

State of Connecticut Family Planning (FAMPL) Medication Formulary

available on www.ctdssmap.com

(under Pharmacy Information/ Pharmacy Program Publications/ State of Connecticut Family Planning (FAMPL) Medication Formulary)

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

Please Note: For pharmacy claims, a DSS approved Family Planning primary diagnosis code is required to be submitted in NCPDP field 494-DO.

The Department has identified an extensive list of ICD-9 diagnoses codes related to Family Planning, for claims with dates of service prior to 10/1/2015. Please refer to Provider Bulletin PB12-07, New Family Planning Coverage Group: Family Planning Services - Limited Benefit, to review the complete list of diagnosis codes. The bulletin may be accessed on the www.ctdssmap.com Web site. From the account Home page, go to Information, then Publications, select 12 from the 'Year' drop down field, enter 07 in the 'Number' field, then click search.

To identify the appropriate ICD-10-CM Family Planning related diagnosis codes for dates of service on or after 10/1/2015, please refer to the Fee Schedule Instructions.

The fee schedule instructions can be accessed on the Connecticut Medical Assistance Program Web site at: www.ctdssmap.com.

To access the instructions from the Connecticut Medical Assistance Program Web site Home Page:

1. Click on Provider
2. Click on Provider Fee Schedule Download
3. Review the End User License Agreements and select either:
 - I Accept
 - I Do Not Accept

In order to access the fee schedule, you must accept the end user license agreements.

4. Select the Fee Schedule Instructions quick link and scroll down to the Diagnosis Codes for Family Planning Services table:

- Table 3a for ICD-9-CM diagnosis codes for dates of service prior to 10/1/2015;
- Table 3b for ICD-10-CM diagnosis codes for dates of service on or after 10/1/2015.

If a particular NDC requires a specific diagnosis code, that diagnosis code and a FAMPL related diagnosis code must both be present for the claim to pay. The prescriber must provide the diagnosis code before one is submitted on a claim and the diagnosis must be documented on the prescription.

Effective 10/1/2015