

## BILLING GUIDANCE FOR PLAN FIRST VIRGINIA'S FAMILY PLANNING SERVICES PROGRAM

This document includes general coverage of family planning services and supplies for the Plan First program. Plan First billing requirements must be followed or services will not be covered.

### ***Specific billing requirements for Plan First***

The Current Procedural Terminology (CPT) codes, the Healthcare Common Procedure Coding System (HCPCS) codes and the ICD codes listed in this document are approved by the Centers for Medicare and Medicaid Services (CMS) to be covered by Virginia Plan First program. **THESE SERVICES ARE ONLY COVERED BY PLAN FIRST WHEN ACCOMPANIED BY ONE OF THE ICD FAMILY PLANNING DIAGNOSIS CODES IDENTIFIED IN TABLE 1** (both tables are listed at end of this section). Use Table 1 to identify the appropriate diagnosis code and Table 2 to identify the appropriate procedure codes.

For example, when billing for an office visit with insertion of an IUD for a Plan First enrollee, the claim should include the appropriate E&M service as applicable, the appropriate procedure code for insertion of the IUD (58300) and the HCPCS J-code for the particular IUD (i.e., Mirena J7302) as well as the most appropriate ICD diagnosis code (V25.11 - Encounter for insertion of intrauterine contraception device).

**The guidance in the next sections apply to Plan First coverage as well as fee-for-service Medicaid and FAMIS coverage.**

### *Annual gynecological exam*

Screening Pap smears shall be covered annually for females consistent with the guidelines published by the American Cancer Society. **NOTE: PLAN FIRST DOES NOT COVER PREVENTIVE CARE VISITS.** The use of any preventive evaluation and management (E&M) CPT code for Plan First will be denied as a non-covered service. Providers submitting claims for yearly gynecological exams and Pap smears should use the following guidelines for billing Plan First:

- Use the E&M code that will reflect the level of care given during the visit plus the administration of the Pap smear.
- Documentation to support the level of care provided must appear in the patient's medical records.
- Use preventive family planning / V25 series ICD diagnosis code. The approved codes are listed in Table 1 of this document.
- Additional guidelines may be found in the current CPT manual "Evaluation and Management (E/M) Services Guidelines."

### *DMAS coverage of self-administered contraception*

DMAS covers both over-the-counter and prescription self-administered contraception through local pharmaceutical providers for a maximum 34-day supply of medication per prescription per member in accordance with the prescriber's orders and subject to Board of Pharmacy regulations. For prescription orders whose quantity exceeds a 34-day supply, refills may be dispensed in sufficient quantity to fulfill the prescription order within the limits of federal and state laws and regulations.

If the contraception is packaged as 91-day supply it cannot be dispensed as 34-day supply with remaining drug sold as refills. Any form of self-administered contraception in excess of a 34 day supply

can be dispensed and billed by the prescribing practitioner due to the supply exceeding the pharmacy dispensing limit. DMAS will reimburse the practitioner their actual invoice cost for the contraception.

As of July 1, 2011, multiple oral contraceptives are included on the Preferred Drug List (PDL). The PDL is a list of preferred drugs by select therapeutic class for which the Medicaid program allows payment without requiring service authorization. In the designated classes, drug products classified as non-preferred will be subject to service authorization. The current list of preferred drugs may be located online at: <http://www.virginiamedicaidpharmacyservices.com>. For specific information on the DMAS pharmaceutical program, please refer to the DMAS Pharmacy Provider Manual, under the Provider Services section at: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>.

### *DMAS coverage of physician-administered contraception*

Contraception which is administered in an office or outpatient setting are to be billed by the practitioner using the appropriate Healthcare Common Procedure Coding System (HCPCS) code. Claims for miscellaneous/unlisted codes must have the actual (or copy of) purchase invoice attached to the claim. Examples of covered contraception that must be billed through the practitioner include the contraception injectable - Depo-Provera, contraception implants – Implanon and Nexplanon, and IUDs such as Mirena and Paragard. DMAS will reimburse the provider their actual invoice cost for the contraception.

