

Table of Contents

1.0	Description of the Procedure, Product, or Service.....	1
1.1	Definitions	1
1.1.1	Regular Medicaid Family Planning (Medicaid FP) and NCHC	1
1.1.2	“Be Smart” Family Planning Medicaid (“Be Smart”).....	1
2.0	Eligibility Requirements	1
2.1	Provisions.....	1
2.1.1	General.....	1
2.1.2	Specific	2
2.2	Special Provisions.....	3
2.2.1	EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age	3
2.2.2	EPSDT does not apply to NCHC beneficiaries	4
2.2.3	Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age	4
2.2.4	Undocumented Aliens.....	4
2.2.5	Presumptive Eligibility	4
2.2.6	Retroactive Eligibility.....	4
3.0	When the Procedure, Product, or Service Is Covered.....	4
3.1	General Criteria Covered	4
3.2	Specific Criteria Covered.....	5
3.2.1	Specific Criteria Covered by Medicaid FP, NCHC and “Be Smart”	5
3.2.2	Medicaid FP and “Be Smart” Additional Criteria Covered.....	5
3.2.3	NCHC Additional Criteria Covered	5
4.0	When the Procedure, Product, or Service Is Not Covered.....	5
4.1	General Criteria Not Covered	6
4.2	Specific Criteria Not Covered.....	6
4.2.1	Specific Criteria Not Covered by Medicaid FP, NCHC and “Be Smart”	6
4.2.2	“Be Smart” Additional Criteria Not Covered	6
4.2.3	NCHC Additional Criteria Not Covered.....	7
5.0	Requirements for and Limitations on Coverage	7
5.1	Prior Approval	7
5.2	Medicaid FP Professional Services Visit Limits.....	7
5.3	”Be Smart” Annual Exam Limits	7
5.4	“Be Smart” Office Inter-Periodic Visit Limits	8
6.0	Provider(s) Eligible to Bill for the Procedure, Product, or Service	8
6.1	Provider Qualifications and Occupational Licensing Entity Regulations.....	8
6.2	Provider Certifications.....	8
7.0	Additional Requirements	8
7.1	Compliance	8

8.0	Policy Implementation and History	9
	Attachment A: Claims-Related Information	11
	A. Claim Type	11
	B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS).....	11
	C. Code(s).....	12
	D. Modifiers.....	14
	E. Billing Units.....	14
	F. Place of Service	14
	G. Co-payments	14
	H. Reimbursement	14
	Attachment B: “Be Smart” Billing Requirements:	15
	A. Annual Examination	15
	B. Inter-Periodic Visits.....	16
	C. Office “Special Services: After Hours” Visits.....	17
	D. Laboratory Procedures	17
	E. Pap Test.....	17
	F. Pharmacy	18
	G. Sterilizations	18
	H. Anesthesia, X-Rays, and EKG/ECG Services	18
	I. Miscellaneous Instructions.....	19
	J. Private Physician Providers	19
	K. Federally Qualified Health Centers and Rural Health Clinics.....	19
	L. Local Health Departments	20
	M. Outpatient Hospitals	20
	N. Pharmacy (Outpatient Only).....	20
	Attachment C: “Be Smart” Family Planning Program Codes	21
	Attachment E: Postoperative Sterilization Medication List.....	35
	Attachment F: Primary Care “SAFETY NET” Providers.....	37

Related Coverage Policies

Refer to <http://dma.ncdhhs.gov/> for the related clinical coverage policies listed below:

1E-3, *Sterilization Procedures*

1D-4, *Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics*

1A-38, *Special Services: After Hours*

9, *Outpatient Pharmacy Program*

1.0 Description of the Procedure, Product, or Service

42 U.S.C. 1396d(a)(4)(C) authorizes state Medicaid programs to provide “family planning services and supplies furnished (directly or under arrangements with others) to individuals of childbearing age (including minors who can be considered to be sexually active) who are eligible under the state plan and who desire such services and supplies.”

1.1 Definitions

1.1.1 Regular Medicaid Family Planning (Medicaid FP) and NCHC

Regular Medicaid Family Planning (Medicaid FP) and NCHC services include consultation, examination, and treatment prescribed by a physician, nurse midwife, physician assistant, or nurse practitioner, or furnished by or under the physician's supervision, laboratory examinations and tests, and medically approved methods, supplies, and devices to prevent conception.

1.1.2 “Be Smart” Family Planning Medicaid (“Be Smart”)

The State Eligibility Option for Family Planning Services (“Be Smart”) of Section 2303 of the Affordable Care Act established a new Medicaid eligibility group and the option for states to begin providing medical assistance for family planning services and supplies to eligible individuals of all ages. The new “Be Smart” program provides family planning services and supplies for eligible individuals who have not been sterilized and who are not eligible for NCHC, or any other Medicaid category. The “Be Smart” program builds upon the services and criteria of the Waiver demonstration program. Beneficiaries covered under “Be Smart” are only eligible for family planning services as described in this policy and are not eligible for any other Medicaid program.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(The term “General” found throughout this policy applies to all Medicaid and NCHC policies)

- a. An eligible beneficiary shall be enrolled in either:
 1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or

2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.2 Specific

Medicaid FP, NCHC and "Be Smart"

Medicaid FP, NCHC and "Be Smart" **may** cover family planning services if an eligible beneficiary meets these applicable conditions:

- a. must be a resident of North Carolina;
- b. must be a U.S. citizen or qualified alien;
- c. not sterilized
- d. not pregnant, **and**
- e. not incarcerated.

Medicaid

Medicaid FP and "Be Smart" shall cover sterilization procedures for both men and women age 21 and over.

For family planning services, a beneficiary shall meet the income eligibility requirement for **one** of the following:

- a. Medicaid FP
Medicaid FP provides coverage for family planning services and supplies for Medicaid FP eligible beneficiaries.
- b. "Be Smart"
The "Be Smart" option under the NC State Plan Amendment authority establishes a **new** Medicaid eligibility group only for covered family planning and family planning-related services and supplies. "Be Smart" serves eligible beneficiaries **regardless of age** or gender.

NCHC

For family planning services, a beneficiary shall meet the following income eligibility requirement:

NCHC beneficiaries shall meet the income eligibility requirement as stated in requirements for participation in the NCHC Program in accordance with G.S. § 108A-70.21(a) (1) (d).

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing*

Assistance Guide, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://dma.ncdhhs.gov/>

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

DMA shall deny the claim for coverage for a NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for a NCHC beneficiary.

2.2.4 Undocumented Aliens

Undocumented aliens are eligible only for emergency medical services [42 CFR 440.255(c)], which includes labor and vaginal or cesarean section (C-section) delivery as defined in 10A NCAC 21B .0302. Services are authorized only for actual dates that the emergency services were provided. Undocumented immigrants or aliens are not eligible for family planning services.

2.2.5 Presumptive Eligibility

According to Federal regulation 42 CFR435.1102 and 1110 presumptive eligibility applies to the “Be Smart” program.

2.2.6 Retroactive Eligibility

Retroactive eligibility applies to the “Be Smart” (State Eligibility Option for Family Planning Services program).

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

3.1 General Criteria Covered

Medicaid or NCHC shall cover procedures, products, and services related to this policy when they are medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary’s needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary’s caretaker, or the provider.

3.2 Specific Criteria Covered

According to 42 C.F.R. § 441.20, for Medicaid family planning services: “For beneficiaries eligible under the plan for family planning services, the plan must provide that each beneficiary is free from coercion or mental pressure and free to choose the method of family planning to be used.”

3.2.1 Specific Criteria Covered by Medicaid FP, NCHC and “Be Smart”

Medicaid FP, NCHC and “Be Smart” shall cover family planning services, including consultation, examination, and treatment prescribed by a physician, nurse midwife, or nurse practitioner, or furnished by or under the physician's supervision. Family planning services include laboratory tests, and FDA approved methods, supplies, and devices to prevent conception, as follows:

- a. The “fitting” of diaphragms;
- b. Birth control pills;
- c. Intrauterine Devices (IUD’s) (including Mirena, Paragard, and Skyla);
- d. Contraceptive injections (including Depo-Provera);
- e. Implantable contraceptive devices (including Implanon and Nexplanon);
- f. Contraceptive patch (including Ortho Evra);
- g. Contraceptive ring (including Nuva Ring);
- h. Emergency Contraception (including Plan B and Ella);
- i. Screening, early detection and education for Sexually Transmitted Infections (STIs), including Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS);
- j. Treatment for STIs; and
- k. Lab services (refer to **Attachment A, Section C, Item 1**)

3.2.2 Medicaid FP and “Be Smart” Additional Criteria Covered

In addition to Specific Criteria covered in **Section 3.2.1**, Medicaid FP and “Be Smart” shall cover the following Family Planning services:

- a. Sterilizations (including Bilateral Tubal Ligation (BTL), Essure, and Vasectomy);
- b. Hysterosalpingogram (HSG) test after the performance of a sterilization procedure (for Essure procedure only); and
- c. Non-emergency medical transportation to and from family planning appointments.

3.2.3 NCHC Additional Criteria Covered

None Apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

There is no EPSDT exception to the following requirements. The Code of Federal Regulations (CFR) at 42 Sec. 441.253 states that federal financial participation is available in expenditures for the sterilization of a beneficiary only if the beneficiary is at least 21 years old at the time consent is obtained.

4.1 General Criteria Not Covered

Medicaid or NCHC shall not cover procedures, products, and services related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by Medicaid FP, NCHC and "Be Smart"

Medicaid FP, NCHC and "Be Smart" shall not cover the following family planning services:

- a. Infertility services and related procedures;
- b. Reversals of sterilizations;
- c. Hysterosalpingogram when provided for any condition or diagnosis other than confirmation of occlusion of the fallopian tubes after the sterilization procedure (for Essure procedure only);
- d. Diaphragms; and
- e. Over the counter contraceptives.

4.2.2 "Be Smart" Additional Criteria Not Covered

In addition to the specific criteria not covered in **Subsection 4.2.1** of this policy, "Be Smart" shall not cover the following:

The "Be Smart" program shall not cover non-family planning Medicaid services. Examples of non-covered family planning services include:

- a. Abortions;
- b. Ambulance Services;
- c. Hospital Emergency room or emergency department services;
- d. Inpatient hospital services (including removal of IUDs);
- e. Treatment for HIV/AIDS;
- f. Treatment for cancer;
- g. **Removal of IUDs in a hospital setting**
- h. Services provided to manage or treat medical conditions (Not including STIs):
 1. Discovered during the screening;
 2. Caused by or following a family planning procedure (I.e., UTIs, diabetes, hypertension, breast lumps);
 3. Complications of women's health care problems, such as heavy bleeding or infertility; and
 4. Hysterectomy.
- i. Services for beneficiaries who have been sterilized.

