**TABLE OF CONTENTS**

Page

4.01 **SUMMARY** 1

4.02 **DEFINTIONS** 1

 4.02-1 Benefit 1

 4.02-2 Enrollee 1

 4.02-3 Family Planning Related Services 1

 4.02-4 Family Planning Services 1

 4.02-5 Federal Poverty Levels (FPL) 1

 4.02-6 MaineCare Eligibility Manual 1

4.03 **ELIGIBILITY** 2

4.04 **COVERED SERVICES** 2

4.05 **NON-COVERED SERVICES** 3

4.06 **PROFESSIONAL AND OTHER QUALIFIED STAFF** 4

4.07 **ENROLLEE’S RECORDS** 4

4.08 **REIMBURSEMENT** 5

4.09 **BILLING INSTRUCTIONS** 6

4.10 **LIMITATIONS** 6

4.11 **COST-SHARING** 6

4.12 **APPEAL RIGHTS** 6

 **APPENDIX A** 7

**4.01 SUMMARY**

This section establishes procedures for implementing the Limited Family Planning Benefit. Under the Limited Family Planning Benefit, MaineCare provides a targeted set of family planning services and supplies and family planning-related services to eligible individuals who are not otherwise eligible for full MaineCare benefits. No other MaineCare services, except those listed in this policy, are covered. Services performed by providers must be within the scope of practice of his or her professional licensure as defined by state law.

The goal is to improve the health of individuals and families in Maine by improving access to family planning services and decreasing the overall costs of health care by helping prevent or delay pregnancies and to improve overall reproductive health of Enrollees.

**4.02 DEFINITIONS**

Unless otherwise indicated, the following terms have the following meanings:

**4.02-1 Benefit** is the Limited Family Planning Services.

**4.02-2 Enrollee** is an individual who has applied for and been determined eligible to receive services under this Chapter.

**4.02-3** **Family Planning Related Services** refers to medical diagnosis and treatment services, including reproductive health services, provided as part of or as follow up to a family planning visit.

**4.02-4 Family Planning Services** refers to services relating to the individuals’ desire to prevent or delay pregnancy, or regulate the number and spacing of children.

**4.02-5 Federal Poverty Levels (FPL)** are the income levels established annually by the U.S. Department of Health and Human Services and can be found on the Internet at: <http://aspe.os.dhhs.gov/poverty/index.shtml>; an individual also can receive a copy of the current FPL amounts by contracting his/her local DHHS office, or by writing to:

**Office for Family Independence**
11 State House Station
19 Union Street
Augusta, ME 04333

**4.02-6 *MaineCare Eligibility Manual*** is the Office for Family Independence procedures that establish application and eligibility determination policies for MaineCare assistance. This manual can be found under the 10-144 *Code of MaineCare Regulations*, Chapter 332 at: <http://www.maine.gov/sos/cec/rules/10/ch332.htm> .

**4.03 ELIGIBILITY**

Individuals must meet the eligibility criteria as set forth below:

1. Be an individual who is not pregnant; and
2. Be an individual whose income is at or below 209% (two hundred and nine percent) of the FPL; and
3. Meet any additional criteria for the Benefit required under the *MaineCare Eligibility Manual*.

It is the responsibility of the provider to verify an Enrollee’s eligibility for the Limited Family Planning Benefit, as described in *MaineCare Benefits Manual*, Chapter I, prior to providing services.

**4.04 COVERED SERVICES**

A covered service is a service for which payment to a provider is permitted under this section of the *MaineCare Benefits Manual*. The services covered under this policy are listed below:

1. Office visits for family planning.
2. FDA-approved oral contraceptives, devices, and supplies.
3. Over-the-counter contraceptives, including condoms, spermicides, and sponges, if prescribed.
4. Patient family planning education and counseling.
5. Follow-up visits for complications associated with contraceptive methods.
6. Breast and pelvic exams and cancer screening.
7. Pap smears, colposcopies, biopsies, and cryotherapies for cervical dysplasia.
8. Treatment of genital tract and genital skin infections and disorders.
9. Diagnosis and treatment of Sexually Transmitted Infections (STIs).
10. Testing, prevention education, counseling and referral for Human Immunodeficiency Virus (HIV).

