



**Connecticut Medical Assistance Program**  
Policy Transmittal 2012-05

PB 2012-07  
March 2012

Roderick L. Bremby, Commissioner

Effective Date: March 1, 2011  
Contact: Nina Holmes @ 860-424-5486  
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TO: Physicians, Advanced Practice Registered Nurses (APRN), Certified Nurse Midwives (CNM), Ambulatory Surgical Centers, Clinics, Independent Labs, Outpatient Hospitals, Pharmacies and Transportation Providers  
RE: New Family Planning Coverage Group: Family Planning Services - Limited Benefit

The purpose of this Policy Transmittal is to inform providers that the Department of Social Services is establishing a new limited benefit coverage group for men and women seeking family planning and family planning - related services, **effective March 1, 2012**.

The name for this new coverage group is Family Planning Services - Limited Benefit. It provides confidential coverage for family planning and family planning - related services for individuals of childbearing age (including minors) who are **not** otherwise eligible for full Medicaid coverage. In order for services to be covered, therefore, they must be part of a visit relating to the individual's desire to prevent pregnancy, or regulate the number and spacing of children.

### **CURRENT PROVIDERS**

Coverage includes family planning services as well as family planning - related services that are provided **as part of or as follow-up to a family planning visit**.

Family planning and family planning - related services include:

- Comprehensive physical examinations
- Screening and treatment services for sexually transmitted disease / illness
- Voluntary sterilizations in accordance with federal guidelines
- Contraceptive services and supplies
- Human papilloma virus vaccinations (including males)
- Family planning related surgical treatments (for example, perforated uterus as a result of an IUD)
- Pregnancy tests

Please note Family Planning Services - Limited Benefit does **not** cover:

- Infertility services and related treatment
- Hysterectomies
- Termination of pregnancy
- Pregnancy care
- Treatment for HIV/AIDS or hepatitis
- Treatment for cancer

- Any other service that is not provided as part of or as follow-up to a family planning visit.

The department has identified ICD-9 diagnosis codes as related to family planning coverage, as long as they are provided as part of or as follow-up to a family planning visit. Please see the attached document for a list of diagnosis codes.

Physicians, APRNs, CNMs, ambulatory surgical centers, clinics, independent labs, and outpatient hospitals may bill for family planning and family planning - related services that are on their applicable fee schedules. Physicians, APRNs, CNMs, ambulatory surgical centers, clinics, and independent labs should refer to their applicable fee schedules for a definitive list of covered services. Each fee schedule will contain a header or footer that identifies the services covered or excluded from coverage under the new limited benefit family planning group.

Example Fee Schedule Footer:

#### Ambulatory Surgical Center Fee Schedule Footer:

54060, 54065, 54111, 54112, 55250, 55450, 56515, 57065, 57513, 58565, 58600, 58615, 58670, and 58671 only codes covered for Family Planning Services Only clients.

The Ambulatory Surgical Center Fee Schedule footer identifies which procedure codes can be billed for a client under the Family Planning Services - Limited Benefit coverage. All other procedure codes are considered non-covered. If a provider submits a claim for such client with any other procedure code not listed above, the claim will be denied.

### **PHARMACY**

Limited pharmacy coverage is included for the new family planning eligibility group. A select group of drugs that are relevant to the treatment of family planning and family planning - related services will be covered when an ICD-9 diagnosis related to family planning is present on the prescription and submitted on the pharmacy claim.

Please refer to the attached list of applicable family planning diagnosis codes.

Covered pharmacy services include drugs in the following drug categories:

- Antibiotics
- Antibacterials
- Antimycotics
- Antiparasitics
- Analgesics
- Drugs Acting Principally on Joints
- Contraceptives-oral
- Contraceptives –topical
- Contraceptives-systemic-non oral

### **TRANSPORTATION**

Transportation to and from scheduled medical appointments for family planning and family planning - related services will be available for clients eligible under the family planning coverage group. Clients should contact LogistiCare at 1-888-248-9895 to coordinate transportation at least 2 business days prior to the scheduled medical appointment.