Services provided to beneficiaries in the program that are not related to pregnancy prevention or covered STI services are the responsibility of the beneficiary. If a medical condition or problem is identified and the provider is

unable to offer free or affordable care, the provider should refer the beneficiary to the local health department or a listing of primary care providers for services based on the beneficiary's income, including Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs). **Services provided at a hospital setting are also the responsibility of the beneficiary, with the exception of beneficiaries who have been referred to the hospital for an outpatient sterilization procedure.**

4.2.3 NCHC Additional Criteria Not Covered

- a. In addition to the specific criteria not covered in **Subsection 4.2.1** of this policy, NCHC shall not cover:
 1. Sterilizations; and
 2. Contraceptives that can be purchased without a prescription or do not require the services of a physician for fitting or insertion.
- b. NCGS § 108A-70.21(b) "Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
 1. No services for long-term care.
 2. No nonemergency medical transportation.
 3. No EPSDT.
 4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection."

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

5.1 Prior Approval

Medicaid FP, NCHC and "Be Smart" shall not require prior approval for family planning services.

Family planning services do not require Community Care of North Carolina/Carolina ACCESS Primary Care Provider (PCP) referral.

5.2 Medicaid FP Professional Services Visit Limits

Medicaid FP family planning services limits do not count toward a beneficiary's annual professional service visit limit.

5.3 "Be Smart" Annual Exam Limits

"Be Smart" is limited to one annual periodic exam per 365 calendar days. (This exam must occur prior to any other services being rendered).

5.4 “Be Smart” Office Inter-Periodic Visit Limits

“Be Smart” office visits are limited to a total of six (6) inter-periodic visits per 365 calendar days, not to include the annual exam, which is a periodic visit. Providers may bill an inter-periodic visit code when administering the contraceptive injection (including Depo-Provera); however, the use of an inter-periodic visit code is subject to the six inter-periodic visit limitation.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Individual physicians or physician groups enrolled with Medicaid FP, NCHC, and “Be Smart” along with the following professionals may provide family planning services:

- a. Ambulatory Surgery Centers;
- b. Certified Registered Nurse Anesthetists;
- c. Federally Qualified Health Centers;
- d. Laboratories;
- e. Local Health Departments;
- f. Nurse Practitioners;
- g. Nurse Midwives;
- h. Outpatient Facilities;
- i. Physician Assistants; and
- j. Rural Health Clinics.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and

- b. All DMA’s clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, its divisions or its fiscal agent.

Manual review of family planning claims is performed in accordance with CMS-approved guidelines to ensure that the procedure complies with federally mandated guidelines.

8.0 Policy Implementation and History

Original Effective Date: January 1, 1974

History:

Date	Section Revised	Change
10/01/2014	All sections and attachment(s)	New policy documenting current Medicaid FP and NCHC coverage. Family Planning Waiver (FPW) demonstration project began operation October 1, 2005. Information incorporated throughout this policy referred to as the “Be Smart” program was approved by CMS on June 7, 2013 to convert the FPW project to a State Plan Amendment (SPA) under the Affordable Care Act (ACA) legislation.
05/01/2015	Attachment A	Added updated CPT codes 87623, 87624, and 87625 to replace CPT code 87621
05/01/2015	Attachment A	Added Revenue Codes 0301 and 0302
05/01/2015	Attachment B	Added sections “Billing the Beneficiary” and “Emergency Departments and Emergency Room Services” to further clarify program services and non-covered services
05/01/2015	Attachment B Section E (4)	Repeat Pap for Insufficient Cells information added
05/01/2015	Attachment B Section F	Pharmacy –Post operative medications for sterilization information added
05/01/2015	Attachment B Section I	Clarified “Miscellaneous Billing Instructions” for contraceptive methods and devices.
05/01/2015	Attachment B Section J (5)	Specific billing instruction for Private Providers added
05/01/2015	Attachment B Section K (8)	Specific billing instructions for FQHCs and RHCs added
05/01/2015	Attachment B Section L (6)	Specific billing instructions to LHDs added
05/01/2015	Attachment B Section M (6)	Specific billing instructions to Outpatient Hospitals added
05/01/2015	Attachment B Section N (6)	Specific billing instructions to Outpatient only Pharmacies added
05/01/2015	Attachment C	Added “Be Smart” Family Planning Program Billing Codes

Date	Section Revised	Change
05/01/2015	Attachment D	Added "Be Smart" STI Medications
05/01/2015	Attachment E	Added Postoperative Sterilization Medications list
05/01/2015	Attachment F	Added Primary Care "Safety Net" Providers
08/01/2015	Attachment D	Added additional medications to the list of "Be Smart" STI Medications to reflect current provider practice
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
11/15/2015	Attachment C	Changed, "Providers must include the ICD-10-CM Diagnosis 042 as the secondary diagnosis on the appropriate claim," to "Providers must include the ICD-10-CM Diagnosis B20 as the secondary diagnosis on the appropriate claim." This amendment is clarification of information from ICD-10 transition.
02/01/2016	Attachments A	Consolidated "Be Smart" comprehensive list of ICD-10-CM diagnosis codes from Attachment B with the list in Attachment A.
02/01/2016	Attachments B	Deleted "Be Smart" comprehensive list of ICD-10-CM diagnosis codes in Attachment B.
02/10/2015	Attachment A	Corrected code Z00.89 to Z01.89
04/01/2016	Attachments A	Added Z11.4 to list of MAFDN ICD-10-CM diagnosis codes.
04/01/2016	Attachments A	Added J7297 and J7298 to list of MAFDN HCPCS codes, already in NCTracks for MAFDN, but omitted from the Family Planning Services policy. Deleted code J7302.
04/01/2016	Attachment C	Replaced diagnosis code B20 with diagnosis code Z11.4
04/01/2016	Attachment C	Added J7297 and J7298 to list of codes for IUDs. Deleted code J7302 from this list.
04/01/2016	Attachment C	Added J7297 and J7298 to list of codes for Family Planning Supplies and Devices. Deleted duplicate code J7301 and deleted code J7302 from this list.
04/21/2016	Attachment A	Removed Revenue Code "RC0302" which was inadvertently left in during revision process

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, DMA’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

B1. “Be Smart” providers are limited to the following diagnosis codes:

ICD-10-CM Code(s)			
A51.0	A54.9	A60.09	Z11.4
A51.1	A55	A60.1	Z11.51
A51.2	A56.00	A60.9	Z11.8
A51.5	A56.01	A74.0	Z30.011
A51.9	A56.02	A74.81	Z30.012
A54.00	A56.09	A74.89	Z30.013
A54.01	A56.11	A74.9	Z30.014
A54.02	A56.19	B20	Z30.018
A54.03	A56.2	B00.89	Z30.019
A54.09	A56.3	B33.8	Z30.09
A54.1	A56.4	B37.3	Z30.2
A54.21	A56.8	B37.41	Z30.40
A54.22	A59.00	B37.42	Z30.41
A54.23	A59.01	B37.49	Z30.42
A54.24	A59.02	B85.3	Z30.430
A54.29	A59.03	N34.1	Z30.431
A54.30	A59.09	N34.2	Z30.432
A54.31	A59.8	N34.3	Z30.433
A54.32	A59.9	R87.615	Z30.49
A54.33	A60.00	Z00.00	Z30.8
A54.39	A60.01	Z01.812	Z30.9
A54.5	A60.02	Z01.84	
A54.6	A60.03	Z01.89	
A54.89	A60.04	Z11.3	

ICD-10-PCS Code(s)			
0U570ZZ	0UL74DZ	0VLH0CZ	0VLQ3ZZ
0U573ZZ	0UL74ZZ	0VLH0DZ	0VLQ4CZ
0U574ZZ	0UL77DZ	0VLH0ZZ	0VLQ4ZZ
0U577ZZ	0UL77ZZ	0VLH3CZ	0VLQ0DZ
0U578ZZ	0UL78DZ	0VLH3DZ	0VLQ3DZ
0UL70CZ	0UL78ZZ	0VLH3ZZ	0VLQ4DZ
0UL70DZ	0V5Q0ZZ	0VLH4CZ	0VTQ0ZZ
0UL70ZZ	0V5Q3ZZ	0VLH4DZ	0VTQ4ZZ
0UL73CZ	0V5Q4ZZ	0VLH4ZZ	
0UL73DZ	0VBQ0ZZ	0VLQ0CZ	
0UL73ZZ	0VBQ3ZZ	0VLQ0ZZ	
0UL74CZ	0VBQ4ZZ	0VLQ3CZ	

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code

FQHCs and RHCs billing for Medicaid FP services can be located in clinical coverage policy 1D-4, “Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics” on DMA’s website at <http://dma.ncdhhs.gov/>. FQHC and RHC billing for “Be Smart” program can be located in **Attachment B** “Be Smart” Billing Requirements.”

C1. “Be Smart” providers are limited to the following procedure codes:

CPT Code(s)			
00851	85013	87528	88175
00921	85014	87529	88302
00952	85018	87530	89310
11976	85027	87534	93000
11981	86592	87535	93010
11982	86593	87536	96372
11983	86631	87537	99050
17000	86632	87538	99051
54050	86689	87539	99053
55250	86694	87590	99201
55450	86695	87591	99202
56501	86696	87592	99203
57170	86701	87623	99204
58300	86702	87624	99205

58301	86703	87625	99211
58340	86780	87798	99212
58565	87070	87810	99213
58600	87071	87850	99214
58615	87081	88141	99215
58670	87110	88142	99241
58671	87207	88143	99242
71010	87210	88147	99243
74740	87270	88148	99244
81000	87273	88150	99245
81001	87274	88152	99383
81002	87285	88153	99384
81003	87320	88154	99385
81005	87389	88155	99386
81007	87390	88164	99387
81015	87391	88165	99393
81025	87490	88166	99394
84702	87491	88167	99395
84703	87492	88174	99396
			99397

HCPCS Code(s)	
J1050	J7307
J7297	Q0111
J7298	S4993
J7300	
J7301	

Revenue Code(s)		
RC0250	RC0305	RC0361
RC0251	RC0306	RC0369
RC0252	RC0307	RC0370
RC0254	RC0309	RC0371
RC0255	RC0310	RC0372
RC0258	RC0311	RC0379
RC0259	RC0312	RC0490
RC0270	RC0314	RC0499
RC0271	RC0319	RC0510
RC0272	RC0320	RC0519
RC0278	RC0324	RC0730
RC0279	RC0329	RC0739
RC0300	RC0360	
RC0301		

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions for Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines. Family planning services must be billed with the appropriate code using the FP modifier. Modifier FP shall **not** be used on NCHC claims.

