



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Family Planning Eligibility Program Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Banner Pages and Bulletins](#) and the [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information.*

For information about using these code tables, see the [Family Planning Eligibility Program](#) provider reference module.

[Table 1 – ICD-10 Diagnosis Codes for the Family Planning Eligibility Program](#)

[Table 2 – Procedure Codes for the Family Planning Eligibility Program](#)

*Note: Codes marked with a double asterisk (**) have been added **temporarily**, in response to the coronavirus disease 2019 (COVID-19) public health emergency. When deemed appropriate, these codes will be removed from this table and will no longer be covered for the Family Planning Eligibility Program.*

Table 1 – ICD-10 Diagnosis Codes for the Family Planning Eligibility Program

Reviewed/Updated: January 1, 2022

Diagnosis Code	Description
A51.0	Primary genital syphilis
A51.1	Primary anal syphilis
A51.2	Primary syphilis of other sites (includes breast)
A53.9	Syphilis, unspecified
A54.01	Gonococcal cystitis and urethritis, unspecified
A54.03	Gonococcal cervicitis, unspecified
A54.22	Gonococcal prostatitis (acute)
A54.23	Gonococcal infection of other male genital organs
A54.24	Gonococcal female pelvic inflammatory disease
A54.29	Other gonococcal genitourinary infections
A54.6	Gonococcal infection of anus and rectum
A56.00	Chlamydial infection of lower genitourinary tract, unspecified
A56.01	Chlamydial cystitis and urethritis
A56.02	Chlamydial vulvovaginitis

Table 1 – ICD-10 Diagnosis Codes for the Family Planning Eligibility Program**Reviewed/Updated: January 1, 2022**

Diagnosis Code	Description
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 the pharynx organs
A56.8	Sexually transmitted chlamydial infection of other sites
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
A63.0	Anogenital warts
A63.8	Other specified predominantly sexually transmitted diseases
A74.89	Other chlamydial diseases
A74.9	Chlamydial infection, unspecified
B37.3	Candidiasis of vulva and vagina
B37.41	Candidal cystitis and urethritis
B37.42	Candidal balanitis
B80	Enterobiasis
B97.7	Papillomavirus as the cause of diseases classified elsewhere
N34.1	Nonspecific urethritis
N75.0	Cyst of Bartholin's gland
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
R36.9	Urethral discharge, unspecified
T74.51XA	Adult forced sexual exploitation, confirmed, initial encounter
T74.51XD	Adult forced sexual exploitation, confirmed, subsequent encounter
T74.52XA	Child sexual exploitation, confirmed, initial encounter

Table 1 – ICD-10 Diagnosis Codes for the Family Planning Eligibility Program**Reviewed/Updated: January 1, 2022**

Diagnosis Code	Description
T74.52XD	Child sexual exploitation, confirmed, subsequent encounter
T76.51XA	Adult forced sexual exploitation, suspected, initial encounter
T76.51XD	Adult forced sexual exploitation, suspected, subsequent encounter
T76.52XA	Child sexual exploitation, suspected, initial encounter
T76.52XD	Child sexual exploitation, suspected, subsequent encounter
Z03.818**	Encounter for observation for suspected exposure to other biological agents ruled out
Z04.41	Encounter for examination and observation following alleged adult rape
Z04.42	Encounter for examination and observation following alleged child rape
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4	Encounter for screening for human immunodeficiency virus (HIV)
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z11.52**	Encounter for screening for COVID-19
Z11.59**	Encounter for screening for other viral diseases
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
Z20.822**	Contact with and (suspected) exposure to COVID-19
Z20.828**	Contact with and (suspected) exposure to other viral communicable diseases
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z23**	Encounter for immunization
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; refills
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

Table 1 – ICD-10 Diagnosis Codes for the Family Planning Eligibility Program**Reviewed/Updated: January 1, 2022**

