
Family Planning

Page updated: August 2020

Federal resources are available to support the Medi-Cal program in the area of family planning. For this reason, it is most important that family planning services provided to Medi-Cal recipients be identified by entering the appropriate family planning indicator on the claim form.

Participation and Services

Family planning services are provided to individuals of childbearing age to enable them to determine the number and spacing of their children, and to help reduce the incidence of maternal and infant deaths and diseases by promoting the health and education of potential parents. They include the following:

- Medical and surgical services performed by or under the direct supervision of a licensed physician
- Laboratory and radiology procedures, drugs and devices prescribed by a licensed physician

Participation

Participation must be voluntary and individuals must not be coerced to accept services. Family planning services shall not be required for receipt of any welfare benefits. Individuals must not be coerced to employ or not to employ any particular method of birth control including sterilization and abortion. Sterilization services are subject to special program requirements, including a minimum age, informed consent process, and waiting period. (Refer to the *Sterilization* section in the appropriate Part 2 manual for detailed information regarding consent for sterilization.)

Services

Family planning services include, but are not limited to:

- Patient visits for the purpose of family planning
- Family planning counseling services provided during a regular patient visit (see “Non-Comprehensive Family Planning Visits” later in this section)
- IUD and IUCD insertions, or any other invasive contraceptive procedures/devices
- Tubal ligations
- Vasectomies
- Contraceptive drugs or devices
- Treatment for complications resulting from previous family planning procedures
- Laboratory procedures, radiology and drugs associated with family planning procedures

Some of these services can be easily recognized as family planning by the CPT® procedure code or drug type code (for example, intrauterine device (IUD) insertion, vasectomy, contraceptive drugs and devices). Other services such as visits, laboratory tests and X-rays are not so readily identifiable as family planning services.

Billing

Providers are to indicate “Family Planning” as a diagnosis when billing any of the services listed on a previous page that relate to family planning. Indicate this by entering the appropriate code in the *Conditions Codes* fields (Boxes 18-24) of the *UB-04* claim form or in the *EPSDT/Family Planning* field (Box 24H) on the *CMS-1500* claim. Complete the diagnosis code or the appropriate narrative, where applicable. (Refer to the billing instructions in the *CMS-1500 Completion* or *UB-04 Completion: Outpatient Services* section in this manual for family planning codes and descriptions.) In addition, providers should identify services related to the treatment of complications of family planning.

Examples:

- Surgical procedure such as I & D (incision and drainage) of pelvic abscess resulting from infection with IUD
- Office visit and laboratory tests needed because of uterine bleeding while on oral contraceptives

Occasionally other services (including hospital, radiology, pharmaceutical, blood and blood derivatives) may be related to family planning or to its complications, and should be properly identified.

Physician-Administered Drugs: Inclusion of NDC on Claim

For physician-administered drugs, providers must include the National Drug Codes (NDCs) on the claim, according to the policy in the [Physician-Administered Drugs – NDC](#) section in this manual. This is in addition to the HCPCS code, which remains the basis of pricing. For claim form completion instructions, refer to the [Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions](#), or [Physician-Administered Drugs – NDC: UB-04 Billing Instructions](#) sections in the appropriate Part 2 manual.

Reimbursement Rates Onsite Dispensing

«The maximum reimbursement rates for items dispensed onsite are set by the Medi-Cal program and are contained in the Medi-Cal rate table, which may be accessed on the [Medi-Cal Rates](#) page of the Medi-Cal Providers website.»

For injections, the price listed on the Medi-Cal Rates page includes the one-time administration fee of \$4.46 for the first billed unit. Since the administration fee is paid only once for each drug administered, subsequent units claimed must have the administration fee subtracted from the published rate.

Providers participating as Public Health Service (PHS) entities, and purchasing drugs through the PHS 340B program, must not bill more than the actual acquisition cost of the drug, as charged by the manufacturer at a price consistent with the PHS program for covered outpatient drugs. Drugs subject to the PHS program must be billed with modifier UD in accordance with Medi-Cal policy.

Eligible entities, pursuant to Section 14132.01 of California *Welfare and Institutions Code* (W&I Code), may also bill a clinic dispensing fee and an administration fee, if applicable, as defined below.

Eligible entities will be reimbursed the lesser of the acquisition cost of the drug plus the maximum dispensing fee or the Medi-Cal maximum rate on file.

«Pursuant to Section 14132.01 of the W&I Code, eligible entities may bill for a dispensing fee of \$12 per unit for the following products:»

Intrauterine Contraception/Intrauterine Devices

HCPCS Code	Description
J7296	Levonorgestrel-releasing intrauterine contraceptive system (kyleena), 19.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg
J7298	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg

Subdermal Contraceptive Implant

HCPCS Code	Description
J7307	Etonogestrel (contraceptive) implant system, including implant supplies

The clinic dispensing fee unit for J7296, J7297, J7298, J7300, J7301 and J7307 is a calendar month, with a maximum allowable of 36 units per device.

Medroxyprogesterone Acetate

HCPCS Code	Description
J3490 U8	Medroxyprogesterone acetate, 150 mg/ml

The clinic dispensing fee unit for J3490 U8 is a calendar month, with a maximum allowable of 3 units per injection.