All providers, except ambulatory surgical centers, must append modifier FP to the procedure code for family planning services. The UD modifier should be used if billing for 340b purchased products.

N.C. Medicaid **requires** the UD modifier to be billed on the CMS-1500/837P and the UB04/837I claims forms, with applicable HCPCS code and National Drug Code (NDCs) to properly identify 340B drugs. All non-340B drugs are billed using the associated HCPCS and NDC pair without the UD modifier.

E. Billing Units

The provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

F. Place of Service

1. Inpatient hospitals (not applicable for “Be Smart”);
2. Outpatient hospital;
3. Office; and
4. Ambulatory Surgical Centers.

G. Co-payments

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at <http://dma.ncdhhs.gov/>.

For NCHC refer to G.S. 108A-70.21(d), located at http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html

Co-payments are not required for family planning services for Medicaid FP and “Be Smart.”

Cost sharing is required for NCHC.

H. Reimbursement

Provider(s) shall bill their usual and customary charges.

For a schedule of rates, refer to: <http://www.ncdhhs.gov/dma/fee/>

All provider types submitting claims for reimbursement, including any associated services for family planning services, will be denied or recouped if the information on file is invalid.

Attachment B: “Be Smart” Billing Requirements:

Billing the Beneficiary

Providers shall not bill the beneficiary for a covered family planning or family planning-related service under the “Be Smart” program. DMA’s fiscal agent may provide assistance with claim denials for covered services.

When a non-covered service is requested by a beneficiary, the provider must inform the beneficiary either orally or in writing (recommended) that the requested service is not covered under the “Be Smart” program and will, therefore, be the financial responsibility of the beneficiary. This must be done **prior to** rendering the service.

A provider may refuse to accept a Medicaid beneficiary and bill the beneficiary as private pay only if the provider informs the beneficiary **prior to** rendering the service, either orally or in writing, that the service will not be billed to Medicaid and that the beneficiary will be responsible for payment.

Emergency Department and Emergency Room Services

Emergency Department and Emergency Room services **are not covered** under the “Be Smart” Family Planning program.

A. Annual Examination

An annual examination must be completed on all “Be Smart” program beneficiaries. **The annual examination must be performed for all beneficiaries prior to the rendering of any other family planning services.** However, for established patients, if emergent or urgent contraceptive services are needed, beneficiaries are allowed limited office visits prior to their annual examination. **One annual examination is allowed per 365 calendar days.**

The Annual Examination Date (AED) is required on all claims with the exception of:

- 1. pregnancy tests;**
- 2. prescriptions for FDA approved and Medicaid covered contraceptive devices and supplies;**
- 3. post-operative medications for sterilization procedures; and additional sterilization services including anesthesia, x-rays, EKG/ECG’s and surgical pathology when provided with a sterilization procedure.**

For “Be Smart” program purposes, it is **recommended** that the annual examination include the following components:

1. Comprehensive history;
2. Information and education regarding contraceptive methods;
3. Physical examination including:
 - a. Thyroid palpation;

- b. Inspection and palpation of breasts, axillary glands and/or testicular, with instructions to the patient for self-examination;
 - c. Auscultation of heart;
 - d. Auscultation of lungs;
 - e. Blood pressure;
 - f. Weight and height;
 - g. Abdominal examination;
 - h. Pelvic, including speculum, bimanual, and rectovaginal or rectal examination;
 - i. Extremities; and
 - j. Others as indicated.
4. Laboratory Services:
 - a. Hematocrit or hemoglobin;
 - b. Urinalysis for sugar and protein;
 - c. Papanicolaou tests (including repeat tests for insufficient cells);
 - d. Screening for Gonorrhea, Syphilis, Chlamydia, Herpes, Treponema, Papillomavirus, Destruction, Benign or Pre-malignant lesion(s), General STI screening; and
 - e. Screening for HIV.
 5. Prescription of Contraceptive Method;
 6. Post-Examination Interview including:
 - a. Interpretation of clinical findings to patient;
 - b. Instructions in the use of chosen method of contraception (preferably both oral and written instructions); and
 - c. Scheduling appropriate follow-up visits.
 7. Referrals to appropriate resources for other medical or social problems as indicated.

B. Inter-Periodic Visits

Six medically necessary inter-periodic visits are allowed per 365 calendar days under the “Be Smart” option. The purpose of the medically necessary inter-periodic visits is to evaluate the beneficiary’s contraceptive program, renew or change the contraceptive prescription and to provide additional opportunities for counseling as follow-up to the annual exam. **The AED is required on all claims for inter-periodic visits with the exception of pregnancy tests.**

The inter-periodic visit with pelvic examination should include:

1. An interim medical history, including assessment of presenting problem(s) and general well-being with evidence that the following conditions were investigated according to contraceptive methods:
 - a. Oral Contraceptive Users:
 - i. Presence of headaches;
 - ii. Visual disturbances;
 - iii. Chest, abdominal or leg pain; and
 - iv. Depression or abnormal mood changes
 - b. IUD Users:
 - i. Presence of abdominal pain;
 - ii. Fever chills and other symptoms of infection; and
 - iii. Unusual bleeding or vaginal discharge.
 - c. Blood pressure and weight;
 - d. Pelvic examination, if appropriate;
 - e. Education – assessment that the patient is using the method correctly; follow-up health instructions;
 - f. Counseling and referral; and

- g. Scheduling of return visits, if appropriate.
2. STI screening/treatment
3. HIV screening
4. Pregnancy tests
5. A scheduled visit without pelvic examination should include the above series except for the pelvic examination.

C. Office “Special Services: After Hours” Visits

Office “after hours” visits are only covered when services are provided outside the posted office hours for emergency or urgent contraceptive care. It is appropriate to bill office “after hours” visit codes when the provider goes into the office before the posted opening hours or after the posted closing hours to provide emergent or urgent contraception.

1. Office “after hours” visits will be counted as one of the six inter-periodic visits and are subject to the same 365 calendar day limit. The AED **is required** on claims for office “after hours” visits.
2. Providers shall bill using ICD-10-CM diagnosis Z30.012 when providing office “after hours” visits.
3. Only established beneficiaries are eligible to receive emergency office “after hours” visits. Office “after hours” visits are not covered when routine family planning services are available to beneficiaries. **Office “after hours” codes are not covered when the service is provided in a hospital emergency room or department.**

D. Laboratory Procedures

The following laboratory procedures are **only allowable for the “Be Smart” program when performed “in conjunction with” or pursuant to an annual examination.** For the purpose of “Be Smart,” “in conjunction with” has been defined as the day of the procedure or 30 days after the procedure.

1. Urinalysis;
2. blood count; and
3. pap test.

E. Pap Test

Clinical Laboratory Improvement Amendments (CLIA) certified laboratories, hospitals, and physicians are allowed one pap test procedure per 365 calendar days in conjunction with an annual examination. **The AED is required on all claims for pap tests.**

1. Collection of Pap Tests
Pap test CPT codes should not be used to bill collection of a specimen. Collection of the pap test is included in the reimbursement for office visits and no separate fee is allowed. Providers who do not perform the lab test should not bill the pap tests. Only the provider who actually performs the lab test should bill the pap test codes, except as noted below for physician interpretation.
2. Physician Interpretation Procedure Code
CPT procedure code 88141 is the only code that physicians may use to bill the physician interpretation of Pap test. Because 88141 has no components, it must be billed without modifier 26. Hospitals billing for physician interpretation should bill 88141 on CMS-1500 claim form using the hospital’s professional provider number. If the physician and hospital bill on the same date of service for the interpretation and the technical component, both will be eligible for reimbursement.
3. Pap Test Technical Component Procedure Code

The provider who renders the technical service must choose a procedure code from one of the codes listed below. The codes do not include professional and technical components (TC) but are considered technical and should be billed as technical procedures without modifier TC. Use add-on code 88155 when appropriate in conjunction with codes 88142, 88143, 88147, 88148, 88152, 88153, 88154 and 88164 through 88167 and 88174 and 88175.

4. Repeat Pap Test for Insufficient Cells
One repeat pap test is allowed due to insufficient cells. Providers shall perform the repeat pap test within 180 calendar days of the first pap test. **Providers shall include the ICD-10-CM diagnosis R87.615 as the secondary diagnosis on the appropriate claim.**

F. Pharmacy

Post-operative medications are covered for sterilizations for “Be Smart” beneficiaries. **All approved post-operative medications must have ICD-10-CM diagnosis Z30.2 on the prescription for “Be Smart” beneficiaries.** For a complete list of approved antibiotics and pain medications for “Be Smart” beneficiaries, refer to **Attachment E**.

1. FDA approved and Medicaid covered pharmaceutical supplies and devices, such as oral contraceptive pills, intrauterine devices, and injections are covered under the “Be Smart” program if provided for family planning purposes. **The AED is not required on claims for approved contraceptive supplies and devices.**
2. **There is a six prescription limit per month with no override capability for “Be Smart” beneficiary prescriptions.** Providers are not allowed to distribute “brand medically necessary” (DAW1) drugs, if a generic is available. All claims must be submitted via Point of Sale (POS) and must have the approved ICD-10-CM diagnosis code.
3. Birth control pills may be dispensed through a pharmacy. A beneficiary may receive up to a 3-month supply of birth control pills. Approved contraceptive supplies and devices may also be obtained through a pharmacy for the “Be Smart” program.
4. All approved antibiotic treatment and pain medications must have the appropriate ICD-10-CM diagnosis written on the prescription.

G. Sterilizations

A sterilization procedure is limited to one per lifetime. The AED is not required on claims for sterilization consultation or procedures. The AED is not required on claims for post-operative medications for sterilization procedures for “Be Smart” beneficiaries.

1. The “Be Smart” program will cover consultation for a sterilization procedure.
2. When a provider refers a beneficiary to **another provider** for a sterilization procedure, the provider performing the sterilization procedure must select the appropriate code when providing consultation to the beneficiary.
3. **Beneficiaries are allowed two consultations for sterilization per lifetime.**

H. Anesthesia, X-Rays, and EKG/ECG Services

The “Be Smart” program also covers anesthesia, X-rays, EKGs, and surgical pathology when provided with a sterilization procedure.

