

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201419 APRIL 29, 2014



Family Planning Eligibility Program procedure and diagnosis code updates

Effective June 1, 2014, the Indiana Health Coverage Programs (IHCP) will update the covered procedure codes and the applicable diagnosis codes under the Family Planning Eligibility Program. These changes are being made to align the procedure and diagnosis codes with the established program policy. The changes apply to dates of service (DOS) on or after June 1, 2014, and are outlined in this bulletin as follows:

- [Table 1](#) – Lists the procedure codes to be removed from coverage under the Family Planning Eligibility Program.
Note: Some codes being removed were included in IndianaAIM in error as covered codes under the Family Planning Eligibility Program. Removal will correct this system error.
- [Table 2](#) – Lists the diagnosis codes added as appropriate codes for billing under the Family Planning Eligibility Program.
- [Table 3](#) – Lists the diagnosis codes not accepted as appropriate codes for billing under the Family Planning Eligibility Program. *Note: Some codes being removed as acceptable diagnosis codes were included in IndianaAIM in error as applicable under the Family Planning Eligibility Program. Removal will correct this system error.*

While the procedure and diagnosis codes for this program are changing, the services and supplies covered remain unchanged. The Family Planning Eligibility Program provides services and supplies to men and women for the primary purpose of preventing or delaying pregnancy. Services covered under the Family Planning Eligibility Program include:

- Annual family planning visits, including health education and counseling necessary to understand and make informed choices about contraceptive methods
- Limited history and physical (H&P) examinations

- Laboratory tests, if medically indicated as part of the decision-making process regarding contraceptive methods
- Pap smears
- Follow-up care for complications associated with contraceptive methods issued by the family planning provider
- Providing Food and Drug Administration (FDA)-approved oral contraceptives and contraceptive devices and supplies, including emergency contraceptives
- Initial diagnosis and treatment of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), if medically indicated, including the provision of FDA-approved anti-infective agents.
- Screening, testing, counseling, and referral of members at risk for HIV
- Tubal ligations
- Hysteroscopic sterilization with an implant device
- Vasectomies

Providers should refer to [Chapter 8: Billing Instructions](#) of the *IHCP Provider Manual* for additional billing information regarding the Family Planning Eligibility Program.

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014

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
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10140	Incision and drainage of hematoma, seroma or fluid collection
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised 0.6 to 1.0 cm
11975	Insertion, implantable contraceptive capsules (code end-dated 1/1/2014)
11977	Removal with reinsertion, implantable contraceptive capsules (code end-dated 1/1/2014)
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Procedure Code	Description
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
46922	Destruction of lesion(s) anus (eg, conyloma, papiloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
49321	Laparoscopy, surgical; with biopsy (single or multiple)
53040	Drainage of deep periurethral abscess
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical; electrodesiccation
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54755	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300	Vasotomy, for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
55600	Vesiculotomy
55605	Vesiculotomy; complicated
55650	Vesiculectomy, any approach
56440	Marsupialization of Bartholin's gland cyst
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy vulva/perineum
56606	Biopsy of vulva or perineum (separate procedure); 1 lesion
56740	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56820	Excision of Bartholin's gland or cyst
56821	Colposcopy of the vulva
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Procedure Code	Description
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57130	Excision of vaginal septum
57135	Excision of vaginal cyst or tumor
57160	Fitting and insertion of pessary or other intravaginal support device
57420	Colposcopy of the entire vagina, with cervix if present
57421	Colposcopy of the entire vagina, with cervix if present
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	Endocervical curettage (not done as part of a dilation and curettage)
57510	Cautery of cervix; electro or thermal
57511	Cautery of cervix; cryocautery, initial or repeat
57513	Cautery of cervix; laser ablation
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57558	Dilation and curettage of cervical stump
57700	Cerclage of uterine cervix, nonobstetrical
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	Dilation of cervical canal, instrumental (separate procedure)
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
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