Oral Contraceptives, Vaginal Ring and Transdermal Patch

HCPCS Code	Description
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, each
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, each
J7304U1	Contraceptive supply, hormone containing patch, each (norelgestromin and ethinyl estradiol transdermal system)
J7304U2	Contraceptive supply, hormone containing patch, each (levonorgestrel and ethinyl estradiol transdermal system)
S4993	Contraceptive pills for birth control

The clinic dispensing fee unit for S4993 is a calendar month, with a maximum allowable of 13 units. The clinic dispensing fee unit for J7294 and J7295 is a calendar month with a maximum allowable of 12 units. The clinic dispensing fee unit for J7304U1 and J7304U2 is a calendar month, for three patches dispensed with a maximum allowable of 12 units.

Pursuant to Section 14132.01 of W&I Code, eligible entities may bill for a dispensing fee of \$17 per unit for emergency contraception:

HCPCS Code	Description
J3490U5	Ulipristal acetate, 30 mg
J3490U6	«Levonorgestrel one tablet of 1.5 mg»

The clinic dispensing fee unit for J3490 U5 and J3490 U6 is one pack per recipient per month with a maximum allowable of 1 unit.

Other Contraceptive Supplies

For other contraceptive supplies or medications, billed with HCPCS codes (A4261, A4266, A4267, A4268, A4269U1, A4269U2, A4269U3, A4269U4, A4269U5 and S5199), the clinic dispensing fee is 10 percent of the subtotal.

Non-Comprehensive Family Planning Visits

Modifier FP should be used when billing for additional time spent discussing family planning needs with a recipient during routine, non-family planning office visits. Family planning counseling services include the following:

- Contraceptive counseling
- Instruction in pregnancy prevention
- Any other family planning counseling service

«Modifier FP may be used with the following HCPCS and CPT codes: Z1032 thru Z1038, Z6200 thru Z6500, 59400, 59510, 59610, 59618, 99202 thru 99215, 99242 thru 99245, 99281 thru 99285, 99341, 99342 and 99344 thru 99353, 99384, 99394, and 99417.»

Reimbursement is available to individuals of childbearing age. Additional reimbursement is made for appropriate use of this modifier, but not more than once per recipient, for the same provider, in a 12-month period. Services billed by an assistant surgeon or anesthesiologist are not reimbursable.

Modifier FP must be billed on a separate claim line than the primary visit code. When billing for family planning counseling, list the primary procedure code and modifier, if applicable, on one claim line, and the same procedure code with modifier FP on the next claim line. A family planning diagnosis code is not required when billing with this modifier.

Note: Modifier FP should not be billed with comprehensive family planning visit as identified by the family planning diagnosis code.

See “Comprehensive Family Planning Visit” in this section when billing for visits primarily related to family planning.

Services Not Included in Family Planning

Reimbursement for family planning does not extend to the following services:

- Facilitating services such as transportation, parking, and childcare while family planning care is being obtained
- Infertility studies or procedures provided for the purpose of diagnosing or treating infertility
- Reversal of voluntary sterilization
- Hysterectomy for sterilization purposes only
- Therapeutic abortions and related services
- Spontaneous, missed or septic abortions and related services

Comprehensive Family Planning Visits

The following ICD-10-CM diagnosis codes, when billed as a primary diagnosis code, indicate comprehensive family planning services. The use of these codes enables federal financial participation in funding these services.

«Table of ICD-10-CM Codes that When Used as Primary ICD-10 Indicate Service is a Family Planning Service»

ICD-10-CM Code	Description
Z30.011	Encounter for initial prescription of contraceptive pills
Z30.012	Encounter for prescription of emergency contraception
Z30.013	Encounter for initial prescription of injectable contraceptive
Z30.015	Encounter for initial prescription of vaginal ring hormonal contraceptive
Z30.016	Encounter for initial prescription of transdermal patch hormonal contraceptive device
Z30.017	Encounter for initial prescription of implantable subdermal contraceptive
Z30.018	Encounter for initial prescription of other contraceptives (initiate use of contraceptive patch, vaginal ring or implant)
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy
Z30.09	Encounter for other general counseling and advice on contraception
Z30.2	Encounter for sterilization
Z30.41	Encounter for surveillance of contraceptive pills
Z30.42	Encounter for surveillance of injectable contraceptive
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.432	Encounter for removal of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.44	Encounter for surveillance of vaginal ring hormonal contraceptive device
Z30.45	Encounter for surveillance of transdermal patch hormonal contraceptive device

**«Table of ICD-10-CM Codes that When Used as Primary ICD-10 Indicate
Service is a Family Planning Service (continued)»**

ICD-10-CM Code	Description
Z30.46	Encounter for surveillance of implantable subdermal contraceptive
Z30.46	Encounter for checking, reinsertion or removal of implantable subdermal contraceptive
Z30.49	Encounter for surveillance of other contraceptives
Z30.49	Encounter for surveillance of barrier contraception
Z30.49	Encounter for surveillance of diaphragm
Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management
Z31.438	Encounter for other genetic testing of female for procreative management
Z31.440	Encounter of male for testing for genetic disease carrier status for procreative management
Z31.441	Encounter for testing of male partner of patient with recurrent pregnancy loss
Z31.5	Encounter for procreative genetic counseling
Z97.5	Presence of (intrauterine) contraceptive device
Z98.51	Tubal ligation status
Z98.52	Vasectomy status

Contraceptives

Contraceptive medication and supplies for family planning services billed by providers such as family planning centers include the following:

«Table of HCPCS Codes for Contraceptive Medications and Supplies»

HCPCS Code	Description
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, each
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, each
J7296	Levonorgestrel-releasing intrauterine contraceptive system (kyleena) 19.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg
J7298	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skylia), 13.5 mg
J7304U1	Contraceptive supply, hormone containing patch, each (norelgestromin and ethinyl estradiol transdermal system)
J7304U2	Contraceptive supply, hormone containing patch, each (levonorgestrel and ethinyl estradiol transdermal system)
S4993	Contraceptive pills for birth control

Providers must document the medical necessity for billing repeat IUC/IUD placement of the same device within the device's duration of use, as noted by the label, in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim.

