Maryland Medicaid Program
Family Planning Services

All beneficiaries enrolled in FFS Medicaid and 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, with the exception of 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.

- Both Medicaid FFS and MCOs cover all FDA-approved contraceptive methods, products and devices, including long acting reversible contraceptives (LARC) such as intrauterine devices and contraceptive implants. See Factsheet #4.

- 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.

- Beneficiaries can obtain 12 latex condoms per dispensing without a prescription.

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


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

- Contraceptive products that are available at the pharmacy with a prescription include diaphragm, cervical cap, contraceptive ring and patches.
• Codes for Contraceptive Products
  ▪ 57170 Diaphragm fitting with instructions
  ▪ A4260 Diaphragm
  ▪ A4261 Cervical Cap
  ▪ J7303 Contraceptive vaginal ring
  ▪ J7304 Contraceptive hormone patch
  ▪ 99070 Other contraceptive product not listed

• Providers should only use A- and J- codes for contraceptives supplied during an office visit.

• Report the NDC/quantity when billing drugs, products, and devices identified by A- and J- codes.

• 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.

• See Factsheet #4 for A- and J- codes for LARC.

• For additional information, 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 410-767-6750.