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Procedure Code	Description
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58661	Add on code for 58660 - removal of Adnexal structures
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transaction)
58679	Unlisted laparoscopy procedure, oviduct, ovary
58740	Lysis of adhesions (salpingolysis, ovariolysis)
58825	Transposition, ovary(s)
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
64435	Injection, anesthetic agent; paracervical (uterine) nerve
71010	Radiologic examination, chest; single view, frontal
71020	Radiologic examination, chest, 2 views, frontal and lateral
74000	Radiologic examination, abdomen; single anteroposterior view
74740	Hysterosalpingography, radiological supervision and interpretation
76830	Ultrasound, transvaginal
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
76870	Ultrasound, scrotum and contents
76872	Ultrasound, transrectal
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76998	Ultrasonic guidance, intraoperative
80426	Gonadotropin releasing hormone stimulation panel. This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)
82040	Albumin; serum, plasma, or whole blood
82043	Albumin; microalbumin, semiquantitative (eg, reagent strip assay)

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Procedure Code	Description
82150	Amylase
82247	Bilirubin; total
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)
82550	Creatine kinase (CK), (CPK); total
82553	Creatine kinase (CK), (CPK); MB fraction only
82570	Creatinine; other source
82575	Creatinine; clearance
82677	Estriol
82728	Ferritin
82746	Folic acid; serum
82950	Glucose; post glucose dose (includes glucose)
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
83002	Gonadotropin; luteinizing hormone (LH)
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83026	Hemoglobin; by copper sulfate method, non-automated
83036	Hemoglobin; glycosylated (A1C)
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)
83901	Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure)
84144	Progesterone
84146	Prolactin
84443	Thyroid stimulating hormone (TSH)
84703	Gonadotropin, chorionic (hCG); qualitative
85002	Bleeding time
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each
85041	Blood count; red blood cell (RBC), automated
85045	Blood count; reticulocyte, automated
85048	Blood count; leukocyte (WBC), automated
85049	Blood count; platelet, automated
85210	Clotting; factor II, prothrombin, specific
85576	Platelet; aggregation (in vitro), each agent
85585	Platelet; estimation on smear (code deleted in 2003)

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Procedure Code	Description
85610	Prothrombin time
85651	Sedimentation rate, erythrocyte; non-automated
85652	Sedimentation rate, erythrocyte; automated
85660	Sickling of RBC, reduction
85730	Thromboplastin time, partial (PTT); plasma or whole blood
86580	Skin test; tuberculosis, intradermal
86900	Blood typing; ABO
86901	Blood typing; Rh (D)
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87271	Infectious agent antigen detection by immunofluorescent technique; cytomegalovirus, direct fluorescent antibody (DFA)
87332	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; cytomegalovirus
87495	Infectious agent antigen detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique
87496	Infectious agent antigen detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique
87497	Infectious agent antigen detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
88199	Unlisted cytopathology procedure
88300	Level I - Surgical pathology, gross examination only
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization, Fingers/toes, amputation, traumatic, Foreskin, newborn, Hernia sac, any location, Hydrocele sac, Nerve, Skin, plastic repair, Sympathetic ganglion, Testis, castration, Vaginal mucosa, incidental, Vas deferens, sterilization
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced, Abscess, Aneurysm - arterial/ventricular, Anus, tag, Appendix, other than incidental, Artery, atheromatous plaque, Bartholin's gland cyst, Bone fragment(s), other than pathologic fracture, Bursa/synovial cyst, Carpal tunnel tissue, Cartilage, shavings, Cholesteatoma, Colon, colostomy stoma, Conjunctiva - biopsy/pterygium, Cornea, Diverticulum - esophagus/small intestine, Dupuytren's contracture tissue, Femoral head, other than fracture, Fissure/fistula, Foreskin, other than newborn, Gallbladder, Ganglion cyst, Hematoma, Hemorrhoids, Hydatid of Morgagni, Intervertebral disc, Joint, loose body, Meniscus, Mucocele, salivary, Neuroma - Morton's/traumatic, Pilonidal cyst/sinus, Polyps, inflammatory - nasal/sinusoidal, Skin - cyst/tag/debridement, Soft tissue, debridement, Soft tissue, lipoma, Spermatocoele, Tendon/tendon sheath, Testicular appendage, Thrombus or embolus, Tonsil and/or adenoids, Varicocele, Vas deferens, other than sterilization, Vein, varicosity

