

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

X.G. Family Planning Services

Partnership HealthPlan of California (PHC) defines Family Planning services by diagnosis and procedure code. Attachment 1 lists those diagnoses which PHC considers a family planning diagnosis. A claim must have one of these diagnoses to be considered a family planning service. Attachment 2 lists those procedures which PHC considers a family planning procedure if it is billed with one of the family planning diagnoses.

PHC members may self refer without an authorization to any Medi-Cal certified family planning provider, or they may choose to see their primary care physician for family planning services. If the member self refers to a family planning provider, PHC will reimburse the provider on a Medi-Cal fee-for-service basis, with the exception of services for members assigned to Kaiser. Kaiser members may choose to receive family planning services within Kaiser or outside of Kaiser. If services are provided by a non Kaiser provider, the claims for the family planning services are billed to Kaiser for payment.

An ultrasound done at the time of an abortion does not require a RAF or TAR.

The following services are not considered family planning services:

- Facilitating services such as transportation, parking and child care while family planning care is being obtained
- Infertility studies or procedures provided for the purpose of diagnosing or treating infertility
- Routine infertility studies or procedures
- Reversal of voluntary sterilization
- Hysterectomy for sterilization purposes only
- Evaluation and treatment of gynecological problems
- Evaluation and treatment of breast problems

For additional information on Family Planning Services see PHC Health Service Policy: Family Planning By-pass Services MCUP3015.

<http://www.partnershiphp.org/Providers/Policies/Pages/UtilizationManagement.aspx>

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

PHC FAMILY PLANNING DIAGNOSIS CODES

Attachment 1

PHC defines Family Planning Bypass Services by diagnosis and procedure code. Below is the list of codes which PHC considers family planning diagnoses. A claim must have one of these diagnoses to be considered a family planning service. Attachment 2 lists those procedures that PHC considers a family planning procedure if it is billed with one of the family planning diagnoses below.

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
N34.2	Other urethritis
N45.3	Epididymo-orchitis
N48.5	Ulcer of penis
N76.6	Ulceration of vulva
N87.0	Mild cervical dysplasia
N87.1	Moderate cervical dysplasia
N89.8	Other specified noninflammatory disorders of vagina
N92.1	Excessive and frequent menstruation with irregular cycle
N94.10	Unspecified dyspareunia
N94.11	Superficial (introital) dyspareunia
N94.12	Deep dyspareunia
N94.19	Other specified dyspareunia
N94.89	Oth cond assoc w female genital organs and menstrual cycle
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R30.0	Dysuria
R30.9	Painful micturition, unspecified
R31.0	Gross hematuria
R35.0	Frequency of micturition
R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
R87.613	High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
R87.615	Unsatisfactory cytologic smear of cervix
R87.616	Satisfactory cervical smear but lacking transformation zone
T83.31XA	Breakdown (mechanical) of intrauterine contraceptive device, initial encounter
T83.31XD	Breakdown (mechanical) of intrauterine contraceptive device, subsequent encounter
T83.31XS	Breakdown (mechanical) of intrauterine contraceptive device, sequela
T83.32XA	Displacement of intrauterine contraceptive device, initial encounter
T83.32XD	Displacement of intrauterine contraceptive device, subsequent encounter
T83.32XS	Displacement of intrauterine contraceptive device, sequela
T83.39XA	Other mechanical complication of intrauterine contraceptive device, initial encounter
T83.39XD	Other mechanical complication of intrauterine contraceptive device, subsequent encounter
T83.39XS	Other mechanical complication of intrauterine contraceptive device, sequela
Z01.42	Encntr for cerv smear to cnfrm norm smr fol init abn smear
Z01.812	Encounter for preprocedural laboratory examination
Z01.818	Encounter for other preprocedural examination
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z30.011**	Encounter for initial prescription of contraceptive pills
Z30.012**	Encounter for prescription of emergency contraception
Z30.013**	Encounter for initial prescription of injectable contraceptive
Z30.014	Encounter for initial prescription of intrauterine contraceptive device

