

Benefits Grid

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This *Benefits Grid* section includes the codes for procedures, medications and contraceptive supplies that are reimbursable under the Family Planning, Access, Care and Treatment (Family PACT) Program. For codes for the management of complications (1) that may arise from the use of a contraceptive method, refer to *the Benefits: Family Planning* section in this manual.

Family Planning Services

ICD-10-CM Codes and Description	Procedures	Laboratory ¿	Supplies	Medications
Z30.012 (Encounter for prescription of emergency contraception)	<<None>>	81025: Urine pregnancy test	<<None>>	J3490U5: Ulipristal acetate (emergency contraceptive pill [ECP]) J3490U6: Levonorgestrel (ECP)
Z30.09 (Encounter for general counseling and advice on contraception) (33)	<<None>>	81025: Urine pregnancy test (32)	<<None>>	<<None>>

Family Planning Services (continued)

ICD-10-CM Codes and Description	Procedures	Laboratory ¿	Supplies	Medications
<p>Z30.011 (Initial prescription, contraceptive pills)</p> <p>Z30.41 (Surveillance, contraceptive pills)</p>	<p>99000: Handling and/or conveyance of blood specimen to unaffiliated lab</p>	<p>81025: Urine pregnancy test</p>	<p>A4267: Male condom</p> <p>A4268: Internal condom</p> <p>Spermicides:</p> <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge <p>«A4269U5: Vaginal gel»</p> <p>S5199: Lubricant</p>	<p>S4993: Oral Contraceptives</p> <p>S5000/S5001: Estradiol (requires additional ICD-10-CM code N92.1)</p> <p>J3490U5: Ulipristal acetate (ECP)</p> <p>J3490U6: Levonorgestrel (ECP)</p>

Family Planning Services (continued)

ICD-10-CM Codes and Description	Procedures	Laboratory ¿	Supplies	Medications
<p>Z30.015 (Initial prescription, vaginal ring)</p> <p>Z30.44 (Surveillance, vaginal ring)</p> <p>Z30.016 (Initial prescription, transdermal patch)</p> <p>Z30.45 (Surveillance, transdermal patch)</p>	<p>99000: Handling and/or conveyance of blood specimen to unaffiliated lab</p>	<p>81025: Urine pregnancy test</p>	<p>A4267: Male condom</p> <p>A4268: Internal condom</p> <p>Spermicides:</p> <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge <p>«A4269U5: Vaginal gel»</p> <p>S5199: Lubricant</p>	<p>J7294: Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, each</p> <p>J7295: Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, each</p> <p>«J7304U1: Norelgestromin and ethinyl estradiol (hormone containing transdermal patch)</p> <p>J7304U2: Levonorgestrel and ethinyl estradiol (hormone containing transdermal patch)»</p> <p>(continued on next page)</p>

Family Planning Services (continued)

ICD-10-CM Codes and Description	Procedures	Laboratory ¿	Supplies	Medications
<p>Z30.015 (Initial prescription, vaginal ring)</p> <p>Z30.44 (Surveillance, vaginal ring)</p> <p>Z30.016 (Initial prescription, transdermal patch)</p> <p>Z30.45 (Surveillance, transdermal patch)</p>	<p>99000: Handling and/or conveyance of blood specimen to unaffiliated lab</p>	<p>81025: Urine pregnancy test</p>	<p>A4267: Male condom</p> <p>A4268: Internal condom</p> <p>Spermicides:</p> <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge <p>«A4269U5: Vaginal gel»</p> <p>S5199: Lubricant</p>	<p>J3490U5: Ulipristal acetate (ECP)</p> <p>J3490U6: Levonorgestrel (ECP)</p> <p>S5000/S5001: Estradiol (requires additional ICD-10-CM code N92.1)</p>

Family Planning Services (continued)

ICD-10-CM Codes and Description	Procedures	Laboratory ¿	Supplies	Medications
<p>Z30.013 (Initial prescription, injectable contraceptive)</p> <p>Z30.42 (Surveillance, injectable contraceptive)</p>	<p>99000: Handling and/or conveyance of blood specimen to unaffiliated lab</p>	<p>81025: Urine pregnancy test</p>	<p>A4267: Male condom</p> <p>A4268: Internal condom</p> <p>Spermicides:</p> <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge <p>«A4269U5: Vaginal gel»</p> <p>S5199: Lubricant</p>	<p>J3490U8: Medroxyprogesterone acetate 150 mg, for contraception</p> <p>Medroxyprogesterone acetate 104 mg, SQ: for pharmacy dispensing only</p> <p>S5000/S5001: Estradiol (requires additional ICD-10-CM code N92.1)</p> <p>J3490U5: Ulipristal acetate (ECP)</p> <p>J3490U6: Levonorgestrel (ECP)</p>

