

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)

BILLING GUIDANCE FOR PLAN FIRST VIRGINIA'S LIMITED FAMILY PLANNING SERVICES PROGRAM

This document includes general coverage of family planning services and supplies for the Plan First program. Plan First billing requirements must be followed for covered services to be reimbursed.

Specific billing requirements for Plan First

The Current Procedural Terminology (CPT) codes, the Healthcare Common Procedure Coding System (HCPCS) codes and the ICD codes listed in this document are approved by the Centers for Medicare and Medicaid Services (CMS) to be covered by the Virginia Plan First program. **THESE SERVICES ARE ONLY COVERED BY PLAN FIRST WHEN ACCOMPANIED BY ONE OF THE ICD FAMILY PLANNING DIAGNOSIS CODES IDENTIFIED IN TABLE 1** (both tables are listed at end of this section). Use Table 1 to identify the appropriate diagnosis code and Table 2 to identify the appropriate procedure/supply codes.

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 as applicable, the appropriate procedure code for insertion of the IUD (58300) and the HCPCS J-code for the particular IUD (i.e., Mirena J7298) as well as the most appropriate ICD diagnosis code (Z30.430 - Encounter for insertion of intrauterine contraception device).

Annual gynecological exam

Screening Pap smears shall be covered annually for females *who are in need of family planning* and is consistent with the guidelines published by the American Cancer Society. **WOMEN WHO DO NOT NEED OR DESIRE FAMILY PLANNING SERVICES DO NOT HAVE COVERAGE FOR THEIR ANNUAL EXAM AND/OR PAP SMEAR UNDER PLAN FIRST.**

PLAN FIRST DOES NOT COVER PREVENTIVE CARE VISITS. The use of any preventive evaluation and management (E&M) CPT code for Plan First will be denied as a non-covered service.

Providers submitting claims for yearly gynecological exams and Pap smears should use the following guidelines for billing Plan First:

- Use the E&M code that will reflect the level of care given during the visit plus the administration of the Pap smear.
- Documentation to support the level of care provided must appear in the patient's medical records.
- Use preventive family planning / ICD diagnosis code. The approved codes are listed in Table 1 of this document.
- Additional guidelines may be found in the current CPT Manual "Evaluation and Management (E/M) Services Guidelines.

DMAS coverage of self-administered contraception

DMAS covers self-administered contraception through local pharmaceutical providers for a maximum 34-day supply of medication per prescription per member in accordance with the prescriber's orders and subject to Board of Pharmacy regulations. Contraceptives are included on the DMAS Preferred Drug List (PDL). The PDL is a list of preferred drugs by select therapeutic class for which the Medicaid program allows payment without requiring service authorization. In the designated classes, drug products classified as non-preferred will be subject to service authorization. The current list of preferred drugs may be located online at: www.virginiamedicaidpharmacyservices.com. For specific information on the DMAS pharmaceutical program, please refer to the DMAS Pharmacy Provider Manual, under the Provider Services section at: www.virginiamedicaid.dmas.virginia.gov.

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 the contraception is packaged as 91-day supply it cannot be dispensed as 34-day supply with remaining drug sold as refills.

Any form of self-administered contraception in excess of a 34 day supply can be dispensed and billed by the prescribing practitioner due to the supply exceeding the pharmacy dispensing limit. DMAS will reimburse the practitioner their actual invoice cost for the contraception.

DMAS coverage of physician-administered contraception

Contraception which is administered in an office or outpatient setting must be billed by the practitioner using the appropriate Healthcare Common Procedure Coding System (HCPCS) code. Examples of covered contraception that must be billed through the practitioner include the contraception injectable - Depo-Provera, contraception implants – Implanon and Nexplanon, and IUDs such as Mirena, SKYLA, Liletta, and Paragard. DMAS will reimburse the provider their actual invoice cost for the contraception. Claims for miscellaneous/unlisted codes must have the actual (or copy of) purchase invoice attached to the claim.

Reimbursement for administration of contraception includes the office visit when the contraception administration is the only service performed. If there is a significant, separately identifiable E&M service performed and documented in the medical record, an appropriate Evaluation and Management Service (E&M) (e.g., Current Procedural Terminology (CPT) code 99212) may be listed in addition to the administration. Providers are to use the appropriate modifier as indicated by CPT.

For more specific billing instructions see the DMAS Physician/Practitioner Provider Manual, Chapter V, available at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal> under Provider Services section.

