

Attachment A
Covered Services List for Plan First Recipients

Code	Procedure Description
99402	STD/HIV Post-test Counseling (Must be billed in conjunction with a family planning visit) – Limited to two per recipient per calendar year. (Must use diagnosis code Z309 for ICD-10)
99401	STD/HIV Risk Screening and HIV Pre-test Counseling (Must be billed in conjunction with a family planning visit) – Limited to two per recipient per calendar year. (Must use diagnosis code Z309 for ICD-10)
88305	Level IV Surgical Pathology, gross and microscopic examination
88304	Level III Surgical Pathology, gross and microscopic examination
88302	Surgical pathology, gross and microscopic examination
88300	Level I Surgical Pathology, gross examination only
89300	Semen analysis; presence and/or motility of sperm
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening, 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.
88167	Cytopathology, slides, cervical or vaginal
88166	Cytopathology, slides, computer assisted rescreening
88165	Cytopathology, slides, cervical or vaginal
88164	Cytopathology, slides, cervical or vaginal
88162	Cytopathology, any other source
88161	Cytopathology, any other source
88160	Cytopathology, smears, any other source
88155	Cytopathology, slides, cervical or vaginal
88154	Cytopathology, slides, computer assisted
88153	Cytopathology, slides, manual screening & rescreening under physician supervision (use in conjunction with 88142-88154, 88164-88167)
88152	Cytopathology, slides, cervical or vaginal
88150	Cytopathology, manual screening under physician supervision
88148	Cytopathology, screening by automated system with manual rescreening
88147	Cytopathology smears, screening by automated system under physician supervision
88143	Cytopathology, manual screening & rescreening under physician supervision
88142	Cytopathology, cervical or vaginal, automated thin layer preparation
88141	Cytopathology, cervical or vaginal; requiring interpretation by physician (use in conjunction with 88142-88154, 88164-88167)
88108	Cytopathology, concentration technique, smears and interpretation
87850	Neisseria gonorrhea
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism. (Not billable by ADPH effective June 30, 2015.)
87797	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique
87661	Trichomonas vaginalis, amplified probe technique
87660	Trichomonas vaginalis, direct probe technique
87625	Human Papillomavirus (HPV), types 16 & 18 only
87624	Human Papillomavirus (HPV), high-risk types
87623	Human Papillomavirus (HPV), low-risk types
87592	Neisseria gonorrhea, quantification
87591	Neisseria gonorrhea, amplified probe technique. (Not billable by ADPH effective June 30, 2015.)
87590	Neisseria gonorrhea, direct probe technique
87539	HIV-2, quantification
87538	HIV-2, amplified probe technique
87537	HIV-2, direct probe technique
87536	HIV-1, quantification

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87535	HIV-1, amplified probe technique
87534	HIV-1, direct probe technique
87533	Herpes virus-6, quantification
87532	Herpes virus-6, amplified probe technique
87531	Herpes virus-6, direct probe technique
87530	Herpes simplex virus, quantification
87529	Herpes simplex virus, amplified probe technique
87528	Herpes simplex virus, direct probe technique
87512	Gardnerella vaginalis, quantification
87511	Gardnerella vaginalis, amplified probe technique
87510	Gardnerella vaginalis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia Trachomatis. Amplified probe technique. (Not billable by ADPH effective June 30, 2015.)
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia Trachomatis. Direct probe technique.
87482	Candida species, quantification
87481	Candida species, amplified probe technique
87480	Candida species, direct probe technique
87389	Infectious Agent Antigen
87220	Tissue examination for fungi
87210	Smear, primary source, with interpretation, wet mount with simple stain, for bacteria, fungi, ova, and/or parasites
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites
87207	Smear, primary source, with interpretation, special stain for inclusion bodies or intracellular parasites (e.g., malaria, kala azar, herpes)
87206	Smear, primary source, with interpretation, fluorescent and/or acid fast stain for bacteria, fungi, or cell types
87205	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types
87177	Smear, primary source, with interpretation, wet and dry mount for ova and parasites, concentration and identification
87164	Dark field examination, any source; includes specimen collection
87110	Culture, chlamydia
87081	Culture, bacterial, screening only, for single organisms
86780	Antibody; Treponema Pallidum
86703	HIV – 1&2
86702	Antibody HIV-2
86701	HIV – 1
86695	Herpes simples, type 1
86694	Herpes simplex, non-specific type test
86689	HTLV or HIV antibody
86593	Syphilis
86592	Syphilis
85032	Manual cell count (erythrocyte, leukocyte or platelet) each
85027	Blood count; RBC only
85025	Blood count; hemogram and platelet count, automated, and automated complete differential WBC count (CBC)
85018	Blood count; hemoglobin
85014	Blood count; other than spun hematocrit
85013	Blood count; spun microhematocrit
85009	Blood count; differential WBC count, buffy coat
85008	Blood count; manual blood smear examination without differential parameters
85007	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
84703	HCG qualitative
84702	HCG quantitative