### **PRESUMPTIVE ELIGIBILITY**

A HUSKY HEALTH Certified Entity (HHCE) may grant confidential presumptive eligibility to qualified individuals, based on the Department's criteria, who apply for Family Planning Services - Limited Benefit. Only the Department of Social Services may grant a provider HHCE status. Please refer to PB 2012-06 for more information regarding presumptive eligibility.

### **CLIENT ELIGIBILITY VERIFICATION**

Eligible clients will receive a standard gray State of Connecticut Connect Card. The HP Automated Eligibility Verification System will return client information that identifies if a client is eligible for the new family planning coverage group. The eligibility verification response for this population will be "Family Planning Services Only". Providers are reminded that all services under the Family Planning Services - Limited Benefit program are considered confidential.

### **BILLING INSTRUCTIONS**

For providers billing on the professional claim form (physicians, APRNs, CNMs, ambulatory surgical centers, clinics, and independent labs) the detail diagnosis code pointer must point to one of the identified family planning diagnosis codes for each of the detail procedure codes billed.

Providers billing on the institutional claim form (outpatient hospitals) must indicate in the header that the primary diagnosis is one of the identified family planning diagnosis codes.

For pharmacy claims, a primary diagnosis code of family planning is required to be submitted in the NCPDP field 494-DO. If a particular NDC requires a specific diagnosis code, that diagnosis code as well as a family planning diagnosis code **MUST** both be present for the claim to pay.

Given the current billing structure for transportation services, the requirement of a family planning diagnosis code does not apply to transportation providers. Transportation providers will be notified if any changes are made to the claims submission process for services provided under Family Planning Services - Limited Benefit.

### **Accessing the Fee Schedule:**

The updated fee schedules will be available after March 6, 2012 and can be accessed and downloaded by going to the Connecticut Medical Assistance Website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download," then to the appropriate fee schedule for your provider type. To access the CSV file press the control key while clicking the CSV link, then select "Open".

For questions about billing or claims processing, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com)

**Distribution:** This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

**Responsible Unit:** For Medical Coverage: DSS, Medical Care Administration, Medical Policy Section, Nina Holmes at (860) 424-5486

For Pharmacy Coverage: Pharmacy Staff at (860) 424-5150.

**Date Issued:** March 2012.

The following diagnosis codes have been identified by the Department of Social Services as family planning and related services to be used when billing for services provided under the Limited Benefit - Family Planning coverage group. Please note when billing for services under the Limited Benefit - Family Planning eligibility group one of the following diagnosis codes must be submitted on the claim. For more information regarding the Limited Benefit - Family Planning eligibility group please refer to PB 12-07.

<b>DESCRIPTION</b>	<b>ICD 9 CODE</b>
HUMAN IMMUNODEFICIENCY VIRUS DISEASE	042
<b>HERPES SIMPLEX</b>	
ECZEMA HERPETICUM	054.0
GENITAL HERPES, UNSPECIFIED	054.10
HERPETIC VULVOVAGINITIS	054.11
HERPETIC ULCERATION OF VULVA	054.12
HERPETIC INFECTION OF PENIS	054.13
OTHER	054.19
HERPETIC SEPTICEMIA	054.5
HERPETIC WHITLOW	054.6
<b>OTHER DISEASE DUE TO VIRUSES AND CHLAMYDIAE</b>	
VIRAL WARTS, UNSPECIFIED	078.10
CONDYLOMA ACUMINATUM	078.11
OTHER SPECIFIED DISEASES DUE TO CHLAMYDIAE	078.88
<b>VIRAL AND CHLAMYDIAL INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE</b>	
HUMAN PAPILLOMAVIRUS	079.4
HUMAN IMMUNODEFICIENCY VIRUS, TYPE-2	079.53
OTHER UNSPECIFIED CHLAMYDIAL INFECTION	079.88
UNSPECIFIED CHLAMYDIAL INFECTION	079.98
UNSPECIFIED VIRAL INFECTION	079.99
<b>EARLY SYPHILIS, SYMPTOMATIC</b>	
GENITAL SYPHILIS	091.0
PRIMARY ANAL SYPHILIS	091.1
OTHER PRIMARY SYPHILIS	091.2
SECONDARY SYPHILIS OF SKIN OR MUCOUS MEMBRANES	091.3