**MEDICATIONS AND SUPPLIES FOR PURPOSES OTHER THAN CONTRACEPTION
ARE NOT COVERED UNDER PLAN FIRST.*****Sterilizations***

Sterilizations are covered by DMAS only if all federal and state requirements are met. Please refer to the specific requirements documented in the DMAS Physician/Practitioner Provider Manual, Chapter IV – Covered Services, available at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal> under Provider Services section.

Essure Sterilization and Hysterosalpingogram (HSG) Implementation

The FDA requires a follow-up procedure, Hysterosalpingogram (HSG), after the Essure sterilization procedure to demonstrate a successful tubal occlusion.

The Essure procedure is not to be performed until after 6-8 weeks from delivery or termination of pregnancy. The manufacturer and FDA state that the Essure procedure should NOT be relied on for contraception until the patient has undergone the HSG confirmation 3 months (90 days) after micro-insert placement, which demonstrates **both** bilateral tubal occlusion **and** satisfactory location of the micro-inserts.

Women enrolled in Medicaid for Pregnant Women may lose coverage at the end of the month in which their 60th day postpartum period falls, if they do not meet another category for full coverage Medicaid or FAMIS. If a member has the Essure procedure prior to her losing full coverage as a pregnant woman, she could be eligible for Plan First. Plan First will cover the back-up contraception as well as the HSG follow up confirmation test. 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.

SERVICES NOT REIMBURSED UNDER PLAN FIRST:

- **SERVICES PROVIDED THAT ARE NOT ON THE LIST OF APPROVED CODES**
- **CLAIM FORMS WITHOUT THE APPROPRIATE ICD FAMILY PLANNING DIAGNOSIS CODE (SEE TABLE 1)**
- **FOLLOW UP OR TREATMENT SERVICES OR MAJOR COMPLICATIONS OF FAMILY PLANNING SERVICES**
- **MEDICATIONS AND SUPPLIES FOR PURPOSES OTHER THAN CONTRACEPTION**
- **USE OF ANY PREVENTIVE EVALUATION AND MANAGEMENT (E&M) CPT CODE**
- **EMERGENCY AIR AMBULANCE AND EMERGENCY GROUND AMBULANCE SERVICES**

DMAS encourages providers to discuss with the Plan First member which services are covered so the member is aware of non-covered services for which they will be financially responsible.

For more information specifically about Plan First, please visit www.planfirst.org or email planfirst@dmas.virginia.gov.



ICD-10 CM Diagnosis Codes

Table 1 ICD Diagnosis Codes

Encounter for Contraception Management	
General Counseling and Advice	
ICD-10 CM Code	ICD-10 CM Description
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
Z30.016	Encounter for initial prescription of patch hormonal contracep dev
Z30.017	Encounter for initial prescription of implantable subdermal contracep
Z30.018	Encounter for initial prescription of other contraceptives
Z30.019	Encounter for initial prescription of other 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
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.432	Encounter for removal of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Surveillance of previously prescribed contraception methods	
<ul style="list-style-type: none"> • Checking, reinsertion, or removal of contraception device • Repeat prescription for contraception method 	
Routine examination in connection with contraception maintenance	
Z30.40	Encounter for surveillance of contraceptives, unspecified
Z30.41	Encounter for surveillance of contraceptive pills
Z30.42	Encounter for surveillance of injectable contraceptive
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.44	Encounter for surveillance of vaginal ring
Z30.45	Encounter surveillance transdermal patch hormonal contraceptive device
Z30.46	Encounter surveillance 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

ICD-10 CM Procedure Codes

Table 2 Plan First Approved Procedure/Supply Codes

ICD-10 CM Code	Description	Policy / Comments
0VBN0ZZ	Excision of right vas deferens, open approach or ;	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.
0VBN3ZZ	Excision of right vas deferens, Percutaneous Approach or ;	
0VBN4ZZ	Excision of right vas deferens, percutaneous endoscopic approach or ;	
0VBP0ZZ	Excision of left vas deferens, open approach or ;	
0VBP3ZZ	Excision of left vas deferens, percutaneous approach or ;	
0VBP4ZZ	Excision of left vas deferens, percutaneous endoscopic approach or ;	
0VBQ0ZZ	Excision of bilateral vas deferens, open approach or ;	
0VBQ3ZZ	Excision of bilateral vas deferens, percutaneous approach or ;	
0VBQ4ZZ	Excision of bilateral vas deferens, percutaneous endoscopic approach or ;	
0VTN0ZZ	Resection of right vas deferens, open approach or ;	
0VTN4ZZ	Resection of right vas deferens, percutaneous endoscopic approach or ;	
0VTP0ZZ	Resection of left vas deferens, open approach or ;	
0VTP4ZZ	Resection of left vas deferens, percutaneous endoscopic approach or ;	
0VTQ0ZZ	Resection of bilateral vas deferens, open approach or ;	
0VTQ4ZZ	Resection of bilateral vas deferens, percutaneous endsocopic approach	

