

Medicaid  
Benefit Coverage Summary

**Covered Benefit: Extended Family Planning (EFP)**

**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 family planning related services and supplies

**Benefit Packages:** EFP is available to female RItE Care members who are above the FPL<sup>1</sup> 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 Medicaid.

**Coverage Includes<sup>2</sup>:****Medical**

- One gynecological annual exam, which includes a Pap test.
- Interpreter and sign language services for family planning appointments.
- Some sexually transmitted infection (STI) testing, Pap smears, pelvic exams, lab tests, and pregnancy testing.
- Some FDA approved methods of contraception
- Contraceptive management, patient education and counseling

**Pharmacy**

- See Pharmacy covered services grid

**Coverage Limitations:**

- Women who qualify for EFP coverage may have this coverage up to 24 months.
- GYN Annual Exam limited to 1 per rolling year

**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 above.

---

<sup>1</sup> Federal Poverty Level, Centers for Medicare and Medicaid Services (CMS)

<sup>2</sup> Extended Family Planning Program Attachment F of July 1, 2019 Medicaid contract amendment

Medicaid  
Benefit Coverage Summary

- Transportation is not part of the EFP benefit package.

**Table: 1- EFP**

*NOTE: May contain UNLISTED CODES. Please see Notes below this table for More Information.*

Description	ICD-10 Diagnosis	ICD-10 Procedure	CPT Codes	HCPCS	Comments
Gyn Annual Exam EFP	Z01.411, Z01.419		99394, 99395, 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	N30.00 to N30.91, N34.0 to N34.2, N70.01 to N94.9, Z01.42, Z30.011 to Z30.9		99201 to 99205, 99211 to 99215, 11976, 57170, 58300, 58301, 96372		
Sterilization-EFP	Z30.2		00851, 58565, 58600, 58611, 58615, 58670, 58671		

**ONLY ONLINE VERSION IS VALID**

Medicaid - EFP

Medicaid  
Benefit Coverage Summary

Description	ICD-10 Diagnosis	ICD-10 Procedure	CPT Codes	HCPCS	Comments
Laboratory Tests- EFP	Z30.011 to Z30.9		<b>81000, 81001, 81002, 81003, 81005, 81007, 81015, 81020, 81025, 85013, 85014, 85018, 86255, 86592, 86593, 86631, 86632, 86689, 86694, 86695, 86701 to 86703, 86781, 87081, 87110, 87206, 87207 88141 to 88143, 88147, 88148, 88150, 88154, 88155, 88164 to 88167, 88174, 88175, 88302, 88365</b>		CPT codes in bold must be billed with diagnosis Z30.011 to Z30.9
Surgical Services- EFP			00940 to 00944, 00950 to 00952, 11981 to 11983, 56405 to 56740, 56800, 56810 to 57330, 57400 to 58294, 58340 to 58346, 58353 to 58563, 58570 to 58579, 58660 to 58662, 58740, 58800 to 58960, 58999, 59100 to 59150, 59870		
Immunizations and Vaccines Administration			90471, 90472, 90473, 90474		
State Supplied Immunizations and Vaccines			All state supplied vaccines (SSV)		
Interpreter Services				T1013	

**ONLY ONLINE VERSION IS VALID**

Medicaid - EFP

Medicaid  
Benefit Coverage Summary

**Notes:**

\***Unlisted Codes:** An unlisted code provides the means of reporting procedures or services that do not have an established CPT/HCPCS code which adequately describes the service performed. Unlisted codes do not include descriptor language that specifies the components of a particular service, therefore one unlisted code can represent numerous procedures or services that may or may not be covered.

- The inclusion of an unlisted code in a covered benefit category does not indicate that code is covered in all instances. When inquiring about coverage for these codes, providers/members should provide detailed information on the service in question.
- In order to be considered for coverage, supporting documentation must be submitted for review.
- Unlisted Codes may be considered non-covered if documentation does not show medical necessity or indicates a service that is generally considered non-covered by Neighborhood (ex. cosmetic surgery)

**VERSION HISTORY:**

Create Date: 3/19/10

Revision Dates: 10/05/10, 02/14/11, 03/10/11, 8/23/12, 6/18/14, 10/20/15, 11/13/15, 3/25/16, 5/6/16, 9/12/18, 1/11/19, 5/7/19, 9/4/19, 12/11/19

**ONLY ONLINE VERSION IS VALID**

Medicaid - EFP