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

Z30.015**	Encounter for initial prescription of vaginal ring hormonal contraceptive
Z30.016**	Encounter for initial prescription of transdermal patch hormonal contraceptive device
Z30.017**	Encounter for initial prescription of implantable subdermal contraceptive
Z30.018**	Encounter for initial prescription of other contraceptives
Z30.019	Encounter for initial prescription of contraceptives, unspecified
Z30.02**	Counseling and instruction in natural family planning to avoid pregnancy
Z30.09**	Encounter for other general counseling and advice on contraception
Z30.2**	Encounter for sterilization
Z30.40	Encounter for surveillance of contraceptives, unspecified
Z30.41**	Encounter for surveillance of contraceptive pills
Z30.42**	Encounter for surveillance of injectable contraceptive
Z30.430**	Encounter for insertion of intrauterine contraceptive device
Z30.431**	Encounter for routine checking of intrauterine contraceptive device
Z30.432**	Encounter for removal of intrauterine contraceptive device
Z30.433**	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.44**	Encounter for surveillance of vaginal ring hormonal contraceptive device
Z30.45**	Encounter for surveillance of transdermal patch hormonal contraceptive device
Z30.46**	Encounter for surveillance of implantable subdermal contraceptive
Z30.49**	Encounter for surveillance of other contraceptives
Z30.8	Encounter for other contraceptive management
Z30.9	Encounter for contraceptive management, unspecified
Z31.430**	Encounter of female for testing for genetic disease carrier status for procreative management
Z31.438**	Encounter for other genetic testing of female for procreative management
Z31.440**	Encounter of male for testing for genetic disease carrier status for procreative management
Z31.441**	Encounter for testing of male partner of patient with recurrent pregnancy loss
Z31.5**	Encounter for procreative genetic counseling
Z31.61	Procreative counseling and advice using natural family planning
Z31.62	Encounter for fertility preservation counseling
Z32.00	Encounter for pregnancy test, result unknown
Z72.51	High risk heterosexual behavior
Z72.89	Other problems related to lifestyle
Z87.410	Personal history of cervical dysplasia
Z92.0	Personal history of contraception
Z97.5**	Presence of (intrauterine) contraceptive device
Z98.51**	Tubal ligation status
Z98.52**	Vasectomy status

Abortion Codes

A34	Obstetrical tetanus
N91.0	Primary amenorrhea
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
O04.5	Genital tract and pelvic infection following (induced) termination of pregnancy
O04.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O04.7	Embolism following (induced) termination of pregnancy
O04.80	(Induced) termination of pregnancy with unspecified complications
O04.81	Shock following (induced) termination of pregnancy
O04.82	Renal failure following (induced) termination of pregnancy
O04.83	Metabolic disorder following (induced) termination of pregnancy
O04.84	Damage to pelvic organs following (induced) termination of pregnancy

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

O04.85	Other venous complications following (induced) termination of pregnancy
O04.86	Cardiac arrest following (induced) termination of pregnancy
O04.87	Sepsis following (induced) termination of pregnancy
O04.88	Urinary tract infection following (induced) termination of pregnancy
O04.89	(Induced) termination of pregnancy with other complications
O08.0	Genital tract and pelvic infection following ectopic and molar pregnancy
O08.1	Delayed or excessive hemorrhage following ectopic and molar pregnancy
O08.6	Damage to pelvic organs and tissues following an ectopic and molar pregnancy
O08.82	Sepsis following ectopic and molar pregnancy
O20.0	Threatened abortion
O20.8	Other hemorrhage in early pregnancy
O20.9	Hemorrhage in early pregnancy, unspecified
Z33.2	Encounter for elective termination of pregnancy
Z64.0	Problems related to unwanted pregnancy

STD Codes

A50.09	Other early congenital syphilis, symptomatic
A50.1	Early congenital syphilis, latent
A50.2	Early congenital syphilis, unspecified
A50.31	Late congenital syphilitic interstitial keratitis
A50.40	Late congenital neurosyphilis, unspecified
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.45	Juvenile general paresis
A50.49	Other late congenital neurosyphilis
A50.52	Hutchinson's teeth
A50.57	Syphilitic saddle nose
A50.59	Other late congenital syphilis, symptomatic
A50.6	Late congenital syphilis, latent
A50.7	Late congenital syphilis, unspecified
A50.9	Congenital syphilis, unspecified
A51.0	Primary genital syphilis
A51.1	Primary anal syphilis
A51.2	Primary syphilis of other sites
A51.31	Condyloma latum
A51.32	syphilitic alopecia
A51.39	Other secondary syphilis of skin
A51.41	Secondary syphilitic meningitis
A51.42	Secondary syphilitic female pelvic disease
A51.43	Secondary syphilitic ophthalmopathy
A51.44	Secondary syphilitic nephritis
A51.45	Secondary syphilitic hepatitis
A51.46	Secondary syphilitic osteopathy
A51.49	Other secondary syphilitic conditions
A51.5	Early syphilis, latent
A51.9	Early syphilis, unspecified
A52.00	Cardiovascular syphilis, unspecified
A52.01	Syphilitic aneurysm of aorta
A52.02	Syphilitic aortitis
A52.03	Syphilitic endocarditis
A52.05	Other cerebrovascular syphilis
A52.06	Other syphilitic heart involvement