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory ¿	Supplies	Medications
<p>Z30.017 (Initial prescription, subdermal implant)</p> <p>Z30.46 (Surveillance, subdermal implant)</p>	<p>11976: Removal</p> <p>11981: Insertion</p> <p>99000: Handling and/or conveyance of blood specimen to unaffiliated lab</p> <p>73060: X-ray humerus (34)</p> <p>76882: Ultrasound, limited, joint or other nonvascular extremity structure(s) (34)</p>	<p>81025: Urine pregnancy test</p>	<p>11976UA: Removal</p> <p>A4267: Male condom</p> <p>A4268: Internal condom</p> <p>Spermicides:</p> <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge <p>«A4269U5: Vaginal gel»</p> <p>S5199: Lubricant</p>	<p>J7307: Etonogestrel implant</p> <p>S5000/S5001: Estradiol (requires ICD-10-CM code N92.1)</p> <p>J3490U5: Ulipristal acetate (ECP)</p> <p>J3490U6: Levonorgestrel (ECP)</p>

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory ¿	Supplies	Medications
Z30.430 (Insertion, intrauterine contraceptive device)	58300: Insertion 58301: Removal	81025: Urine pregnancy test	58300UA: Insertion 58301UA: Removal	J7296: Levonorgestrel IU (kyleena) 19.5 mg
Z30.431 (Routine checking, intrauterine contraceptive device)	74018: X-ray abdomen, 1 view (6)	85013, 85014: Hematocrit (Hct)	A4267: Male condom	J7297: Levonorgestrel IU (liletta), 52 mg
Z30.432 (Removal of intrauterine contraceptive device)	76830: Transvag US (6)	85018: Hemoglobin (Hgb)	A4268: Internal condom	J7298: Levonorgestrel IU (mirena), 52 mg
Z30.433 (Removal and reinsertion of intrauterine contraceptive device)	76857: US pelvic limited or follow-up (6) 99000: Handling and/or conveyance of blood specimen to unaffiliated lab		Spermicides: <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge «A4269U5: Vaginal gel» S5199: Lubricant	J7300: Intrauterine copper contraceptive J7301: Levonorgestrel IU (skyla), 13.5 mg J3490U5: Ulipristal acetate (ECP) J3490U6: Levonorgestrel (ECP) S5000/S5001: Estradiol (requires ICD-10-CM code N92.1)

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory ¿	Supplies	Medications
Z30.018 (Initial prescription of other contraceptives [male or female barrier and/or spermicide]) Z30.49 (Surveillance of other contraceptives [male or female barriers and/or spermicide])	57170: Diaphragm/cervical cap fitting 99000: Handling and/or conveyance of blood specimen to unaffiliated lab	81025: Urine pregnancy test	A4261: Cervical cap A4266: Diaphragm A4267: Male condom A4268: Internal condom Spermicides: <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge «A4269U5: Vaginal gel» S5199: Lubricant	J3490U5: Ulipristal acetate (ECP) J3490U6: Levonorgestrel (ECP)

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory <i>ç</i>	Supplies	Medications
Z30.02 (Counseling and instruction in natural family planning to avoid pregnancy)	None	81025: Urine pregnancy test	BBT (26)	J3490U5: Ulipristal acetate (ECP) J3490U6: Levonorgestrel (ECP)
Z31.61 (Procreative counseling and advice using natural family planning) (34)	None	81025: Urine pregnancy test	BBT (26)	None

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medications
<p>Z30.09 (35) (Encounter general counseling and advice on contraception [sterilization])</p> <p>Z01.812 (28) (Encounter for pre-procedural lab exam [female sterilization])</p>	<p>99000: Handling and/or conveyance of blood specimen to unaffiliated lab</p>	<p>81025: Urine pregnancy test</p> <p><u>Preoperative tests:</u> 81000: UA dipstick with microscopy</p> <p>81001: UA automated with microscopy</p> <p>81002: UA dipstick without microscopy</p> <p>81003: UA automated without microscopy</p> <p>85013: Spun Hct</p> <p>85014: Hct</p> <p>85018: Hgb</p> <p>85025: Auto complete blood count (CBC) with auto diff. white blood count (WBC)</p>	<p>None</p>	<p>None</p>