**4.04 COVERED SERVICES** (cont.)

1. Limited pharmacy services, consisting of birth control supplies and medications, vaccines, and supplies to prevent and treat STIs and other reproductive health infections.
2. Limited laboratory services, consisting of testing for STIs, HIV, anemia, sickle cell disease, cervical and testicular cancer screening, and pap smears.
3. Anesthesia services when medically necessary for a procedure that is covered under the Limited Family Planning Benefit.
4. Sterilization if a properly completed sterilization consent form in accordance with the requirements of 42 C.F.R. 441, Subpart F, is attached to the billing claim.
5. Provision of immunization services for STIs, including but not limited to, Hepatitis B where medically indicated.
6. Treatment of major complications related to family planning services and family planning-related services (e.g., treatment of perforated uterus due to IUD insertion; severe menstrual bleeding by Depo-Provera injection, requiring dilation and curettage; or treatment of surgical; or anesthesia-related complications during a sterilization procedure).

**4.05** **NON-COVERED SERVICES**

MaineCare will not reimburse for services provided that are non-covered services under this benefit. Non-covered services include:

1. Infertility treatment.
2. Abortion services and abortion-related services.
3. Artificial Insemination.
4. *In vitro* fertilization.
5. Fertility drugs.
6. Treatment for HIV (These services are covered under the Maine HIV/AIDS Waiver).
7. Hysterectomies.
8. Transportation.
9. Services unrelated to family planning.

**4.06** **Professional and Other Qualified Staff**

The following professional staff who are fully, provisionally, or conditionally licensed, or recognized to practice by the state in which services are provided, are qualified professional staff for purposes of this rule subject to the limitations below. All qualified professional staff must be MaineCare enrolled providers in order to be reimbursed for services provided under this policy.

A. **Physicians**.

B. **Physician assistant** may provide family planning, medical, and counseling services when he or she has obtained full or temporary licensure from the Board of Licensure in Medicine or Osteopathy, which must be renewed bi-annually in accordance with Board rules. Such services may be performed only when delegated by a physician in accordance with the rules and regulations governing physician assistants.

C. A **family planning nurse practitioner** or **certified nurse-midwife** may provide family planning, medical, and counseling services when he or she is a graduate of a certified nurse practitioner program or its equivalent, and when he or she holds a current nurse practitioner or nurse-midwife license to practice in the state in which services are provided.

**4.07** **ENROLLEE’S RECORDS**

There shall be a specific record for each Enrollee which shall include, but not necessarily be limited to:

A. The Enrollee’s name, address, and birth date;

B. The Enrollee's medical and social history, including immunization records, as appropriate;

C. A description of the findings from the physical examination;

D. Long and short range medical goals, as appropriate;

E. A description of any tests ordered and performed and their results;

F. A description of treatment, counseling, or follow-up care provided and the dates scheduled for revisits;

G. Notation of any medications and/or supplies dispensed or prescribed;

H. Recommendations for and referral to other sources of care;

**4.07** **ENROLLEE’S RECORDS** (cont.)

I. The dates on which all services were provided; and

J. Written progress notes, which shall identify the services provided.

Other qualified staff (woman's specialists, educators, etc.) may sign record entries relative to history-taking, updates, instruction, and pregnancy testing and results.

Entries are required for each date of service billed and must include the name, title, and signature of the service provider.

**4.08 REIMBURSEMENT**

MaineCare reimbursement shall be made only for those family planning counseling, instruction and medical services which are provided directly to the member.

A. The maximum amount of payment for services rendered shall be the lowest of the following:

1. The provider's usual and customary charge.

2. Payment for services listed in the Limited Family Planning Benefit table (attached hereto as Appendix A) at the rate established by MaineCare as listed on the Department’s rate-setting website: <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx> .

3. The lowest amount allowed by Medicare Part B when such service is covered.

B. Family planning providers are reimbursed at the same fee-for-service rates as other providers of these services, including Section 90, “Physician Services,” where applicable.

C. Family planning service providers, when furnishing covered services, shall be reimbursed for interpreter services provided to deaf/hard of hearing Enrollees when these services are necessary to communicate effectively with the Enrollees regarding health-care needs. Refer to the *MaineCare Benefits Manual* Chapter I for more information on interpreter services.

1. In accordance with Chapter I of the *MaineCare Benefits Manual*, it is the responsibility of the provider to seek payment from any other sources that are available for payment of a rendered service prior to billing the MaineCare program.

**4.09** **BILLING INSTRUCTIONS**

**Billing codes that “prevent or delay pregnancy or otherwise control family size” now require an FP modifier in MIHMS.**

All Limited Family Planning Benefit claim forms require a family planning diagnosis code, with the exceptions of pharmacy and laboratory claims, from the approved diagnosis codes listed on the attached Appendix A. Claims without an approved family planning diagnosis code will be denied.