Diagnosis Code	Description
Z30.432	Encounter for removal of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion (replacement) 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
Z32.00	Encounter for pregnancy test, result unknown
Z32.01	Encounter for pregnancy test, result positive
Z32.02	Encounter for pregnancy test, result negative
Z71.7	Human immunodeficiency virus [HIV] counseling
Z71.89	Other specified counseling
Table 1 Revision History	
<p>January 1, 2020, update: **Added temporarily (effective January 1, 2021): Z11.52, Z20.822</p> <p>December 17, 2020, update: **Added temporarily (effective December 11, 2020): Z23</p> <p>April 21, 2020, update: **Added temporarily (effective April 1, 2020): Z03.818, Z11.59, Z20.828</p> <p>November 20, 2018, update: Added (correction): Z30.2</p> <p>October 1, 2018, update: Added (effective October 1, 2018): T74.51XA, T74.51XD, T74.52XA, T74.52XD, T76.51XA, T76.51XD, T76.52XA, T76.52XD, Z04.81</p> <p>August 25, 2017, update: Consolidated two tables: <i>ICD-10 Primary Diagnosis Codes for the Family Planning Eligibility Program</i> and <i>ICD-10 Sexually Transmitted Disease (STD) and Sexually Transmitted Infection (STI) Diagnosis Codes for the Family Planning Eligibility Program</i> Added (effective August 25, 2017): Z04.41, Z04.42, Z30.42</p> <p>October 1, 2016, update: Added (effective October 1, 2016): Z30.015, Z30.016, Z30.017, Z30.44, Z30.45, Z30.46</p>	

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography
11976	Removal, implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with insertion, non-biodegradable drug delivery implant
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)
46900	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
53230	Excision of urethral diverticulum (separate procedure); female
53260	Excision or fulguration; urethral polyp(s), distal urethra
54050	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54056	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54065	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of female genital gland abscess
56501	Destruction of lesion(s), vulva; simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57061	Destruction of vaginal lesion(s); simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)

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Procedure Code	Description
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57170	Diaphragm or cervical cap fitting with instructions
57410	Pelvic examination under anesthesia (other than local)
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
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 oophorectomy and/or salpingectomy)
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Falope ring)
71045	Radiologic examination, chest; single view
71046**	X-ray of chest, 2 views
72190	Radiologic examination, pelvis; complete, minimum of 3 views
74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
76830	Ultrasound, transvaginal
80048	Basic metabolic panel (Calcium, total)
80050	General health panel
80051	Electrolyte panel
80053	Comprehensive metabolic panel
80061	Lipid panel
80074	Acute hepatitis panel
80076	Hepatic function panel
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy

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<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	Urinalysis; bacteriuria screen, except by culture or dipstick
81015	Urinalysis; microscopic only
81025	Urine pregnancy test, by visual color comparison methods
82120	Amines, vaginal fluid, qualitative
82465	Cholesterol, serum or whole blood, total
82565	Creatinine; blood
82670	Estradiol (hormone) level
82947	Glucose; quantitative, blood (except reagent strip)
82948	Glucose; blood, reagent strip
83001	Gonadotropin; follicle stimulating hormone (FSH)
83020 26	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F); professional fee for interpretation
83986	pH; body fluid, not otherwise specified
84181	Protein; Western blot, with interpretation and report, blood or other body fluid
84181 26	Protein; Western blot, with interpretation and report, blood or other body fluid; professional fee for interpretation
84450	Transferase; aspartate amino (AST) (SGOT)
84478	Triglycerides
84702	Gonadotropin, chorionic (hCG); quantitative
85004	Blood count; automated differential WBC count
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85008	Blood count; blood smear, microscopic examination without manual differential WBC count
85009	Blood count; manual differential WBC count, buffy coat
85013	Blood count; spun microhematocrit
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
86255	Fluorescent noninfectious agent antibody; screen, each antibody

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Procedure Code	Description
86255 26	Fluorescent noninfectious agent antibody; screen, each antibody; professional fee or interpretation
86256	Fluorescent noninfectious agent antibody; titer, each antibody
86256 26	Fluorescent noninfectious agent antibody; titer, each antibody; professional fee or interpretation
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)
86328**	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
86408**	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen
86409**	Neutralizing antibody SARS-CoV-2 titer
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis test, non-treponemal antibody; quantitative
86628	Antibody; Candida
86631	Antibody; Chlamydia
86632	Antibody; Chlamydia, IgM
86687	Antibody; HTLV-I
86688	Antibody; HTLV-II
86689	Antibody; HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86692	Antibody; hepatitis, delta agent
86694	Antibody; herpes simplex, non-specific type test
86695	Antibody; herpes simplex, type 1
86696	Antibody; herpes simplex, type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result
86704	Hepatitis B core antibody (HBcAb); total
86705	Hepatitis B core antibody (HBcAb); IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86769**	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
86780	Antibody; Treponema pallidum
86787	Antibody; varicella-zoster
86803	Hepatitis C antibody;