The number of cycles covered (up to 18) is entered in the *Service Units/Days or Units* field (Box 24G) of the claim when billing for code S4993. The quantity dispensed is entered in the *Service Units/Days or Units* field (Box 24G) of the claim when billing for J7294 (1 vaginal ring), J7295 («up to 18 vaginal rings») and when billing for J7304U1 or J7304U2 («up to 54 patches»). The maximum quantity is intended for clients on continuous cycle. A 12-month supply of the same product of J7294, J7295, J7304U1 or J7304U2 or S4993 may be dispensed twice in one year. A *Treatment Authorization Request* (TAR) is required for the third supply of up to 12 months of the same product of J7294, J7295, J7304U1, J7304U2 or S4993 requested within a year.

Codes J7294, J7295, J7304U1, J7304U2, and S4993 may be dispensed by a registered nurse (RN) who has completed the required training pursuant to California *Business and Professions Code* (B&P Code), Section 2725.2, when Evaluation and Management (E&M) procedure CPT codes 99202, 99211 or 99212 (office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making) is performed. If performed by an RN, the E&M procedures must be billed with modifier TD.

Emergency Contraceptive: Ella

Ella (ulipristal acetate, 30 mg) is billed with HCPCS code J3490U5 (modifier U5 must be used with code J3490). Ella contains one pill per package. This contraceptive is for females only and is a single course of treatment to be taken within five days (120 hours) of unprotected sex and can reduce the risk of pregnancy by 85 percent after unprotected sex or a contraceptive accident, such as a condom breaking. Ella is recommended for women with a body mass index (BMI) over 25.

Emergency Contraceptive: Next Choice

«Next Choice (levonorgestrel one tablet of 1.5 mg) is billed with HCPCS code J3490U6 (modifier U6 must be used with code J3490). Next Choice contains one progestin-only pill containing levonorgestrel 1.5 mg.» This contraceptive is for females only and is a single course of treatment to be taken within three days (72 hours) of unprotected sex and can reduce the risk of pregnancy by 89 percent after unprotected sex or a contraceptive accident, such as a condom breaking.

Combined Maximum Dispensing

Codes J3490U5 and J3490U6 have a combined maximum dispensing. They may be reimbursed up to a maximum of one pack per recipient, per month, any provider and a maximum of six packs per recipient, per year, any provider.

Codes J3490U5 and J3490U6 may be dispensed by an RN who has completed the required training pursuant to California B&P Code, Section 2725.2, when E&M procedure codes 99202, 99211 or 99212 (office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making) is performed. If performed by an RN, the E&M procedures must be billed with modifier TD.

Implantable Contraceptives: Etonogestrel

Etonogestrel, 68 mg contraceptive implant (Implanon, Nexplanon) is billed with code J7307. Implanon must be FDA-approved, labeled for use in the United States, and obtained from the single-source distributor. Only providers who have completed a company-sponsored training course and have been assigned a unique “Training Identification Number” may purchase Implanon. The certificate of training for each provider who inserts the implant must be retained by the provider and is subject to post-audit review.

Implanon may be reimbursed when service is performed by non-physician medical practitioners (NMPs) who have completed the required training. Implanon is not reimbursable to Pharmacy providers.

Providers must maintain a written log or electronic record of all Implanon implant systems, including the recipient’s name, medical record or «Medi-Cal Benefits Identification Card (BIC)» number, date of surgery, and lot number of the product, for at least three years from the date of insertion. Records are subject to post-audit reviews.

Implantable Contraceptives: Billing Guidelines

When billing for HCPCS code J7307, providers must attach a copy of the invoice to the claim or document the invoice number and price in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim.

Etonogestrel (code J7307)

- Covered for females
- Bill in conjunction with ICD-10-CM diagnosis code Z30.017 for initiation and Z30.46 for surveillance

Providers must document the medical necessity for billing repeat implant placement within the device’s duration of use, as noted by the label, in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim.

Implantable Contraceptives: Surgical Insertion

The following CPT codes are used for billing and reimbursement of the surgical procedure to insert or remove the contraceptive:

CPT Code	Description
11976	Removal, implantable contraceptive capsules
11981	Insertion, drug-delivery implant (i.e., bioresorbable, biodegradable, non-biodegradable)

When multiple surgery procedures are performed at the same operative session, see the *Surgery: Billing with Modifiers* section of the provider manual.

«These are common office procedures that require “By Report” documentation and can be reimbursed as a physician, PA and Certified Nurse Midwife.»

Anesthetic Injection Codes

Anesthetic injection codes are reimbursable when anesthesia is necessary during insertion or removal of implantable contraceptive capsules.

Injectable Contraceptives

HCPCS code J3490U8 (unclassified drugs) is limited to contraceptive injections and is reimbursable not more frequently than once every 80 days if billed by the same provider, for the same recipient.

Note: Modifier U8 must be used with code J3490.

The usual dose is medroxyprogesterone acetate 150 mg administered by intramuscular injection every three months. Code J3490U8 may be administered by an RN who has completed the required training pursuant to California B&P Code, Section 2725.2, when E&M procedure codes 99202, 99211 or 99212 (office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making) is performed. If performed by an RN, the E&M procedures must be billed with modifier TD.