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

A52.09	Other cardiovascular syphilis
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.12	Other cerebrospinal syphilis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcôt's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
A52.2	Asymptomatic neurosyphilis
A52.3	Neurosyphilis, unspecified
A52.71	Late syphilitic ophthalmopathy
A52.72	Syphilis of lung and bronchus
A52.73	Symptomatic late syphilis of other respiratory organs
A52.74	Syphilis of liver and other viscera
A52.75	Syphilis of kidney and ureter
A52.76	Other genitourinary symptomatic late syphilis
A52.77	Syphilis of bone and joint
A52.78	Syphilis of other musculoskeletal tissue
A52.79	Other symptomatic late syphilis
A52.8	Late syphilis, latent
A52.9	Late syphilis, unspecified
A53.0	Latent syphilis, unspecified as early or late
A53.9	Syphilis, unspecified
A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A54.01	Gonococcal cystitis and urethritis, unspecified
A54.02	Gonococcal vulvovaginitis, unspecified
A54.03	Gonococcal cervicitis, unspecified
A54.09	Other gonococcal infection of lower genitourinary tract
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21	Gonococcal infection of kidney and ureter
A54.22	Gonococcal prostatitis
A54.23	Gonococcal infection of other male genital organs
A54.24	Gonococcal female pelvic inflammatory disease
A54.29	Other gonococcal genitourinary infections
A54.30	Gonococcal infection of eye, unspecified
A54.31	Gonococcal conjunctivitis
A54.32	Gonococcal iridocyclitis
A54.33	Gonococcal keratitis
A54.39	Other gonococcal eye infection
A54.40	Gonococcal infection of musculoskeletal system, unspecified
A54.41	Gonococcal spondylopathy
A54.42	Gonococcal arthritis
A54.43	Gonococcal osteomyelitis
A54.49	Gonococcal infection of other musculoskeletal tissue
A54.5	Gonococcal pharyngitis
A54.6	Gonococcal infection of anus and rectum
A54.81	Gonococcal meningitis
A54.82	Gonococcal brain abscess
A54.83	Gonococcal heart infection
A54.84	Gonococcal pneumonia

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

A54.85	Gonococcal peritonitis
A54.86	Gonococcal sepsis
A54.89	Other gonococcal infections
A55	Chlamydial lymphogranuloma (venereum)
A56.00	Chlamydial infection of lower genitourinary tract, unspecified
A56.01	Chlamydial cystitis and urethritis
A56.02	Chlamydial vulvovaginitis
A56.09	Other chlamydial infection of lower genitourinary tract
A56.11	Chlamydial female pelvic inflammatory disease
A56.19	Other chlamydial genitourinary infection
A56.2	Chlamydial infection of genitourinary tract, unspecified
A56.3	Chlamydial infection of anus and rectum
A56.4	Chlamydial infection of pharynx
A56.8	Sexually transmitted chlamydial infection of other sites
A57	Chancroid
A58	Granuloma inguinale
A59.00	Urogenital trichomoniasis, unspecified
A59.01	Trichomonal vulvovaginitis
A59.02	Trichomonal prostatitis
A59.03	Trichomonal cystitis and urethritis
A59.09	Other urogenital trichomoniasis
A60.00	Herpesviral infection of urogenital system, unspecified
A60.01	Herpesviral infection of penis
A60.02	Herpesviral infection of other male genital organs
A60.03	Herpesviral cervicitis
A60.04	Herpesviral vulvovaginitis
A60.09	Herpesviral infection of other urogenital tract
A60.1	Herpesviral infection of penis
A60.9	Herpesviral infection of other urogenital tract
A63.0	Anogenital (venereal) warts
A64	Unspecified sexually transmitted disease
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
B20	Human immunodeficiency virus [HIV] disease
B37.3	Candidiasis of vulva and vagina
B85.3	Phthiriasis
B86	Scabies
B97.7	Papillomavirus as the cause of diseases classified elsewhere
N30.00	Acute cystitis without hematuria
N30.01	Acute cystitis with hematuria
N30.30	Trigonitis without hematuria
N30.31	Trigonitis with hematuria
N34.1	Nonspecific urethritis
N41.0	Acute prostatitis
N70.01	Acute salpingitis
N70.02	Acute oophoritis
N70.03	Acute salpingitis and oophoritis
N70.11	Chronic salpingitis
N70.12	Chronic oophoritis
N70.13	Chronic salpingitis and oophoritis
N70.91	Salpingitis, unspecified

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

N70.92	Oophoritis, unspecified
N70.93	Salpingitis and oophoritis, unspecified
N72	Inflammatory disease of cervix uteri
N73.5	Female pelvic peritonitis, unspecified
N73.9	Female pelvic inflammatory disease, unspecified
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N89.0	Mild vaginal dysplasia
N89.1	Moderate vaginal dysplasia
N89.3	Dysplasia of vagina, unspecified
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z22.4	Carrier of infections with a predominantly sexual mode of transmission
Z72.51	High risk heterosexual behavior

** Codes are for comprehensive Family Planning

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

PHC FAMILY PLANNING PROCEDURE CODES
Attachment 2

PHC defines Family Planning Bypass Services by diagnosis and procedure code. Attachment 1 lists codes which PHC considers family planning diagnoses. Below is a list of those procedures that PHC considers a family planning procedure if it is billed with one of the family planning diagnoses.