Limited Benefit – Family Planning  
 Diagnosis Codes cont'd

ADENOPATHY DUE TO SECONDARY SYPHILIS	091.4
SYPHILITIC UVEITIS, UNSPECIFIED	091.50
SYPHILITIC CHORIORETINITIS (SECONDARY)	091.51
SYPHILITIC IRIDOCYCLITIS (SECONDARY)	091.52
SECONDARY SYPHILITIC PERIOSTITIS	091.61
SECONDARY SYPHILITIC HEPATITIS	091.62
OTHER VISCERA	091.69
SECONDARY SYPHILIS, RELAPSE	091.7
ACUTE SYPHILITIC MENINGITIS (SECONDARY)	091.81
SYPHILITIC ALOPECIA	091.82
OTHER	091.89
UNSPECIFIED SECONDARY SYPHILIS	091.9
<b>EARLY SYPHILIS, LATENT</b>	
EARLY SYPHILIS, LATENT, SEROLOGICAL RELAPSE AFTER TREATMENT	092.0
EARLY SYPHILIS, LATENT, UNSPECIFIED	092.9
<b>LATE SYPHILIS, LATENT</b>	096
<b>OTHER AND UNSPECIFIED SYPHILIS</b>	
LATE SYPHILIS, UNSPECIFIED	097.0
LATENT SYPHILIS, UNSPECIFIED	097.1
SYPHILIS, UNSPECIFIED	097.9
<b>GONOCOCCAL INFECTIONS</b>	
ACUTE, OF LOWER GENITOURINARY TRACT	098.0
GONOCOCCAL INFECTION (ACUTE) OF UPPER GENITOURINARY TRACT SITE SPECIFIED	098.10
GONOCOCCAL CYSTITIS (ACUTE)	098.11
GONOCOCCAL PROSTATITIS (ACUTE)	098.12
GONOCOCCAL EPIDIDYMO-ORCHITIS (ACUTE)	098.13
GONOCOCCAL SEMINAL VESICULITIS (ACUTE)	098.14
GONOCOCCAL CERVICITIS (ACUTE)	098.15

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GONOCOCCAL ENDOMETRITIS (ACUTE)	098.16
GONOCOCCAL SALPINGITIS. SPECIFIED AS ACUTE	098.17
OTHER	098.19
<b>CHRONIC, OF LOWER GENITOURINARY TRACT</b>	098.2
<b>CHRONIC, OF UPPER GENITOURINARY TRACT</b>	
CHRONIC, OF UPPER GENITOURINARY TRACT, SITE UNSPECIFIED	098.30
GONOCOCCAL CYSTITIS, CHRONIC	098.31
GONOCOCCAL PROSTATITIS, CHRONIC	098.32
GONOCOCCAL EPIDIDYMO-ORCHITIS, CHRONIC	098.33
GONOCOCCAL SEMINAL VESICULITIS, CHRONIC	098.34
GONOCOCCAL CERVICITIS, CHRONIC	098.35
GONOCOCCAL ENDOMETRITIS, CHRONIC	098.36
GONOCOCCAL SALPINGITIS (CHRONIC)	098.37
OTHER	098.39
<b>GONOCOCCAL INFECTION OF JOINT</b>	
GONOCOCCAL ARTHRITIS	098.50
GONOCOCCAL SYNOVITIS AND TENOSYNOVITIS	098.51
GONOCOCCAL BURSITIS	098.52
GONOCOCCAL SPONDYLITIS	098.53
OTHER	098.59
<b>GONOCOCCAL INFECTION OF PHARYNX</b>	098.6
<b>GONOCOCCAL INFECTION OF ANUS AND RECTUM</b>	098.7
<b>OTHER VENEREAL DISEASES</b>	
CHANCROID	099.0
LYMPHOGRANULOMA	099.1
GRANULOMA INGUINALE	099.2