HCPCS Codes for Drugs and Supplies Dispensed Onsite

The HCPCS codes for drugs and supplies dispensed in clinics are as follows:

HCPCS Code	Description
A4261	Cervical cap for contraceptive use
A4266	Diaphragm for contraceptive use
A4267	Condom, male
A4268	Condom, internal
A4269	Contraceptive supply, spermicide
A4269U1	Gel/jelly/foam/cream
A4269U2	Spermicidal suppositories
A4269U3	Spermicidal vaginal film
A4269U4	Contraceptive sponge
«A4269U5	Vaginal gel»
S5199	Lubricant

Basal temperature thermometers are dispensed at Medi-Cal participating pharmacies with a prescription.

Note: «A4269 is billed with modifiers U1, U2, U3, U4 or U5 to indicate the type of contraceptive spermicide or non-spermicidal vaginal gel.»

On claims for HCPCS codes A4267, A4269U1, A4269U2, A4269U3, A4269U4, «A4269U5» and S5199, providers must document the following in the *Remarks* field (Box 80) or *Additional Claim Information* field (Box 19):

- Description of items
- Actual quantity
- “At cost” expense
- Clinic dispensing fee, if applicable

Providers enter the appropriate code in the *Condition Codes* fields (Boxes 18 thru 24) on the *UB-04* claim form or in the *EPSDT/Family Planning* field (Box 24H) on the *CMS-1500* claim form. Providers also include the appropriate diagnosis when billing these codes.

HCPCS codes A4267, A4268, A4269U1, A4269U2, A4269U3, A4269U4, «A4269U5» and S5199 must be listed on separate claim lines.

«If any of the following codes A4267, A4269U1, A4269U2, A4269U3, A4269U4 and S5199 or any combination of the codes is present on a claim, the total maximum allowable amount for any or all is \$14.99. When billing for contraceptive supplies (A4267, A4269U1, A4269U2, A4269U3, A4269U4 or S5199) dispensed for the same patient by the same provider, the minimum interval between dispensing events is 15 days.»

HCPCS code A4268 may be dispensed up to 12 units per claim and up to 24 units in a 90-day period.

«HCPCS code A4269U5 is restricted to one box (12 single-use applicators) per dispensing and limited to three dispensings per any 75-day period.»

For HCPCS codes A4261 and A4266, providers must document the following in the *Remarks* field (Box 80) or *Additional Claim Information* field (Box 19) of the claim:

- Description of items and type of diaphragm
- “At cost” expense
- Clinic dispensing fee, if applicable

Note: Neither HCPCS code Z7610 nor CPT code 99070 is used to bill for contraceptive supplies or medications.

Contraceptive Supplies

Contraceptive supplies may be billed by all Medi-Cal providers. Covered supplies include FDA-approved cervical cap contraceptive (A4261), diaphragm (A4266), male condoms (A4267), internal condoms (A4268), spermicides (A4269U1, A4269U2, A4269U3 or A4269U4), «vaginal gel (A4269U5)» and lubricants (S5199).

Evaluation and Management Codes

E&M CPT codes, for example 99203 or 99213, may be billed when the patient is counseled regarding contraception or is examined to determine the suitability of contraceptive modalities.

Modifiers UA and UB

Modifier UA (supplies and drugs for surgical procedures without general anesthesia) or UB (supplies and drugs for surgical procedures with general anesthesia) is reimbursable with CPT code 11976 (removal of implantable contraceptive capsules), code 58300 (insertion of an IUD) and code 58301 (removal of an IUD) when surgical supplies are necessary.

Elective Sterilization

Please refer to the *Sterilization* section in the appropriate Part 2 manual for billing instructions.

Family Planning-Related Services

Family planning-related services are medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting.

Miscellaneous Drugs

Miscellaneous drugs for non-surgical procedures are billed with HCPCS codes S5000 (prescription drug, generic) or S5001 (prescription drug, brand name). These codes may be used only by hospital outpatient departments, emergency rooms, surgical clinics and community clinics.

For a list of reimbursable drugs that may be billed with HCPCS codes S5000 or S5001, refer to the table in the *Drugs: Onsite Dispensing Price Guide* section in the Family PACT manual. The table lists the acceptable size and/or strength of each reimbursable drug, maximum billing units per claim, rate per unit, maximum drug cost, clinic dispensing fee, upper payment limit and fill frequency (days).

Calculating Total Charges

The following information must be entered in the *Remarks* field (Box 80) of the *UB-04* or an attachment:

- Enter the name of the drug or supply (from the [Drugs: Onsite Dispensing Price Guide](#) section of the Family PACT manual) and the size and/or strength, if applicable (for example, 300 mg tablets).
- Multiply the number of units dispensed by the Medi-Cal rate per unit to obtain the drug cost, add the clinic dispensing fee (if applicable), then enter the total for the claim line.
- Each listed regimen is considered to be one (service) unit, regardless of the number of tablets contained in the regimen.

For claim form examples, refer to the [Family Planning Billing Example: UB-04](#) section in the *Outpatient Services – Clinics and Hospitals* provider manual.

If multiple drugs are billed using code S5000 or S5001, the billing code can be repeated on additional claim lines with the appropriate National Drug Code (NDC).

ICD-10-CM Diagnosis Codes «Used with S5000 and S50001»

Claims billed with HCPCS code S5000 or S5001 must include two ICD-10-CM diagnosis codes: the covered family planning-related ICD-10-CM diagnosis code along with the family planning diagnosis, listed below, for which the client is being seen. Only one family planning-related ICD-10-CM diagnosis code must be entered per claim.