1. Providers must bill using ICD-10-CM diagnosis Z30.2 when performing a sterilization procedure and additional sterilization services.
2. **The AED is not required for additional sterilization services.**
3. **For anesthesia services,** the hospital’s facility charges are billed on the UB-04 claim form with RC in the 37X range.
4. Only the facility charges are included in the RC code. CRNA professional charges must not be included in the RC code.

5. The surgeon bills for the surgical charges on the CMS 1500-claim form.

I. Miscellaneous Instructions

1. Providers **shall not** bill a separate periodic office visit code when billing for CPT codes 11981, 11982, 11983, 57170, 58300, or 58301; an office visit component is included in the reimbursement for “Be Smart” beneficiaries.
2. When diaphragm fitting, intrauterine device insertion, removal of an intrauterine device, or removal and reinsertion of an intrauterine device occurs **during** an annual examination, providers must **only bill the appropriate annual examination procedure code**.
3. Providers, however, **can be** reimbursed for **both** insertion and removal of **implantable contraceptive devices and the annual exam**.
4. If a provider discovers that a beneficiary is pregnant, a referral to the local Department of Social Services (DSS) for enrollment in the Medicaid for Pregnant Women (MPW) program should be made for **“Be Smart” program beneficiaries**.
5. **Providers must include the AED on all claims for an annual examination and laboratory procedures, with the exception of the pregnancy test.**
6. An ICD-10-CM diagnosis related to family planning services must be the primary diagnosis on the claim form.

J. Private Physician Providers

1. All services must be billed with the appropriate CPT/HCPCS code, ICD-10-CM diagnosis, and FP modifier.
2. The AED must be entered as the “initial treatment date” on the CMS-1500. The AED is required on all claims, except where noted.
3. All approved antibiotic treatment and pain medications must have the appropriate ICD-10-CM diagnosis written on the prescription.
4. No “brand medically necessary” (DAW1) medications are allowed, if a generic is available.
5. Private physician providers must adhere to all applicable North Carolina Medicaid policies and procedures for the “Be Smart” Family Planning program.

K. Federally Qualified Health Centers and Rural Health Clinics

1. All services must be billed with the appropriate CPT/HCPCS code, ICD-10-CM diagnosis, and FP modifier.
2. The AED must be entered as the “initial treatment date” on the CMS-1500. The AED is required on all claims.
3. All FQHC/RHC providers must bill using the “C” suffix provider number.
4. All FQHC/RHC providers must bill using the UD modifier when billing for 340b purchased products.
5. The core service code is not allowed with “Be Smart” Family Planning program services.
6. All approved antibiotic treatment and pain medications must have the appropriate ICD-10-CM diagnosis written on the prescription.
7. No “brand medically necessary” (DAW1) medications are allowed, if a generic is available.
8. All FQHC’s and RHC’s must adhere to all applicable North Carolina Medicaid policies and procedures for the “Be Smart” Family Planning program.

Note: Family planning services other than “Be Smart” are billed as a core service.

L. Local Health Departments

1. All services must be billed with the appropriate CPT or HCPCS code, ICD-10-CM diagnosis, and FP modifier. N.C. Medicaid **requires** the UD modifier to be billed on the CMS-1500/837P and the UB04/837I claims forms, with applicable HCPCS code and National Drug Code (NDCs) to properly identify 340B drugs. All non-340B drugs are billed using the associated HCPCS and NDC pair without the UD modifier.
2. The AED must be entered as the “initial treatment date” on the CMS-1500. The AED is required on all claims.
3. Indicate “Yes” on the HSIS Service Screen data field for “Be Smart” Family Planning program Services.
4. All approved antibiotic treatment and pain medications must have the appropriate ICD-10-CM diagnosis written on the prescription.
5. No “brand medically necessary” (DAW1) medications are allowed, if a generic is available.
6. All Local Health Departments must adhere to all applicable North Carolina Medicaid policies and procedures for the “Be Smart” Family Planning program.

M. Outpatient Hospitals

1. All services must be billed with the appropriate Revenue code, CPT code, and ICD-10-CM diagnosis.
2. All laboratories services must be billed with the appropriate laboratory revenue code and HCPCS code.
3. Hospital providers must use the occurrence form locators 32, 33, 34, or 35. Enter an “11” in the occurrence code field and then enter the AED in the corresponding “date” field.
4. All approved antibiotic treatment and pain medications must have the appropriate ICD-10-CM diagnosis written on the prescription.
5. No “brand medically necessary” (DAW1) medications are allowed, if generic is available.
6. All outpatient hospitals must adhere to all applicable North Carolina Medicaid policies and procedures for the “Be Smart” Family Planning program.

N. Pharmacy (Outpatient Only)

1. All eligible drugs must have a family planning indicator on the drug file (including birth control pills, contraceptive injections (including Depo-Provera), contraceptive patch (including Ortho Evra) and other FDA approved and covered contraceptive supplies and devices.
2. All claims must be submitted via point of sale with the approved ICD-10-CM diagnosis written on the prescription.
3. All approved antibiotic treatment and pain medications must have the appropriate ICD-10-CM diagnosis written on the prescription.
4. No “brand medically necessary” (DAW1) medications are allowed, if a generic is available.
5. Dispensing fee based on Medicaid rules.
6. All outpatient pharmacies must adhere to all applicable North Carolina Medicaid policies and procedures for the “Be Smart” Family Planning program.

Attachment C: “Be Smart” Family Planning Program Codes

Annual Examination Date

For “Be Smart” Family Planning program services, the AED or annual exam date must be entered as the initial treatment date on the claim form.

Providers who bill on the CMS-1500 must enter the AED in the appropriate location on the claim form. See Attachment B and Clinical Coverage Policy 1E-7 Family Planning Services located at website: <http://www.ncdhhs.gov/dma/mp/index.htm>.

Providers who bill on the UB-04 must use the occurrence form locators 32, 33, 34, or 35. Enter an “11” in the occurrence code field and then enter the AED in the corresponding “date” field.

Note: The AED must be a valid month, day, and year (i.e. 05/01/2014).

Annual Examination Codes	
99383	99394
99384	99395
99385	99396
99386	99397
99387	RC0510
99393	RC0519

Laboratory Tests

Pregnancy tests and sexually transmitted infection/HIV screening can be performed during an annual examination visit **and** any of the six (6) inter-periodic visits allowed under the program.

Pregnancy Tests
81025
84702
84703

Urinalysis
81000
81001
81002
81003
81005
81007
81015

Providers are allowed one urinalysis procedure code per 365 days in conjunction with an annual examination.

Blood Count	
	85013
	85014
	85018
	85027

Providers are allowed one blood count procedure code per 365 days in conjunction with an annual examination.

Pap Test	
88141	88154
88142	88155
88143	88164
88147	88165
88148	88166
88150	88167
88152	88174
88153	88175

Wet Mounts	
	Q0111

Providers are allowed one Wet mount screening per 365 days in conjunction with the annual examination.

Miscellaneous Screenings or Procedures	
17000	87071
54050	93000
56501	93010
87070	96372

HIV and Sexually Transmitted Infections Screenings

Providers are allowed to screen a total of any combination of six (6) HIV or sexually transmitted infections per beneficiary per 365 days. Screening for HIV and sexually transmitted infections can be performed during the annual examination or during any of the six (6) inter-periodic visits allowed under the program, when an annual exam has been in paid history.

HIV Screening

The “Be Smart” Family Planning program allows screening for HIV during the annual examination or during the six inter-periodic visits allowed under the “Be Smart” program. **This is a recommended screening and should be completed as necessary and appropriate.** Providers must include the **ICD-10-CM Diagnosis Z11.4** as the secondary diagnosis on the appropriate claim.

Providers must include the AED on all claims submitted for “Be Smart” Family Planning services.

The AED is the date of the annual examination.

HIV Screening	
86689	87534
86701	87535
86702	87536
86703	87537
87389	87538
87390	87539
87391	

STI Screening

A total of no more than six (6) STI screenings per 365 days are also covered under the “Be Smart” Family Planning program performed in conjunction with an annual examination or after an annual exam has been in paid history.

Providers must include the AED on all claims submitted for “Be Smart” Family Planning services. The AED is the date of the annual examination.

Gonorrhea	
87590	87592
87591	87850

Syphilis	
86592	
86593	

General STI Screening	
87081	
87210	

Chlamydia	
86631	87490
86632	87491
87110	87492
87270	87810
87320	

Herpes	
86694	87274
86695	87528
86696	87529
87207	87530
87273	

Treponema
86780
87285

Papillomavirus
87623
87624
87625

Miscellaneous
87798

STI Treatment

A total of six (6) courses of STI antibiotic treatments from the approved list for each organism identified above are allowed per 365 days for the “Be Smart” Family Planning program. **All approved antibiotics must have the appropriate ICD-10-CM on the prescription. All prescriptions for STI treatment must be filled on the same day. This day is not required to be the same day as the AED. The AED is not required on STI prescriptions.** For a complete list of ICD-10-CM diagnoses, refer to **Page 30**. For a complete list of STI medications, refer to [Attachment D](#).

Inter-Periodic Visit	
99201	99212
99202	99213
99203	99214
99204	99215
99205	RC0510
99211	RC0519

Office After-Hours Visit
99050
99051
99053

Providers must include an office visit CPT code along with an after office hours CPT code (i.e., 99211+99050=1 visit).

An FP modifier must be appended to both the office visit code and the office “after hours” code.

Consultation for Sterilization

The “Be Smart” Family Planning program will cover consultation for a sterilization procedure. When a provider refers a beneficiary to **another provider** for a sterilization procedure, then the provider performing the sterilization procedure must select one of the following codes when providing consultation to the beneficiary. **Beneficiaries are allowed two consultations for sterilization per lifetime.**

Consultation	
99241	99245
99242	RC0510
99243	RC0519
99244	

Sterilizations

Sterilization procedures for women and men are covered under the “Be Smart” Family Planning program. **A sterilization procedure is limited to one per lifetime. Providers must include the AED on all claims submitted for “Be Smart” Family Planning services.** The North Carolina Medicaid program is bound by stringent federal guidelines in regard to coverage of sterilization procedures. The guidelines are as follows:

- a. The beneficiary is at least 21 years old at the time the sterilization consent is obtained.
- b. The beneficiary is not a mentally incompetent beneficiary.
- c. At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of the sterilization except under the following circumstances:
 1. **Premature delivery** - Informed consent must be given at least **30 days before the expected date of delivery** and at least 72 hours must have passed since the informed consent was given.
 2. **Emergency abdominal surgery** - At least 72 hours must have passed since the informed consent was given.
 3. The beneficiary has voluntarily given informed consent in accordance with all the requirements prescribed in 42 CFR 441.257 and 441.258. The beneficiary must be:
 - A. Given an opportunity to ask and receive answers to questions concerning the procedure and provided a copy of the consent form;
 - B. Advised that sterilization consent may be withdrawn at any time before the sterilization procedure without affecting the right to future care or treatment and without loss of or withdrawal of any federally funded program benefits to which the beneficiary might otherwise be entitled;
 - C. Counseled in alternative methods of family planning and birth control;
 - D. Advised that the sterilization procedure is considered to be irreversible;
 - E. Provided a thorough explanation of the specific sterilization procedure to be performed;
 - F. Provided a full description of the possible discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used;

- G. Provided a full description of the benefits or advantages that may be expected as a result of the sterilization;
- H. Provided suitable arrangements to ensure that information is effectively communicated if the beneficiary is blind, deaf, or otherwise handicapped;
- I. Provided an interpreter if the beneficiary does not understand the language used on the consent form or the language used by the person obtaining consent; and
- J. Permitted to have a witness of his or her choice present when the consent is obtained.