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0UL74ZZ	Occlusion of bilateral fallopian tubes, percutaneous endoscopic approach or ;
0UL78ZZ	Occlusion of bilateral fallopian tubes, via natural or artificial opening endoscopic
0U574ZZ	Destruction of bilateral fallopian tubes, percutaneous endoscopic approach or ;
0U578ZZ	Destruction of bilateral fallopian tubes, via natural or artificial opening endoscopic or ;
0UL74CZ	Occlusion of bilateral fallopian tubes with extraluminal device, percutaneous endoscopic approach or ;
0UL74DZ	Occlusion of bilateral fallopian tubes with intraluminal device, percutaneous endoscopic approach or ;
0UL78DZ	Occlusion of bilateral fallopian tubes with intraluminal device, via natural or artificial opening endoscopic or ;
0UL70ZZ	Occlusion of bilateral fallopian tubes, open approach or ;
0UL73ZZ	Occlusion of bilateral fallopian tubes, percutaneous approach or ;
0UL77ZZ	Occlusion of bilateral fallopian tubes, via natural or artificial opening
0U570ZZ	Destruction of bilateral fallopian tubes, open approach or ;
0U573ZZ	Destruction of bilateral fallopian tubes, percutaneous approach or ;
0U577ZZ	Destruction of bilateral fallopian tubes, via natural or artificial opening or ;
0UL70CZ	Occlusion of bilateral fallopian tubes with extraluminal device, open approach or ;
0UL70DZ	Occlusion of bilateral fallopian tubes with intraluminal device, open approach or ;
0UL73CZ	Occlusion of bilateral fallopian tubes with extraluminal device, percutaneous approach or ;
0UL73DZ	Occlusion of bilateral fallopian tubes with intraluminal device, percutaneous approach or ;
0UL77DZ	Occlusion of bilateral fallopian tubes with intraluminal device, via natural or artificial opening or ;
0UL77ZZ	Occlusion of bilateral fallopian tubes, via natural or artificial opening

Code	Description (Must be used with diagnosis codes listed in Table 1)
J1885	Pain Medication - Toradol (used post sterilization procedure)
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
00921	Anesthesia for procedures on male genitalia; vasectomy, unilateral or bilateral
00952	Anesthesia for vaginal procedures; hysteroscopy (use with 58565)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s).
58565	Hysteroscopy, surgical, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (e.g. Essure)
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
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)
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, falope ring) vaginal or suprapubic approach
58661	Laparoscopy, surgical; with removal of adnexal structures (Partial or Total)
11976	Removal, implantable contraception capsules (Norplant)
11981	Insertion, non-biodegradable drug delivery system (Implanon and Nexplanon)
11982	Removal, non-biodegradable drug delivery system (Implanon and Nexplanon)
11983	Removal with reinsertion, non-biodegradable drug delivery system (Implanon and Nexplanon)
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58562	Hysteroscopy, surgical, with removal of impacted foreign body
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.
58671	Laparoscopy – with occlusion of oviducts (e.g., band, clip, Falope ring)
64435	Injection, Anesthetic Agent; Paracervical (Uterine) Nerve
71010	Radiologic examination, chest, single view, frontal
71045	X-ray of chest, 1 view
71046	X-Ray of Chest, 2 view (Effective January 1, 2018). Code 71020 ended December 31, 2017
74021	X-Ray of abdomen, minimum of 3 views
74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation

Code	Description (Must be used with diagnosis codes listed in Table 1)
76830	Ultrasound, transvaginal
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (non-obstetric)
76857	Ultrasound, pelvic (non-obstetric); limited or follow-up
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; Complete
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular (direct Physician supervision)
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	tracing only, without interpretation and report
93010	interpretation and report only
93050	Art pressure waveform analysis
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0123	Screening cytopathology, cervical or vaginal (any reporting system) collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
Q3014	Telehealth originating site facility fee
S0610	Annual gynecological examination, new patient
S0612	Annual gynecological examination, established patient