Z30.011	Z30.017	Z30.41	Z30.432	Z30.46
Z30.013	Z30.018	Z30.42	Z30.433	Z30.49
Z30.015	Z30.02	Z30.430	Z30.44	Z98.51
Z30.016	Z30.2	Z40.431	Z30.45	Z98.52

If a combination of drug regimens is billed with a single family planning-related ICD-10-CM diagnosis code, the drug regimens should be entered on separate claim lines.

If two or more drugs are dispensed with different family planning-related ICD-10-CM diagnosis codes, then a separate claim must be submitted for each ICD-10-CM diagnosis code and corresponding drug(s).

The family planning-related ICD-10-CM diagnosis codes and corresponding drugs that are reimbursable are listed in the following tables.

Family Planning-Related Services: Management of Sexually Transmitted Infections (STIs)

Treatment or diagnostic testing of specified STIs may be provided as clinically indicated.

Partner Exposed to Chlamydia, Gonorrhea, Syphilis, Trichomoniasis

ICD-10-CM Code	Description	Medications ≠
Z20.2	Use Z20.2 for diagnosis and treatment of an asymptomatic partner exposed to active case of chlamydia, gonorrhea, syphilis, or trichomoniasis (M/F)	N/A

Chlamydia

ICD-10-CM Code	Description	Medications ≠
A56.01	CT cystitis and urethritis (M/F)	Azithromycin, Doxycycline, «Levofloxacin»
A56.09	Other chlamydial infection lower of genitourinary tract (F)	Azithromycin, Doxycycline, «Levofloxacin»
A56.3	CT anus/rectum (M/F)	Azithromycin, Doxycycline, «Levofloxacin»
A56.4	N/A	Azithromycin, Doxycycline, «Levofloxacin»

Presumptive DX (Chlamydia)

ICD-10-CM Code	Description	Medications ≠
N34.2	Other urethritis (M)	Azithromycin, Doxycycline, «Levofloxacin»
N45.3	Epididymo-orchitis (M)	Azithromycin, Doxycycline, «Levofloxacin»
N72	Inflammatory disease of cervix uteri (F)	Azithromycin, Doxycycline, «Levofloxacin»
N89.8	Other specified non-inflammatory disorders of vagina (F)	Azithromycin, Doxycycline, «Levofloxacin»
N94.10	Unspecified dyspareunia (F)	Azithromycin, Doxycycline, «Levofloxacin»
N94.11	Superficial (introital) dyspareunia (F)	Azithromycin, Doxycycline, «Levofloxacin»
N94.12	Deep dyspareunia (F)	Azithromycin, Doxycycline, «Levofloxacin»

Presumptive DX (Chlamydia) (continued)

ICD-10-CM Code	Description	Medications ≠
N94.19	Other specified dyspareunia (F)	Azithromycin, Doxycycline, Levofloxacin
N94.89	Other conditions associated with female genital organs (F)	Azithromycin, Doxycycline, Levofloxacin
R30.0	Dysuria (M/F)	Azithromycin, Doxycycline, Levofloxacin
R30.9	Painful micturition, unspecified (M/F)	Azithromycin, Doxycycline, Levofloxacin
Z20.2	STI (CT)-exposed partner (M/F)	Azithromycin, Doxycycline, Levofloxacin

«Epididymitis

ICD-10-CM Code	Description	Medications ≠
N45.1	Epididymitis (M)	Ceftriaxone, Doxycycline OR Ceftriaxone, Levofloxacin
N45.3	Epididymo-orchitis (M)	Ceftriaxone, Doxycycline OR Ceftriaxone, Levofloxacin

Presumptive DX (Epididymitis)

ICD-10-CM Code	Description	Medications ≠
N50.811	Right testicular pain (M)	Ceftriaxone, Doxycycline OR Ceftriaxone, Levofloxacin
N50.812	Left testicular pain (M)	Ceftriaxone, Doxycycline OR Ceftriaxone, Levofloxacin
N50.819	Testicular pain unspecified (M)	Ceftriaxone, Doxycycline OR Ceftriaxone, Levofloxacin»

Gonorrhea

ICD-10-CM Code	Description	Medications ±
A54.01	GC cystitis and urethritis, unspecified (M/F)	R: Ceftriaxone A: Cefixime A: If cephalosporin allergy: Gentamicin plus Azithromycin
A54.5	GC pharyngitis (M/F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
A54.6	GC anus/rectum (M/F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
A54.22	GC prostatitis (M)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
A54.03	GC cervicitis, unspecified (F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin

Presumptive DX (Gonorrhea)

ICD-10-CM Code	Description	Medications ±
N34.2	Other urethritis (M)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
N45.3	Epididymo-orchitis (M)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
N72	Inflammatory disease of cervix uteri (F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
N89.8	Other specified non-inflammatory disorders of vagina (F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin

Presumptive DX (Gonorrhea) (continued)

ICD-10-CM Code	Description	Medications ≠
N94.10	Unspecified dyspareunia (F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
N94.11	Superficial (introital) dyspareunia (F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
N94.12	Deep dyspareunia (F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
N94.19	Other specified dyspareunia (F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
N94.89	Other conditions associated with female genital organs (F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
R30.0	Dysuria (M/F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
R30.9	Painful micturition, unspecified (M/F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin
Z20.2	STI (GC)-exposed partner (M/F)	Azithromycin, Cefixime, Ceftriaxone, Gentamicin