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 Diagnosis Codes cont'd

<b>OTHER NONGONOCOCCAL URETHRITIS (NGU), UNSPECIFIED</b>	
UNSPECIFIED	099.40
CHLAMYDIA TRACHOMATIS	099.41
OTHER SPECIFIED ORGANISM	099.49
<b>OTHER VENEREAL DISEASE DUE TO CHLAMYDIA TRACHOMATIS, UNSPECIFIED SITE</b>	
UNSPECIFIED SITE	099.50
PHARYNX	099.51
ANUS AND RECTUM	099.52
LOWER GENITOURINARY SITES	099.53
OTHER GENITOURINARY SITES	099.54
UNSPECIFIED GENITOURINARY SITES	099.55
PERITONEUM	099.56
OTHER SPECIFIED SITE	099.59
<b>OTHER SPECIFIED VENEREAL DISEASES</b>	099.8
<b>VENEREAL DISEASE, UNSPECIFIED</b>	099.9
<b>CANDIDIASIS</b>	
CANDIDIASIS, OF VULVA AND VAGINA	112.1
OF OTHER UROGENITAL SITES	112.2
<b>TRICHOMONIASIS</b>	
UROGENITAL TRICHOMONIASIS, UNSPECIFIED	131.00
TRICHOMONAL VULVOVAGINITIS	131.01
TRICHOMONAL URETHRITIS	131.02
TRICHOMONAL PROSTATITIS	131.03
OTHER	131.09
<b>PUBIC LOUSE</b>	
PHTHIRUS PUBIS	132.2
<b>MECHANICAL COMPLICATION OF GENITOURINARY DEVICE, IMPLANT, AND GRAFT: DUE TO INTRAUTERINE CONTRACEPTIVE DEVICE</b>	996.32

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 Diagnosis Codes cont'd

<b>VENEREAL DISEASES</b>	V01.6
<b>ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS</b>	V08
<b>ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT</b>	
PRESCRIPTION OF ORAL CONTRACEPTIVES	V25.01
INITIATION OF OTHER CONTRACEPTIVE MEASURES	V25.02
ENCOUNTER FOR EMERGENCY CONTRACEPTIVE COUNSELING AND PRESCRIPTION	V25.03
COUNSELING AND INSTRUCTION IN NATURAL FAMILY PLANNING TO AVOID PREGNANCY	V25.04
OTHER	V25.09
<b>ENCOUNTER FOR INSERTION OR REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE</b>	
ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE	V25.11
ENCOUNTER FOR REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE	V25.12
ENCOUNTER FOR REMOVAL AND REINSERTION INTRAUTERINE CONTRACEPTIVE DEVICE	V25.13
<b>STERILIZATION</b>	V25.2
<b>SURVEILLANCE OF PREVIOUSLY PRESCRIBED CONTRACEPTIVE METHODS</b>	
CONTRACEPTIVE SURVEILLANCE, UNSEPCIFIED	V25.40
CONTRACEPTIVE PILL	V25.41
INTRAUTERINE CONTRACEPTIVE DEVICE	V25.42
IMPLANTABLE SUBDERMAL CONTRACEPTIVE	V25.43
OTHER CONTRACEPTIVE METHOD	V25.49

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<b>INSERTION OF IMPLANATABLE SUBDERMAL CONTRACEPTIVE</b>	V25.5
<b>OTHER SPECIFIED CONTRACEPTIVE MANAGEMENT</b>	V25.8
<b>UNSPECIFIED CONTRACEPTIVE MANAGEMENT</b>	V25.9
<b>STERILIZATION STATUS</b>	
TUBAL LIGATION STATUS	V26.51
VASECTOMY STATUS	V26.52
<b>PRESENCE OF CONTRACEPTIVE DEVICE</b>	
INTRAUTERINE CONTRACEPTIVE DEVICE	V45.51
SUBDERMAL CONTRACEPTIVE IMPLANT	V45.52
OTHER	V45.59
<b>GENERAL MEDICAL EXAMINATION</b>	
ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALTH CARE FACILITY	V70.0
<b>GYNECOLOGICAL EXAMINATION</b>	
ROUTINE GYNECOLOGICAL EXAMINATION	V72.31
<b>PREGNANCY EXAMINATION OR TEST</b>	
PREGNANCY EXAMINATION OR TEST, PREGNANCY UNCONFIRMED	V72.40
PREGNANCY EXAMINATION OR TEST, NEGATIVE RESULT	V72.41
PREGNANCY EXAMINATION OR TEST, POSITIVE RESULT	V72.42