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Procedure Code	Description
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed, Artery, biopsy, Bone marrow, biopsy, Bone exostosis, Brain/meninges, other than for tumor resection, Breast, biopsy, not requiring microscopic evaluation of surgical margins, Breast, reduction mammoplasty, Bronchus, biopsy, Cell block, any source, Cervix, biopsy, Colon, biopsy, Duodenum, biopsy, Endocervix, curettings/biopsy, Endometrium, curettings/biopsy, Esophagus, biopsy, Extremity, amputation, traumatic, Fallopian tube, biopsy, Fallopian tube, ectopic pregnancy, Femoral head, fracture, Fingers/toes, amputation, non-traumatic, Gingiva/oral mucosa, biopsy, Heart valve, Joint, resection, Kidney, biopsy, Larynx, biopsy, Leiomyoma(s), uterine myomectomy - without uterus, Lip, biopsy/wedge resection, Lung, transbronchial biopsy, Lymph node, biopsy, Muscle, biopsy, Nasal mucosa, biopsy, Nasopharynx/oropharynx, biopsy, Nerve, biopsy, Odontogenic/dental cyst, Omentum, biopsy, Ovary with or without tube, non-neoplastic, Ovary, biopsy/wedge resection, Parathyroid gland, Peritoneum, biopsy, Pituitary tumor, Placenta, other than third trimester, Pleura/pericardium - biopsy/tissue, Polyp, cervical/endometrial, Polyp, colorectal, Polyp, stomach/small intestine, Prostate, needle biopsy, Prostate, TUR, Salivary gland, biopsy, Sinus, paranasal biopsy, Skin, other than cyst/tag/debridement/plastic repair, Small intestine, biopsy, Soft tissue, other than tumor/mass/lipoma/debridement, Spleen, Stomach, biopsy, Synovium, Testis, other than tumor/biopsy/castration, Thyroglossal duct/brachial cleft cyst, Tongue, biopsy, Tonsil, biopsy, Trachea, biopsy, Ureter, biopsy, Urethra, biopsy, Urinary bladder, biopsy, Uterus, with or without tubes and ovaries, for prolapse, Vagina, biopsy, Vulva/labia, biopsy
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection, Breast, mastectomy - with regional lymph nodes, Colon, segmental resection for tumor, Colon, total resection, Esophagus, partial/total resection, Extremity, disarticulation, Fetus, with dissection, Larynx, partial/total resection - with regional lymph nodes, Lung - total/lobe/segment resection, Pancreas, total/subtotal resection, Prostate, radical resection, Small intestine, resection for tumor, Soft tissue tumor, extensive resection, Stomach - subtotal/total resection for tumor, Testis, tumor, Tongue/tonsil -resection for tumor, Urinary bladder, partial/total resection, Uterus, with or without tubes and ovaries, neoplastic, Vulva, total/subtotal resection
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)
88319	Special stain including interpretation and report; Group III, for enzyme constituents
88323	Consultation and report on referred material requiring preparation of slides

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Procedure Code	Description
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
89300	Semen analysis; presence and/or motility of sperm including Huhner test (past coital)
89321	Semen analysis; sperm presence and motility of sperm, if performed
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
99199	Unlisted special service, procedure or report
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making
99243	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity
99244	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
99345	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)

Table 1 – Procedure codes removed from coverage under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Procedure Code	Description
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
J0133	Injection, acyclovir, 5 mg

Table 2 – Diagnosis codes added under Family Planning Eligibility Program effective for DOS on or after June 1, 2014

Diagnosis Code	Description
V72.40	Pregnancy examination or test, pregnancy unconfirmed
V72.41	Pregnancy examination or test, negative result
V72.42	Pregnancy examination or test, positive result
V73.81	Special screening examination for Human papillomavirus (HPV)
V73.89	Special screening examination for other specified viral diseases
V74.5	Screening examination for venereal disease
054.10	Genital herpes, unspecified
054.11	Herpetic vulvovaginitis
054.12	Herpetic ulceration of vulva