Nongonococcal Urethritis (NGU)

ICD-10-CM Code	Description	Medications ≠
N34.1	Nonspecific urethritis (M)	R: Doxycycline A: Azithromycin

Herpes (Genital Only)

ICD-10-CM Code	Description	Medications ≠
A60.01	Herpes penis	Acyclovir
A60.04	HSV Vulvovaginitis	Acyclovir

Presumptive DX (Herpes, Genital Only)

ICD-10-CM Code	Description	Medications ≠
N48.5	Ulcer of penis	Acyclovir
N76.6	Ulceration of vulva	Acyclovir

Pelvic Inflammatory Disease (PID-Uncomplicated Outpatient Only)

ICD-10-CM Code	Description	Medications ≠
N70.03	Acute salpingitis and oophoritis	R: Ceftriaxone injection, plus Doxycycline with Metronidazole R: Cefoxitin injection and Probenecid plus Doxycycline with Metronidazole A: Levofloxacin with Metronidazole
N70.93	Salpingitis and oophoritis, unspecified	R: Ceftriaxone injection, plus Doxycycline with Metronidazole R: Cefoxitin injection and Probenecid plus Doxycycline with Metronidazole A: Levofloxacin with Metronidazole
N94.10	Unspecified dyspareunia (F)	R: Ceftriaxone injection, plus Doxycycline with Metronidazole R: Cefoxitin injection and Probenecid plus Doxycycline with Metronidazole A: Levofloxacin with Metronidazole

Pelvic Inflammatory Disease (PID-Uncomplicated Outpatient Only) (continued)

ICD-10-CM Code	Description	Medications \pm
N94.11	Superficial (introital) dyspareunia (F)	R: Ceftriaxone injection, plus Doxycycline with Metronidazole R: Cefoxitin injection and Probenecid plus Doxycycline with Metronidazole A: Levofloxacin with Metronidazole
N94.12	Deep dyspareunia (F)	R: Ceftriaxone injection, plus Doxycycline with Metronidazole R: Cefoxitin injection and Probenecid plus Doxycycline with Metronidazole A: Levofloxacin with Metronidazole
N94.19	Other specified dyspareunia (F)	R: Ceftriaxone injection, plus Doxycycline with Metronidazole R: Cefoxitin injection and Probenecid plus Doxycycline with Metronidazole A: Levofloxacin with Metronidazole
N94.89	Other conditions associated with female genital organs (F)	R: Ceftriaxone injection, plus Doxycycline with Metronidazole R: Cefoxitin injection and Probenecid plus Doxycycline with Metronidazole A: Levofloxacin with Metronidazole

Syphilis

ICD-10-CM Code	Description	Medications †
A51.0	Primary genital (M/F)	Penicillin G benzathine long acting – injection †
A51.31	Condyloma latum (M/F)	Penicillin G benzathine long acting – injection †
A51.39	Other, secondary (M/F)	Penicillin G benzathine long acting – injection †
A51.5	Early, latent (M/F)	Penicillin G benzathine long acting – injection †
A52.8	Late, latent (M/F)	Penicillin G benzathine long acting – injection †
A53.0	Latent, unspecified (M/F)	Penicillin G benzathine long acting – injection †

Presumptive DX (Syphilis)

ICD-10-CM Code	Description	Medications †
N48.5	Ulcer of penis	Penicillin G benzathine long acting – injection †
N76.6	Ulceration of vulva	Penicillin G benzathine long acting – injection †
Z20.2	STI (Syphilis) – exposed partner	Penicillin G benzathine long acting – injection †

Vaginal Candidiasis

ICD-10-CM Code	Description	Medications ≠
B37.31	Acute candidiasis of vulva and vagina	Clotrimazole, Fluconazole, Miconazole, Terconazole
B37.32	Chronic candidiasis of vulva and vagina	Clotrimazole, Fluconazole, Miconazole, Terconazole €

Bacterial Vaginosis

ICD-10-CM Code	Description	Medications ≠
N76.0	Acute vaginitis	R: Metronidazole, R: Clindamycin cream A: Clindamycin capsules or ovules A: Secnidazole ‡ A: Tinidazole

Warts (Genital Only)

ICD-10-CM Code	Description	Medications ≠
A63.0	Anogenital (venereal) warts (M/F)	Imiquimod, Podofilox
B08.1	Molluscum (M/F)	Imiquimod, Podofilox
B07.9	Viral wart, unspecified (M/F)	Imiquimod, Podofilox

Family Planning-Related Services: Management of Urinary Tract Infection (UTI)

Treatment or diagnostic tests for the management of UTIs are covered when provided as part of, or as a follow-up to, a family planning visit where the UTI was identified or diagnosed. An additional ICD-10-CM code is required as noted below.

These benefits are for female clients only.