Reimbursement for administration of contraception includes the office visit when the contraception administration is the only service performed. If there is a significant, separately identifiable E&M service performed and documented in the medical record, an appropriate Evaluation and Management Service (E&M) (e.g., Current Procedural Terminology (CPT) code 99212) may be listed in addition to the administration. Providers are to use the appropriate modifier as indicated by CPT.

For more specific billing instructions see the DMAS Physician/Practitioner Provider Manual, Chapter V, available at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal> under Provider Services section.

## **MEDICATIONS AND SUPPLIES FOR PURPOSES OTHER THAN CONTRACEPTION WILL NOT BE COVERED UNDER PLAN FIRST.**

### *Sterilizations*

Sterilizations are covered by DMAS only if all requirements are met. Please refer to the specific requirements documented in the DMAS Physician/Practitioner Provider Manual, Chapter IV – Covered Services, available at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal> under Provider Services section.

### **Essure Sterilization and Hysterosalpingogram (HSG) Implementation**

The FDA requires a follow-up procedure, Hysterosalpingogram (HSG), after the Essure sterilization procedure to demonstrate a successful tubal occlusion.

The Essure procedure is not to be performed until after 6-8 weeks from delivery or termination of pregnancy. The manufacturer and FDA state that the Essure procedure should NOT be relied on for contraception until the patient has undergone the HSG confirmation 3 months (90 days) after micro-insert placement, which demonstrates **both** bilateral tubal occlusion **and** satisfactory location of the micro-inserts.

Women enrolled in Medicaid for Pregnant may lose coverage at the end of the month in which her 60th day postpartum period falls, if they do not meet another category for full coverage Medicaid or FAMIS. **As of October 1, 2011, women enrolled in Medicaid for Pregnant Women will be evaluated for eligibility in Plan First when their pregnancy coverage period ends. This does NOT require an application, but members may need to provide updated income verification to their eligibility worker to be evaluated for Plan First eligibility. Plan First will cover the back-up contraception as well as the HSG follow up confirmation test. If the member does not want Plan First coverage, they have the option to cancel coverage by requesting this through their eligibility worker at the local department of social services.**

As a provider you may examine all the options with the patient, including performing the Essure and HSG once she is enrolled in Plan First. You may request Plan First applications to have available for patients through Commonwealth Martin at 804-780-0076 at no cost to you.

### **NOT REIMBURSED UNDER PLAN FIRST:**

- **SERVICES PROVIDED THAT ARE NOT ON THE LIST OF APPROVED CODES**
- **CLAIM FORMS WITHOUT THE APPROPRIATE ICD (V25) FAMILY PLANNING DIAGNOSIS CODE (SEE TABLE 1)**
- **FOLLOW UP SERVICES TO A FAMILY PLANNING OFFICE VISIT OR MAJOR COMPLICATIONS OF FAMILY PLANNING SERVICES**
- **MEDICATIONS AND SUPPLIES FOR PURPOSES OTHER THAN CONTRACEPTION**
- **USE OF ANY PREVENTIVE EVALUATION AND MANAGEMENT (E&M) CPT CODE**
- **EMERGENCY AIR AMBULANCE AND EMERGENCY GROUND AMBULANCE SERVICES**

DMAS encourages providers to discuss with the Plan First member which services are covered so the member is aware of non-covered services for which they will be financially responsible.

For more information specifically about Plan First, please visit [www.planfirst.org](http://www.planfirst.org) or email [planfirst@dmas.virginia.gov](mailto:planfirst@dmas.virginia.gov).



