

## FAMILY PLANNING SERVICE DEFINITIONS, CODES, AND DESCRIPTIONS

### INTRODUCTION

Current Procedural Terminology (CPT) is a set of codes, descriptions, and guidelines intended to describe procedures and services performed by health care providers. Each procedure or service is identified with a five-digit code.<sup>1</sup> Such coding was devised to assure consistency among providers, standard reporting, and more accurate reimbursement for services (from third party insurers including Medicaid).

All claims submitted to third party insurers for family planning services must also include an appropriate diagnosis code from the *International Classification of Diseases, Clinical Modifications* (ICD-9-CM) coding structure.

In order to be reimbursed by third party insurers, all claims must have (at a minimum) an appropriate CPT and ICD-9-CM code. This can be illustrated using a Patient Encounter Form or Superbill (*example is included*).

While you may find it challenging initially to appropriately assign and link procedure code (CPT) and diagnosis (ICD-9-CM) code, this guide is intended to assist you in this effort. If you wish to have additional resources other than this guide, including Medicaid maximum allowable rates, please contact Lois Switzer, Administrative Consultant in the Women's Health Section at (303) 692-2493.

\*CPT code describes the services provided.

\*ICD-9-CM describes the reason for the service.

### PAYMENT GUIDELINES

Upon receipt of appropriate documentation, the Colorado Department of Health Care Policy and Financing will base reimbursement by Medicaid on maximum allowable fees set for family planning services. Payment is subject to conditions, exclusions, and limitations set forth by the department.

The payment of services shall be the lower of the following:

- 1) the amount specified in the department's fee schedule (2005 maximum allowable reimbursement information for specific services available from the WHS upon request)
- 2) the agency's usual and customary fee (in the case of the sliding fee schedule, the 100% charge for the service)

Private third party insurers have similar payment reimbursement policies as well. Please contact the individual insurance company for more information on its specific policy.

For additional information on Medicaid reimbursement, please visit the Provider Services and Billing Manuals sections of the Colorado Department of Health Care Policy and Financing's website.

[http://www.chcpf.state.co.us/ACS/Provider\\_Services/Billing\\_Manuals/Billing\\_Manuals.asp](http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp)

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<sup>1</sup> *Current Procedural Terminology, CPT 2005*, Chicago: AMA Press, 2004.

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## APPENDIX

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### FAMILY PLANNING CODES, RATES, DESCRIPTIONS

Family planning service codes you will use are listed in the Evaluation and Management (E/M) Services Guidelines. The descriptions for the levels of E/M services recognize seven components, six of which are used in defining the levels of E/M services (and therefore the CPT you will use).<sup>2</sup> The components are:

- **History**
- **Examination**
- **Medical decision making**
- Counseling
- Coordination of care
- Nature of presenting problem
- Time

\*The first three components are considered the **key** components in selecting the level of service.

### DEFINITIONS<sup>3</sup>

- **New Patient:** A patient who has not yet received any professional services from the provider within the past three years.
- **Established Patient:** A patient who has received professional services from the provider within the past three years.

*\*If a patient is new to the health center, the patient should be considered a new patient for family planning as well. If the patient is a health center patient, the patient should be considered an established family planning client, even if seeking family planning services for the first time.*

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<sup>2</sup> *Current Procedural Terminology, CPT 2005*, Chicago: AMA Press, 2004.

<sup>3</sup> MDPH Family Planning Program Billing Manual, July 2005

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### NEW PATIENT VISITS

<u>CPT CODE</u>	<u>DESCRIPTION</u>
<b>99201</b>	<b>New Patient Focused Visit</b> <i>Presenting problems are self-limited or minor. Physicians typically spend 10 minutes face-to-face with patient.</i> Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components: <ul style="list-style-type: none"><li>• A problem focused history;</li><li>• A problem focused examination; and</li><li>• Straightforward medical decision making<ul style="list-style-type: none"><li>▪ Example: Pregnancy test (with counseling) or method consultation</li></ul></li></ul>
<b>99202</b>	<b>New Patient Expanded Visit</b> <i>Presenting problems are low to moderate. Physicians typically spend 20 minutes face-to-face with patient.</i> Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components: <ul style="list-style-type: none"><li>• An expanded problem focused history;</li><li>• An expanded problem focused examination; and</li><li>• Straightforward medical decision making<ul style="list-style-type: none"><li>▪ Example: Delayed exam</li></ul></li></ul>
<b>99203</b>	<b>New Patient Detailed Visit</b> <i>Presenting problems are of moderate severity. Physicians typically spend 30 minutes face-to-face with patient.</i> Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components: <ul style="list-style-type: none"><li>• A detailed history;</li><li>• A detailed examination; and</li><li>• Medical decision making of low complexity<ul style="list-style-type: none"><li>▪ Example: New patient exam</li></ul></li></ul>
<b>99204</b>	<b>New Patient Comprehensive Visit</b> <i>Presenting problems are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with patient.</i> Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components: <ul style="list-style-type: none"><li>• A comprehensive history</li><li>• A comprehensive examination; and</li><li>• Medical decision making of moderate complexity<ul style="list-style-type: none"><li>▪ It would be very unusual in typical family planning clinic settings to use this code</li></ul></li></ul>

\* All visits listed above include counseling and/or coordination of care, including anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.