Family Planning Service providers shall bill for services under this Section in accordance with the billing requirements of the Department of Health and Human Services, including use of the CMS 1500 claim form. For instructions and to download a CMS 1500 sample claim form, see the OMS “Billing Instructions” web page, available at: <https://mainecare.maine.gov/Billing%20Instructions>.

**4.10 LIMITATIONS**

Services provided under this policy cannot be billed under core visits by Federally Qualified Health Clinics, Rural Health Clinics, or Indian Health Centers. Billing must comply with the Limited Family Planning Benefit billing instructions.

**4.11 COST-SHARING**

There are no co-payments for services received under the Limited Family Planning Benefit policy.

**4.12 APPEAL RIGHTS**

The Enrollee has appeal rights as described in Chapter 1 of the *MaineCare Benefits Manual*.

**Appendix A**

Billing codes that “prevent or delay pregnancy or otherwise control family size” now require an FP modifier in MIHMS.

All Limited Family Planning Benefit claim forms require a family planning diagnosis code, with the exceptions of pharmacy and laboratory claims, from the approved diagnosis codes listed on the attached Appendix A. Claims without an approved family planning diagnosis code will be denied.

Unbundling and billing separately for tests included as part of a group (profile or panel) that pay at a lower rate is not allowed.

As codes or coding conventions change, the codes listed in this document will be updated to reflect those changes. Coding updates do not indicate a change in coverage policy regarding this benefit.

**Diagnosis Codes approved for Limited Family Planning Benefit**

|  |  |  |
| --- | --- | --- |
| **Category** | **Code** | **Description** |
| Cervical cytology | Z11.51 | Screen, HPV |
|   | R87.810 | High-risk HPV DNA test positive |
|   | R87.820 | Low-risk HPV DNA test positive |
| Other frequently used | Z01.411 | Routine gyn exam, abnormal findings |
|   | Z01.419 | Routine gyn exam, w/out abnormal findings |
|   | Z12.72 | Vaginal pap smear |
|   | Z12.4 | Screening, malignant neoplasm of cervix |
|   | Z01.42 | Cervical smears to confirm findings following initial abnormal |
|   | Z08 | Follow-up after treating for malignant neoplasm |
|   | Z00.00 | General adult medical exam w/out abnormal findings |

|  |  |  |
| --- | --- | --- |
| **Category** | **Code** | **Description** |
|   | Z00.01 | General adult medical exam w/abnormal findings |
|   | Z71.1 | Person w/feared health complaint, no diagnosis |
|   | Z31.9 | Encounter for procreative management |
| Pregnancy test | Z32.00 | Pregnancy test, result unknown |
|   | Z32.01 | Pregnancy test, result positive |
|   | Z32.02 | Pregnancy test, result negative |
| HIV test | Z11.4 | Screen, HIV |
|   | Z20.6 | HIV contact/(suspected) exposure |
| STD test | Z11.3 | Screen, STI |
|   | Z11.8 | Screening, other infections or parasitis disease (chlamydial) |
|   | Z11.59 | Screening, other viral diseases |
|   | Z12.4 | Screening, for malignant neoplasm of cervix |
|   | Z20.2 | STI contact/(suspected) exposure |
|   | Z20.828 | Viral disease contact/(suspected) exposure |
|   | Z72.51 | High risk heterosexual behavior |
|   | Z72.52 | High risk homosexual behavior |
|   | Z72.53 | High risk bisexual behavior |
| Contraceptives | Z30.014 | Encounter for initial Rx, IUD |
|   | Z30.430 | Insertion of IUD |
|   | Z30.431 | Routine checking of IUD |
|   | Z30.432 | Removal of IUD |
|   | Z30.433 | Removal and reinsertion of IUD |
|   | T83.32xA | Displacement of IUD, initial encounter |
|   | Z30.018 | Encounter for initial Rx, other contra (implant) |
|   | Z30.49 | Surveillance of contra, other (implant) |
|   | Z30.013 | Encounter for initial Rx, injectable contra |
|   | Z30.42 | Surveillance of contra, injectable |
|   | Z30.011 | Encounter for initial RX, oral contra |
|   | Z30.41 | Surveillance of contra, oral contra |
|   | Z30.012 | Encounter for Rx, emergency contra |
|   | Z30.2 | Sterilization |
|  | Z98.51 | Tubal Ligation status |
|   | Z98.52 | Vasectomy status |
|   | T83.31 | Breakdown (mechanical) of UCD |