Note: North Carolina Medicaid does not cover sterilization reversals.

Consent Form

The sterilization consent form is a federally mandated document. The form must be on file with Medicaid’s fiscal agent, and all federal regulations pertaining to the completion of the form **must** be satisfied prior to payment of a sterilization claim. The consent form must be Health and Human Services approved.

The provider obtaining consent shall maintain the original completed sterilization consent form in the beneficiary’s health records. A copy of this consent form must be provided to the beneficiary. Copies should also be provided to the physician or provider conducting the procedure, the interpreter (if one is being used), and any other state agency or program requiring this documentation. A copy should be retained at the service site where the consent is being obtained. Clinical coverage policy 1E-3, *Sterilization Procedures*, is located on DMA’s website at: <http://www.ncdhhs.gov/dma/mp/1E3.pdf>.

Sterilization	
55250	58671
55450	74740
58340	RC0360
58565	RC0361
58600	RC0369
58615	RC0490
58670	RC0499

Additional Services Related to Sterilization

The “Be Smart” Family Planning program also covers anesthesia, X-rays, EKGs, and surgical pathology when associated with a sterilization procedure. Providers must bill using **ICD-10-CM Diagnosis Z30.2** when performing a sterilization procedure and additional sterilization services.

Anesthesia	
00851	RC0371
00921	RC0372
00952	RC0379
RC0370	

Providers are required to bill with the appropriate anesthesia modifier.

The hospital's facility charges are billed on the UB-04 claim form with RCs 0370, 0371, 0372, or 0379. Only the facility charges are included in the RC code. CRNA professional charges must not be included in the RC code.

The surgeon bills for the surgical charges on the CMS 1500-claim form.

X-ray	
71010	RC0324
RC0320	RC0329

Providers are allowed one x-ray for the sterilization procedure per lifetime.

EKG	
93000	RC0730
93010	RC0739

Providers are allowed one EKG for the sterilization procedure per lifetime.

Surgical Pathology	
88302	
89310	

CPT code 88302 can be billed with two units and 89310 is allowed twice to assure success of vasectomy.

Medications

Post-operative medications are covered for sterilizations in "Be Smart" Family Planning services. All approved post-operative medications must have **ICD-10-CM Diagnosis Z30.2** on the prescription. For a complete list of approved antibiotics and pain medications, refer to [Attachment E](#).

Note: Once a beneficiary has had a permanent sterilization procedure and the necessary post-surgical follow-up has occurred, the beneficiary is no longer eligible for "Be Smart" Family Planning program or "Be Smart" services.

Contraceptive Services, Supplies and Devices

FDA approved and Medicaid covered pharmaceutical supplies and devices, such as oral contraceptive pills, intrauterine devices, and injections are covered under the "Be Smart" Family Planning program if provided for family planning purposes.

There is no co-payment for beneficiaries in the "Be Smart" program for FDA approved and Medicaid covered contraceptive supplies and devices.

Emergency Contraceptives

Emergency contraceptives are a covered service. The appropriate office visit code may be billed separately.

Pharmaceutical Supplies

All eligible drugs for “Be Smart” Family Planning will have a family planning indicator on the drug file (including birth control pills, Depo-Provera, Ortho Evra, Nuva Ring). The dispensing fee is based on regular Medicaid rules. **There is a 6 (six) prescription limit per month with no override capability.** Providers are not allowed to distribute “brand medically necessary” (DAW1) drugs, if a generic is available. All claims must be submitted via Point of Sale (POS) and must have the approved ICD-10-CM code.

Note: The AED is not required on “Be Smart” Family Planning program prescriptions.

Birth Control Pills

Birth control pills may be dispensed through a pharmacy. A beneficiary may receive up to a 3-month supply. When provided in by a clinic, the clinic provider may bill **S4993**.

Diaphragms

“Be Smart” Family Planning beneficiaries can choose a diaphragm as a birth control method. A provider can fit the patient and bill using the appropriate CPT code for diaphragm fitting. However, the program does not cover the actual diaphragm device.

Diaphragms
57170

Injectable Drugs

Depo-Provera contraceptive injection is a covered service. Use the diagnosis code for contraceptive management. The appropriate office visit code may be billed separately.

Injectable Drugs
J1050

Intrauterine Devices (IUDs)

The codes for IUD insertion correspond to the specific intrauterine device (IUD).

IUDs
J7297
J7298
J7300
J7301

When billing for IUD insertion, CPT code 58300 is used. The CPT code for removal of IUD is 58301. Each of these codes includes an office visit.

Implantable Devices

Implantable Devices
J7307

Norplant

The “Be Smart” Family Planning program covers only the removal of Norplant. The global period for 11976 is one (1) pre-care day and ninety (90) post-operative days.

Norplant
11976

Family Planning Procedures	
11976	58300
11981	58301
11982	RC0510
11983	RC0519
57170	

Providers **should not** bill a separate inter-periodic office visit code for CPT codes 57170, 58300, and 58301; an office visit component is included in the reimbursement.

CPT codes 57170, 58300, and 58301 are included in the six inter-periodic visit limitation.

When diaphragm fitting, intrauterine device insertion, or removal of an intrauterine device occurs during an annual examination, providers must only bill the appropriate annual examination procedure code.

Family Planning Supplies and Devices	
J1050	J7301
J7297	J7307
J7298	S4993
J7300	

Providers may bill an inter-periodic visit code when administering Depo-Provera; however, the use of an inter-periodic visit code is subject to the up to six (6) medically necessary inter-periodic visit limitation.

Revenue Code(s)	
RC0250	RC0312
RC0251	RC0314
RC0252	RC0319
RC0254	RC0320
RC0255	RC0324
RC0258	RC0329
RC0259	RC0360
RC0270	RC0361
RC0271	RC0369
RC0272	RC0370
RC0278	RC0371
RC0279	RC0372
RC0300	RC0379

RC0301	RC0490
RC0305	RC0499
RC0306	RC0510
RC0307	RC0519
RC0309	RC0730
RC0310	RC0739
RC0311	

“Be Smart” Family Planning ICD-10-PCS Procedure Code(s)	
0V5N0ZZ	0VLP3ZZ
0V5N3ZZ	0VLP4CZ
0V5N4ZZ	0VLP4ZZ
0V5P0ZZ	0VLQ0CZ
0V5P3ZZ	0VLQ0ZZ
0V5P4ZZ	0VLQ3CZ
0V5Q0ZZ	0VLQ3ZZ
0V5Q3ZZ	0VLQ4CZ
0V5Q4ZZ	0VLQ4ZZ
0VBN0ZZ	0VLF0CZ
0VBN3ZZ	0VLF0DZ
0VBN4ZZ	0VLF0ZZ
0VBP0ZZ	0VLF3CZ
0VBP3ZZ	0VLF3DZ
0VBP4ZZ	0VLF3ZZ
0VBQ0ZZ	0VLF4CZ
0VBQ3ZZ	0VLF4DZ
0VBQ4ZZ	0VLF4ZZ
0VTN0ZZ	0VLG0CZ
0VTN4ZZ	0VLG0DZ
0VTP0ZZ	0VLG0ZZ
0VTP4ZZ	0VLG3CZ
0VTQ0ZZ	0VLG3DZ
0VTQ4ZZ	0VLG3ZZ
0VLN0CZ	0VLG4CZ
0VLN0ZZ	0VLG4DZ
0VLN3CZ	0VLG4ZZ
0VLN3ZZ	0VLH0CZ
0VLN4CZ	0VLH0DZ
0VLN4ZZ	0VLH0ZZ
0VLP0CZ	0VLH3CZ
0VLP0ZZ	0VLH3DZ
0VLP3CZ	0VLH3ZZ

“Be Smart” Family Planning ICD-10-PCS Procedure Code(s)	
0VLH4CZ	0U570ZZ
0VLH4DZ	0U573ZZ
0VLH4ZZ	0U577ZZ
0VBN0ZZ	0UL70CZ
0VBN3ZZ	0UL70DZ
0VBN4ZZ	0UL70ZZ
0VBP0ZZ	0UL73CZ
0VBP3ZZ	0UL73DZ
0VBP4ZZ	0UL73ZZ
0VBQ0ZZ	0UL77DZ
0VBQ3ZZ	0UL77ZZ
0VBQ4ZZ	0UB70ZZ
0VTN0ZZ	0UB73ZZ
0VTN4ZZ	0UB74ZZ
0VTP0ZZ	0UB77ZZ
0VTP4ZZ	0UB78ZZ
0VTQ0ZZ	0UJD0ZZ
0VTQ4ZZ	0UJD3ZZ
0UL74ZZ	0UJD4ZZ
0UL78ZZ	BU02YZZ
0U574ZZ	BU06YZZ
0U578ZZ	BU08YZZ
0UL74CZ	BU12YZZ
0UL74DZ	BU16YZZ
0UL74ZZ	BU18YZZ
0UL78DZ	BU02YZZ
0UL78ZZ	BU06YZZ
0UL70ZZ	BU08YZZ
0UL73ZZ	BU12YZZ
0UL77ZZ	BU16YZZ
	BU18YZZ

Attachment D: “Be Smart” STI Medications

Medications for the “Be Smart” Family Planning program will only be provided by prescription through the pharmacy drug program. **All prescriptions for STI medications must include the appropriate ICD-10-CM code.**