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medications
Z30.09 (35) (Encounter general counseling and advice on contraception [sterilization]) Z01.812 (28) (Encounter for pre-procedural lab exam [female sterilization])	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	85027: Auto CBC without differential 85002: Bleeding time (27) 85610: Prothrombin time (27) 85730: Thromboplastin time (27)	None	None

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medications
Z01.818 (Encounter for other pre-procedural exam [female sterilization]) (28)	71046: Chest X-ray (7) 93000: ECG (7) 93307: Echocardiography (7) (27)	None	None	None
Z30.2 (Encounter for sterilization [female])	58600: Mini lap TL 58615: Mini lap TL with clip 58661: Laparoscopy with removal of adnexal structures (Continued on next page)	88302: Surgical path. (two specimens)	58600UA/UB: Mini-Lap TL 58615UA/UB: Mini-Lap with clip (Continued on next page)	None

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory ¿	Supplies	Medications
Z30.2 (Encounter for sterilization [female])	58670: Laparoscopic fulguration 58671: Laparoscopic sterilization with ring or clip 58700: Salpingectomy, complete or partial «58555: Hysteroscopy, diagnostic»	88302: Surgical path. (two specimens)	58661UA/UB: Laparoscopy with removal of adnexal structures 58670UA/UB: Laparoscopic fulguration 58700UA/UB: Salpingectomy, complete or partial 58671UA/UB: Laparoscopic sterilization with ring or clip	None

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medications
Z98.51 (Tubal ligation status)	None	None	A4267: Male condom A4268: Internal condom Spermicides: <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge A4269U5: Vaginal gel S5199: Lubricant	J3490U5: Ulipristal acetate (ECP) J3490U6: Levonorgestrel (ECP)

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medications
Z01.812 (Encounter for pre-procedural lab exam [male sterilization]) (28)	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	<u>Preoperative tests:</u> 81000: UA dipstick with microscopy 81001: UA automated with microscopy 81002: UA dipstick without microscopy 81003: UA automated without microscopy 85013: Spun Hct 85014: Hct 85018: Hgb 85025: Auto CBC with auto diff. WBC 85027: Auto CBC without differential	None	None

Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory <i>ι</i>	Supplies	Medications
Z30.2 (Encounter for sterilization [male])	55250: Vasectomy	88302: Surgical path (two specimens)	55250UA/UB: Vasectomy	None
Z98.52 (Vasectomy status)	None	None	A4267: Male condom A4268: Internal condom Spermicides: <ul style="list-style-type: none"> • A4269U1: Gel, jelly, cream, or foam • A4269U2: Suppository • A4269U3: Vaginal film • A4269U4: Sponge «A4269U5: Vaginal gel» S5199: Lubricant	None

Post vasectomy semen analysis is included in the global fee for vasectomy.

Reproductive Health Screening Tests

These services may be provided as clinically indicated. These services are not reimbursable for Z30.012, Z30.09 and Z31.61. For more information, refer to the *Benefits: Family Planning* section in this manual.

Reproductive Health Screening Tests

CPT® Codes	Reflex Testing (based on a positive screening test result)	Restrictions
86592 ¥ (VDRL, RPR)	86780 ¥ TP-confirmatory test; if positive, 86593 is required 86593 ¥ Syphilis test, non-treponemal antibody; quantitative	None
86701 ± (HIV-1 antibody) 86702 ¥ (HIV-2 antibody) 86703 ± (HIV-1 and HIV-2 antibodies, single result) 87389 ± (HIV-1 antigen[s], with HIV-1 and HIV-2 antibodies, single result) 87806 ± (HIV-1 antigen[s], with HIV-1 and HIV-2 antibodies)	86689 ¥ HIV confirmatory test (e.g. Western Blot) or 86701 and 86702 differentiation assay and 87535 ± HIV – NAAT (if differentiation assay results are negative or indeterminate)	86689 limited to HIV antibody

Reproductive Health Screening Tests (continued)

CPT Codes	Reflex Testing (based on a positive screening test result)	Restrictions
87491 § (NAAT – Chlamydia) 87591 § (NAAT – Gonorrhea)	None	Refer to the Chlamydia Trachomatis (CT) and Neisseria gonorrhoeae (GC) screening guidelines
«87661 (NAAT – Trichomonas) 87808 (T. vaginalis immunoassay)	None	Females only Refer to the trichomoniasis screening guidelines»

CT and GC screening tests for females 25 years of age and older and males of all ages require an additional ICD-10-CM code. Females under 25 years of age may require an additional ICD-10-CM code. For additional information, refer to the *Benefits: Family Planning* section in this manual.