|  |  |  |
| --- | --- | --- |
| **Category** | **Code** | **Description** |
|   | T83.32 | Displace of UCD |
|   | T83.39 | Other mechanical complication of UCD |
| Additional Family Planning Codes | Z30.018 | Encounter for initial Rx, other contra  |
|   | Z30.019 | Encounter for initial Rx, unspecified contra |
|   | Z30.09 | Encounter for general counseling, contra |
|   | Z30.8 | Encounter for other contra management |
|   | Z30.9 | Encounter for contra management, unspecified |
|   | Z30.40 | Surveillance of contra, unspecified |
|   | Z30.02 | Counseling, natural family planning |
| Cervical Abnormalities | R87.610 | ASC-US Atypical squamous cells of undetermined significance on cytologic smear of cervix |
|   | R87.611 | ASH-H Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytological smear |
|   | R87.612 | LGSIL Low grade squamous intraepithelial lesion on cytologic smear |
|   | R87.613 | HGSIL High grade squamous intraepithelial lesion on cytologic smear |
|   | R87.619 | Unspecified abnormal cytological, cervix uteri |
| Additional Cervical Abnormalities | C53.0 | Malignant neoplasm of endocervix |
|   | C53.1 | Malignant neoplasm of exocervix |
|   | C53.9 | Malignant neoplasm of cervix uteri, unspecified |
|   | N86 | Erosion and ectropion of cervix uteri |
|   | D06.0 | Carcinoma in situ of endocervix |
|   | D06.1 | Carcinoma in situ of exocervix |
|   | D06.7 | Carcinoma in situ of other parts of cervix |
|   | D06.9 | Carcinoma in situ of cervix, unspecified |
|   | N72 | Inflammatory disease of cervix uteri |
|   | N87.9 | Dysplasia of cervix uteri, unspecified |
|   | N87.0 | Mild cervical dysplasia |
|   | N87.1 | Moderate cervical dysplasia |

|  |  |  |
| --- | --- | --- |
| **Category** | **Code** | **Description** |
|   | N88.0 | Leukoplakia of cervix uteri |
|   | N88.2 | Stricture and stenosis of cervix uteri |
|   | N84.1 | Polyp of cervix uteri |
| PID | N73.9 | Female pelvic inflammatory disease |
|   | N70.11 | Chronic salpingitis |
|   | N.70.12 | Chronic oophoritis |
|   | N70.13 | Chronic salpingitis and oophoritis |
|   | N70.91 | Salpingitis, unspecified |
|   | N70.92 | Oophoritis, unspecified |
|   | N70.93 | Salpingitis and oophoritis, unspecified |
|   | N73.0 | Acute parametritis and pelvic celluitis |
|   | N73.1 | Chronic parametritis and pelvic cellulitis |
|   | N73.2 | Unspecified parametritis and pelvic cellulitis |
|   | N73.3 | Female acute pelvic peritonitis |
|   | N73.6 | Female pelvic peritoneal adhesions (postinfective) |
|   | N71.1 | Chronic inflammatory disease of uterus |
|   | N71.0 | Acute inflammatory disease of uteris |
| Endometriosis | N80.0 | Endometriosis of uterus |
|   | N80.3 | Endometriosis of pelvic peritoneum |
|   | N80.6 | Endometriosis in cutaneous scar |
|   | N80.9 | Endometriosis, unspecified |
| Additional Gyn-Related Diagnosis Codes | N76.0 | Acute vaginosis |
|   | N76.2 | Acute vulvitis |
|   | B96.89 | Other specified bacterial agents as the cause of other classified |
| Urethritis | N34.1 | Nonspecific urethritis |
| Herpes | A60.01 | Herpesviral infection of penis |
|   | A60.04 | Herpesviral vulvovaginitis |
|   | A60.09 | Herpesviral infection of other urogenital tract |
|   | A60.9 | Anogenital herpes viral infection, unspecified |
| Genital Warts | B07.9 | Viral wart, unspecified |
|   | A63.0 | Anogenital (venereal) warts |