Table 2 – Diagnosis codes added under Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Diagnosis Code	Description
054.13	Herpetic infection of penis
054.19	Other genital herpes
078.11	Condyloma acuminatum
079.4	Human papillomavirus in conditions classified elsewhere and of unspecified site
112.1	Candidiasis of vulva and vagina
112.2	Candidiasis of other urogenital sites
127.4	Enterobiasis
131.00	Urogenital trichomoniasis, unspecified
131.01	Trichomonal vaginitis
131.02	Trichomonal urethritis
131.03	Trichomonal prostatitis
131.09	Other urogenital trichomoniasis
616.10	Vaginitis and vulvovaginitis, unspecified
616.11	Vaginitis and vulvovaginitis in diseases classified elsewhere
616.2	Cyst of Bartholin's gland
788.7	Urethral discharge
V01.79	Contact with or exposure to other viral diseases
V08	Asymptomatic human immunodeficiency virus (HIV) infection status
V65.44	Human immunodeficiency virus (HIV) counseling
V65.45	Counseling on other sexually transmitted diseases

Table 3 – Diagnosis codes removed under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014

Diagnosis Code	Description
042	Human immunodeficiency virus (HIV) disease
079.53	Human immunodeficiency virus type 2 (HIV-2)
090.1	Early congenital syphilis latent
090.2	Early congenital syphilis unspecified
090.3	Syphilitic interstitial keratitis
090.4	Juvenile neurosyphilis

Table 3 – Diagnosis codes removed under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Diagnosis Code	Description
090.40	Juvenile neurosyphilis unspecified
090.41	Congenital syphilitic encephalitis
090.42	Congenital syphilitic meningitis
090.49	Other juvenile neurosyphilis
090.5	Other late congenital syphilis symptomatic
090.6	Late congenital syphilis latent
090.7	Late congenital syphilis unspecified
090.9	Congenital syphilis unspecified
091.3	Secondary syphilis of skin or mucous membranes
091.4	Adenopathy due to secondary syphilis
091.5	Uveitis due to secondary syphilis
091.50	Syphilitic uveitis unspecified
091.51	Syphilitic chorioretinitis (secondary)
091.52	Syphilitic iridocyclitis (secondary)
091.6	Secondary syphilis of viscera and bone
091.61	Secondary syphilitic periostitis
091.62	Secondary syphilitic hepatitis
091.69	Secondary syphilis of other viscera
091.7	Secondary syphilis relapse
091.8	Other forms of secondary syphilis
091.81	Acute syphilitic meningitis (secondary)
091.82	Syphilitic alopecia
091.89	Other forms of secondary syphilis
091.9	Unspecified secondary syphilis
092	Early syphilis latent
092.0	Early syphilis latent serological relapse after treatment
092.9	Early syphilis latent unspecified
093	Cardiovascular syphilis
093.0	Aneurysm of aorta specified as syphilitic

Table 3 – Diagnosis codes removed under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Diagnosis Code	Description
093.1	Syphilitic aortitis
093.2	Syphilitic endocarditis
093.20	Syphilitic endocarditis of valve unspecified
093.21	Syphilitic endocarditis of mitral valve
093.22	Syphilitic endocarditis of aortic valve
093.23	Syphilitic endocarditis of tricuspid valve
093.24	Syphilitic endocarditis of pulmonary valve
093.8	Other specified cardiovascular syphilis
093.81	Syphilitic pericarditis
093.82	Syphilitic myocarditis
093.89	Other specified cardiovascular syphilis
093.9	Cardiovascular syphilis unspecified
094	Neurosyphilis
094.0	Tabes dorsalis
094.1	General paresis
094.2	Syphilitic meningitis
094.3	Asymptomatic neurosyphilis
094.8	Other specified neurosyphilis
094.81	Syphilitic encephalitis
094.82	Syphilitic parkinsonism
094.83	Syphilitic disseminated retinochoroiditis
094.84	Syphilitic optic atrophy
094.85	Syphilitic retrobulbar neuritis
094.86	Syphilitic acoustic neuritis
094.87	Syphilitic ruptured cerebral aneurysm
094.89	Other specified neurosyphilis
094.9	Neurosyphilis unspecified
095	Other forms of late syphilis with symptoms
095.0	Syphilitic episcleritis