Urinary Tract Infection

ICD-10-CM Code	Description	Medications ±
N30.00	Acute cystitis without hematuria	Cephalexin Ciprofloxacin, Nitrofurantoin, TMP/SMX
N30.01	Acute cystitis with hematuria	Cephalexin Ciprofloxacin, Nitrofurantoin, TMP/SMX
R31.0	Gross hematuria	Cephalexin Ciprofloxacin, Nitrofurantoin, TMP/SMX
R30.0	Dysuria	Cephalexin Ciprofloxacin, Nitrofurantoin, TMP/SMX
R30.9	Painful micturition, unspecified	Cephalexin Ciprofloxacin, Nitrofurantoin, TMP/SMX
R35.0	Frequency of micturition	Cephalexin Ciprofloxacin, Nitrofurantoin, TMP/SMX
R10.30	Lower abdominal pain, unspecified	Cephalexin Ciprofloxacin, Nitrofurantoin, TMP/SMX

Treatment and Dispensing Guidelines for Clinicians**Family Planning-Related Conditions Drug Regimens****Bacterial Vaginosis Treated with Metronidazole**

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
250 mg/500 mg tabs	500 mg PO BID X 7 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
0.75% vaginal gel	5 g PV QHS X 5 days	30	Recommended regimen	S5000/ S5001

Bacterial Vaginosis Treated with Clindamycin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
2% cream	5 g PV X 7 days	30	Recommended regimen	S5000/ S5001
150 mg capsules	300 mg PO BID X 7 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001
100 mg ovules	100 mg PV QHS X 3 days	30	Alternative regimen	S5000/ S5001

Bacterial Vaginosis Treated with Tinidazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
200 mg/500 mg tabs	2 gm PO QD X 2 days, or 1 gm PO QD X 5 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001

Chlamydia Treated with Doxycycline

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
100 mg tabs	100 mg PO BID X 7days	2 per rolling 30 days	Recommended regimen	S5000/ S5001

Chlamydia Treated with Azithromycin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
500 mg tabs/1 gm pkt	1 gm PO X 1	2 per rolling 30 days	Alternative regimen	Q0144

Chlamydia Treated with Levofloxacin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
250 mg/500 mg tabs	500 mg PO QD X 7 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001

Acute Epididymitis (most likely caused by GC, CT) Treated with Ceftriaxone plus Doxycycline

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Ceftriaxone 500 mg injection	500 mg IM X 1 £	2 per rolling 30 days	Recommended regimen	J0696
Doxycycline 100 mg tabs	100 mg PO BID X 10 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001

Acute Epididymitis (most likely caused by GC, CT, or enteric organisms [men who practice insertive anal sex]) Treated with Ceftriaxone plus Levofloxacin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Ceftriaxone 500 mg injection	500 mg IM X 1 £	2 per rolling 30 days	Recommended regimen	J0696
Levofloxacin 250 mg/500 mg tabs	500 mg PO QD X 7 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001

Acute Epididymitis (most likely caused by enteric organisms only) Treated with Levofloxacin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Levofloxacin 250 mg/500 mg tabs	500 mg PO QD X 10 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001

External Genital Warts Treated with Imiquimod

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
5% cream	QHS 3/week up to 16 weeks	30	Recommended regimen	S5000/ S5001

External Genital Warts Treated with Podofilox

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
0.5% solution/gel	BID 3 days/week followed by 4 days no treatment, up to 4 weeks	30	Recommended regimen	S5000/ S5001

Genital Herpes Treated with Acyclovir

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
400 mg tabs	400 mg PO TID X 7 to 10 days	None	Primary herpes	S5000/ S5001
400 mg tabs 800 mg tabs	800 mg PO BID X 5 days or 800 mg PO TID X 2 days	30	Recurrent herpes	S5000/ S5001
400 mg tabs	400 mg PO BID	22	Suppression of recurrent herpes	S5000/ S5001

Gonorrhea Treatment Notes

Refer to Note 1.

Gonorrhea Treated with Ceftriaxone

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
500 mg injection	500 mg IM X 1	15	Recommended regimen (Note 1)	J0696

Gonorrhea Treated with Cefixime

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
400 mg tabs/caps	800 mg PO X 1	2 per rolling day	Alternative regimen (Note 1)	S5000/ S50001

Nongonococcal Urethritis (NGU)

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Doxycycline 100 mg tabs	100 mg PO BID X 7 days	None	Recommended regimen	S5000/ S5001
Azithromycin 500 mg tabs/1 gm packet	1 gm PO X 1	None	Alternative regimen	Q0144

Recurrent/Persistent NGU due to Mycoplasma Genitalium Treated with Doxycycline followed by Moxifloxacin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Doxycycline 100 mg tabs	100 mg PO BID X 7 days	None	Recommended regimen	S5000/ S5001
Moxifloxacin 400 mg tabs β	400 mg PO QD X 7 days	None	Recommended regimen	N/A

Recurrent/Persistent NGU due to Mycoplasma genitalium Treated with Doxycycline followed by Azithromycin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Doxycycline 100 mg tabs	100 mg PO BID X 7 days	None	Alternative regimen	S5000/ S5001
Azithromycin 500 mg tabs/1 gm packet	1 gm PO on day 1, then 500 mg PO QD X 3 days	None	Alternative regimen	Q0144

PID Treated with Ceftriaxone plus Doxycycline with Metronidazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Ceftriaxone 250 mg injection	500 mg IM X 1	2 per rolling 30 days	Recommended regimen	J0696
Doxycycline 100 mg tabs	100 mg PO BID X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
Metronidazole 250/500 mg tabs	500 mg PO BID X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001

PID Treated with Cefoxitin and Probenecid, plus Doxycycline with Metronidazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Cefoxitin 1 gm injection	2 gm IM X 1	2 per rolling 30 days	Recommended regimen	J0694
Probenecid 500 mg tabs	1 gm PO X 1	2 per rolling 30 days	Recommended regimen	J0694
Doxycycline 100 mg tabs	100 mg PO BID X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
Metronidazole 250/500 mg tabs	500 mg PO BID X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001

PID Treated with Levofloxacin with Metronidazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
Levofloxacin 250/500 mg tabs	500 mg PO QD X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
Metronidazole 250-/500 mg tabs	500 mg PO BID X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001