Table 1 ICD Diagnosis Codes

<b>Encounter for contraception management</b>	
<b>Code</b>	<b>Description</b>
<b>General Counseling and advice</b>	
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraception measures
V25.03	Encounter for emergency contraception counseling and prescription
V25.04	Counseling and instruction in natural family planning to avoid pregnancy
V25.09	Other family planning advice
V25.11	Encounter for insertion of intrauterine contraception device
V25.12	Encounter for removal of intrauterine contraception device
V25.13	Encounter for removal and reinsertion of intrauterine contraception device; encounter for replacement of intrauterine contraception device
V25.2	Sterilization
<b>Surveillance of previously prescribed contraception methods</b>	
<ul style="list-style-type: none"> <li>• <b>Checking, reinsertion, or removal of contraception device</b></li> <li>• <b>Repeat prescription for contraception method</b></li> </ul>	
<b>Routine examination in connection with contraception maintenance</b>	
V25.40	Contraception surveillance, unspecified
V25.41	Contraception pill
V25.42	Checking of intrauterine contraception device
V25.43	Encounter for contraception management, surveillance of previously prescribed contraception methods (checking, reinsertion or removal of contraception device), implantable subdermal contraception
V25.49	Other contraception method
V25.5	Encounter for contraception management, insertion of implantable subdermal contraception
V25.8	Other specified contraception management (Post vasectomy sperm count)
V25.9	Unspecified contraception management

Table 2 Plan First Approved Procedure/Supply Codes

Code	Description (Must be used with diagnosis codes listed in Table 1)	Policy/Comments	
63.73	Vasectomy, outpatient basis only	A completed DMAS-3004, Sterilization Consent Form must accompany the sterilization claim.	
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes		
66.22	Bilateral endoscopic ligation and division of fallopian tubes		
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes		
66.31	Other bilateral ligation and crushing of fallopian tubes		
66.32	Other bilateral ligation and division of fallopian tubes		
66.39	Other bilateral destruction or occlusion of fallopian tubes		
J1885	Pain Medication - Toradol (used post sterilization procedure)		Please see the DMAS Physician's Provider Manual, Chapter IV for specific coverage instructions.
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection		
00921	Anesthesia for procedures on male genitalia; vasectomy, unilateral or bilateral		
00952	Anesthesia for vaginal procedures; hysteroscopy (use with 58565)		
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s).		
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)		
58565	Hysteroscopy, surgical, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (e.g. Essure)		
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography		
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography		
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral		
58611	Ligation or transection of fallopian tube(s), when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)		
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, falope ring) vaginal or suprapubic approach		
58670	Laparoscopy – with fulguration of oviducts (with or without transection) In context of the family planning waiver, this will only apply when performed with abdominal surgery and not after a cesarean delivery.		
58671	Laparoscopy – with occlusion of oviducts (e.g., band, clip, Falope ring)		
64435	Injection, anesthetic agent, paracervical uterine nerve (use with sterilization procedure only)		
71010	Radiologic examination, chest, single view, frontal		
71020	Radiologic examination, chest, 2 views, frontal and lateral		
74740	Hysterosalpingography, radiological supervision and interpretation		
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation		

Code	Description
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	<b>(Must be used with diagnosis codes listed in Table 1)</b>
11976	Removal, implantable contraception capsules (Norplant)
11981	Insertion, non-biodegradable drug delivery system (Implanon and Nexplanon)
11982	Removal, non-biodegradable drug delivery system (Implanon and Nexplanon)
11983	Removal with reinsertion, non-biodegradable drug delivery system (Implanon and Nexplanon)
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58562	Hysteroscopy, surgical, with removal of impacted foreign body
76830	Ultrasound, transvaginal
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (non-obstetric)
76857	Ultrasound, pelvic (non-obstetric); limited or follow-up
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; Complete
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular (direct Physician supervision)
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	tracing only, without interpretation and report
93010	interpretation and report only
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0123	Screening cytopathology, cervical or vaginal (any reporting system) collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision
Q3014	Telehealth originating site facility fee
S0610	Annual gynecological examination, new patient
S0612	Annual gynecological examination, established patient

<b>Code</b>	<b>Lab Codes Description (Must be used with diagnosis codes listed in Table 1)</b>
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen
80048	Basic metabolic panel
81000	Urinalysis by dipstick or tablet...non-automated, with microscopy
81001	Urinalysis by dipstick or tablet...automated, with microscopy
81002	Urinalysis, by dip stick or tablet...non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet...automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	Urinalysis, bacteriuria screen, except by culture or dipstick
81015	Microscopic exam of urine
81020	two or three glass test
81025	Pregnancy Test (Urine)
81050	Volume measurement for timed collection, each
82950	post glucose dose (includes glucose)
83001	Gonadotropin; follicle stimulating hormone (FSH)

