateral ligation and crushing of fallopian tubes	V25.2	
66.32	Other bilateral ligation and division of fallopian tubes	V25.2	
66.39	Other bilateral destruction or occlusion of fallopian tubes	V25.2	
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s).	V25.2	
58565	Hysteroscopy, surgical, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (e.g. Essure)	V25.2	
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	V25.xx	
74740	Hysterosalpingography, radiological supervision and interpretation	V25.xx	
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	V25.2	
58611	Ligation or transection of fallopian tube(s), when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) In context of the family planning waiver, this will only apply when performed after the 60 day postpartum period.	V25.2	
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, falope ring) vaginal or suprapubic approach	V25.2	
58670	Laparoscopy – with fulguration of oviducts (with or without transection) In context of the family planning waiver, this will only apply when performed with abdominal surgery and not after a cesarean delivery.	V25.2	
58671	Laparoscopy – with occlusion of oviducts (e.g., band, clip, Falope ring)	V25.2	
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	V25.2	
00921	Anesthesia for procedures on male genitalia; vasectomy, unilateral or bilateral	V25.2	
00952	Anesthesia for vaginal procedures; hysteroscopy (use with 58565)	V25.2	
11975	Insertion, implantable contraceptive capsules	V25.xx	
11976	Removal, implantable contraceptive capsules	V25.xx	
11977	Removal with reinsertion, implantable contraceptive capsules	V25.xx	
11981	Insertion, non-biodegradable drug delivery system	V25.xx	
11982	Removal, non-biodegradable drug delivery system	V25.xx	
11983	Removal with reinsertion, non-biodegradable drug delivery system	V25.xx	
57170	Diaphragm or cervical cap fitting with instructions	V25.xx	
58300	Insertion of intrauterine device (IUD)	V25.1	
58301	Removal of intrauterine device (IUD)	V25.42	
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	V25.xx	
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular (direct Physician supervision)	V25.xx	

Laboratory Codes		Suggested Diagnosis Code
The lab codes must include the appropriate diagnosis code on the claim for Plan First to reimburse.		
36415	Collection of venous blood by venipuncture	V25.xx
81000	Urinalysis by dipstick or tablet...non-automated, with microscopy	V25.xx
81001	Urinalysis by dipstick or tablet...automated, with microscopy	V25.xx
81002	Urinalysis, by dip stick or tablet...non-automated, without microscopy	V25.xx
81003	Urinalysis, by dip stick or tablet...automated, without microscopy	V25.xx
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	V25.xx
81007	Urinalysis, bacteriuria screen, except by culture or dipstick	V25.xx
81015	Microscopic exam of urine	V25.xx
81020	two or three glass test	V25.xx
81025	Pregnancy Test (Urine)	V25.xx
81050	Volume measurement for timed collection, each	V25.xx
84702	Gonadotropin, chorionic (hCG); quantitative	V25.xx
84703	Pregnancy Test Gonadotropin, chorionic (hCG); qualitative	V25.xx
85013	Spun microhematocrit	V25.xx
85014	Hematocrit	V25.xx
85018	Blood count; automated differential WBC count- hemoglobin (Hgb)	V25.xx
85025	Blood Count, complete	V25.xx
85660	RBC Sickle Cell Test	V25.xx
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)	V25.xx
86593	Syphilis test, quantitative	V25.xx
86631	Chlamydia	V25.xx
86632	Chlamydia, IgM	V25.xx
86644	Cytomegalovirus (CMV)	V25.xx
86645	Cytomegalovirus, IgM	V25.xx
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)	V25.xx
86695	Herpes simplex, type 1	V25.xx
86696	Herpes simplex, type 2	V25.xx
86701	HIV 1	V25.xx
86702	HIV-2	V25.xx
86703	HIV-1 and HIV-2, single assay	V25.xx
86704	Hepatitis B core antibody (HBcAb); total	V25.xx
86705	Hepatitis B IgM antibody	V25.xx
86706	Hepatitis B surface antibody (HBsAb)	V25.xx
86729	Lymphogranuloma venereum	V25.xx
86762	Rubella	V25.xx
86777	Toxoplasma	V25.xx
86778	Toxoplasma, IgM	V25.xx
86781	Treponema pallidum, confirmatory test (e.g., TRA-abs)	V25.xx
86784	Trichinella	V25.xx
86803	Hepatitis C antibody	V25.xx
86804	Hepatitis C confirmatory test (e.g., immunoblot)	V25.xx
86850	Antibody screen, RBC, each serum technique	V25.xx
87040	Culture, bacterial; aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture if appropriate)	V25.xx
87070	Culture, bacterial; any other source excerpt urine, blood or stool, with isolation and presumptive identification of isolates	V25.xx