**NOTE:** Time spent face-to-face with patients is physician time. It is expected that another healthcare provider (nurse practitioner or registered nurse) will spend much more time with patient than time noted above.

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### ESTABLISHED PATIENT VISITS

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<u>CPT CODE</u>	<u>DESCRIPTION</u>
<b>99211</b>	<b>Established Patient Minimal Visit</b> Visit for the evaluation and management of an established patient. Usually, the presenting problems are minimal. <i>Typically, a total of 5 minutes are spent with patient.</i> <ul style="list-style-type: none"><li>▪ Example: Nurse checks, including 3-month pill check or method problem visit (minor)</li></ul>
<b>99212</b>	<b>Established Patient Focused Visit</b> <i>Presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with patient.</i> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these three components: <ul style="list-style-type: none"><li>• A problem focused history;</li><li>• A problem focused examination; and</li><li>• Straightforward medical decision making<ul style="list-style-type: none"><li>▪ Example: Brief medical visit with practitioner (no physical exam) or extended counseling visit</li></ul></li></ul>
<b>99213</b>	<b>Established Patient Expanded Visit</b> <i>Presenting problems are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with patient.</i> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these three components: <ul style="list-style-type: none"><li>• An expanded problem focused history;</li><li>• An expanded problem focused examination; and</li><li>• Medical decision making of low complexity<ul style="list-style-type: none"><li>▪ Example: Annual exam, repeat pelvic or pap</li></ul></li></ul>
<b>99214</b>	<b>Established Patient Detailed Visit</b> <i>Presenting problems are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with patient.</i> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these three components: <ul style="list-style-type: none"><li>• A detailed history;</li><li>• A detailed examination; and</li><li>• Medical decision making of moderate complexity<ul style="list-style-type: none"><li>▪ It would be very unusual in typical family planning clinic settings to use this code</li></ul></li></ul>

\* All visits listed above include counseling and/or coordination of care, including anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.

NOTE: Time spent face-to-face with patients is physician time. It is expected that another healthcare provider (nurse practitioner or registered nurse) will spend much more time with patient than time noted above

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### PROCEDURE CODES

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<u>CPT CODE</u>	<u>DESCRIPTION</u>
11975	Insertion of implantable contraceptive capsules
11976	Removal of implantable contraceptive capsules
11977	Removal and reinsertion of implantable contraceptive capsules
57170	Diaphragm fitting (with instructions)
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
59983	Injection, subcutaneous or intramuscular (i.e. Depo-Provera injection) CPT code 90782 could also be billed

### CONTRACEPTIVE SUPPLIES

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<u>CPT CODE</u>	<u>DESCRIPTION</u>
A4266	Diaphragm
A4267	Condom, male
A4268	Condom, female*
A4269	Spermicide (e.g. foam, gel)- each*
J1055	Contraceptive injectable- per three-month dose (i.e. Depo Provera)
J7300	Intrauterine device, copper T380A (Paragard)
J7302	Intrauterine device, levonorgestrel releasing, LNG-IUS (Mirena)
J7303	Hormone releasing vaginal ring (i.e. Nuvaring)- each
J7304	Hormone containing patch (i.e. Ortho Evra)- each
S4993	Oral contraceptives (per cycle), all brands, including Plan B

*For implantable contraceptives, IUDs, Depo-Provera, etc, charge CPT code for procedure and CPT code for device.*

\*Medicaid does not cover female condoms and spermicide

### OTHER SUPPLIES

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<u>CPT CODE</u>	<u>DESCRIPTION</u>
J3490	<b>Medications related to family planning services. Including:</b> <ul style="list-style-type: none"><li>-Rocephin</li><li>-Bicillin</li><li>-Metrogel</li><li>-Monistat</li><li>-Monistat Dual Pack</li><li>-Sultrin</li><li>-Terazol 3, Terazol 7, Terazol Cream</li><li>-Zithromax</li></ul>

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### LAB CODES (not typically billed directly by the lab)