«Trichomoniasis screening tests require an additional ICD-10-CM code. For additional information, refer to the *Benefits: Family Planning* section in this manual.»

«Family Planning-Related Services: Human Papillomavirus 9-valent Vaccine, Recombinant (9vHPV)

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends “catch-up” vaccination for individuals through age 26 who are not fully vaccinated, and vaccination based on shared clinical decision-making for individuals 27 to 45 years of age who are not fully vaccinated. Refer to the [Benefits: Family Planning-Related Services](#) section in this manual for additional information.

The HPV vaccine is not reimbursable with ICD-10-CM codes Z30.012, Z30.09 or Z31.61.

CPT Code	Description	Restrictions
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Limited to females and males 19 to 45 years of age. Reimbursable with vaccine immunization administration code 90471.>>

Family Planning-Related Services: Cervical Cancer Screening

The following laboratory tests are covered when clinically indicated and provided as part of, or as a follow-up to, a family planning visit. These tests must be ordered in conjunction with a family planning visit. These tests are billed with the appropriate family planning ICD-10-CM diagnosis code and may require an additional diagnosis code. Providers may refer to the *Laboratory Services* section in this manual.

Cervical Cytology

CPT Code	Description
88142	LBC, manual screen
88143	LBC, manual screen and rescreen
88147	Smear, automated screen
88148	Smear, automated screen, manual re-screen
88164	Smear, Bethesda, manual screen
88165	Smear, Bethesda, manual screen, re-screen
88167	Smear, Bethesda, manual screen, computer re-screen
88174	LBC, automated screen
88175	LBC, automated screen, manual re-screen

Additional Information: Refer to the *Benefits: Family Planning-Related Services* section in this manual for additional information and claim requirements.

Human Papillomavirus (HPV) Testing

CPT Code	Description
87624	HPV. high-risk types
87625	HPV, 16/18 genotype

Additional Information: Refer to the *Benefits: Family Planning-Related Services* section in this manual for additional information and claim requirements.

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

Treatment or diagnostic testing of specified sexually transmitted infections (STIs) may be provided as clinically indicated. For services to manage a complication of family planning-related treatment, refer to the *Benefits: Family Planning-Related Services* section in this manual. (11)

Family Planning-Related Services (9)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
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)	None	None	None	None
<u>Chlamydia</u> A56.01 (CT cystitis and urethritis) (M/F) A56.09 (Other chlamydial infection lower of genitourinary tract) (F) A56.3 (CT anus/rectum) (M/F) A56.4 (CT pharynx) (M/F) <u>Presumptive Dx</u> N34.2 (Other urethritis) (M) N45.3 (Epididymo-orchitis) (M)	None	87205: Gram stain – symptomatic males only 87491: CT, amplified probe technique	None	R: Doxycycline A: Azithromycin A: Levofloxacin

Family Planning-Related Services (9)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
N72 (Inflammatory disease of cervix uteri) (F) N89.8 (Other specified non-inflammatory disorders of vagina) (F) N94.10 (Unspecified dyspareunia) (F) N94.11 (Superficial [introital] dyspareunia) (F) N94.12 (Deep dyspareunia) (F) N94.19 (Other specified dyspareunia) (F) N94.89 (Other conditions associated with female genital organs) (F) R30.0 (Dysuria) (M/F) R30.9 (Painful micturition, unspecified) (M/F) Z20.2 (STI[CT]-exposed partner) (M/F)	None	87205: Gram stain – symptomatic males only 87491: CT, amplified probe technique	None	R: Doxycycline A: Azithromycin

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
<p><u>Gonorrhea</u> A54.01 (GC cystitis and urethritis, unspecified) (M/F) A54.5 (GC pharyngitis) (M/F) A54.6 (GC anus/rectum) (M/F) A54.22 (GC prostatitis) (M) A54.03 (GC cervicitis, unspecified) (F)</p> <p><u>Presumptive Dx</u> N34.2 (Other urethritis) (M) N45.3 (Epididymo-orchitis) (M) N72 (Inflammatory disease of cervix uteri) (F) N89.8 (Other specified non-inflammatory disorders of vagina) (F) N94.10 (Unspecified dyspareunia) (F) N94.11 (Superficial (introital) dyspareunia) (F) N94.12 (Deep dyspareunia) (F) N94.19 (Other specified dyspareunia) (F) N94.89 (Other conditions associated with female genital organs) (F) R30.0 (Dysuria) (M/F) R30.9 (Painful micturition, unspecified) (M/F) Z20.2 (STI[GC]-exposed partner) (M/F)</p>	<p>None</p>	<p>87205: Gram stain – symptomatic males only</p> <p>87591: GC, amplified probe technique</p>	<p>None</p>	<p>R: Ceftriaxone A: Cefixime A: If cephalosporin allergy: Gentamicin Azithromycin</p>