Laboratory Codes continued		Suggested Diagnosis Code
The lab codes must include the appropriate diagnosis code is on the claim for Plan First to reimburse.		
87075	Culture any source, except blood, anaerobic with isolation and presumptive identification of isolates	V25.xx
87077	Culture aerobic identify	V25.xx
87081	Culture, presumptive, pathogenic organisms, screening only	V25.xx
87084	with colony estimation from density chart.	V25.xx
87086	Culture, bacterial; quantitative colony count, urine	V25.xx
87088	with isolation and presumptive identification of isolates, urine.	V25.xx
87110	Culture, Chlamydia, any source	V25.xx
87164	Dark field examination, any source (e.g. Penile, vaginal, oral, skin); includes specimen collection	V25.xx
87205	Smear, gram stain	V25.xx
87207	Smear, special stain	V25.xx
87210	Smear, wet mount for infectious agents (e.g., saline, India ink, KOH preps)	V25.xx
87270	Chlamydia trachomatis	V25.xx
87271	Cytomegalovirus, direct fluorescent antibody (DFA)	V25.xx
87273	Herpes simplex virus type 2	V25.xx
87274	Herpes simplex virus type 1	V25.xx
87285	Treponema DFA	V25.xx
87320	Chlamydia trachomatis	V25.xx
87340	Hepatitis B surface antigen (HbsAg)	V25.xx
87390	HIV-1	V25.xx
87391	HIV-2	V25.xx
87490	Chlamydia trachomatis, direct probe technique	V25.xx
87491	Chlamydia trachomatis, amplified probe technique	V25.xx
87492	Chlamydia trachomatis, quantification	V25.xx
87495	cytomegalovirus, direct probe technique	V25.xx
87496	cytomegalovirus, amplified probe technique	V25.xx
87497	cytomegalovirus, quantification	V25.xx
87510	Gardnerella vaginalis, direct probe technique	V25.xx
87511	Gardnerella vaginalis, amplified probe technique	V25.xx
87512	Gardnerella vaginalis, quantification	V25.xx
87515	hepatitis B virus, direct probe technique	V25.xx
87516	hepatitis B virus, amplified probe technique	V25.xx
87517	hepatitis B virus, quantification	V25.xx
87520	hepatitis C, direct probe technique	V25.xx
87521	hepatitis C, amplified probe technique	V25.xx
87522	hepatitis C, quantification	V25.xx
87525	hepatitis G, direct probe technique	V25.xx
87526	hepatitis G, amplified probe technique	V25.xx
87527	hepatitis G, quantification	V25.xx
87528	Herpes simplex virus, direct probe technique	V25.xx
87529	Herpes simplex virus, amplified probe technique	V25.xx
87530	Herpes simplex virus, quantification	V25.xx
87531	Herpes virus-6, direct probe technique	V25.xx
87532	Herpes virus-6, amplified probe technique	V25.xx
87533	Herpes virus-6, quantification	V25.xx
87534	HIV-1, direct probe technique	V25.xx
87535	HIV-1, amplified probe technique	V25.xx
87536	HIV-1, quantification	V25.xx

Laboratory Codes continued		Suggested Diagnosis Code
The lab codes must include the appropriate diagnosis code is on the claim for Plan First to reimburse.		
87537	HIV-2, direct probe technique	V25.xx
87538	HIV-2, amplified probe technique	V25.xx
87539	HIV-2, quantification	V25.xx
87590	Neisseria gonorrhoeae, direct probe technique	V25.xx
87591	Neisseria gonorrhoeae, amplified probe technique	V25.xx
87592	Neisseria gonorrhoeae, quantification	V25.xx
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	V25.xx
87621	papillomavirus, human, amplified probe technique	V25.xx
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification.	V25.xx
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms, direct probe technique(s).	V25.xx
87808	Infectious agent antigen detection for trichomonas	V25.xx
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis	V25.xx
87850	Neisseria gonorrhoeae	V25.xx
88141	Cytopathology, cervical or vaginal, (any reporting system), requiring interpretation by physician	V25.xx
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	V25.xx
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated this layer preparation; with manual screening and rescreening under physician supervision.	V25.xx
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	V25.xx
88148	Cytopathology smears, cervical or vaginal; screening by automated with manual rescreening under physician supervision	V25.xx
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	V25.xx
88152	Cytopathology, slides, cervical or vaginal; with manual screening under physician supervision with manual screening and computer-assisted rescreening under physician supervision	V25.xx
88153	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision with manual screening and rescreening under physician supervision	V25.xx
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	V25.xx
88155	Cytopathology, slides cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)	V25.xx
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System), manual screening under physician supervision	V25.xx
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System), manual screening under physician supervision with manual screening and rescreening under physician supervision	V25.xx
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System), with manual screen and computer-assisted rescreening under physician supervision	V25.xx
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System), with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	V25.xx
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated this layer preparation; screening by automated thin layer preparation; screening by automated system and manual screening, under physician supervision	V25.xx

Laboratory Codes continued The lab codes must include the appropriate diagnosis code is on the claim for Plan First to reimburse.		Suggested Diagnosis Code
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparations; with screening by automated system and manual rescreening or review, under physician supervision	V25.xx
88302	Surgical pathology, for vas deferens	V25.xx
99000	Handling and/or conveyance of specimen for transfer from a physician's office to a laboratory	V25.xx
99001	Handling and/or conveyance of specimen for transfer from the patient to other than physician's office to a laboratory (distance may be indicated)	V25.xx