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Procedure Code	Description
86804	Hepatitis C antibody; confirmatory test (e.g., immunoblot)
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)
87109	Culture, mycoplasma, any source
87110	Culture, chlamydia, any source
87140	Culture, typing; immunofluorescent method, each antiserum
87147	Culture, typing; immunologic method, other than immunofluorescence (e.g., agglutination grouping), per antiserum
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
87164	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection
87164 26	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection; professional fee or interpretation
87166	Dark field examination, any source (e.g., penile, vaginal, oral, skin); without collection
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87185	Susceptibility studies, antimicrobial agent; enzyme detection (e.g., beta lactamase), per enzyme
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution [minimum inhibitory concentration (MIC) or breakpoint], each multi-antimicrobial, per plate

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<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87207 26	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses); professional fee or interpretation
87210	Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (e.g., virus specific enzymatic activity)
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization
87350	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2
87426**	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

Procedure Code	Description
87428**	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed

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<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed
87563	Detection of Mycoplasma genitalium by DNA or RNA probe
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87635**	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique
87636**	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

Procedure Code	Description
87637**	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
87811**	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (list separately in addition to code for primary procedure)
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); hepatitis B virus
87913**	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)
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

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
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 system 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 and computer-assisted rescreening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; 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)
88160	Cytopathology, smears, any other source; screening and interpretation
88161	Cytopathology, smears, any other source; preparation, screening and interpretation
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening 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 system, under physician supervision
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
91300**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
91301**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
91303**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
91305**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID 19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
91306**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use
91309**	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
94760**	Measurement of oxygen saturation in blood using ear or finger device
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
98960	Self-management education & training, face-to-face, 1 patient
98961	Self-management education & training, face-to-face, 2-4 patients
98962	Self-management education & training, face-to-face, 5-8 patients
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)
99202 FP	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straight forward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. [Family Planning]
99202**	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straight forward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
99203 FP	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. [Family Planning]
99203**	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
99204 FP	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. [Family Planning]
99204**	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
99205 FP	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. [Family Planning]
99205**	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.
99211 FP	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. [Family Planning]
99211**	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
99212 FP	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. [Family Planning]
99212**	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
99213 FP	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. [Family Planning]
99213**	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
99214 FP	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. [Family Planning]
99214**	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
99215 FP	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. [Family Planning]

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
99215**	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.
99281**	Emergency department visit, self-limited or minor problem
99282**	Emergency department visit, low to moderately severe problem
99283**	Emergency department visit, moderately severe problem
99284**	Emergency department visit, problem of high severity
99285**	Emergency department visit, problem with significant threat to life or function
99341**	New patient home visit, typically 20 minutes
99342**	New patient home visit, typically 30 minutes
99343**	New patient home visit, typically 45 minutes
99344**	New patient home visit, typically 60 minutes
99345**	New patient home visit, typically 75 minutes
99347**	Established patient home visit, typically 15 minutes
99348**	Established patient home visit, typically 25 minutes
99349**	Established patient home visit, typically 40 minutes
99350**	Established patient home visit, typically 60 minutes
0001A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose
0002A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose
0003A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose
0004A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose
0011A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose
0012A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose
0013A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
0031A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, single dose
0034A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage booster dose
0051A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose
0052A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose
0053A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose
0054A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose
0064A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose
0094A**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, booster dose
**0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
**0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (i.e., genotyping)
0567T	Blockage of fallopian tubes with implants inserted through cervix
A4261	Cervical cap for contraceptive use
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

Procedure Code	Description
<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
C9803**	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source
G2023**	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source
G2024**	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source
J0290	Injection, ampicillin sodium, 500 mg
J0291	Injection, plazomicin, 5 mg
J0456	Injection, azithromycin, 500 mg
J0561	Injection, penicillin G benzathine, 100,000 units
J0696	Injection, ceftriaxone sodium, per 250 mg
J0697	Injection, sterile cefuroxime sodium, per 750 mg
J0698	Injection, cefotaxime sodium, per g
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg
J1050	Injection, medroxyprogesterone acetate, 1 mg
J1885	Injection, ketorolac tromethamine, per 15 mg
J1956	Injection, levofloxacin, 250 mg
J3490	Unclassified drugs
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7304	Contraceptive supply, hormone containing patch, each
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J8499	Prescription drug, oral, non chemotherapeutic, not otherwise specified
M0201**	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home
S4993	Contraceptive pills for birth control
U0001**	CDC 2019 novel coronavirus (2019-nCoV) real-time rt-pcr diagnostic panel
U0002**	Non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)