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81025	Urine pregnancy test
81020	Urinalysis; two or three glass test
81015	Urinalysis microscopic only
81007	Urinalysis; bacteriuria screen, by non-culture technique, commercial kit
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81003	Urinalysis; automated without microscopy
81002	Urinalysis; non-automated without microscopy
81001	Urinalysis; automated with microscopy
81000	Urinalysis by dip stick or tablet reagent
76881	Contraceptive surveillance, unspecified of a missing Nexplanon
76830	Transvaginal Ultrasound Non-OB
76857	Ultrasound, Pelvic (Nonobstetric), real time with image documentation; limited or follow-up (EG, for follicles) (This procedure is to be used for locating missing IUDs Only)
74740	Hysterosalpingography, radiological supervision and interpretation
73060	X-ray of Humerus-Purpose Location of Nexplanon Capsules
58671	Tubal ligation by laparoscopic surgery
58670	Tubal ligation by laparoscopic surgery
58615	Tubal ligation by suprapubic approach
58611	Tubal ligation done in conjunction with a c-section <i>(Not applicable for Plan first)</i>
58605	Tubal ligation by abdominal approach (postpartum) <i>(Not applicable for Plan first)</i>
58600	Tubal ligation by abdominal incision
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (by Prior Approval only; **See note box below)
58562	Hysteroscopy, surgical; with removal of impacted foreign body
A4264	Intratubal occlusion device (by Prior Approval only; **See note box below)
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58301	IUD removal
58300	IUD insertion
57800-FP	Dilation of cervical canal, instrumental (separate procedure)
57410-FP	Pelvic examination under anesthesia (other than local)
57170	Diaphragm – fitting with instructions only . Does not include the device.
55250	Vasectomy –unilateral or bilateral, including postoperative semen examination(s)
11980	Subcutaneous hormone pellet implantation(implantation of estradiol and/or testosterone beneath the skin)
11976	Removal, implantable contraceptive capsule
11981-FP	Insertion, non-biodegradable drug delivery implant
11982-FP	Removal, non-biodegradable drug delivery implant
00921	Anesthesia for vasectomy, unilateral or bilateral
00952-FP	Anesthesia for hysteroscopy and/or hysterosalpingography procedures
00940-FP	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00851	Anesthesia Intraoperative procedures in lower abdomen including laparoscopy; tubal ligation/transection.
J1050-FP	Depo-Provera-no less than 104 mg and no more than 150 mg per injection once every 70 days
J7296	Kyleena IUD (Levonorgestrel-releasing intrauterine contraceptive system, 19.5mg limited to one every 5 years). Exceptions are in NOTE box below.

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	Effective January 1, 2018, providers should bill J7296 on the claim form for reimbursement.
J7297	Liletta IUD (Levonorgestrel-releasing intrauterine contraceptive system, 52 mg) limited to one every 5 calendar years. Exceptions are in the NOTE box below
J7298	Mirena IUD (Levonorgestrel-releasing intrauterine contraceptive system, 52 mg) limited to one every 5 calendar years. Exceptions are in the NOTE box below
J7301	Skyla IUD (limited to one every 3 years). Exceptions are in NOTE box below.
J7304-FP	Contraceptive Patch (For Health Department Billing Only) TPL exempt
J7304-SE	Contraceptive Patch (For FQHCs, PRHCs, IRHCs Billing only)
J7303-FP	Vaginal Ring (For Health Department billing only and is covered for Plan First)
*J3490	Kyleena IUD (limited to one every 5 years). Exceptions are in NOTE box below. * For dates of service April 01, 2017 through June 30, 2017 bill J3490. See Q9984 for dates of service July 01, 2017 through December 31, 2017.
99205-FP	Initial visit
99214-FP	Annual visit
99213-FP	Periodic visit
99347-FP	Home visit – Limited to one per 60 day post-partum period as a family planning covered service. (Not applicable for Plan First eligible recipients)
S4993-FP	Birth control pills (For Health Department billing only)
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.
99212-FP	Extended contraceptive counseling visit (May be billed in conjunction with the postpartum visit – Limited to one service during the 60 day postpartum period as a family planning covered service. (Not applicable for Plan First eligible recipients.)
S4993-SE	Birth Control Pills (For FQHCs, PRHCs, IRHCs Billing only)
J7307	Etonogestrel (contraceptive) implant system, including implants and supplies also known as Nexplanon Effective 1/1/2008, J7307 replaces S0180
J7300	Mechanical (Paragard) IUD
Q0091	Collection of Pap smear specimen
Q0111	Wet mounts
Q9984	Kyleena IUD (limited to one every 5 years). Exceptions are in NOTE box below. Bill Q9984 for dates of service July 01, 2017 through December 31, 2017. See J7296 for dates of service January 1, 2018 and thereafter.
36415-90	Routine venipuncture for collection
36416-90	Collection of capillary blood specimen (eg, finger, heel, ear stick)