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<u>CPT CODE</u>	<u>DESCRIPTION</u>
81000	Urinalysis, non-automated with microscopy (by dipstick or tablet reagent)
82948	Glucose, blood reagent strip
85013	Spun MicroHematocrit
85018	Hemoglobin (Hgb)
87210	Smear, Wet Mount
Q0111	Smear, Wet Mount with preparations
99000	Handling and/or conveyance of specimen for transfer from clinic to a laboratory
36416	Collection of capillary blood specimen (e.g. finger, heel, ear stick)

### OTHER CODES- FEMALE GENITAL SYSTEM

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<u>CPT CODE</u>	<u>DESCRIPTION</u>
56501	Destruction of lesion(s) on vulva, simple
56605	Biopsy of vulva or perineum, one lesion
57061	Destruction of vaginal lesions, simple
57420	Colposcopy of entire vagina, with cervix if present
57421	Colposcopy of entire vagina, with cervix if present, with biopsy
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	Colposcopy of the cervix including upper/adjacent vagina, with biopsy

### OTHER CODES- MALE GENITAL SYSTEM

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<u>CPT CODE</u>	<u>DESCRIPTION</u>
00920	Anesthesia for procedures on male genitalia
00921	Anesthesia for vasectomy, unilateral or bilateral
54050	Destruction of lesion(s) on penis (e.g. condyloma, papilloma) chemical
54060	Destruction of lesion(s) on penis- surgical excision
55200	Vasectomy, unilateral or bilateral

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## APPENDIX

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### ICD-9-CM DIAGNOSIS CODES

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As previously mentioned, ICD-9-CM codes describe the reason for the visit. All claims submitted to third party insurers for family planning services must include an appropriate diagnosis code from the *International Classification of Diseases, Clinical Modifications* (ICD-9-CM) coding structure as well as a CPT code. The codes you are most likely to use, corresponding to the appropriate CPT code include:

### DIAGNOSIS CODES

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<u>ICD-9-CM CODE</u>	<u>DESCRIPTION</u>
<b>V25</b>	<b>Encounter for contraceptive management</b>
<b>V25.0</b>	<b>General counseling and advice</b>
<b>V25.01</b>	<b>Prescription of oral contraceptives</b>
<b>V25.02</b>	<b>Initiation of other contraceptive device</b>
<b>V25.03</b>	<b>Encounter for emergency contraceptive counseling and prescription</b>
<b>V25.09</b>	<b>Other counseling and advice for contraceptive management</b>
<b>V25.1</b>	<b>Insertion of intrauterine contraceptive</b>
<b>V25.4</b>	<b>Surveillance of previously prescribed contraceptive method(s)</b>
<b>V25.40</b>	<b>Contraceptive surveillance, unspecified</b>
<b>V25.41</b>	<b>Contraceptive pill</b>
<b>V25.42</b>	<b>Intrauterine contraceptive device</b>
<b>V25.43</b>	<b>Implantable subdermal contraceptive</b>
<b>V25.49</b>	<b>Other contraceptive method</b>
<b>V25.5</b>	<b>Insertion of implantable subdermal contraceptive</b>
<b>V25.8</b>	<b>Other specified contraceptive management</b>
<b>V25.9</b>	<b>Unspecified contraceptive management</b>

### PROCEDURE CODES

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<u>ICD-9-CM CODE</u>	<u>DESCRIPTION</u>
<b>939.2</b>	<b>Tampon Removal</b>

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### MORE INFORMATION OR RESOURCES ON CPT AND ICD-9-CM CODING CAN BE PURCHASED FROM:

American Medical Association

Phone: (800) 621-8335

Website: <https://catalog.ama-assn.org/Catalog/home.jsp>

**INSERT NAME OF AGENCY**  
**COMPLETE ADDRESS, PHONE NUMBER, FAX NUMBER**

<b>Date of Service:</b> /    /		<b>Clinic Presented at:</b>			
<b>Last Name:</b>		<b>First Name</b>	<b>Middle Initial</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Birthdate:</b> /    /	<b>Age:</b>	<b>Phone Number:</b>		<b>Alt. Phone Number:</b>	
<b>Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Medicaid:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>If yes, enter number:</b>			
<b>Health Insurance:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>If yes, enter Insurance Company:</b>		<b>Insurance Phone Number:</b>	
<b>Policy Holder's Name:</b>		<b>Policy Number:</b>		<b>Group Number:</b>	