<b>Code</b>	<b>Lab Codes Description cont. (Must be used with diagnosis codes listed in Table 1)</b>
82951	Tolerance test (GTT), three specimens (includes glucose)
82952	Tolerance test, each additional beyond three specimens
83002	Luteinizing hormone (LH)
83020	Hemoglobin fractionation and quantitation; electrophoresis
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Pregnancy Test Gonadotropin, chorionic (hCG); qualitative
85013	Spun microhematocrit
85014	Hematocrit
85018	Blood count; automated differential WBC count- hemoglobin (Hgb)
85025	Blood Count, complete
85610	Prothrombin time
85660	RBC Sickle Cell Test
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis test, quantitative
86631	Chlamydia
86632	Chlamydia, IgM
86644	Cytomegalovirus (CMV)
86645	Cytomegalovirus, IgM
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86695	Herpes simplex, type 1
86696	Herpes simplex, type 2
86701	HIV 1
86702	HIV-2
86703	HIV-1 and HIV-2, single assay
86704	Hepatitis B core antibody (HBcAb); total
86705	Hepatitis B IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86729	Lymphogranuloma venereum
86762	Rubella
86777	Toxoplasma
86778	Toxoplasma, IgM
86781	Treponema pallidum, confirmatory test (e.g., TRA-abs)
86784	Trichinella
86803	Hepatitis C antibody
86804	Hepatitis C confirmatory test (e.g., immunoblot)
86850	Antibody screen, RBC, each serum technique
86694	Herpes simplex, non-specific
86900	Blood typing: ABO
86901	Rh(D)
87040	Culture, bacterial; aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture if appropriate)
87070	Culture, bacterial; any other source excerpt urine, blood or stool, with isolation and presumptive identification of isolates
87591	Neisseria gonorrhoeae, amplified probe technique

<b>Code</b>	<b>Lab Codes Description cont. (Must be used with diagnosis codes listed in Table 1)</b>
87075	Culture any source, except blood, anaerobic with isolation and presumptive identification of isolates
87077	Culture aerobic identify
87081	Culture, presumptive, pathogenic organisms, screening only
87084	Culture, presumptive, pathogenic organisms with colony estimation from density chart.
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of isolates, urine.
87110	Culture, Chlamydia, any source
87164	Dark field examination, any source (e.g. Penile, vaginal, oral, skin); includes specimen collection
87205	Smear, gram stain
87207	Smear, special stain
87210	Smear, wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87270	Chlamydia trachomatis
87271	Cytomegalovirus, direct fluorescent antibody (DFA)
87273	Herpes simplex virus type 2
87274	Herpes simplex virus type 1
87285	Treponema DFA
87320	Chlamydia trachomatis
87340	Hepatitis B surface antigen (HbsAg)
87390	HIV-1
87391	HIV-2
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87495	cytomegalovirus, direct probe technique
87496	cytomegalovirus, amplified probe technique
87497	cytomegalovirus, quantification
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification
87515	hepatitis B virus, direct probe technique
87516	hepatitis B virus, amplified probe technique
87517	hepatitis B virus, quantification
87520	hepatitis C, direct probe technique
87521	hepatitis C, amplified probe technique
87522	hepatitis C, quantification
87525	hepatitis G, direct probe technique
87526	hepatitis G, amplified probe technique
87527	hepatitis G, quantification
87528	Herpes simplex virus, direct probe technique
87529	Herpes simplex virus, amplified probe technique
87530	Herpes simplex virus, quantification
87531	Herpes virus-6, direct probe technique
87532	Herpes virus-6, amplified probe technique
87533	Herpes virus-6, quantification