|  |  |  |
| --- | --- | --- |
| **Category** | **Code** | **Description** |
|   | B08.1 | Molluscum contagiosum |
| Syphilis | A51.0 | Primary genital syphilis |
|   | A51.31 | Condyloma latum |
|   | A51.39 | Other secondary syphilis of skin |
|   | A51.5 | Early syphilis, latent |
|   | A52.11 | Tabes dorsalis |
|   | A52.16 | Charcot's arthropathy (tabetic) |
|   | A52.8 | Late syphilis, latent |
|   | A52.9 | Late syphilis, unspecified |
|   | A53.0 | Latent syphilis, unspecified as early or late |
| Epididymitis | N45.1 | Epididymitis |
| Menstrual | N91.0 | Primary amenorrhea |
|   | N91.1 | Secondary amenorrhea |
|   | N91.2 | Amenorrhea, unspecified |
|   | N91.3 | Primary oligomenorrhea |
|   | N91.4 | Secondary oligomenorrhea |
|   | N91.5 | Oligomenorrhea, unspecified |
|   | N92.0 | Excessive/frequent menstruation w/regular cycle |
|   | N92.5 | Other specified irregular menstruation |
|   | N92.6 | Irregular menstruation, unspecified |
|   | N94.1 | Dyspareunia |
|   | N94.3 | Premenstrual tension syndrome |
|   | N94.4 | Primary dysmenorrhea |
|   | N94.5 | Secondary dysmenorrhea |
|   | N94.6 | Dysmenorrhea, unspecified |
| Chlamydial Infections | A56.00 | Chlamydial infection, lower GU tract, unspecified |
|   | A56.01 | Chlamydial cystitis and urethritis |
|   | A56.02 | Chlamydial vulvovaginitis |
|   | A56.09 | Other chlamydial infection of lower GU tract |
|   | A56.11 | Chlamydial female PID |
| Gonococcal Infections | A54.24 | Gonococcal female PID |
|   | A54.29 | Other gonococcal GU infections |
|   | A54.00 | Gonococcal infection, lower GU tract, unspecified |

|  |  |  |
| --- | --- | --- |
| **Category** | **Code** | **Description** |
|   | A54.02 | Gonococcal vulvovaginitis, unspecified |
|   | A54.09 | Other gonococcal infection of lower GU tract |
|   | A54.01 | Gonococcal cystitis and urethritis, unspecified |
|   | A54.1 | Gonococcal infection of lower GU tract w/abscess |
|   | A54.22 | Gonococcal prostatitis |
|   | A54.23 | Gonococcal infection, other male genital organs |
|   | A54.03 | Gonococcal cervicitis, unspecified |
|   | A54.21 | Gonococcal infection of kidney and ureter |
|   | A54.29 | Other gonococcal GU infections |
|   | A54.5 | Conococcal pharyngitis |
|   | A54.6 | Gonococcal infection of anus and rectum |
| Trichomoniasis | A59.01 | Trichomonal vulvovaginitis |
|   | A59.02 | Trichomonal prostatitis |
|   | A59.03 | Trichomonal cystitis and urethritis |
| Scabies & Pubic Lice | B86 | Scabies |
|   | B85.3 | Phthiriasis (Public Lice) |
| Breast-Related | N64.4 | Mastodynia |
|   | N63 | Unspecified lump in breast |
|   | N60.19 | Diffuse cystic mastopathy of breast, unspecified |
|   | N60.12 | Diffuse cystic mastopathy of left breast |
|   | N60.11 | Diffuse cystic mastopathy of right breast |
| Other  | Z22.4 | Carrier of infections with a predominantly sexual mode of transmission |
|   | Z22.50 | Carrier of unspecified viral hepatitis  |

**Procedure Codes for Limited Family Planning Benefit**

For rates, see the Department’s rate-setting website: <https://mainecare.maine.gov/Provider%20Fee%20Schedules>