Evaluation and Management Codes		
Code	Description (Must be used with diagnosis codes listed in Table 2)	Suggested Diagnosis Code
99201	New Patient Office or other outpatient visit – 10 minutes	V25.xx
99202	New Patient Office or other outpatient visit – 20 minutes	V25.xx
99203	New Patient Office or other outpatient visit – 30 minutes	V25.xx
99204	New Patient Office or other outpatient visit – 45 minutes	V25.xx
99205	New Patient Office or other outpatient visit – 60 minutes	V25.xx
99211	Established Patient Office or other outpatient visit-5minutes	V25.xx
99212	Established Patient Office or other outpatient visit-10 minutes	V25.xx
99213	Established Patient Office or other outpatient visit-15 minutes	V25.xx
99214	Established Patient Office or other outpatient visit-25 minutes	V25.xx
99215	Established Patient Office or other outpatient visit- 40 minutes	V25.xx
99221	Hospital Inpatient service, Initial Hospital Care -30 minutes	V25.xx
99222	Hospital Inpatient service, Initial Hospital Care – 50 minutes	V25.xx
99223	Hospital Inpatient service, Initial Hospital Care – 70 minutes	V25.xx
99231	Hospital Inpatient Services, Subsequent Hospital Care – 15 minutes	V25.xx
99232	Hospital Inpatient Services, Subsequent Hospital Care – 25 minutes	V25.xx
99233	Hospital Inpatient Services, Subsequent Hospital Care – 35 minutes	V25.xx
99238	Hospital Inpatient Services, Hospital Discharge Services – 30 minutes or less	V25.xx
99239	Hospital Inpatient Services, Hospital Discharge Services – more than 30 minutes	V25.xx
99241	Office and/or other Outpatient Consultations New or Established Patient -15 min.	V25.xx
99242	Office and/or other Outpatient Consultations New or Established Patient – 30 min.	V25.xx
99243	Office and/or other Outpatient Consultations New or Established Patient – 40 min.	V25.xx
99244	Office and/or other Outpatient Consultations New or Established Patient – 60 min.	V25.xx
99245	Office and/or other Outpatient Consultations New or Established Patient – 80 min.	V25.xx
99251	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient – 20 min.	V25.xx
99252	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient – 40 min.	V25.xx
99253	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient – 55 min.	V25.xx
99254	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient – 80 min.	V25.xx
99255	Follow-up Inpatient / Initial Inpatient Consultation New or Established Patient – 110 min.	V25.xx

Contraceptive Supplies

Code	Description (Must be used with diagnosis codes listed in Table 2)	Suggested Diagnosis Code	Policy/Comments
A4261	Cervical cap for contraceptive use	V25.xx	Use N4 qualifier and unit in GR required with all J codes.
A4266	Diaphragm for contraceptive use	V25.xx	
A4267	Contraceptive supply, condom, male, each	V25.xx	Bill supply code with administration code as appropriate.
A4268	Contraception supply, condom, female, each	V25.xx	
A4269	Contraception supply, spermicide (e.g. foam, gel), each	V25.xx	
J1055	Injection, medroxyprogesterone acetate, for contraceptive use 150 mg (Depo-Provera)	V25.xx	
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (Lunelle monthly contraceptive)	V25.xx	
J7300	Intrauterine copper contraceptive (Paragard T380A)	V25.xx	
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	V25.xx	
J7303	Contraceptive vaginal ring (Nuvaring Vaginal Ring)	V25.xx	
J7304	Contraceptive supply, hormone containing patch, each	V25.xx	
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	V25.xx	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Implanon)	V25.xx	
J8499	Miscellaneous contraception	V25.xx	
S4981	Insertion of levonorgestrel-releasing intrauterine system	V25.xx	
S4989	Contraceptive intrauterine device (e.g. Progestacert IUD), including implants and supplies	V25.xx	
S4993	Contraceptive pill for birth control	V25.01	

Table 2 ICD-9-CM Diagnosis Codes

V25 Encounter for contraceptive management	
Code	Description
V25.0	General Counseling and advice
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraceptive measures
V25.03	Encounter for emergency contraceptive counseling and prescription
V25.04	Counseling and instruction in natural family planning to avoid pregnancy
V25.09	Other family planning advice
V25.1	Insertion of intrauterine contraceptive device
V25.2	Sterilization
V25.4	Surveillance of previously prescribed contraceptive methods <ul style="list-style-type: none"> • Checking, reinsertion, or removal of contraceptive device • Repeat prescription for contraceptive method Routine examination in connection with contraceptive maintenance
V25.40	Contraceptive surveillance, unspecified
V25.41	Contraceptive pill
V25.42	Intrauterine contraceptive device
V25.43	Encounter for contraceptive management, surveillance of previously prescribed contraceptive methods (checking, reinsertion or removal of contraceptive device), implantable subdermal contraceptive
V25.49	Other contraceptive method
V25.5	Encounter for contraceptive management, insertion of implantable subdermal contraceptive
V25.8	Other specified contraceptive management (Post vasectomy sperm count)
V25.9	Unspecified contraceptive management