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
<u>Epididymitis</u> N45.1 (Epididymitis) (M) N45.3 (Epididymo-orchitis) (M) <u>Presumptive DX</u> N50.811 (Right testicular pain) (M) N50.812 (Left testicular pain) (M) N50.819 (Testicular pain unspecified) (M)	None	81000: UA dipstick with microscopy 81015: Urine microscopy 87205: Gram stain – symptomatic males only 87491: CT, amplified probe technique 87591: GC, amplified probe technique 87563: M genitalium, amplified probe technique	None	R: Ceftriaxone plus Doxycycline (see Note 2) OR R: Ceftriaxone plus Levofloxacin (see Note 2)

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
<u>Herpes (genital only)</u> A60.01 (Herpes penis) A60.04 (HSV Vulvovaginitis) <u>Presumptive Dx</u> N48.5 (Ulcer of penis) N76.6 (Ulceration of vulva)	None	Additional restrictions apply (12) 87255: HSV culture 87529: HSV NAAT	None	Acyclovir

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
« <u>Acute Nongonococcal Urethritis (NGU)</u> N34.1 (Nonspecific urethritis)»	None	81000: UA dipstick with microscopy 81001: UA automated with microscopy 81002: UA dipstick without microscopy 81003: UA automated without microscopy 81005: UA (qualitative) 81015: Urine microscopy 87205: Gram stain – symptomatic males only	None	R: Doxycycline A: Azithromycin

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
« <u>Acute Nongonococcal Urethritis (NGU) (continued)</u> » N34.1 (Nonspecific urethritis)	None	87210: Wet mount 87491: CT, amplified probe technique 87591: GC, amplified probe technique Q0111: Wet mount	None	R: Doxycycline A: Azithromycin

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
‹‹ <u>Recurrent/persistent NGU</u> N34.1 (Nonspecific urethritis) N34.2 (Other urethritis) N34.3 (Urethral syndrome, unspecified)	None	87210: Wet mount 87491: CT, amplified probe technique 87563: M genitalium, amplified probe technique 87591: GC, amplified probe technique 87661: NAAT – T. vaginalis 87808: T. vaginalis Q0111: Wet mount	None	R: Doxycycline followed by Moxifloxacin A: Doxycycline followed by Azithromycin››

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
<p><u>PID</u> (Uncomplicated outpatient only) N70.03 (Acute salpingitis and oophoritis) N70.93 (Salpingitis and oophoritis, unspecified) N94.10 (Unspecified dyspareunia) (F) N94.11 (Superficial [introital] dyspareunia) (F) N94.12 (Deep dyspareunia) (F) N94.19 (Other specified dyspareunia) (F) N94.89 (Other conditions associated with female genital organs) (F)</p>	<p>99000: Handling and/or conveyance of blood specimen for transfer to lab</p>	<p>85025: CBC/diff 85651: ESR 85652: ESR 87491: CT, amplified probe technique 87591: GC, amplified probe technique</p>	<p>None</p>	<p>R: Ceftriaxone injection plus Doxycycline with Metronidazole A: Cefoxitin injection and Probenecid, plus Doxycycline with Metronidazole A: Levofloxacin with Metronidazole (See Note 10)</p>
<p><u>Syphilis</u> A51.0 (Primary genital) (M/F) A51.31 (Condyloma latum) (M/F) A51.39 (Other, secondary) (M/F) A51.5 (Early, latent) (M/F) A52.8 (Late, latent) (M/F) A53.0 (Latent, unspecified) (M/F)</p> <p><u>Presumptive Dx</u> N48.5 (Ulcer of penis) N76.6 (Ulceration of vulva) Z20.2 (STI [Syphilis] – exposed partner)</p>	<p>99000: Handling and/or conveyance of blood specimen for transfer to lab</p>	<p>86593: Syphilis test, non-treponemal antibody; quantitative (15)</p>	<p>None</p>	<p>Penicillin G benzathine long acting – injection (Note 3)</p>