OFFICE/HOSPITAL VISITS:

◆	Office/Hospital visits for family planning services	99201	-----
		99202	-----
		99203	-----
		99204	-----
		99205	-----
		99211	-----
		99212	-----
		99213	-----
		99214	-----
		99215	-----
		99221	-----
		99222	-----
		99223	-----
		99231	-----
		99232	-----
		99233	-----
		99241	-----
		99242	-----
		99243	-----
		99244	-----
		99245	-----
		99281	-----
		99282	-----
		99283	-----
		99284	-----
		99285	-----
		Z7500	-----
		Z7506	-----
		Z7508	-----
		Z7510	-----
		Z7512	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

BIRTH CONTROL:

◆	Removal, implantable contraceptive capsules	11976-AG	-----
◆	Insertion, non-biodegradable drug delivery implant	11981-AG	-----
◆	Removal, non-biodegradable drug delivery implant	11982	-----
◆	Removal w/re-insertion, non-biodegradable drug delivery implant	11983	-----
◆	Cervical Cap Fitting	57170-AG	-----
◆	IUD Insertion	58300-AG	-----
◆	IUD Removal	58301-AG	-----
◆	Emergency Contraceptive Kit –Ella	-----	J3490-U5
◆	Emergency Contraceptive Kit – Next Choice	-----	J3490-U6
◆	Medroxyprogesterone Acetate (effective 9/1/13)	-----	J3490-U8
◆	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg (effective 2/1/18)	-----	J7296
◆	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg,	-----	J7297
◆	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg,	-----	J7298
◆	IUD – Paragard (effective 6/1/14)	-----	J7300
◆	Nuvaring Vulva Ring (effective 6/1/14)	-----	J7303
◆	Ortho Evra Patch (effective 6/1/14)	-----	J7304
◆	Contraceptive implant	-----	J7307
◆	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg (effective 7/1/17 – 01/31/18)	-----	Q9984
◆	Contraceptive intrauterine device (Levonorgestrel-releasing intrauterine contraceptive system, 19.5 mg)	-----	S4989
◆	Contraceptive pills for birth control	-----	S4993

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

LAB (Professional / Technical Modifier Required-Except Z5218, Z5220 & 81025):

◆	Lipid Panel	80061	-----
◆	Liver Panel	80076	-----
◆	Urinalysis, non-automated with microscopy	81000	-----
◆	Urinalysis, automated with microscopy	81001	-----
◆	Urinalysis, non-automated without microscopy	81002	-----
◆	Urinalysis, automated without microscopy	81003	-----
◆	Urinalysis (Dipstick)	81005	-----
◆	Urinalysis (Micro)	81015	-----
◆	Pregnancy Test	81025	-----
◆	Assay Calcium i Blood	82310	-----
◆	Cholesterol	82465	-----
◆	Glucose	82947	-----
◆	Immunoassay, Analyte, by radioimmunoassay	83519	-----
◆	Assay Serum Iron	83540	-----
◆	Serum Iron Binding Test	83550	-----
◆	Assay body fluid acidity	83986+	-----
◆	Bleeding Time Test	85002	-----
◆	Blood Count, Manual Blood Smear Exam w/o manual	85008	-----
◆	Hematocrit (Spun, Microhematocrit)	85013	-----
◆	Hematocrit	85014	-----
◆	Hemoglobin	85018	-----
◆	Automated Hemogram, w/Auto Differential WBC Count	85025	-----
◆	Automated Hemogram	85027	-----
◆	Reticulyte Count	85045	-----
◆	Prothrombin time	85610	-----
◆	Sedimentation rate, erythrocyte, non-automated	85651	-----
◆	Sedimentation rate, erythrocyte, automated	85652	-----
◆	Thromboplastin time, partial	85730	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

◆ Chlamydia (Fluorescent Antibody Screen)	86255	-----
◆ Immunoassay for infectious agent antibody, qualitative or semi-quantitative, single step method	86318	-----
◆ Particle agglutination; screen, each antibody	86403	-----
◆ VDRL-RPR (Syphilis)	86592	-----
◆ Blood serology, quantitative	86593	-----
◆ Chlamydia (Antibody)	86631	-----
◆ HIV (HTLV I)	86687	-----
◆ HIV (HTLV II)	86688	-----
◆ HIV (HTLV or HIV Antibody, Confirmatory Test, E.G.,	86689	-----
◆ Herpes (Non-specific Test)	86694	-----
◆ Herpes (Type I)	86695	-----
◆ HIV - 1	86701	-----
◆ HIV - 2	86702	-----
◆ HIV - 1 and HIV - 2, Single assay	86703	-----
◆ Hepatitis B Core Antibody (HbcAb)	86704	-----
◆ Treponema Pallidum	86780	-----
◆ Antibody Screen, RBC, each Serum Technique	86850	-----
◆ Antihuman Globulin test; direct, each antibody (Coombs)	86880	-----
◆ Antihuman globulin test; indirect, qualitative, each reagent red cell (Coombs Test)	86885	-----
◆ RH Typing	86901	-----
◆ Blood Typing, RBC Antigens, other than ABO or Rh(D), each	86905	-----
◆ Culture, bacterial; blood, aerobic, w/isolation & Presumptive ID of Isolates; any other source except urine, Blood, or stool.	87070	-----
◆ Culture, presumptive, pathogenic organisms, screening only	87081	-----
◆ Chlamydia (Culture)	87110	-----
◆ Dark Field Examination, any source includes specimen collection	87164	-----
◆ Dark Field Examination, any source includes specimen	87166	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

