Family Planning

Reimbursement Policy ID: RPC.0104.OHEX

Recent review date: 01/2027

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement of family planning services including diagnosis, treatment, drugs, supplies and devices to prevent pregnancy and related counseling which is provided to individuals of child-bearing age to enable the individuals to determine freely the number and spacing of their children.

Exceptions

N/A

Reimbursement Guidelines

Family planning services are pregnancy prevention services for males (vasectomies) and females of reproductive age (usually between the ages of 12 and 55 years).
Services may include:

- Office visits/exams
- Medical history and physical examination (including pelvic and breast)
- Diagnostic and laboratory tests
- Preventive contraceptive methods
- Counseling for the purpose of voluntarily preventing or delaying pregnancy
- Drugs and biologicals
- Medical supplies and devices
- Genetic counseling
- A prescription for contraceptives intended to last for no more than a 12-month period which may be dispensed all at once or over the course of the 12-month period.
- Immediate postpartum insertion of long-acting reversible contraception

Family planning services are reimbursed based on the age-specific CPT code with a family planning (FP) modifier and an appropriate family planning diagnosis code.

CPT Code	Description
99384	Initial comprehensive preventative medicine, evaluation and management of an individual including age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of laboratory/diagnostic procedures, new patient, adolescent (12-17 years)
99385	Initial comprehensive preventative medicine, evaluation and management of an individual including age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of laboratory/diagnostic procedures, new patient, age 18-39 years
99386	Initial comprehensive preventative medicine, evaluation and management of an individual including age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of laboratory/diagnostic procedures, new patient, age 40-64 years
99401	Periodic family planning visit
99402	Basic family planning visit
99403	Family planning evaluation and counseling visit

Family planning services rendered to an enrollee by a Health Care Provider who does not participate with the health plan are also covered.

Definitions

Health Care Provider
A health care provider is a licensed person or organization that provides health care services. This can include doctors, nurses, therapists, pharmacists, laboratories, hospitals, clinics, and other health care centers.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).

III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. https://www.hhs.gov/guidance/document/medicaid-family-planning-services-and-supplies
VII. AmeriHealth Caritas Next Provider Manual.
VIII. Medicare Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

08/2026	Reimbursement Policy Committee Approval