Table 2 – Procedure Codes for the Family Planning Eligibility Program**Reviewed/Updated: July 1, 2022**

<i>Note: For procedure codes that must be billed with the appropriate National Drug Code (NDC), see Procedure Codes That Require NDCs, accessible from the Code Sets page at in.gov/medicaid/providers.</i>	
Procedure Code	Description
U0003**	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004**	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
U0005**	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2
Table 2 Revision History	
<p>July 1, 2022, update: **Added temporarily (effective February 21, 2022): 87913</p> <p>May 17, 2022, update: **Added temporarily (effective March 29, 2022): 91309, 0094A</p> <p>March 3, 2022, update: **Added temporarily (effective October 29, 2021): 91305, 0051A, 0052A, 0053A, 0054A</p> <p>December 24, 2021, update: **Added temporarily (effective December 24, 2021): 0240U, 0241U</p> <p>November 16, 2021, update: **Added temporarily (effective October 20, 2021): 91306, 0034A, 0064A **Added temporarily (effective September 22, 2021): 0004A</p> <p>October 1, 2021, update: Added (effective October 1, 2021): J7294, J7295 Removed (effective October 1, 2021): J7303</p> <p>August 24, 2021, update: **Added temporarily (effective August 12, 2021): 0003A, 0013A</p> <p>July 1, 2021, update: **Added temporarily (effective June 8, 2021): M0201</p> <p>March 30, 2021, update: **Added temporarily (effective February 27, 2021): 91303, 0031A</p> <p>March 23, 2021, update: Revised descriptions (effective January 1, 2021): 99202–99205, 99211–99215</p> <p>February 9, 2021, update: Removed (effective January 1, 2021): 99201 FP (as well as temporary coverage for 99201 without modifier) **Added temporarily (effective January 1, 2021): U0005 **Added temporarily (effective November 10, 2020): 87428</p> <p>December 29, 2020, update: **Added temporarily (effective December 18, 2020): 91301, 0011A, 0012A **Added temporarily (effective December 11, 2020): 91300, 0001A, 0002A</p> <p>November 24, 2020, update: **Added temporarily (effective October 6, 2020): 87636, 87637, 87811</p> <p>October 1, 2020, update: **Added temporarily (effective August 10, 2020): 86408, 86409</p>	

Table 2 Revision History

August 18, 2020, update:

**Added temporarily (effective June 25, 2020): 87426

May 26, 2020, update:

**Added temporarily (effective March 18, 2020): 71046, 94760, 99201–99205 [without FP modifier], 99211–99215 [without FP modifier], 99281–99285, 99341–99345, 99347–99350

May 14, 2020, update:

**Added temporarily (effective March 1, 2020): C9803

April 28, 2020, update:

**Added temporarily (effective April 10, 2020): 86328, 86769

**Added temporarily (effective March 18, 2020): U0003, U0004

April 21, 2020, update:

**Added temporarily (effective March 13, 2020): 87635

**Added temporarily (effective March 1, 2020): G2023, G2024

**Added temporarily (effective February 4, 2020): U0001, U0002

January 1, 2020, update:

Added (effective January 1, 2020): 87563, 0567T

October 1, 2019, update:

Added (effective October 1, 2019): J0291

July 18, 2019, update:

Added (effective July 18, 2019): 58661

July 1, 2018, update:

Added (effective July 1, 2018): 98960–98962

March 6, 2018, update:

Added (effective January 1, 2018): 71045

January 1, 2018, update:

Added (effective January 1, 2018): 0500T, J7296

Removed (effective January 1, 2018): 71015, 88154, Q9984

July 1, 2017, update:

Consolidated all procedure code tables for the Family Planning Eligibility Program into one table

Added (effective July 1, 2017): Q9984

Added (effective January 1, 2013): 85378

January 1, 2017, update:

Added (effective January 1, 2017): 87483

Added (effective June 1, 2014): 55250

April 1, 2016 update:

Added (effective January 1, 2015): 87624, 87625

Added (effective September 1, 2014): J8499

Added (effective January 1, 2013): J3490