<b>Code</b>	<b>Lab Codes Description cont. (Must be used with diagnosis codes listed in Table 1)</b>
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
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
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique
87621	papillomavirus, human, amplified probe technique
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification.
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms, direct probe technique(s).
87808	Infectious agent antigen detection for trichomonas
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
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
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision.
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	Cytopathology, slides, cervical or vaginal; with manual screening under physician supervision with manual screening and computer-assisted rescreening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision with manual screening and rescreening under physician supervision
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	Cytopathology, slides cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)

<b>Code</b>	<b>Lab Codes Description cont. (Must be used with diagnosis codes listed in Table 1)</b>
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System), manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System), manual screening under physician supervision with manual screening and rescreening under physician supervision
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System), with manual screen and computer-assisted rescreening under physician supervision
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System), with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated thin layer preparation; screening by automated system and manual screening, under physician supervision
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparations; with screening by automated system and manual rescreening or review, under physician supervision
88302	Surgical pathology, for vas deferens
99000	Handling/conveyance of specimen for transfer from a physician's office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient to other than physician's office to a laboratory (distance may be indicated)
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by t
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requ...
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens
Q0112	All potassium hydroxide (koh) preparations

<b>Code</b>	<b>E&amp;M Description (Must be used with diagnosis codes listed in Table 1)</b>
99201	New Patient Office or other outpatient visit – 10 minutes
99202	New Patient Office or other outpatient visit – 20 minutes
99203	New Patient Office or other outpatient visit – 30 minutes
99204	New Patient Office or other outpatient visit – 45 minutes
99205	New Patient Office or other outpatient visit – 60 minutes
99211	Established Patient Office or other outpatient visit-5minutes
99212	Established Patient Office or other outpatient visit-10 minutes
99213	Established Patient Office or other outpatient visit-15 minutes
99214	Established Patient Office or other outpatient visit-25 minutes
99215	Established Patient Office or other outpatient visit- 40 minutes
99221	Hospital Inpatient service, Initial Hospital Care -30 minutes
99222	Hospital Inpatient service, Initial Hospital Care – 50 minutes
99223	Hospital Inpatient service, Initial Hospital Care – 70 minutes
99231	Hospital Inpatient Services, Subsequent Hospital Care – 15 minutes
99232	Hospital Inpatient Services, Subsequent Hospital Care – 25 minutes
99233	Hospital Inpatient Services, Subsequent Hospital Care – 35 minutes
99238	Hospital Inpatient Services, Hospital Discharge Services – 30 minutes or less
99239	Hospital Inpatient Services, Hospital Discharge Services – more than 30 minutes

<b>Code</b>	<b>HCPCS Description (Must be used with diagnosis codes listed in Table 1)</b>	<b>Policy/Comments</b>
A4550	Surgical Trays	Use N4 qualifier and unit in GR required with all J codes.  Bill supply code with administration code as appropriate.
A4261	Cervical cap for contraception use	
A4266	Diaphragm for contraception use	
A4267	Contraception supply, condom, male, each	
A4268	Contraception supply, condom, female, each	
A4269	Contraception supply, spermicide (e.g. foam, gel), each	
J1050	Injection, Medroxyprogesterone Acetate, for contraception use 150 mg (Depo-Provera)	
J1056	Injection, Medroxyprogesterone Acetate/Estradiol Cypionate, 5 mg/25 mg (Lunelle monthly contraception)	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (SKYLA), 13.5 mg	
J7300	Intrauterine copper contraception (Paragard T380A)	
J7302	Levonorgestrel-releasing intrauterine contraception system, 52 mg (Mirena)	
J7303	Contraception vaginal ring (Nuvaring Vaginal Ring)	
J7304	Contraception supply, hormone containing patch, each	
J7306	Levonorgestrel (contraception) implant system, including implants and supplies	
J7307	Etonogestrel (contraception) implant system, including implant and supplies (Implanon and Nexplanon)	
J8499	Miscellaneous contraception	
S4981	Insertion of levonorgestrel-releasing intrauterine system	
S4989	Contraception intrauterine device (e.g. Progestacert IUD), including implants and supplies	
S4993	Contraception pill for birth control	