STI Diagnosis	ICD-10 Code(s)	Reimbursed Antibiotics
HERPES		Acyclovir 200mg, 400mg, 800 mg
Genital herpes	A60.9	Famciclovir 125mg, 250mg, 500mg
Herpetic vulvovaginitis	A60.04	Valacyclovir 500mg, 1.0gm
Herpetic ulceration of vulva	A60.04	
Herpetic infection of penis	A60.01	
Other	A60.09	
CHLAMYDIA		Azithromycin , 250mg, 500mg, 1gm
Other specified diseases due to Chlamydia	A74.89	Doxycycline 100mg
Chlamydia trachomatis	N34.1	Erythromycin 250mg, 400mg, 500mg, 800mg
	A56.00	Ofloxacin 200mg, 300mg, 400mg
		Levofloxacin 500mg
		Tetracycline 250mg, 500mg
SYPHILIS	A51.0	Azithromycin 1gm
Genital syphilis (primary)	A51.1	Benzathine penicillin G 2.4 million units
Primary anal syphilis	A51.2	Ceftriazone 250mg
Other primary syphilis		Ciprofloxacin 500mg
Early syphilis, latent, serological relapse after treatment	A51.5	Doxycycline 100mg
		Erythromycin 500mg
Early syphilis, latent, unspecified	A51.5	Tetracycline 500mg

GONORRHEA		Azithromycin 250mg, 500mg, 1 gm
Acute, of lower GU tract	A54.00	Cefixime 400mg
Gonococcal infection (acute) of upper GU tract, site unspecified	A54.29	Ceftriaxone 125 mg, 250mg, 500mg Ceftizoxime 500mg
Gonococcal cystitis (acute)	A54.01	Cefotaxime 500mg
Gonococcal prostatitis (acute)	A54.22	Cefoxitin 2gm with probenecid 1gm
Gonococcal epididymo-orchitis (acute)	A54.23	Ciprofloxacin 250mg, 500mg
Gonococcal seminal vesiculitis (acute)	A54.23	Cefpodoxime 200 mg
Gonococcal cervicitis (acute)	A54.03	Gatifloxacin 400mg
Gonococcal endometritis (acute)	A54.24	Levofloxacin 250mg
Gonococcal salpingitis, acute	A54.29	Lomefloxacin 400mg
Other	A54.21	Norfloxacin 800mg
Chronic, of lower GU tract	A54.00	Ofloxacin 400mg
Chronic, gonococcal infection of upper GU tract, site unspecified	A54.29	Spectinomycin 2gm Sulfamethoxazole/TMP
Gonococcal cystitis, chronic	A54.01	
Gonococcal prostatitis, chronic	A54.22	
Gonococcal epididymo-orchitis, chronic	A54.23	
Gonococcal seminal vesiculitis, chronic	A54.23	
Gonococcal cervicitis, chronic	A54.03	
Gonococcal endometritis, chronic	A54.24	
Gonococcal salpingitis (chronic)	A54.29	
Other	A54.29	
Gonococcal arthritis	A54.42	
Gonococcal synovitis and tenosynovitis	A54.49	
Gonococcal bursitis	A54.49	
Gonococcal spondylitis	A54.41	

Other	A54.40	
Gonococcal infection of pharynx	A54.5	
Gonococcal infection of anus and rectum	A54.6	
OTHER VENEREAL DISEASE		Azithromycin 250mg, 500mg, 1gm
Non-gonococcal urethritis, unspecified	N34.1	Doxycycline 100mg Erythromycin 500mg, 800mg Gatifloxacin 400mg Levofloxacin 250mg, 500mg Ofloxacin 200mg, 300mg, 400mg
CANDIDIASIS		Butoconazole 2% cream
Of vulva and vagina	B37.3	Fluconazole 50mg, 100mg, 150mg, 200mg
Of other urogenital sites	B37.42 B37.49	Miconazole 200mg suppository Terconazole 80mg suppository Terconazole cream 0.4%, 0.8%
TRICHOMONIASIS		Metronidazole 250mg, 500mg, 750mg, 2gm
Urogenital trichomoniasis, unspecified	A59.00	Tinidazole 2000mg
Trichomonal vulvovaginitis	A59.01	
Trichomonal urethritis	A59.03	
Trichomonal prostatitis	A59.02	
Other	A59.09	
Other specified sites	A59.8	
Trichomoniasis, unspecified	A59.9	
PUBIC LOUSE		Permethrin 5% cream
Phthirus pubis	B85.3	Lindane 1% shampoo
Note: For additional information regarding STI infections and diagnosis, refer to the Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines.		

Attachment E: Postoperative Sterilization Medication List

Medications for the “Be Smart” Family Planning program will only be provided by prescription through the pharmacy drug program. **All prescriptions for postoperative sterilization medications must include a Z30.2 diagnosis.**

Sterilization Procedure	CPT Code(s)	Reimbursed Antibiotics
VASECTOMY		
Vasectomy, unilateral or bilateral (including postop semen examination(s))	55250	Amox TR-K CLV 500-125mg, 1000-62.5 Amoxicillin 250mg, 500mg
Ligation of vas deferens, unilateral or bilateral	55450	Cephalexin 250mg, 500mg
TUBAL LIGATION		
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral	58600	Ciprofloxacin HCL 250mg, 500mg Doxycycline 100mg Erythromycin ES 400mg
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach	58615	Levofloxacin 500mg
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)	58670	Metronidazole 500mg Penicillin VK 500mg
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)	58671	Sulfamethoxazole/TMP DS Azithromax 250mg

Sterilization Procedure	CPT CODE	Reimbursed Analgesics
VASECTOMY		
Vasectomy, unilateral or bilateral (including postop semen examination(s))	55250	Acetaminophen/Cod #2, #3 Hydrocodone/Apap 2.5/500, 5/325, 5/500, 7.5/325, 7.5/500, 7.5/650, 7.5/750, 10/325, 10/500, 10/650,, 10/660, 10/750
Ligation of vas deferens, unilateral or bilateral	55450	
TUBAL LIGATION		
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral	58600	Ibuprofen 400mg, 600mg, 800mg Ketorolac 10mg
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach	58615	Naproxen 500mg Naproxen Sodium 550mg
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)	58670	Oxycodone 5mg Oxycodone w/Apap 2.5/325, 5/325, 5/325, 7.5/325, 7.5/500, 10/325, 10/650
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)	58671	Propoxy-N/Apap 65/650, 100-650

Sterilization Procedure	CPT Code(s)	Reimbursed Antiemetic
VASECTOMY		Promethazine 25mg
Vasectomy, unilateral or bilateral (including postop semen examination(s))	55250	
Ligation of vas deferens, unilateral or bilateral	55450	
TUBAL LIGATION		
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral	58600	
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach	58615	
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)	58670	
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)	58671	

Attachment F: Primary Care “SAFETY NET” Providers

The following list includes contact information on health care providers (federally qualified health centers, free clinics, local health departments, and rural health clinics) which provide primary care services to beneficiaries with regardless to their ability to pay; free or a sliding-fee scale; or otherwise help make services financially affordable. **This list is not inclusive of all the health care providers in your county.** If there is no primary care provider in your county, providers **should** make referrals to primary care “safety net” providers in nearby or surrounding counties.

The provider information below may change over time. Therefore, it is important to call the provider to find out more information about the availability or services, location of the provider, hours of operation, eligibility criteria (if any), and fee schedules, and **then should make an appropriate referral to a “Safety Net” provider.**

ALAMANCE	<p>Alamance County Health Department 319B N. Graham Hopedale Rd. Burlington, NC 27217 336-227-0101</p> <p>Burlington Community Health Center 1214 Vaughn Road Burlington, NC 27217 336-506-5840</p> <p>Charles Drew Community Health Center 221 N. Graham – Hopedale Road Burlington, NC 27217 336-570-3739</p> <p>Open Door Clinic of Alamance County 221 N. Graham-Hopedale Road Burlington, NC 27217 336-570-9800</p> <p>Scott Clinic 5270 Union Ridge Road Burlington, NC 27217 336-421-3247</p>
ALEXANDER	<p>Alexander County Health Department 338 1st Avenue SW, Suite 1 Taylorsville, NC 28681 828-632-9704</p> <p>Family Care Center 1668 NC Hwy. 16 South Taylorsville, NC 28681 828-632-9736</p>
ALLEGHANY	<p>Alleghany County (Appalachian) District 152 Health Services Road Sparta, NC 28675 336-372-5641</p>
ANSON	<p>Anson County Health Department 110 Ashe Street Wadesboro, NC 28170 704-694-5188</p>

	<p>Anson Regional Medical Services Hwy. 52 South Morven, NC 28119 704-851-9331</p>
ASHE	<p>Ashe County Health Department (Appalachian District) 413 McConnell Jefferson, NC 28640 336-246-9449</p>
AVERY	<p>Appalachian HealthCare Project 155 Furman Road, Suite 7 Boone, NC 28607 828-263-9493</p> <p>Avery County Health Department 545 Schultz Circle Newland, NC 28657 828-733-6031</p>
BEAUFORT	<p>AGAPE Community Health Center 120 W. Martin Luther King Jr. Dr. Washington, NC 27889 252-940-0602</p> <p>Beaufort County Health Department 1436 Highland Drive Washington, NC 27889 252-946-1902</p>
BERTIE	<p>Bertie County Health Department (Albemarle District) 102 Rhodes Ave. Windsor, NC 27983 252-794-5379</p> <p>Lewiston Community Health Center 307 S. Main St. Lewiston, NC 27849 252-348-2545</p> <p>Windsor Community Health Center 104 Rhodes Ave. Windsor, NC 27983 252-794-1835 x226</p>

BLADEN	<p>Bladen County Health Department 300 Mercer Mill Road P.O. Box 189 Elizabethtown, NC 28337 910-862-6900</p> <p>Bladen Lakes Community Health CenterCommWell Health, Tar Heel 16526 Highway 87 West 6777 Albert Street Dublin, NC 28332 Tar Heel, NC 28392 910-862-6235879-1020</p>
BRUNSWICK	<p>Brunswick County Health Department 25 Courthouse Drive P.O. Box 9 Bolivia, NC 28422 910-253-2250</p> <p>CommWell Health of Ocean Isle Beach 6934 Beach Dr., SW Ste.1 Ocean Isle Beach, NC 28469 910-579-1300</p>
BUNCOMBE	<p>Biltmore Health Center 257 Biltmore Ave. Asheville, NC 28801 828-285-0622</p> <p>Buncombe County Health Department 35 Woodfin Street Asheville, NC 28801 828-250-5000</p> <p>Minnie Jones Family Health Center 264 Haywood Rd.1 Granada Street Asheville, NC 28806 828-285-0622</p> <p>Three Streams Family Health Center, Inc. 1710 Old Haywood Rd. Asheville, NC 28806 828-285-9725</p> <p>Western North Carolina Community Health Services 10 Ridgelawn Road Asheville, NC 28806 828-285-0622</p> <p>WNCCHS Ridgelawn Health Center 10 Ridgelawn Road Asheville, NC 28806 828-285-0622</p>

