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**CHAPTER 33: FAMILY PLANNING CLINICS**

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**SECTION 33.0: OVERVIEW****PAGE(S) 1**

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### **OVERVIEW**

The Social Security Amendments of 1972 amended sections 1903 (a) (5) and 1905 (a) (4) of the Act in order to give impetus to the availability and provision of family planning services in the states. The law makes family planning services a mandatory Medicaid service for Categorically Needy individuals of childbearing age (including minors who can be considered to be sexually active) who desire such services, and permits States to extend those services to the Medically Needy. Federal Regulations found at 42CFR 440.40 and 42CFR 440.210 describe the required services including family planning services and supplies for individuals of child-bearing age.

Family planning services and related health services provided under the Medicaid Family Planning Clinic Program are provided to assist individuals in determining the number and spacing of their children.

In order for a Medicaid beneficiary to utilize a Medicaid enrolled Family Planning Clinic, one must meet all of the following criteria:

1. Female;
2. Age 10 through 59 years;
3. Desire services to prevent or to otherwise control family size; and
4. Services must be medically necessary.

The Family Planning Clinic Program is distinguished from family planning services provided by a physician or a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) in that the Family Planning Clinic Program enrolls providers under a specific provider type and permits certain designated procedure codes to be billed.