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
<u>Trichomoniasis</u> A59.01 (Trichomonal vulvo-vaginitis) A59.03 (Trich. cystitis and urethritis) N76.0 (Acute vaginitis) <u>Presumptive Dx</u> N34.2 (Other urethritis) (M) Z20.2 (STI [Trichomoniasis] – exposed partner) (M/F)	None	83986: pH (females only) 87210: Wet mount 87661: NAAT – T. vaginalis (females only) 87808: T. vaginalis immunoassay (females only) Q0111: Wet mount	None	R:Metronidazole A: Tinidazole (16)
<u>Vaginal Candidiasis</u> B37.31 (Acute candidiasis of vulva and vagina) B37.32 (Chronic candidiasis of vulva and vagina)	None	83986: pH (females only) 87210: Wet mount Q0111 Wet mount	None	Clotrimazole Fluconazole Miconazole Terconazole (27)
<u>Bacterial Vaginosis</u> N76.0 (Acute vaginitis)	None	<<83986: pH (females only) 87210: Wet mount Q0111 Wet mount>>	None	R: Metronidazole R: Clindamycin cream A: Clindamycin capsules or ovules A: Secnidazole Note 6) A: Tinidazole

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
<u>Warts</u> (genital only) A63.0 (Anogenital [venereal] warts) (M/F) B08.1 (Molluscum) (M/F) B07.9 (Viral wart, unspecified) (M/F)	54050: Destruction of penile lesion; chemical (14) 54056: Destruction of penile lesion; cryo (14) 54100: Biopsy of penis (17)	88305: Surgical path for males (17) 88305: Surgical path for females (17)	54050UA 54056UA 54100UA 56501UA 57061UA 56605UA	Imiquimod Podofilox

Family Planning-Related Services (9) (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
<u>Warts</u> (genital only) A63.0 (Anogenital [venereal] warts) (M/F) B08.1 (Molluscum) (M/F) B07.9 (Viral wart, unspecified) (M/F)	56501: Destruction vulvar lesion (14) 57061: Destruction vaginal lesion (14) 56605: Biopsy, vulva (17)	88305: Surgical path for males (17) 88305: Surgical path for females (17)	54050UA 54056UA 54100UA 56501UA 57061UA 56605UA	Imiquimod Podofilox

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

Treatment or diagnostic tests for the management of urinary tract infection (UTI) 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.

Family Planning-Related Services

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications
<u>UTI</u> N30.00 (Acute cystitis without hematuria) N30.01 (Acute cystitis with hematuria) R31.0 (Gross hematuria) R30.0 (Dysuria) R30.9 (Painful micturition, unspecified) R35.0 (Frequency of micturition) R10.30 (Lower abdominal pain, unspecified)	None	81000: UA dipstick with microscopy 81001: UA automated with microscopy 81002: UA dipstick without microscopy 81003: UA automated without microscopy 81005: UA (qualitative) 81015: Urine microscopy	None	Cephalexin Ciprofloxacin Nitrofurantoin TMP/SMX

Family Planning-Related Services: Management of Cervical Abnormalities

Treatment and management of specified cervical abnormalities are covered when provided as part of, or as a follow-up to, a family planning visit, where the cervical abnormality was identified or diagnosed. An additional ICD-10-CM code is required for treatment and diagnostic services for the management of women with cervical abnormalities. Colposcopy is limited to women more than 15 of age. For services to manage a complication of family planning-related treatment, refer to the *Benefits: Family Planning-Related Services* section in this manual.

Family Planning-Related Services

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications
R87.610 thru R87.619 (Abnormal result, cytologic smear of cervix)	None	88141: Pap requiring physician interpretation 88342: p16 immunohistochemistry (IHC) (36)	None	None
R87.610 (ASC-US) R87.611 (ASC-H) R87.612 (LGSIL) R87.613 (HGSIL) R87.810 (Cervical high risk HPV DNA test positive) <u>Presumptive Dx.</u> N88.0 (Leukoplakia, cervix)	57452: Colposcopy 57454: Colpo with biopsy & endocervical curettage (ECC) 57455: Colpo with biopsy 57456: Colpo with ECC	87624: HPV, high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (18) 88305: Surgical pathology 88342: p16 IHC (36)	57452UA 57454U 57455UA 57456UA	None

Family Planning-Related Services (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications
R87.619 (Unspecified abnormal cytological findings in specimen from cervix uteri)	57452: Colposcopy	87624: HPV, high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (18)	57452UA	None
	57454: Colpo with biopsy & ECC		57454UA	
	57455: Colpo with biopsy	88305: Surgical pathology	57455UA	
	57456: Colpo with ECC	88342: p16 IHC (36)	57456UA	
	58110: Endometrial biopsy with colpo (19)		58110UA	