◆	Ova and/or Parasites direct smears, concentration & ID	87177	-----
◆	Antibiotic Sensitivity, Each	87181	-----
◆	Antibiotic Sensitivity, Each	87184	-----
◆	Antibiotic Sensitivity, Mic	87186	-----
◆	Gram Stain	87205	-----
◆	Smear (Fluorescent Stain For Bacteria, fungi, or cell types)	87206	-----
◆	Herpes (Special Stain For Inclusion Bodies)	87207	-----
◆	Wet Mount	87210	-----
◆	Virus Identification	87252	-----
◆	Virus Isolation Incl Identification by Non-Immounologic Method	87255	-----
◆	Chlamydia trachomatis, Infectious Agent Antigen Detection by Immunoflourescent technique; adenovirus	87270	-----
◆	Infectious Agent Antigen Detection Herpes Simplex Virus Type 2	87273	-----
◆	Herpes Simplex Virus 1	87274	-----
◆	Treponema Pallidum, Infectious Agent antigen	87285	-----
◆	Chlamydia trachomatis, Infectious Agent Antigen Detection by Enzyme Immunoassay Technique	87320	-----
◆	Hepatitis B Surface Antigen, Infectious Agent Antigen	87340	-----
◆	HIV-1 AG W/HIV-1 & HIV-2 AB	87389	-----
◆	Chlamydia trachomatis, Direct Probe Technique	87490	-----
◆	Infectious agent detection by nucleic acid (DNA or RNA) CHL	87491	-----
◆	Infectious agent detection by nucleic acid (DNA or RNA) HIV	87535	-----
◆	Neisseria Gonorrhoeae, Direct Probe Technique	87590	-----
◆	Neisseria Gonorrhoeae, Amplified Probe Technique	87591	-----
◆	HPV High-Risk Types	87624	-----
◆	HPV Types 16 & 18 only	87625	-----
◆	HIV Antigen w/HIV Antibodies	87806	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

◆	Cytopathology, cervical or vaginal (any reporting system)	88141	-----
◆	Cytopathology, cervical or vaginal (added 5/9/00)	88142	-----
◆	Cytopathology, cervical or vaginal (added 5/9/00)	88143	-----
◆	Cytopathology smears, cervical or vaginal (added 5/9/00)	88147	-----
◆	Cytopathology smears, cervical or vaginal (added 5/9/00)	88148	-----
◆	Pap Smear	88150	-----
◆	Cytopathology smears, cervical or vaginal (added 5/9/00)	88152	-----
◆	Cytopathology smears, cervical or vaginal (added 5/9/00)	88153	-----
◆	Cytopathology smears, cervical or vaginal (added 5/9/00)	88154	-----
◆	Cytopathology slides, cervical or vaginal	88164	-----
◆	Cytopathology slides, cervical or vaginal	88165	-----
◆	Cytopathology slides, cervical or vaginal	88166	-----
◆	Cytopathology slides, cervical or vaginal	88167	-----
◆	Cytopathology, cervical or vaginal	88174	-----
◆	Cytopathology, cervical or vaginal	88175	-----
◆	Chromosome Analysis, score 50 – 100 cells, count 20 cells, 2 Karyotypes	88248	-----
◆	Chromosome Analysis; 5 Cells, 1 Karyotype w/ banding	88261	-----
◆	Chromosome Analysis; 15-20 Cells, 2 Karyotypes w/ banding	88262	-----
◆	Surgical pathology, gross examination only	88300	-----
◆	Surgical pathology, complete	88302	-----
◆	Surgical pathology, complete	88305	-----
◆	Surgical pathology, complete Level V	88307	-----
◆	Blood Drawn (Exam) - MUST HAVE LOC 6 OR 81	99000	-----
◆	Wet mounts, incl. preparations of vaginal, cervical or skin specimens	Q0111	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

DRUGS/INJECTIONS/SUPPLIES:

◆ Surgical Supply Misc (Eff 8/1/09)	-----	A4649
◆ Atropine Sulfate upto 0.3mg (Eff 9/1/10)	-----	J0461
◆ Penicillin G Benzathine	-----	J0561
◆ Cefoxitin – 1 gm	-----	J0694
◆ Ceftriaxone Sodium - 250 mg/vial	-----	J0696
◆ Digoxin – 0.25 mg/ml (lanoxin) (effective 9/1/11)	-----	J1160
◆ Garamycin, gentamicin, up to 80 mg	-----	J1580
◆ Heparin Lock Flush Solution 100 units/ml (effective 7/1/11)	-----	J1642
◆ Droperidol (2.5 mg/ml) (effective 6/1/14)	-----	J1790
◆ Lidocaine HCL for IV Infusion, 10 mg (Eff 7/01-11)	-----	J2001
◆ Methylergonovine Maleate 0.2 mg./ml (effective 1/1/13)	-----	J2210
◆ Oxytocin (10 units) (effective 1/1/13)	-----	J2590
◆ Fentanyl - .05 mg/ml (sublimaze) (effective 1/1/13)	-----	J3010
◆ Doxapram HCL 20mg (NDC code required with J3490)	-----	J3490 (Eff. 4/1/11)
◆ Plan B Emergency Contraceptive (effective 6/1/14)	-----	J3490-U6
◆ Skyla Intrauterine System	-----	J7301
◆ Mirena Intrauterine System (end dated 9/30/16)	-----	J7302
◆ Mifepristone, oral, 200 mgs (RU-486) (effective 2/1/13)	-----	S0190
◆ Mifepristol, buccal, 200 mcg	-----	S0191
◆ Doxycycline 100mg	-----	S5000/S5001
◆ IV Solution (1000ml), including supplies (termed 6/1/17)	-----	X7700
◆ Sterile Tray	-----	Z7610
◆ Supplies/Drugs for Norplant Removal (Eff. 11/1/10)	11976-UA	-----
	11976-UB	-----
◆ Supplies/Drugs For Destruction of lesions(s), penis, Simple; Chemical (Eff. 11/1/10)	54050-UA	-----
◆ Supplies/Drugs For Destruction of lesions(s), penis, Cryosurgery (Eff. 11/1/10)	54056-UA	-----
◆ Supplies/Drugs For Biopsy of penis (Eff. 11/1/10)	54100-UA	-----
◆ Supplies/Drugs For IUD Insertion Without General Anesthesia (Eff. 11/1/10)	58300-UA	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

◆	Supplies/Drugs For IUD Insertion With General Anesthesia (Eff. 11/1/10)	58300-UB	-----
◆	Supplies/Drugs For IUD Removal Without General Anesthesia (Eff. 11/1/10)	58301-UA	-----
◆	Supplies/Drugs For IUD Removal With General Anesthesia (Eff. 11/1/10)	58301-UB	-----
◆	Supplies/Drugs For Induced Abortion, By Dilation and Curettage, Without General Anesthesia (Eff. 11/1/10)	59840-UA	-----
◆	Supplies/Drugs For Induced Abortion, By Dilation and Curettage, With General Anesthesia (Eff. 11/1/10)	59840-UB	-----
◆	Supplies/Drugs For Induced Abortion, By Dilation and Evacuation, Without General Anesthesia (Eff. 11/1/10)	59841-UA	-----
◆	Supplies/Drugs For Induced Abortion, By Dilation and Evacuation, With General Anesthesia (Eff. 11/1/10)	59841-UB	-----
◆	Supplies/Drugs for Induced Abortion, by one or more intra-amniotic injections including hospital admission and visits, delivery of fetus and secundines, Without General Anesthesia (Eff. 11/1/10)	59850-UA	-----
◆	Supplies/Drugs for Induced Abortion, by one or more intra-amniotic injections including hospital admission and visits, delivery of fetus and secundines, With General Anesthesia (Eff. 11/1/10)	59850-UB	-----
◆	Supplies/Drugs for Induced Abortion, with dilation and curettage and/or evacuation, Without General Anesthesia (Eff. 11/1/10)	59851-UA	-----
◆	Supplies/Drugs for Induced Abortion, with dilation and curettage and/or evacuation, With General Anesthesia (Eff. 11/1/10)	59851-UB	-----
◆	Supplies/Drugs for Induced Abortion, with Hysterotomy, Without General Anesthesia (Eff. 11/1/10)	59852-UA	-----
◆	Supplies/Drugs for Induced Abortion, with Hysterotomy, With General Anesthesia (Eff. 11/1/10)	59852-UB	-----
◆	Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines, Without General Anesthesia (Eff. 11/1/10)	59855-UA	-----
◆	Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines, With General Anesthesia (Eff. 11/1/10)	59855-UB	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

