



Covered Benefit: Extended Family Planning (EFP)

CMP Published: Yes No

CPG Published: Yes No

Definition:

The Extended Family Planning (EFP) benefit package is a restricted benefit package that covers a limited set of Centers for Medicare and Medicaid Services (CMS) approved services including an annual comprehensive gynecological exam, family planning, certain labs, certain birth control methods, and injections for the treatment of sexually transmitted diseases.

Benefit Packages: EFP is available to female RItE Care members who are above the FPL income limit, have qualified for RItE Care, were pregnant and are now 60 days post-partum or 60 days have passed since loss of the pregnancy, and are subject to losing eligibility for Medical Assistance.

*Note – Coverage listed below are for services performed on or after January 1st, 2014. For covered services prior to 01/01/2014.

Coverage Limitations:

Women who qualify for EFP coverage may have this coverage up to 24 months.

Exclusions:

EFP does not cover any services outside of the CMS approved list of services and as outlined above due to the limited services covered for EFP members, refer to the codes for covered services in Table 1- EFP and to coverage inclusions below. Applicable pharmaceuticals (drugs/treatments) will be covered according to the Neighborhood Formulary. Non-formulary pharmaceuticals will not be covered.

Office visits, other than the annual gynecological exam and five (5) family planning visits are covered for EFP members only when covered injections are rendered during the office visit.

EFP members may have interpreter services for medical appointments; however, transportation is not part of the EFP benefit package.

Coverage Includes:

Medical

- One gynecological annual exam, which includes a Pap test. Five additional gynecology or family planning related visits per year.
- Interpreter and sign language services for family planning appointments.
- Sexually transmitted infection (STI) testing, Pap smears, pelvic exams, blood count and pregnancy testing.
 - Note: The laboratory tests done during an initial family planning visit for contraception include a Pap smear, screening tests for STIs/STDs, blood count

and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception.

- FDA approved methods of contraception
- Drugs, supplies, or devices related to women's health services described above that are prescribed by a health care provider who meets the State's provider enrollment requirements. Procedures for inserting/removing such devices, or anesthesia required for such insertion/removal are also covered.
- Contraceptive management, patient education and counseling

Family Planning-Related benefits are also covered, and are defined as those services provided as part of or as follow-up to a family planning visit. Such services are provided because a 'family planning-related' problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

- Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow up to an abnormal Pap smear
- Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis
- Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections
- Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting. An example of a preventive service could be a vaccination to prevent cervical cancer.
- Treatment (including anesthesia) of complications arising from a family planning procedure

Pharmacy - *Allowable pharmaceuticals (drugs/treatments) must be listed on the NHPRI formulary. Non-formulary drugs will not be covered.

- FDA approved methods of contraception
- Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis
- Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections

Episodes of care can occur across multiple settings:

Table: 1- EFP

Description	ICD 9 Procedure Code	ICD 9 Diagnosis Codes	CPT Codes	HCPCS	Comments
Gyn Annual Exam EFP		"V72.31"	"99384" to "99386", "99394" to "99396"	"S0610", "S0612"	1 per rolling year with grace period of one month. (11 months between gynecological annual exam allowed)
Gyn Family Planning Visits EFP		"V25.01" to "V25.13", "V25.40" to "V25.9", "V72.40" to "V72.42"	"99201" to "99205", "99211" to "99215", "11975" to "11977", "11980" to "11983", "57170", "58300" to "58301"		5 visits per year
Sterilization-EFP		"V25.2"	"00851", "00950", "00952", "58565", "58600", "58611", "58615", "58670", "58671"	A4264	Only outpatient sterilization is available for EFP members. CPT code 58565 does not require specific ICD-9 diagnosis code
Drugs (Contraceptives) EFP				"A4261", "A4266", "A4269", "J1050", "J7300", J7301, "J7302", "J7303", "J7304", "J7306", "J7307", "S4981", "S4993", "S4989-FP",	
Office Visits EFP			"99201" to "99205", "99211" to "99215", "99384" to "99386", "99394" to "99396"	"J0530", "J0540", "J0550", "J0560", "J0570", "J0580", "J0690", "J0694", "J0696", "J0697", "J0698", "J0710", "J0715", "J1850", "J1890", "J3000", "J3260", "J3320", J3370"	Office visits are payable for EFP members only when covered injections are rendered during the office visit. Other office

					visits that are covered are: one (1) annual Gyn and five (5) family planning visits.
Laboratory Tests-EFP			"81000", "81002", "81003", "81005", "81007", "81015", "81020", "81025", "85013", "85014", "85018", "86255", "86592", "85693", "86631", "86632", "86689", "86694", "86695", "86696", "86701" to "86703", "86780", "86781", "87081", "87110", "87206", "87207", "87389", "87490", "87491", "87510", "87511", "87528", "87529", "87535", "87536", "87590", "87591", "87660", "87661", "88141" to "88148", "88150", "88154", "88155", "88164" to "88167", "88174", "88175", "88302", "88305"		When ordered as part of family planning visits.
Surgical Services Outpatient (Female Genital System) EFP			56820, 56821, 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461, 57500, 57505, 57510, 57511, 57513, 57520, 57522, 57800, 58100, 58110, 58340, 58555, 58558, 58559, 58560, 58561, 58562, 58563		
Radiology Services (No Auth Required) EFP			76856		
Immunizations and Vaccines Administration			90460, 90461, 90465, to 90468, 90471 to 90474		
SSV – State Supplied Immunizations and Vaccines					All state supplied immunizations and vaccines will be covered per Neighborhood

					protocol. Please refer to the Immunizations and Vaccines Benefit Coverage Summary for the table of SSV. Administrations for these vaccines will be covered.
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Notes:

The majority of contraceptives are delivered at retail pharmacies; the NDC (National Drug Code) numbers for these contraceptives are not listed above. Please refer to the Neighborhood formulary for more information.

Referrals may be made to the State Sexually Transmitted Disease (STD) Clinic for treatment, if indicated; and referral to the State confidential Human Immunodeficiency Virus (HIV) testing and counseling sites, if indicated.

Diagnosis codes listed are required and indicate the services are covered only as part of family planning visits.

VERSION HISTORY:

Create Date: 3/19/10

Revision Dates: 10/05/10, 02/14/11, 03/10/11, 8/23/12, 6/18/14

PEC: 7/23/14