Family Planning-Related Services (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications
N87.0 CIN 1 (biopsy) N87.1 CIN 2 (biopsy) D06.0 CIN 3 (biopsy) D06.1 CIN 3 (biopsy) D06.9 CIN 3 (biopsy)	57452: Colposcopy 57454: Colpo with biopsy & ECC 57455: Colpo with biopsy 57456: Colpo with ECC 57511: Cryocautery of cervix (22) 57460: Loop electrosurgical excision procedure (LEEP) (22) 57461: LEEP (22)	87624: HPV, high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (18) 88305: Surgical pathology 88307: Surgical pathology (21) 88342: p16 IHC (36)	57452UA 57454UA 57455UA 57456UA 57511UA 57460UA	None

Family Planning-Related Services (continued)

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications
R87.618 Other abnormal cytological findings	58100: Endometrial biopsy (20)	88305: Surgical pathology	58100UA	None

Treatment and Dispensing Guidelines for Clinicians

Family Planning-Related Conditions Drug Regimens

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
Bacterial Vaginosis	Metronidazole	250 mg/500 mg tabs	500 mg PO BID X 7 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
Bacterial Vaginosis	Metronidazole	0.75% vaginal gel	5 g PV QHS X 5 days	30	Recommended regimen	S5000/ S5001
Bacterial Vaginosis	Clindamycin	2% cream	5 g PV X 7 days	30	Recommended regimen	S5000/ S5001
Bacterial Vaginosis	Clindamycin	150 mg capsules	300 mg PO BID X 7 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001
Bacterial Vaginosis	Clindamycin	100 mg ovules	100 mg PV QHS X 3 days	30	Alternative regimen	S5000/ S5001
Bacterial Vaginosis	Tinidazole	250mg/500mg tabs	2 gm PO QD x 2 days or 1 gm PO QD x 5 days	2 per rolling days	Alternative regimen	S5000/ S5001
Chlamydia	Doxycycline	100 mg tabs	100 mg PO BID X 7 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
Chlamydia	Azithromycin	500 mg tabs/1 gm pkt	1 gm PO X 1	2 per rolling 30 days	Alternative regimen	Q0144
Chlamydia	Levofloxacin	250mg/500mg tabs	500 gm PO QD x 7 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
Acute Epididymitis (most likely caused by GC, CT)	Ceftriaxone plus Doxycycline	Ceftriaxone 500 mg injection	500 mg IM X 1	2 per rolling 30 days	Recommended regimen (See Note 2)	J0696
Acute Epididymitis (most likely caused by GC, CT)	Ceftriaxone plus Doxycycline	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, Enteric Organisms)	Ceftriaxone plus Levofloxacin	Ceftriaxone 500 mg injection	500 mg IM X 1	2 per rolling 30 days	Recommended regimen	J0696
Acute Epididymitis (most likely caused by GC, CT, Enteric Organisms)	Ceftriaxone plus Levofloxacin	Levofloxacin 250 mg/500 mg tabs	500 mg PO QD X 10 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
External Genital Warts	Imiquimod	5% cream	QHS 3/week up to 16 weeks	30	Recommended regimen	S5000/ S5001
External Genital Warts	Podofilox	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, Primary	Acyclovir	400mg tabs	400 mg PO TID X 7 to 10 days	None	Recommended regimen	S5000/ S5001
Genital Herpes, Recurrent	Acyclovir	400 mg tabs 800 mg tabs	800 mg PO BID X 5 days or 800 mg PO TID x 2 days	30	Recommended regimen	S5000/ S5001
Genital Herpes, Suppressive Therapy	Acyclovir	400 mg tabs	400 mg PO BID	22	Recommended regimen	S5000/ S5001
Gonorrhea	Ceftriaxone	500 mg injection	500 mg IM X 1	15	Recommended regimen (see Note 1)	J0696

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
Gonorrhea	Cefixime	400 mg tabs/caps	800 mg PO X 1	2 per rolling 30 days	Alternative regime (see Note 1)	S5000/ S5001
Nongonococcal Urethritis (NGU)	Doxycycline	100 mg tabs	100 mg PO BID X 7 days	None	Recommended regimen	S5000/ S5001
NGU	Azithromycin	500 mg tabs/ 1 gm packet	1 gm PO X 1	None	Alternative regimen	Q0144
Recurrent/ Persistent NGU due to Mycoplasma genitalium	Doxycycline followed by Moxifloxacin	Doxycycline 100 mg tabs	100 mg PO BID X 7 days	None	Recommended regimen (Note 4)	S5000/ S5001
Recurrent/ Persistent NGU due to Mycoplasma genitalium	Doxycycline followed by Moxifloxacin	Moxifloxacin 400 mg tabs	400 mg PO QD X 7 days	None	Recommended regimen (Note 4)	N/A
Recurrent/ Persistent NGU due to Mycoplasma genitalium	Doxycycline followed by Azithromycin	Doxycycline 100 mg tabs	100 mg PO BID X 7 days	None	Alternative regimen	S5000/ S5001