BURKE	Burke County Health Department P.O. Drawer 1266 Morganton, NC 28680 828-439-4400
CABARRUS	Cabarrus County Health Department 1307 S. Cannon Boulevard Kannapolis, NC 28083 704-920-1000
CALDWELL	Caldwell County Health Department 1966 B Morganton Blvd. S.W. Lenoir, NC 28645 828-426-8415
CAMDEN	Camden County Health Department (Albemarle District) 160 U.S. 158 Bldg. B Camden, NC 27921 252-338-4460
CARTERET	Carteret County Health Department 3820 Bridges Street, Suite A Morehead City, NC 28557 252-728-8550
CASWELL	Caswell County Health Department 189 County Park Road Yanceyville, NC 27379 336-694-4129 ext. 157 Prospect Hill Community Health Center 322140 Main Street Prospect Hill, NC 27314 336-562-3311
CATAWBA	Catawba County Health Department 3070 11th Ave. Drive S.E. Hickory, NC 28602 828-695-5800
CHATHAM	Chatham County Health Department 80 East Street Pittsboro, NC 27312 919-542-8215 Moncure Community Health Center 7228 Pittsboro Moncure Road-Pittsboro Moncure, NC 27559 919-542-4991 Siler City Community Health Center 224 S 10 th Ave. Siler City, NC 27344 919-663-1744

CHEROKEE	Cherokee County Health Department 228 Hilton Street Murphy, NC 28906 828-837-7486
CHOWAN	Chowan County Health Department 100 Freemason Circle Edenton, NC 27932 252-482-6003 Gateway Community Health Center 2896 Virginia Rd. Tyner, NC 27980 252-384-4805
CLAY	Clay Comprehensive Health Services, Inc. PO Box 1309 Hayesville, NC 28904 828-389-6347 Clay County Health Department 1 Riverside Circle Hayesville, NC 28904 828-389-8052
CLEVELAND	Cleveland County Health Department 315 East Grover Street Shelby, NC 28150 704-84-5200
COLUMBUS	Columbus County Community Health Center, Inc. 209 W. Virgil Street Whiteville, NC 28472 910-641-0202 Columbus County Health Department 304 Jefferson Street, Miller Building Whiteville, NC 28472 910-641-3914
CRAVEN	Craven County Health Department 2818 Neuse Blvd. New Bern, NC 28561 252-636-4960
CUMBERLAND	Cumberland County Health Department 1235 Ramsey Street Fayetteville, NC 28301 910-433-3700
CURRITUCK	Currituck County Health Department (Albemarle District) 2795 Caratoke Hwy Currituck, NC 27929 252-232-2271

DARE	<p>Dare County Health Department 109 Exeter Street Manteo, NC 27954 252-475-5008</p>
DAVIDSON	<p>Davidson County Health Department 915 Greensboro Street Lexington, NC 27293-0439 336-242-2300</p>
DAVIE	<p>Davie County Health Department 210 Hospital Street Mocksville, NC 27028 336-751-8700</p>
DUPLIN	<p>Community Health Services 325 NC Hwy 55 West Mt. Olive, NC 28365 919-658-5900</p> <p>Duplin County Health Department 340 Seminary Street Kenansville, NC 28349 910-296-2130</p> <p>Plainview Health Services 360 E. Charity Rd. Rose Hill, NC 28459 910-289-3086</p> <p>Duplin General Hospital, Inc. 401 North Main Street Kenansville, NC 28349 910-296-2602</p>

DURHAM	<p>Durham Center Access 309 Crutchfield St. Durham, NC 27704 910-560-7305</p> <p>Durham County Health Department 414 East Main Street Durham, NC 27701 919-560-7650</p> <p>Early Intervention Clinic 414 E. Main St. Durham, NC 27701 919-5607726</p> <p>Health Care for the Homeless 412 Liberty St. Durham, NC 27701 919-683-1722</p> <p>Lincoln Community Health Center, Inc. 1301 Fayetteville Street Durham, NC 27707 919-956-4000</p>
---------------	--

	<p>Lyon Park Clinic 1313 Halley St. Durham, NC 27707 919-536-4205</p> <p>Walltown Clinic 815 Broad St. Durham, NC 27705 919-416-1254</p>
EDGECOMBE	<p>Edgecombe County Health Department 2909 Main Street Tarboro, NC 27886 252-641-7531</p> <p>Freedom Hill Community Health Center 162 NC Hwy 33 E Tarboro, NC 27886 252-641-0514</p> <p>MacClesfield Healthcare Center 201 W Edgecombe Street MacClesfield, NC 27852 252-827-5231</p>
FORSYTH	<p>Forsyth County Health Department 799 Highland Avenue Winston-Salem, NC 27102-0686 336-703-3100</p>

FRANKLIN	<p>Franklin County Health Services 111 S. Church St. Louisburg, NC 27549 919-340-2500</p> <p>Franklin County Health Department 107 Industrial Drive, Suite C Louisburg, NC 27549 919-496-8110</p>
GASTON	<p>Bessemer City Health Care Center 119 W. Pennsylvania Ave Bessemer City, NC 28016 704-853-3465</p> <p>Cherryville Health Center 609 E Academy St Cherryville, NC 28021 704-435-7954</p> <p>Gaston County Health Department 991 West Hudson Blvd Gastonia, NC 28052 704-853-5262</p> <p>Gaston Family Health Services 991 West Hudson Blvd. Gastonia, NC 28052 704-853-5079</p> <p>Highland Health Center 609 N Highland St Gastonia, NC 28052 704-874-3300</p>
GATES	<p>Gates County Health Department (Albemarle District) 29 Medical Center Road Gates, NC 27937 252-357-1380</p> <p>Gateway Community Health Center 501 Main St. Gatesville, NC 27938 252-357-2167</p>
GRAHAM	<p>Graham County Health Department Moose Branch Road 21 South Main Street Robbinsville, NC 28771 828-479-7900</p>
GRANVILLE	<p>Granville County Health Department 101 Hunt Drive Oxford, NC 27536 919-693-2141</p>

<p>GREENE</p>	<p>Greene County Health Care 302 N Greene St Snow Hill, NC 28580 252-747-8162</p> <p>Greene County Health Department 227 Kingold Blvd, Suite B Snow Hill, NC 28580 252-747-8183</p> <p>Walstonburg Health Center 204 S. Main St Walstonburg, NC 27888 252-753-3771</p>
<p>GUILFORD</p>	<p>Guilford County Health Department 1203 Maple Street Greensboro, NC 27405-6910 336-641-3288</p>
<p>HALIFAX</p>	<p>Halifax County Health Department 19 Dobbs Street Halifax, NC 27839 252-583-5021</p> <p>Rural Health Group of Lake Gaston 108 Mosby Ave. Littleton, NC 27850 252-586-5411</p> <p>Rural Health Group of Roanoke Rapids 2066 NC Hwy 125 Roanoke Rapids, NC 27870 252-536-5000</p> <p>Rural Health Group of Scotland Neck 919 Jr. High School Rd. Scotland Neck, NC 27874 252-826-3143</p> <p>Rural Health Group of Twin County 204 Evans Rd. Hollister, NC 27844 252-586-5151</p> <p>Rural Health Group at Weldon 805 Washington Ave. Weldon, NC 27890 252-536-5000</p> <p>Twin County Rural Health 204 Evans Road Hollister, NC 27844 252-586-5151</p>

HARNETT	<p>Anderson Creek 6750 Overhills Rd. Spring Lake, NC 28390 910-436-2900</p> <p>Angier 84 Medical Dr. Angier, NC 27501 919-639-2122</p> <p>Benhaven 985 NC Hwy 87 S Cameron, NC 28326 919-499-9422</p> <p>First Choice Community Health Centers P.O. Box B Mamers, NC 27552 910-893-5402</p> <p>Harnett County Health Department 307 Cornelius Harnett Blvd. Lillington, NC 27546 910-893-7550</p> <p>Tri-County Comm Health Dunn 700 Tilghman Dr., Ste 710 Dunn, NC 28334-5519 910-892-1481</p> <p>Wake County Human Services 140 N. Judd Pkwy NC Fuquay Varina, NC 27529-2367 919-557-1069</p>
HAYWOOD	<p>Haywood County Health Department 157 Paragon Parkway, Suite 800 Clyde, NC 28721 828-452-6675</p>
HENDERSON	<p>Blue Ridge Community Health Services 2579 Chimney Road, US 64E Hendersonville, NC 28793 828-692-4289</p> <p>Henderson County Health Department 1200 Spartanburg Hwy, Suite 100 Hendersonville, NC 28792 828-692-4223</p>

HERTFORD	<p>Hertford County Health Department 801 King Street Winton, NC 27986 252-358-7833</p> <p>Roanoke Chowan Community Health Center 240 Academy Street Ahoskie, NC 27910-2451 252-209-0237</p>
HOKE	<p>Hoke County Health Department 683 East Palmer Road Raeford, NC 28376 910-875-3717</p>
HYDE	<p>Hyde County Health Department 1151 Main Street Swan Quarter, NC 27885 252-926-4200</p> <p>Ocracoke Health Center, Inc. P.O. Box 543, Black Road Ocracoke, NC 27960 252-928-1511</p>
IREDELL	<p>Iredell County Health Department 318 Turnersburg Highway Statesville, NC 28625 704-878-5300</p>
JACKSON	<p>Jackson County Health Department 538 Scotts Creek Road, Suite 100 Sylva, NC 28779 828-586-8994</p> <p>VECINOS Inc. Community Health Center 57 Nurture Lane Cashiers, NC 28717 828-399-1309</p>
JOHNSTON	<p>Johnston County Health Department 517 N Bright Leaf Blvd Smithfield, NC 27577 919-989-5200</p> <p>CommWell of Four Oaks 102 N. Main Street Four Oaks, NC 27524 919-963-6400</p> <p>NC Farmworkers Project 1238 NC Highway 50 S Benson, NC 27504-7882 919-894-7406</p>

