



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland Medicaid Program Family Planning Services

All beneficiaries enrolled in Medicaid fee-for-service (FFS) and managed care organizations (MCOs) have family planning benefits. Family planning covers appropriate office visits and contraceptive methods and services.

- Federal law allows Medicaid beneficiaries to receive family planning services from any qualified provider of their choice. See [Factsheet #1](#).
- Some individuals are enrolled in a limited benefit program under Medicaid's Family Planning Program. See [Factsheet #3](#).
- Individuals enrolled in MCOs are allowed to self-refer to an out-of-network provider for family planning services without a referral from their PCP, except for permanent sterilization procedures. See [Factsheet #1 and #5](#).
- The scope of services covered under this self-referral provision is limited to those services required for contraceptive management. See [Factsheet #1](#).

Services

- Both Medicaid FFS and MCOs cover all FDA-approved contraceptive methods, products and devices, including long-acting reversible contraceptives (LARCs) such as intrauterine devices and contraceptive implants. See [Factsheet #4](#).
- Contraceptive products that are available at the pharmacy with a prescription include diaphragms, cervical caps, contraceptive rings, and patches.
- Beneficiaries can obtain 12 latex condoms per dispensing without a prescription.
- Emergency Contraception (EC) is a second chance to help prevent an unplanned pregnancy following unprotected sex, contraceptive failure, or sexual assault. EC is available at pharmacies without a prescription regardless of age. Medicaid FFS limits dispensing of EC to 1 pack per 30 days. See [Factsheet #3](#).
- For additional MCO information, go to the HealthChoice Provider Brochure: https://health.maryland.gov/mmcp/healthchoice/Documents/HealthChoice_Provider_Brochure_August%202023.pdf

- For additional information on Medicaid's FFS Pharmacy Program, go to:
<https://mmcp.health.maryland.gov/pap/pages/paphome.aspx>

Billing

MCOs have their own provider manuals and billing instructions for Medicaid covered services. Contact the MCO for specific coverage questions & billing instructions.

- Codes for Contraceptive Products
 - 57170 - Diaphragm or cervical cap fitting with instructions
 - A4266 - Diaphragm
 - A4261 - Cervical Cap
 - J7303 - Contraceptive vaginal ring
 - J7304 - Contraceptive hormone patch
 - 99070 - Other contraceptive product not listed
- Providers should only use A-codes and J-codes for contraceptives supplied during an office visit.
- Report the NDC/quantity when billing drugs, products, and devices identified by A-codes and J-codes. See [Factsheet #4](#) for A-codes and J-codes for LARCs.
- Providers must bill no more than their acquisition cost. To facilitate claims processing, FFS Medicaid sets a fee for each code. However, if the provider can document that their acquisition cost was greater than the set fee, attach a copy of the invoice to the claim form for verification, and the acquisition cost will be paid.

For additional information about FFS Medicaid billing, go to the Professional Services Provider Manual and Fee Schedule: <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>

For additional information regarding Medicaid's reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-3605.