Table 3 – Diagnosis codes removed under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Diagnosis Code	Description
095.1	Syphilis of lung
095.2	Syphilitic peritonitis
095.3	Syphilis of liver
095.4	Syphilis of kidney
095.5	Syphilis of bone
095.6	Syphilis of muscle
095.7	Syphilis of synovium tendon and bursa
095.8	Other specified forms of late symptomatic syphilis
095.9	Late symptomatic syphilis unspecified
096	Late syphilis latent
097	Other and unspecified syphilis
097.0	Late syphilis unspecified
097.1	Latent syphilis unspecified
098	Gonococcal infections acute infectious disease characterized by primary invasion of the urogenital tract; the etiologic agent is <i>Neisseria gonorrhoeae</i>
098.0	Gonococcal infection (acute) of lower genitourinary tract acute infectious disease characterized by primary invasion of the urogenital tract; the etiologic agent is <i>Neisseria gonorrhoeae</i>
098.19	Other gonococcal infection (acute) of upper genitourinary tract
098.2	Gonococcal infection chronic of lower genitourinary tract
098.3	Gonococcal infection chronic of upper genitourinary tract
098.30	Chronic gonococcal infection of upper genitourinary tract site unspecified
098.31	Gonococcal cystitis chronic
098.32	Gonococcal prostatitis chronic
098.33	Gonococcal epididymo-orchitis chronic
098.34	Gonococcal seminal vesiculitis chronic
098.35	Gonococcal cervicitis chronic
098.36	Gonococcal endometritis chronic
098.37	Gonococcal salpingitis (chronic)
098.39	Other chronic gonococcal infection of upper genitourinary tract

Table 3 – Diagnosis codes removed under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Diagnosis Code	Description
098.4	Gonococcal infection of eye
098.40	Gonococcal conjunctivitis (neonatorum)
098.41	Gonococcal iridocyclitis
098.42	Gonococcal endophthalmitis
098.43	Gonococcal keratitis
098.49	Other gonococcal infection of eye
098.5	Gonococcal infection of joint
098.50	Gonococcal arthritis
098.51	Gonococcal synovitis and tenosynovitis
098.52	Gonococcal bursitis
098.53	Gonococcal spondylitis
098.59	Other gonococcal infection of joint
098.6	Gonococcal infection of pharynx
098.8	Gonococcal infection of other specified sites
098.81	Gonococcal keratitis (blennorrhagica)
098.82	Gonococcal meningitis
098.83	Gonococcal pericarditis
098.84	Gonococcal endocarditis
098.85	Other gonococcal heart disease
098.86	Gonococcal peritonitis
098.89	Gonococcal infection of other specified sites
099	Other venereal diseases
099.0	Chancroid
099.1	Lymphogranuloma venereum subacute inflammation of the inguinal lymph glands caused by certain immunotypes of <i>Chlamydia trachomatis</i> ; a sexually transmitted disease in the United States but is more widespread in developing countries; do not confuse with granuloma venereum, which is caused by <i>Calymmatobacterium granulomatis</i> , for this use enterobacteriaceae disease
099.2	Granuloma inguinale
099.3	Reiter's disease triad of nongonococcal urethritis followed by conjunctivitis and arthritis

Table 3 – Diagnosis codes removed under the Family Planning Eligibility Program effective for DOS on or after June 1, 2014 (Continued)

Diagnosis Code	Description
099.4	Other nongonococcal urethritis
099.40	Other nongonococcal urethritis unspecified
099.49	Other nongonococcal urethritis other specified organism
099.50	Other venereal diseases due to chlamydia trachomatis unspecified site
099.9	Venereal disease unspecified diseases due to or propagated by sexual contact; any contagious disease acquired during sexual contact (eg, syphilis, gonorrhea, chancroid)
V26.22	Aftercare following sterilization reversal
V26.29	Other investigation and testing
V26.4	Procreative management; general counseling and advice
V26.41	Procreative counseling and advice using natural family planning
V26.51	Tubal ligation status
V26.52	Vasectomy status

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