Code	Lab Codes Description (Must be used with diagnosis codes listed in Table 1)
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen
80048	Basic metabolic panel
81000	Urinalysis by dipstick or tablet...non-automated, with microscopy
81001	Urinalysis by dipstick or tablet...automated, with microscopy
81002	Urinalysis, by dip stick or tablet...non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet...automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	Urinalysis, bacteriuria screen, except by culture or dipstick
81015	Microscopic exam of urine
81020	two or three glass test
81025	Pregnancy Test (Urine)
81050	Volume measurement for timed collection, each
82950	post glucose dose (includes glucose)
83001	Gonadotropin; follicle stimulating hormone (FSH)
82951	Tolerance test (GTT), three specimens (includes glucose)
82952	Tolerance test, each additional beyond three specimens
83002	Luteinizing hormone (LH)
83020	Hemoglobin fractionation and quantitation; electrophoresis
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Pregnancy Test Gonadotropin, chorionic (hCG); qualitative
85013	Spun microhematocrit
85014	Hematocrit
85018	Blood count; automated differential WBC count- hemoglobin (Hgb)
85025	Blood Count, complete
85027	Complete CBC, automated

Code	Lab Codes Description (Must be used with diagnosis codes listed in Table 1)
85610	Prothrombin time
85660	RBC Sickle Cell Test
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis test, quantitative
86631	Chlamydia
86632	Chlamydia, IgM
86644	Cytomegalovirus (CMV)
86645	Cytomegalovirus, IgM
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86695	Herpes simplex, type 1
86696	Herpes simplex, type 2
86701	HIV 1
86702	HIV-2
86703	HIV-1 and HIV-2, single assay
86704	Hepatitis B core antibody (HBcAb); total
86705	Hepatitis B IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86762	Rubella
86777	Toxoplasma
86778	Toxoplasma, IgM
86780	Antibody; Treponema Pallidum
86784	Trichinella
86803	Hepatitis C antibody
86804	Hepatitis C confirmatory test (e.g., immunoblot)
86850	Antibody screen, RBC, each serum technique
86694	Herpes simplex, non-specific
86900	Blood typing: ABO
86901	Rh(D)
87040	Culture, bacterial; aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture if appropriate)
87070	Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates
87075	Culture any source, except blood, anaerobic with isolation and presumptive identification of isolates
87077	Culture aerobic identify
87081	Culture, presumptive, pathogenic organisms, screening only
87084	Culture, presumptive, pathogenic organisms with colony estimation from density chart.
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of isolates, urine.
87110	Culture, Chlamydia, any source
87164	Dark field examination, any source (e.g. Penile, vaginal, oral, skin); includes specimen collection
87205	Smear, gram stain
87207	Smear, special stain
87210	Smear, wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87270	Chlamydia trachomatis
87271	Cytomegalovirus, direct fluorescent antibody (DFA)

Code	Lab Codes Description (Must be used with diagnosis codes listed in Table 1)
87273	Herpes simplex virus type 2
87274	Herpes simplex virus type 1
87285	Treponema DFA
87320	Chlamydia trachomatis
87340	Hepatitis B surface antigen (HbsAg)
87389	HIV-1 AG w/HIV-1 & HIV-2 AB
87390	HIV-1
87391	HIV-2
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87495	Cytomegalovirus, direct probe technique
87496	Cytomegalovirus, amplified probe technique
87497	Cytomegalovirus, quantification
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification
87516	Hepatitis B virus, amplified probe technique
87517	Hepatitis B virus, quantification
87520	Hepatitis C, direct probe technique
87521	Hepatitis C, amplified probe technique
87522	Hepatitis C, quantification
87525	Hepatitis G, direct probe technique
87526	Hepatitis G, amplified probe technique
87527	Hepatitis G, quantification
87528	Herpes simplex virus, direct probe technique
87529	Herpes simplex virus, amplified probe technique
87530	Herpes simplex virus, quantification
87531	Herpes virus-6, direct probe technique
87532	Herpes virus-6, amplified probe technique
87533	Herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87623	HPV, low-risk types
87624	HPV, high-risk types
87625	HPV, types 16 and 18 only, includes type 45, if performed
87661	Trichomonas vaginalis
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms, direct probe technique(s).
87808	Infectious agent antigen detection for trichomonas