<b>New Patient Visit:</b>		
99201	Focused Exam	<input type="checkbox"/>
99202	Expanded Visit	<input type="checkbox"/>
99203	Detailed Visit	<input type="checkbox"/>
99204	Comprehensive Visit	<input type="checkbox"/>
<b>Established Patient Visit:</b>		
99211	Minimal Visit	<input type="checkbox"/>
99212	Focused Exam	<input type="checkbox"/>
99213	Expanded Visit	<input type="checkbox"/>
99214	Detailed Visit	<input type="checkbox"/>
<b>Procedures:</b>		
11975	Insertion of implantable contraceptive capsules	<input type="checkbox"/>
11976	Removal of implantable contraceptive capsules	<input type="checkbox"/>
11977	Removal/reinsertion of implantable contraceptive capsules	<input type="checkbox"/>
57170	Diaphragm fitting (with instructions)	<input type="checkbox"/>
58300	Insertion of intrauterine device (IUD)	<input type="checkbox"/>
58301	Removal of intrauterine device (IUD)	<input type="checkbox"/>
90782	Injection, subcutaneous or intramuscular	<input type="checkbox"/>
<b>Contraceptive Supplies:</b>		
A4266	Diaphragm	<input type="checkbox"/>
A4267	Condom, male	<input type="checkbox"/>
A4268	Condom, female	<input type="checkbox"/>
A4269	Spemicide	<input type="checkbox"/>
J1055	Contraceptive injectable	<input type="checkbox"/>
J7300	Intrauterine device, Paragard	<input type="checkbox"/>
J7302	Intrauterine device, Mirena	<input type="checkbox"/>
J7303	Hormone releasing vaginal ring Nuvaring - each)	<input type="checkbox"/>
J7304	Hormone containing patch (Evra - each)	<input type="checkbox"/>
S4993	Oral contraceptives (per cycle)	<input type="checkbox"/>
<b>Other Supplies:</b>		
J3490	Medications related to family planning services	<input type="checkbox"/>
<b>Lab Codes:</b>		
81000	Urinalysis, non automated	<input type="checkbox"/>
82948	Glucose, blood reagent strip	<input type="checkbox"/>
85013	Spun Microhematocrit	<input type="checkbox"/>
85018	Hemoglobin	<input type="checkbox"/>
87210	Smear, Wet Mount	<input type="checkbox"/>
Q0111	Smear, Wet Mount with prep	<input type="checkbox"/>
99000	Lab handling	<input type="checkbox"/>
36416	Collection of capillary blood specimen finger stick)	<input type="checkbox"/>

<b>Other Codes – Female Genital System:</b>		
56501	Destruction of lesion/s on vulva, simple	<input type="checkbox"/>
56605	Biopsy of vulva or perineum, one lesion	<input type="checkbox"/>
57061	Destruction of vaginal lesions, simple	<input type="checkbox"/>
57420	Colposcopy of entire vagina, with cervix if present	<input type="checkbox"/>
57421	Colposcopy of entire vagina, with cervix if present, with biopsy	<input type="checkbox"/>
57452	Colposcopy of the cervix, including upper/adjacent vagina	<input type="checkbox"/>
57454	Colposcopy of the cervix, including upper/adjacent vagina, with biopsy	<input type="checkbox"/>
<b>Other Codes – Male Genital System:</b>		
00920	Anesthesia for procedures on male genitalia	<input type="checkbox"/>
00921	Anesthesia for vasectomy, unilateral or bilateral	<input type="checkbox"/>
54050	Destruction of lesions on penis, chemical	<input type="checkbox"/>
54060	Destruction of lesion/s on penis, surgical excision	<input type="checkbox"/>
55200	Vasectomy, unilateral or bilateral	<input type="checkbox"/>

<b>Diagnosis Codes:</b>		
V25	Encounter for contraceptive management	<input type="checkbox"/>
V25.0	General counseling and advice	<input type="checkbox"/>
V25.01	Prescription of oral contraceptives	<input type="checkbox"/>
V25.02	Initiation of other contraceptive device	<input type="checkbox"/>
V25.03	Encounter for emergency contraceptive counseling and prescription	<input type="checkbox"/>
V25.09	Other counseling and advice for contraceptive management	<input type="checkbox"/>
V25.1	Insertion of intrauterine contraceptive	<input type="checkbox"/>
V25.4	Surveillance of previously prescribed contraceptive method/s	<input type="checkbox"/>
V25.40	Contraceptive surveillance, unspecified	<input type="checkbox"/>
V25.41	Contraceptive pill	<input type="checkbox"/>
V25.42	Intrauterine contraceptive device	<input type="checkbox"/>
V24.43	Implantable subdermal contraceptive	<input type="checkbox"/>
V25.49	Other contraceptive method	<input type="checkbox"/>
V25.5	Insertion of implantable subdermal contraceptive	<input type="checkbox"/>
V25.8	Other specified contraceptive management	<input type="checkbox"/>
V25.9	Unspecified contraceptive management	<input type="checkbox"/>
<b>Procedure Codes:</b>		
939.2	Tampon Removal	<input type="checkbox"/>

**Patient Signature:** \_\_\_\_\_

Income Level	1	2	3	4	5
Today's Charges	\$				
Discounted Charge	\$				
Amount Paid	\$				
Balance Due	\$				
Donation	\$				