◆ Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation, Without General Anesthesia (Eff. 11/1/10)	59856-UA	-----
◆ Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation, With General Anesthesia (Eff. 11/1/10)	59856-UB	-----
◆ Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories, with hysterotomy, Without General Anesthesia (Eff. 11/1/10)	59857-UA	-----
◆ Supplies/Drugs for Induced Abortion, by one or more vaginal suppositories, with hysterotomy, With General Anesthesia (Eff. 11/1/10)	59857-UB	-----
◆ Rh0D Immune Globin (Rh1g) Full Dose	90384	-----
◆ Mini RhIg Human	90385	-----
◆ Hep. B Vaccine, Adolescent (2 Dose Schedule) 10 MCG	90743	-----
◆ Hep. B Vaccine, Adolescent (3 Dose Sched.) 10 MCG	90744	-----
◆ Hep. B Vaccine, Adult Dose, Intramuscular Use 10 MCG	90746	-----
◆ IV Infusion Up to 1 Hour	96360	-----
◆ IV Infusion Additional Hour	96361	-----
◆ IV Infusion for therapy, prophylaxis, or diagnoses up to 1 hr	96365	-----
◆ IV Infusion Additional Hour	96366	-----
◆ IV Infusion Additional seq. inf. up to 1 hr	96367	-----
◆ Concurrent infusion	96368	-----
◆ Therapeutic Injection	96379	-----
◆ Supplies Provided By the Physician over and Above Those Usually Included With Office Visit	99070	-----
◆ Other Contraceptive Supplies (effective 6/1/14)	-----	
-Cervical Cap		A4261
-Diaphragm		A4266
-Diaphragm		A4267
-Diaphragm		A4268
-Foam/Cream/Jelly/Film		A4269-U1
-Condoms		A4269-U2
-Sponge		A4269-U3
-Cervical Cap		A4269-U4
		S5199

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

◆ Azithromycin (Zithromax) 1000MG (1 gram) (X7718 – end dated 1/31/13) ----- Q0144

ULTRASOUNDS/X-RAYS (Professional/Technical Modifier Required):

◆ X-Ray exam of chest	71020	-----
◆ X-Ray exam of abdomen	74000	-----
◆ Radiological Guidance for Percutaneous Drainage of Abscess, or Specimen	75989	-----
◆ Echography, Pregnant Uterus, Complete, 1st trimester	76801	-----
◆ Echography, OB, < 14 Wks addl fetus	76802	-----
◆ Echography, Pregnant Uterus, Complete, after 1st trimester	76805	-----
◆ Echography, Pregnant Uterus, each additional gestation	76810	-----
◆ Echography, OB, detailed single fetus	76811	-----
◆ Echography, OB, detailed addl fetus	76812	-----
◆ Echography, OB, Nuchal Meas 1 gest	76813	-----
◆ Echography, OB, Nuchal Meas add-on	76814	-----
◆ Echography, Pregnant Uterus, Limited	76815	-----
◆ Echo exam follow-up or repeat	76816	-----
◆ Echo, transvaginal Obstetric	76817	-----
◆ Echography, Transvaginal, Non-OB	76830	-----
◆ Ultrasound pelvic (nonobstetric), real time with image documentation: limited or follow up	76857	-----
◆ Echo Guide for Biopsy	76942	-----
◆ Echo Guide for Amniocentesis	76946	-----
◆ Echo Exam At Surgery	76998	-----
◆ Acute venous thrombosis imaging, peptide	78456	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

SURGERY/ANESTHESIA:

◆ Anesth, Surgery of Abdomen	00840	-----
◆ Anesth, Hysterectomy	00846	-----
◆ Anesth, Pelvic Organ Surg	00848	-----
◆ Anesth, Tubal Ligation	00851	-----
◆ Anesth, Surgery of Abdomen	00860	-----
◆ Anesth, Male Genitalia	00920	-----
◆ Anesth, Vasectomy	00921	-----
◆ Anesth, Sperm Duct Surgery	00922	-----
◆ Anesth, Vaginal Procedures	00940	-----
◆ Anesth, Surgery on Vagina	00942	-----
◆ Anesth, Vaginal Hysterectomy	00944	-----
◆ Anesth, Vaginal Endoscopy	00950	-----
◆ Anesth, Uterine Endoscopy	00952	-----
◆ Anesth-Abortion Procedures	01965 01966	-----
◆ Unlisted Anesth Procedure	01999	-----
◆ Incision and drainage of abscess; complicated	10061	-----
◆ Complex drainage, wound	10180	-----
◆ Introduction of needle or intracatheter, vein	36000-50	-----
◆ Destruction, anal lesion	46900	-----
◆ Cryosurgery, anal lesion(s)	46916	-----
◆ Destruction of Lesion(s), penis; Simple, Chemical	54050	-----
◆ Destruction of Lesions (s), penis; Cryosurgery	54056	-----
◆ Destruction, Penis Lesions(s); extensive	54065	-----
◆ Destruction of penis lesion(s); extensive	54065+	-----
◆ Biopsy of penis	54100	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