Syphilis (Primary, Secondary, Early Latent) Treated with Penicillin G Benzathine

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
1.2 mil units/2 ml 2.4 mil units/4 ml	2.4 mil units IM X 1	N/A	Recommended regimen †	J0561

Syphilis (Late Latent, Unknown Duration) Treated with Penicillin G Benzathine

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
1.2 mil units/2 ml 2.4 mil units/4 ml	2.4 mil units IM q week X 3 doses	N/A	Recommended regimen †	J0561

Trichomoniasis Treated with Metronidazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
500 mg tabs	2 gm PO X 1	2 per rolling 30 days	Recommended regimen (Males)	S5000/ S5001
500 mg tabs	500 mg PO BID X 7 days	2 per rolling 30 days	Recommended regimen (Females)	S5000/ S5001

Trichomoniasis Treated with Tinidazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
250/500 mg tabs	2 gm PO X 1	2 per rolling 30 days	Alternative regimen (males and females)	S5000/ S5001

Urinary Tract Infection Reference

Refer to American Academy of Family Physicians, American Family Physician 2005; 72:451-6,458.

Urinary Tract Infection Treated with SMX/TMP DS

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
800/160 mg tabs	800/160 mg PO BID X 3 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001

Urinary Tract Infection Treated with SMX/TMP

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
400/80 mg tabs	400/80 mg 2 PO BID X 3 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001

Urinary Tract Infection Treated with Ciprofloxacin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
250 mg tabs	250 mg PO BID X 3 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001
500 mg tabs	500 mg PO QD X 3 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001

Urinary Tract Infection Treated with Cephalexin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
500 mg caps	500 mg PO BID X 7-10 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
250 mg caps	250 mg PO QID X 7-10 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001

Urinary Tract Infection Treated with Nitrofurantoin

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
«50 mg/100 mg caps»	100 mg PO BID x 5 days	2 per rolling 30 days	«Recommended regimen»	«S5000/S5001»

Vaginal Candidiasis Treated with Clotrimazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
2% cream ±	QHS for 3 days	30	N/A	S5000/S5001
1% cream ±	QHS for 7 days	30	N/A	S5000/S5001

Vaginal Candidiasis Treated with Fluconazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
150 mg tablet	Single dose PO	30	N/A	S5000/S5001

Vaginal Candidiasis Treated with Miconazole

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
4% cream ±	QHS for 3 days	30	N/A	S5000/S5001
2% cream ±	QHS for 7 days	30	N/A	S5000/S5001
200 mg vaginal suppository ±	QHS for 3 days	30	N/A	S5000/S5001
100 mg vaginal suppository ±	QHS for 7 days	30	N/A	S5000/S5001

Vaginal Candidiasis Treated with Terconazole

Terconazole is reserved for use in complicated cases of Vaginal Candidiasis. Terconazole is restricted to Pharmacy dispensing only; for use after treatment failure with other anti-fungals. A *Treatment Authorization Request* (TAR) is required.

Dosage Size	Regimens*	Fill Freq Days	Notes	Clinic Code
80 mg suppository ±	QHS for 3 days	30	N/A	S5000/ S5001
0.8% cream ±	QHS for 3 days	30	N/A	S5000/ S5001
0.4% cream ±	QHS for 7 days	30	N/A	N/A

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
‡	Only dosage regimens included in current CDC STI Treatment Guidelines or California STI Treatment Guidelines may be used. Refer to www.cdc.gov and www.cdph.ca.gov for more information. R: Recommended regimen A: Alternative regimen
€	Restricted to pharmacy dispensing only; for use after treatment failure with other anti-fungals, TAR required.
*	CDC, <i>Sexually Transmitted Infections Treatment Guidelines, 2021</i> , MMWR July 2021:70(4): 1-192.
±	Oil-based products may weaken latex condoms and diaphragms.
†	For nonpregnant persons with penicillin allergy who have primary or secondary syphilis, may treat with doxycycline 100 mg orally 2 times per day for 14 days. For those with late latent or syphilis of unknown duration, may treat with 100 mg orally 2 times per day for 28 days.
‡	For pharmacy dispensing only.
£	For persons weighing more than 150 kg (330 lbs), ceftriaxone 1g IM should be administered.
β	Moxifloxacin is for pharmacy dispensing only.

Legend (continued)

Symbols used in the document above are explained in the following table.

Symbol	Description
Note 1	<p>The CDC <i>Sexually Transmitted Infections: Treatment Guidelines, 2021</i> recommends:</p> <ul style="list-style-type: none"> • For uncomplicated gonococcal infections of the cervix, urethra, or rectum: treat with a single dose of ceftriaxone 500 mg IM for persons weighing less than 150 kg (330 lbs). For persons weighing more than 150 kg (330 lbs), ceftriaxone 1 g IM should be administered. If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. <p>If treating with cefixime, and chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days.</p> <p>For patients with significant anaphylaxis-type allergies to penicillin or allergies to cephalosporins, providers should treat with gentamicin 240 mg IM (onsite dispensing only with HCPCS code J1580; requires a TAR) with azithromycin 2 gm PO X 1.</p> <ul style="list-style-type: none"> • For uncomplicated gonococcal infections of the pharynx: treat with ceftriaxone, as noted above. <p>If chlamydia coinfection is identified when pharyngeal gonorrhea testing is performed, providers should treat for chlamydia with doxycycline 100 mg orally twice a day for 7 days.</p>