Code	Lab Codes Description (Must be used with diagnosis codes listed in Table 1)
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
88141	Cytopathology, cervical or vaginal, (any reporting system), requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision.
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	Cytopathology, slides, cervical or vaginal; with manual screening under physician supervision with manual screening and computer-assisted rescreening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision with manual screening and rescreening under physician supervision
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)
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System), manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System), manual screening under physician supervision with manual screening and rescreening under physician supervision
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System), with manual screen and computer-assisted rescreening under physician supervision
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System), with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated thin layer preparation; screening by automated system and manual screening, under physician supervision
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
88302	Surgical pathology, for vas deferens
99000	Handling/conveyance of specimen for transfer from a physician's office to a laboratory
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)
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by t
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requ...
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens
Q0112	All potassium hydroxide (koh) preparations

Code	E&M Description (Must be used with diagnosis codes listed in Table 1)
99201	New Patient Office or other outpatient visit – 10 minutes
99202	New Patient Office or other outpatient visit – 20 minutes
99203	New Patient Office or other outpatient visit – 30 minutes
99204	New Patient Office or other outpatient visit – 45 minutes
99205	New Patient Office or other outpatient visit – 60 minutes
99211	Established Patient Office or other outpatient visit-5minutes
99212	Established Patient Office or other outpatient visit-10 minutes
99213	Established Patient Office or other outpatient visit-15 minutes
99214	Established Patient Office or other outpatient visit-25 minutes
99215	Established Patient Office or other outpatient visit- 40 minutes
99221	Hospital Inpatient service, Initial Hospital Care -30 minutes
99222	Hospital Inpatient service, Initial Hospital Care – 50 minutes
99223	Hospital Inpatient service, Initial Hospital Care – 70 minutes
99231	Hospital Inpatient Services, Subsequent Hospital Care – 15 minutes
99232	Hospital Inpatient Services, Subsequent Hospital Care – 25 minutes
99233	Hospital Inpatient Services, Subsequent Hospital Care – 35 minutes
99238	Hospital Inpatient Services, Hospital Discharge Services – 30 minutes or less
99239	Hospital Inpatient Services, Hospital Discharge Services – more than 30 minutes

Code	HCPCS Description (Must be used with diagnosis codes listed in Table 1)	Policy/Comments
A4550	Surgical Trays	Use N4 qualifier and unit in GR required with all J codes.
A4261	Cervical cap for contraception use	
A4266	Diaphragm for contraception use	Bill supply code with administration code as appropriate.
A4267	Contraception supply, condom, male, each	
A4268	Contraception supply, condom, female, each	
A4269	Contraception supply, spermicide (e.g. foam, gel), each	
J1050	Injection, Medroxyprogesterone Acetate, for contraception use 150 mg (Depo-Provera)	
J1056	Injection, Medroxyprogesterone Acetate/ Estradiol Cypionate, 5mg/25mg	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg (Effective January 1, 2018)	
J7297	Levonorgestrel-releasing intrauterine contraception system, 52 mg (Liletta)	
J7298	Levonorgestrel-releasing intrauterine contraception system, 52 mg (Mirena)	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (SKYLA), 13.5 mg	
J7300	Intrauterine copper contraception (Paragard T380A)	
J7302	Levonorgestrel-releasing intrauterine contraception system, 52 mg (Mirena)	
J7302	Levonorgestrel-releasing intrauterine contraception system, 52 mg (Liletta)	
J7303	Contraception vaginal ring (Nuvaring Vaginal Ring)	
J7304	Contraception supply, hormone containing patch, each	

Code	HCPCS Description (Must be used with diagnosis codes listed in Table 1)
J7306	Levonorgestrel (contraception) implant system, including implants and supplies
J7307	Etonogestrel (contraception) implant system, including implant and supplies (Implanon and Nexplanon)
J3490	Unclassified drug
J8499	Miscellaneous contraception
Q9984	Levonorgestrel-releasing intrauterine contraceptive 19.5 mg (Effective July 1, 2017 through December 31, 2017)
S4981	Insertion of levonorgestrel-releasing intrauterine system
S4989	Contraception intrauterine device (e.g. Progestacert IUD), including implants and supplies
S4993	Contraception pill for birth control