| **Procedure Code** | **Description** |
| --- | --- |
| 11976 | Removal, implantable contraceptive capsules |
|  |  |
| 11981  | Insertion, non-biodegradable drug delivery implant  |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 11982 | Removal, non-biodegradable drug delivery implant |
|  |  |
| 11983 | Removal and reinsertion, non-biodegradable drug delivery implant |
|  |  |
| 17110 | Destruction (eg., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical currettement), 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 currettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions |
|  |  |
| 36415 | Collection of venous blood by venipuncture |
|  |  |
| 36416 | Collection of capillary blood specimen (eg., finger, heel, earstick) |
|  |  |
| 46900 | Destruction of lesion(s), anus, simple; chemical |
|  |  |
| 46910 | Destruction of lesion(s), electrodesiccation |
|  |  |
| 46916 | Destruction of lesion(s), cryosurgery |
|  |  |
| 46922 | Destruction of lesion(s), surgical excision |
|  |  |
| 46924 | Destruction of lesion(s), anus, extensive |
|  |  |
| 54050 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; chemical |
|  |  |
| 54055 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; electrodessication |
|  |  |
| 54056 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; cryosurgery |
|  |  |
| 54057 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; laser |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 54060 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; surgical excision |
|  |  |
| 54065 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), extensive; (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery) |
|  |  |
| 54100 | Biopsy penis separate procedure |
|  |  |
| 55200 | Vasotomy cannulization w/wo vas inc uni/bi spx |
|  |  |
| 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 Bartholin’s gland abscess |
|  |  |
| 55450 | Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) |
|  |  |
| 56501 | Destruction of lesion(s) vulva; simple (laser surgery, electrosurgery, cryosurgery, chemosurgery) |
|  |  |
| 56515 | Destruction of lesion(s); vulva; extensive (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery) |
|  |  |
| 56605 | Biopsy of vulva or perineum (separate procedure); one lesion |
|  |  |
| 56606 | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to the 56605 billing code for primary procedure.)  |
|  |  |
| 56820 | Colposcopy of the vulva; |
|  |  |
| 56821 | Colposcopy of the vulva; with biopsy(s) |
|  |  |
| 57061 | Destruction of vaginal lesion(s); simple (laser surgery, electrosurgery, cryosurgery, chemosurgery) |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 57065 | Destruction of vaginal lesion(s); extensive (laser surgery, electrosurgery, cryosurgery, chemosurgery) |
|  |  |
| 57100 | Biopsy vaginal mucosa simple |
|  |  |
| 57105 | Biopsy vaginal mucosa extensive |
|  |  |
| 57170 | Diaphragm or cervical cap fitting with instructions |
|  |  |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina |
|  |  |
| 57454 | Colposcopy with biopsy(s) of the cervix and endocervical curettage |
|  |  |
| 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 cervix electro/thermal |
|  |  |
| 57511 | Cautery of cervix; electro or thermal; cryocautery, initial or repeat |
|  |  |
| 57513 | Cautery cervix laser ablation |
|  |  |
| 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) [Use 58110 in conjunction with 57452-57454.] |
|  |  |
| 58120 | Dilation & curettage diagnostic and/or therapeutic (nonobstetric) |
|  |  |
| 58300 | Insertion of intrauterine device (IUD) |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 58301 | Removal of intrauterine device (IUD) |
|  |  |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral |
|  |  |
| 58615 | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapublic approach |
|  |  |
| 58670 | Tubal ligation by laparoscopic surgery with fulguration of oviducts (with or without transection) |
|  |  |
| 58671 | Tubal ligation by laparoscopic surgery with occlusion of oviducts by device (eg, band, clip, or Falope ring) |
|  |  |
| 64435 | Injection, anesthetic agent paracervical (uterine) nerve |
|  |  |
| 72190 | Radiologic examination, pelvis, complete, minimum 3 views |
|  |  |
| 74000 | Radiologic examination, abdomen; single anteroposterior view |
|  |  |
| 74010 | Radiologic examination, abdomen, anteroposterior and additional oblique and cone views |
|  |  |
| 74740 | Hysterosalpinography radiological supervision and interpretation |
|  |  |
| 76830 | Ultrasound transvaginal |
|  |  |
| 76831 | Echo exam uterus |
|  |  |
| 76856 | Ultrasound, pelvic (nonobstretic), real time with image documentation; complete |
|  |  |
| 76857 | Ultrasound, pelvic (nonobstretic), real time with image documentation, limited or follow-up (eg, for follicles) |
|  |  |
| 81000 | Urinalysis, by dip stick or tablet reagent  |
|  |  |
| 81001 | Urinalysis; automated with microscopy |
|  |  |
| 81002 | Urinalysis, non-automated without microscopy |
|  |  |
| 81003 | Urinalysis, automated without microscopy |
|  |  |
| **Procedure Code** | **Description** |
| 81005 | Urinalysis; qualitative or semiquantitative except immunoassays |
|  |  |
| 81007 | Urine screen for bacteria |
|  |  |
| 81025 | Urine pregnancy test, by visual color comparison methods |
|  |  |
| 82120 | Amines vaginal fluid qualitative |
|  |  |
| 85013 | Blood count; spun microhematocrit |
|  |  |
| 85014 | Blood count; other than spun hematocrit |
|  |  |
| 85018 | Hemoglobin (Hgb)(To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.) |
|  |  |
| 85025 | Complete CBC with auto diff WBC |
|  |  |
| 85027 | Blood count, complete (CBC), automated (Hgb, Hct, RBC, WVC and platelet count) |
|  |  |
| 86592 | Syphilis test, non-treponemal antibody; qualitative |
|  |  |
| 86593 | Syphilis test, quantitative |
|  |  |
| 86631 | Chlamydia test |
|  |  |
| 86632 | Chlamydia, IgM |
|  |  |
| 86689 | HTLV or HIV antibody, confirmatory test |
|  |  |
| 86694 | Herpes simplex, non-specific type test |
|  |  |
| 86695 | Herpes simplex, type 1 |
|  |  |
| 86696 | Herpes simplex, type 2 |
|  |  |
| 86701 | HIV-1 |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 86702 | HIV-2 |
|  |  |
| 86703 | HIV-1 and HIV-2, single assay (ex. Oraquick Advance Rapid ½. (If positive result, providers must recommend Western Blot confirmatory testing and collect a sample, blood or saliva, during the same encounter to send to an outside professional lab for testing. Prepaid Kits to collect the sample are to be purchased from the Maine Center for Disease Control and Prevention, Health and Environmental Testing Laboratory in accordance with *MaineCare Benefits Manual*, Section 90.04-24). |
|  |  |
| 87081 | Culture, presumptive, pathogenic organisms, screening only |
|  |  |
| 87086 | Culture, bacterial; quantitative colony count, urine  |
|  |  |
| 87110 | Culture, chlamydia, any source |
|  |  |
| 87207 | Smear, primary source, with interpretation, special stain for inclusion bodies or parasites (eg, malaria, coccidian, microsporidia, trypanosomes, herpes viruses) |