◆	Vasectomy, unilateral or bilateral (separate procedure) including postoperative semen examination(s)	55250	-----
◆	Ligation (percutaneous) of vas deferens, unilateral or bilateral, (separate procedure)	55450	-----
◆	Destruction of vulva lesion(s); simple	56501+	-----
◆	Destruction, Vulva Lesion(s); extensive	56515	-----
◆	Destruction, Vaginal Lesions(s); extensive	57065	-----
◆	Destruction of vagina lesion(s); extensive	57065+	-----
◆	Colposcopy (vaginocopy)	57452	-----
◆	Colposcopy of the cervix including upper/adjacent vagina with biopsy(s) of the cervix.	57455	-----
◆	Colposcopy of the cervix including upper/adjacent vagina with endocervical curettage.	57456	-----
◆	Cryocautery of cervix; endocervical curettage; initial or repeat	57511+	-----
◆	Laser ablation of the cervix	57513	-----
◆	Revision of cervix	57720	-----
◆	Endometrial sampling (biopsy) with or without endocervical samplings (biopsy) w/out dilation, any method, (separate procedure)	58100	-----
◆	Endometrial sampling (biopsy) performed w/colposcopy (add-on code)	58110	-----
◆	Ligation or transection of fallopian tube, unilateral or bilateral, abdominal or vaginal approach.	58600	-----
◆	Ligation or transection of fallopian tube(s), unilateral or bilateral, abdominal or vaginal approach, postpartum during same hospitalization (separate procedure)	58605	-----
◆	Ligation or transection of fallopian tube, when done at the time of cesarean section or intra-abdominal surgery	58611	-----
◆	Occlusion of fallopian tube(s) by device (e.g. band clip, or Falope ring), vaginal or suprapubic approach	58615	-----
◆	Laparoscopy, surgical with removal of adnexal structures	58661	-----
◆	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	58670	-----

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

◆	Laparoscopy, surgical; with occlusion of oviduct by device (e.g. band, clip, or Falope ring) (1994 CPT)	58671	-----
◆	Amniocentesis	59000	-----
◆	Fetal Scalp Blood Sample	59030	-----
◆	Induced Abortion, By Dilation and Curettage	59840-AG	-----
◆	Induced Abortion, By Dilation and Evacuation	59841-AG	-----
◆	Induced Abortion, by one or more intra-amniotic injections, including hospital admission and visits, delivery of fetus and secundines	59850-AG	-----
◆	Induced Abortion, with dilation and curettage and/or evacuation	59851-AG	-----
◆	Induced Abortion, with Hysterotomy	59852-AG	-----
◆	Induced Abortion, by one or more vaginal suppositories with or without cervical dilation including hospital admission and visits, delivery of fetus and secundines	59855-AG	-----
◆	Induced Abortion, by one or more vaginal suppositories with dilation and curettage and/or evacuation	59856-AG	-----
◆	Induced Abortion, by one or more vaginal suppositories with Hysterotomy	59857-AG	-----
◆	Nerve Block Injection	64435-AG	-----
◆	Moderate sedation End Dated: 9/30/17	99144	-----
◆	Moderate sedation, same physician	99152	-----
◆	Moderate sedation, same physician/qhp each	99153	-----
◆	Moderate sedation Effective: 10/1/17	99155	-----
◆	Medical abortion (eff. 4/1/11)	-----	S0199

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

MISCELLANEOUS

◆ Visceral Vascular Study 93975/93976 -----
93978/93979

+ Procedure code qualify as family planning bypass service if billed with a STD diagnosis (A51.0-A51.2, A51.31, A51.39, A51.41-A51.46, A51.49, A51.5, A51.9, A52.00-A52.06, A52.09-A52.17, A52.19, A52.2, A52.3, A52.71-A52.79, A52.8-A53.0, A53.9, A54.00-A54.03, A54.09, A54.1, A54.21- A54.24, A54.29-A54.33, A54.39-A54.43, A54.49, A54.5, A54.6, A54.81-A54.86, A54.89, A55, A56.01, A56.02, A56.09, A56.11, A57, A58, A59.00-A59.03, A59.09, A60.00-A60.04, A60.09, A60.1, A60.9, A63.0, A64, B07.0, B07.8-B07.9, B08.1, B20, B37.3, B85.3, B86, B97.7, N30.00, N30.01, N30.30, N34.1- N35.0, N41.0, N70.01-N70.03, N70.11-N70.13, N70.91-N70.93, N72, N73.5, N73.9, N76.0-N76.3, N77.1, N89.0, N89.1, N89.3, V02.8, V69.2, V73.88, Z11.3, Z11.8, Z20.2, Z22.4, Z72.51) for dates of service on or after 6/01/01.

** Note – Eff. for dates of service on or after 11/1/10, Modifier UA (Medicaid Level of Care 10) and UB (Medicaid Level of Care 11)