JONES	<p>Jones County Health Department 418 NC Highway 58 North Trenton, NC 28585 252-448-9111</p>
LEE	<p>Lee County Health Department 106 Hillcrest Drive Sanford, NC 27331-1528 919-718-4640</p>
LENOIR	<p>Columbus County Community Health Services, Inc. 10 Kmart Plz Whiteville, NC 28572 910-641-0202</p> <p>Kinston Community Health Center 324 N. Queen Street Kinston, NC 28502 252-522-9800</p> <p>Lenoir County Health Department 201 North Mclewean Street Kinston, NC 28502 252-526-4212</p>
LINCOLN	<p>Helping Hands Health Center 206 Gamble Dr., Ste C Lincolnton, NC 28092-4439 704-735-7145</p> <p>Lincoln County Health Department 151 Sigmon Road Lincolnton, NC 28092 704-736-8634</p>
MACON	<p>Macon County Health Department 1830 Lakeside Drive Franklin, NC 28734 828-349-2081</p>
MADISON	<p>Hot Springs Health Program, Inc. 590 Medical Park Dr. Marshall, NC 27853 828-649-9566</p> <p>Madison County Health Department 493 Medical Park Drive Marshall, NC 28753 828-649-3531</p>
MARTIN	<p>Martin County Health Department (MTW District) 210 West Liberty Street Williamston, NC 27892 252-793-3023</p>

MCDOWELL	McDowell County Health Department (R-P-M District) 140 Spaulding Road Marion, NC 28752 828-652-6811
MECKLENBURG	C.W. Williams Community Health Center, Inc. 900 East Blvd Charlotte, NC 28203 704-393-7720 Community Health Services 1401 E. 7 th Street Charlotte, NC 28204 704-375-0172 Mecklenburg County Health Department 249 Billingsley Road Charlotte, NC 28211 704-336-6400 Men's Shelter of Charlotte 1210 N. Tryon Street Charlotte, NC 28206-3256 704-334-3187 Shelters Health Services 534 Spratt Street Charlotte, NC 28206 704-334-0000 Urban Ministry Center 945 N. College St. Charlotte, NC 28206 704-347-0278
MITCHELL	Mitchell County Health Department (Toe River District) 130 Forest Service Drive, Suite A Bakersville, NC 28705 828-688-2371
MONTGOMERY	Montgomery County Health Department 217 South Main Street Troy, NC 27371 910-572-1393
MOORE	Moore County Health Department 705 Pinehurst Ave Carthage, NC 28327 910-947-3300

<p>NASH</p>	<p>Harvest Family Health Center, Inc. 9088 Old Bailey Highway Spring Hope, NC 27882 252-237-9383</p> <p>Nash County Health Department 214 South Barnes Street Nashville, NC 27856 252-459-9819</p> <p>Rural Health Group at Whitakers 105 S.E. Railroad St Whitakers, NC 27891 252-437-2171</p>
<p>NEW HANOVER</p>	<p>New Hanover Community Health Center, Inc. 925 N. Fourth Street Wilmington, NC 28401 910-343-0270</p> <p>New Hanover County Health Department 2029 South 17th Street Wilmington, NC 28401 910-798-6500</p> <p>Tileston Outreach Health Center 320 South 5th Street Wilmington, NC 28401 910-343-8736</p>
<p>NORTHAMPTON</p>	<p>Northampton County Health Department 9495 NC 305 Highway Jackson, NC 27845 252-534-5841</p> <p>Rural Health Group at Jackson 9425 NC Highway 305 Jackson, NC 27845-9679 252-534-1661</p> <p>Rural Health Group at Rich Square 200 S. Main Street Rich Square, NC 27869 252-539-2082</p>
<p>ONSLow</p>	<p>Onslow County Health Department 612 College Street Jacksonville, NC 28540 910-347-7042</p>

ORANGE	<p>Carrboro Community Health Center 301 Lloyd Street Carrboro, NC 27510 919-942-8741</p> <p>Orange County Health Department 300 West Tryon Street Hillsborough, NC 27278 919-245-2411 ext. 2412</p>
PAMLICO	<p>Pamlico Community Health Center 13531 NC Highway 55W Alliance, NC 28509 252-745-2070</p> <p>Pamlico County Health Department 203 North Street Bayboro, NC 28515 252-745-5111</p>
PASQUOTANK	<p>Pasquotank County Health Department (Albemarle District) 711 Roanoke Ave. Elizabeth City, NC 27909-5643 252-338-4400</p>
PENDER	<p>CommWell Health of Penderlea 5345 Eleanor Roosevelt Lane Willard, NC 28478-6617 910-285-0411</p> <p>Black River Health Services 109 W. Church 26 W. Main Street Atkinson, NC 28421 910-283-5011259-6973</p> <p>Pender County Health Department 803 S. Walker Street Burgaw, NC 28425 910-259-1230</p>
PERQUIMANS	<p>Perquimans County Health Department (Albemarle District) 103 ARPDC Street Hertford, NC 27944 252-426-2100</p>
PERSON	<p>Person County Health Department 355-A South Madison Boulevard Roxboro, NC 27573 336-597-2204</p>

PITT	<p>Grimesland Comm Resource Center 550 River Street Grimesland, NC 27837 252-752-1857</p> <p>Pitt County Health Department 201 Government Circle Greenville, NC 27834 252-902-2300</p>
POLK	<p>Polk County Health Department (R-P-M District) 161 Walker Street Columbus, NC 28722 828-894-8271</p>
RANDOLPH	<p>Randolph County Health Department 2222 B South Fayetteville Street Asheboro, NC 27205 336-318-6217</p>
RICHMOND	<p>Richmond County Health Department 127 Caroline Street Rockingham, NC 28379 910-997-8365</p>
ROBESON	<p>Julian T. Pierce Health Center 307 East Wardell Drive Pembroke, NC 28372 910-521-2816</p> <p>Robeson County Health Department 460 Country Club Road Lumberton, NC 28360 910-671-3200</p> <p>Robeson Health Care Corporation 220 Wintergreen Dr., Suite A Lumberton, NC 28358-2188 910-618-1900</p> <p>Lumberton Health Center 901 North Chestnut Street 402 N. Pine Street Lumberton, NC 28358 910-739-1666 910-844-5253</p>
ROCKINGHAM	<p>Rockingham County Health Department 371 NC 65, Suite 204 Wentworth, NC 27375 336-342-8143</p>
ROWAN	<p>Rowan County Health Department 1811 East Innes Street Salisbury, NC 28146 704-638-2900</p>

RUTHERFORD	Rutherford County Health Department (R-P-M District) 221 Callahan-Koon Road Spindale, NC 28160 828-287-6101
SAMPSON	Carolina Pines Community Health Center 500 S Fayetteville Street Salemberg, NC 28382 910-525-5515 CommWell Health of Harrells 194 Tomahawk Hwy Harrells, NC 28444 910-532-4106 CommWell Health of Newton Grove/Spivey's Corner 3331 Easy Street Dunn, NC 28334-7988 910-567-6194 CommWell Health of Salemburg 500 S. Fayetteville Street Salemberg, NC 28385-8406 910-525-5515 Sampson County Health Department 360 County Complex Road Clinton, NC 28328 910-592-1131 Tri-County Community Health Center, Inc. 3331 Easy Street Dunn, NC 28334-7988 910-567-7018
SCOTLAND	Scotland County Health Department 1405 West Boulevard Laurinburg, NC 28352 910-277-2440
STANLY	Stanly County Health Department 1000 N. First Street, Suite 3 Albemarle, NC 28001 704-986-3000
STOKES	Stokes County Health Department Highways 8 & 89 North Danbury, NC 27016 336-593-2400
SURRY	Surry County Health and Nutrition Center 118 Hambry Road Dobson, NC 27017 336-401-8411

SWAIN	Swain County Health Department 545 Center Street Bryson City, NC 28713 828-488-3198
TRANSYLVANIA	Transylvania County Health Department Community Services Bldg. 98 East Morgan Street Brevard, NC 28712 828-884-3135
TYRELL	Tyrell Country Health Department (MTW District) 408 Broad Street Columbia, NC 27925 252-793-3023
UNION	Union County Health Department 1224 West Roosevelt Blvd Monroe, NC 28110 704-296-4800
VANCE	Rural Health Group at Henderson 100 W. Parkview Drive Henderson, NC 27536-5923 252-536-5440 Vance County Health Department 115 Charles Rollins Road Henderson, NC 27536 252-492-7915

<p>WAKE</p>	<p>Wake County Human Services 10 Sunnybrook Road Raleigh, NC 27610 Phone: 919-212-7000 Fax: 919-212-0475 <u>Eastern Regional Center</u> 1002 Dogwood Drive Zebulon, NC 919-404-3900 <u>Northern Regional Center</u> 350 E. Holding Ave. Wake Forest, NC 919-562-6300 <u>Southern Regional Center</u> 103 N. Judd Parkway, NE Fuquay-Varina, NC 27526 919-557-2501 <u>Rock Quarry Road Family Medicine</u> Raleigh, NC - 27610-3825 919-833-3111 <u>Apex Family Medicine</u> Apex, NC - 27502-1825 919-362-5201 <u>Horizon Health Center</u> Raleigh, NC - 27610 919-743-3315 <u>Planned Parenthood</u> 100 South Boylan Ave, Raleigh, NC 27603 919-833-7534</p>
<p>WARREN</p>	<p>Rural Health Group at Norlina 110 Division Street Norlina, NC 27563-9041 252-456-2009 Warren County Health Department 544 West Ridgeway Street Warrenton, NC 27589 252-257-1185</p>
<p>WASHINGTON</p>	<p>Washington County Health Department (MTW District) 198 NC Highway 45 North Plymouth, NC 27962 252-793-3023</p>
<p>WATAGUA</p>	<p>Watauga County Health Department (Appalachian District) 126 Poplar Grove Connector Boone, NC 28607 828-264-4995</p>

WAYNE	<p>Wayne County Health Department 301 North Herman Street, Box CC Goldsboro, NC 27530 919-731-1302</p>
WILKES	<p>Wilkes County Health Department 306 College Street Wilkesboro, NC 28697 336-651-7450</p>
WILSON	<p>Carolina Family Health Centers, Inc. 303 East Green Street Wilson, NC 27893 252-293-0013</p> <p>Harvest Family Health Center 8282 S. NC Highway 58 Elm City, NC 27822-8079 252-443-7744</p> <p>Wilson Community Health Center 303 Green St. E Wilson, NC 27893-4105 252-293-0013</p> <p>Wilson County Health Department 1801 Glendale Drive Wilson, NC 27893 252-291-5470</p>
YADKIN	<p>Yadkin County Health Department 217 E. Willow Street Yadkinville, NC 27055 336-679-4203</p>
YANCEY	<p>Celo Health Center 200 Seven Mile Ridge Road Burnsville, NC 28714 828-675-4116</p> <p>Yancey County (Toe River District) Health Department 10 Swiss Avenue Burnsville, NC 28714 828-765-2239</p>