|  |  |
| 87210 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; wet mount for infectious agents (e.g. saline, India ink, KOH preps) |
|  |  |
| 87270 | Infectious agent antigen detection by enzyme immunofluorescent technique; adenovirus; Chlamydia trachomatis |
|  |  |
| 87273 | Herpes simplex virus type 2 |
|  |  |
| 87274 | Herpes simplex virus, type 1 |
|  |  |
| 87285 | Treponema pallidum |
|  |  |
| 87320 | Infectious agent antigen detective by enzyme immunoassay technique; Chlamydia trachomatis |
|  |  |
| 87340 | Hepatitis B surface antigen |
|  |  |
| 87390 | HIV-1 |
|  |  |
| 87391 | HIV-2 |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 87490 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique |
|  |  |
| 87491 | Chlamydia trachomatis, amplified probe technique |
|  |  |
| 87492 | Chlamydia trachomatis, quantification |
|  |  |
| 87510 | Gardnerella vaginalis direct probe technique |
|  |  |
| 87511 | Gardnerella vaginalis amplified probe technique |
|  |  |
| 87528 | Herpes simplex visu, direct probe technique |
|  |  |
| 87529 | Herpes simplex virus, amplified probe technique |
|  |  |
| 87530 | Herpes simplex virus, quantification |
|  |  |
| 87534 | HIV-1, direct probe technique |
|  |  |
| 87535 | HIV-1, amplified probe technique, includes reverse transcription when performed |
|  |  |
| 87536 | HIV-1, quantification, includes reverse transcription when performed |
|  |  |
| 87537 | HIV-2, direct probe technique |
|  |  |
| 87538 | HIV-2, amplified probe technique |
|  |  |
| 87539 | HIV-2, quantification |
|  |  |
| 87590 | Neisseria gonorrhoeae, direct probe technique |
|  |  |
| 87591 | Neisseria gonorrhoeae, amplified probe technique |
|  |  |
| 87592 | Neisseria gonorrhoeae, quantification |
|  |  |
| 87624 | Human Papillomavirus (HPV), high-risk types  |
|  |  |
| 87810 | Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 87850 | Neisseria gonorrhea |
|  |  |
| 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 |
|  |  |
| 88150 | Cytopathology, slides, cervical or vaginal; manual screening under physician supervision |
|  |  |
| 88164 | Cytopathology, slides, cervical or vaginal |
|  |  |
| 88165 | Cytopathology, slides, cervical or vaginal |
|  |  |
| 88175 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision |
|  |  |
| 88302 | Surgical pathology, gross and nicroscopic examination |
|  |  |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) |
|  |  |
| 90472 | Each additional vaccine (single or combination vaccine/toxoid)  |
|  |  |
| 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 |
|  |  |
| 90651 | Human Papilloma Virus (HPV) vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule for intramuscular use. |
|  |  |
| 93000 | Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report (sterilization pre-op only) |
|  |  |
| 93010 | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only (sterilization pre-op only) |
|  |  |
| 96372 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular  |
|  |  |
| **Procedure Code** | **Description** |
| 99201 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family. (Physician assistants and nurse practitioners may also perform these services within the scope of their licensure.) |
|  |  |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend twenty (20) minutes face-to-face with the patient and/or family. |
|  |  |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend thirty (30) minutes face-to-face with the patient and/or family. |
|  |  |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty-five (45) minutes face-to-face with the patient and/or family. |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend sixty (60) minutes face-to-face with the patient and/or family. |
|  |  |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five (5) minutes are spent performing or supervising these services. |
|  |  |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family. |
|  |  |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend fifteen (15) minutes face-to-face with the patient and/or family. |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend twenty-five (25) minutes face-to-face with the patient and/or family. |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty (40) minutes face-to-face with the patient and/or family. |
|  |  |
| 99384 | Initial comprehensive preventative 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). (All providers of these services must meet all *MaineCare Benefits Manual*, Section 94 “Early, Periodic, Screening, Diagnostic and Treatment (EPSDT)” periodicity requirements for MaineCare members up to their twenty-first (21) birthday.) |
|  |  |
| 99385 | Initial comprehensive preventative 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 18-39 years. (All providers of these services must meet all *MaineCare Benefits Manual*, Section 94 “Early, Periodic, Screening, Diagnostic and Treatment (EPSDT)” periodicity requirements for MaineCare members up to their twenty-first (21) birthday.) |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| 99386 | Initial comprehensive preventative 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 40-64) |
|  |  |
| 99387 | Initial comprehensive preventative 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 (65 years and older) |
|  |  |
| 99394 | Periodic comprehensive preventative 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). (All providers of these services must meet all *MaineCare Benefits Manual*, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.) |
|  |  |
| 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 appropriate laboratory/diagnostic procedures, established patient; age 18-39 years. (All providers of these services must meet all *MaineCare Benefits Manual*, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.) |
|  |  |
| 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 appropriate laboratory/diagnostic procedures, established patient; 40-64 years |
|  |  |
| 99397 | Periodic comprehensive preventative 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 (65 years and older) |
|  |  |
| **Procedure Code** | **Description** |
| 99401 | Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes (Family planning professionals and other qualified staff may provide.] |
|  |  |
| 99402 | Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Family planning professionals and other qualified staff may provide.] |
|  |  |
| 99403 | Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes (Family planning professionals and other qualified staff may provide.] |
|  |  |
| 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 |
|  |  |
| J0558 | Penicillin G benzathine/procaine injection, 100,000 units |
|  |  |
| J0561 | Penicillin G benzathine injection, 100,000 units |
|  |  |
| J0690 | Injection, cefazolin sodium, 500 mg |
|  |  |
| J0694 | Injection, cefoxitin sodium, 1 g |
|  |  |
| J0696 | Injection, ceftriaxone sodium, per 250 mg |
|  |  |
| J0697 | Injection, sterile cefuroximr sodium, per 750 mg |
|  |  |
| J0698 | Cefotaxime sodium, per g |

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| J0710 | Injection, cephapirin sodium, up to 1 g |
|  |  |
| J0715 | Injection, ceftizoxime sodium, per 500 mg |
|  |  |
| J1050 | Injection, medroxyprogesterone acetate, 1 mg |
|  |  |
| J1850 | Injection, kanamycin sulfate, up to 75 mg |
|  |  |
| J1890 | Injection, cephalothin sodium, up to 1 g |
|  |  |
| J3000 | Injection, streptomycin, up to 1 g |
|  |  |
| J3260 | Injection, tobramycin sulfate, up to 80 mg |
|  |  |
| J3320 | Injection, spectinomycin dihydrochloride, up to 2 g |
|  |  |
| J3370 | Injection, vancomycin HC1, 500 mg |
|  |  |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 yr. duration (Liletta) |
|  |  |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 yr. duration (Mirena) |
|  |  |
| J7300 | Intrauterine copper contraceptive (Paragard T3880A) |
|  |  |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla) |
|  |  |
| J7303 | Contraceptive Supply, hormone containing vaginal ring, each |
|  |  |
| J7304 | Contraceptive Supply, hormone containing patch, each (not on UCR) |
|  |  |
| J7307 | Etongestrel (contraceptive) implant system, including implant and supplies (Implanon and Nexplanon) |
|  |  |
| S4993 | Contraceptive pills for birth control |