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
Recurrent/ Persistent NGU due to Mycoplasma genitalium	Doxycycline followed by Azithromycin	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	Ceftriaxone plus Doxycycline with Metronidazole	Ceftriaxone 500 mg injection	500 mg IM X 1	2 per rolling 30 days	Recommended regimen (see Note 2)	J0696
PID	Ceftriaxone plus Doxycycline with Metronidazole	Doxycycline 100 mg tabs	100 mg PO BID X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
PID	Ceftriaxone plus Doxycycline with Metronidazole	Metronidazole 250/500 mg tabs	500 mg PO BID X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
PID	Cefoxitin and Probenecid plus Doxycycline with Metronidazole	Cefoxitin 1 gm injection	2 gm IM X 1	2 per rolling 30 days	Recommended regimen	J0694
PID	Cefoxitin and Probenecid plus Doxycycline with Metronidazole	Probenecid 500 mg tabs	1 gm PO X 1	2 per rolling 30 days	Recommended regimen	S5000/ S5001
PID	Cefoxitin and Probenecid plus Doxycycline with Metronidazole	Doxycycline 100 mg tabs	100 mg tabs	2 per rolling 30 days	Recommended regimen	S5000/ S5001
PID	Cefoxitin and Probenecid plus Doxycycline with Metronidazole	Metronidazole 250/500 mg tabs	500 mg PO BID X 14 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
PID	Levofloxacin with Metronidazole	Levofloxacin 250 mg/500 mg tabs	500 gm PO QD X 14 days	2 per rolling 30 days	Alternative regimen (See Note 10)	S5000/ S5001

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
PID	Levofloxacin with Metronidazole	Metronidazole 250/500 mg tabs	500 mg PO BID X 14 days	2 per rolling 30 days	Alternative regimen (See Note 10)	S5000/ S5001
Syphilis, primary, secondary, early latent	Penicillin G benzathine	1.2 mil units/2 ml 2.4 mil units/4 ml	2.4 mil units IM X 1	None	Recommended regimen (Note 3)	J0561
Syphilis, late latent, unknown duration	Penicillin G benzathine	1.2 mil units/2 ml 2.4 mil units/4 ml	2.4 mil units IM q wk X 3 doses	None	Recommended regimen (Note 3)	J0561
Tricho-moniasis	Metronidazole	500 mg tabs	2 gm PO X 1	2 per rolling 30 days	Recommended regimen (males)	S5000/ S5001
Tricho-moniasis	Metronidazole	500 mg tabs	500 mg PO BID X 7 days	2 per rolling 30 days	Recommended regimen (females)	S5000/ S5001

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
Tricho- moniasis	Tinidazole	250/500 mg tabs	2 gm PO X 1	2 per rolling 30 days	Alternative regimen (males and females)	S5000/ S5001
Urinary Tract Infection †	SMX/TMP DS	800/160 mg tabs	800/160 mg PO BID X 3 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
Urinary Tract Infection †	SMX/TMP	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 †	Ciprofloxacin	250/500 mg tabs	250 mg PO BID X 3 days 500 mg PO QD X 3 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001
Urinary Tract Infection †	Cephalexin	500 mg caps	500 mg PO BID X 7-10 days	2 per rolling 30 days	Recommended regimen	S5000/ S5001
Urinary Tract Infection †	Cephalexin	250 mg caps	250 mg PO QID X 7-10 days	2 per rolling 30 days	Alternative regimen	S5000/ S5001
Urinary Tract Infection †	Nitrofurantoin	«50/100 mg caps»	100 mg PO BID x 5 days	2 per rolling 30 days	Recommended regimen	«S5000/ S5001»

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
Vaginal Candidiasis	Clotrimazole	2% cream ‡	QD for 3 days	30	None	S5000/ S5001
Vaginal Candidiasis	Clotrimazole	1% cream ‡	QD for 7 days	30	None	S5000/ S5001
Vaginal Candidiasis	Fluconazole	150mg tablet	Single dose PO	30	None	S5000/ S5001
Vaginal Candidiasis	Miconazole	4% cream ‡	QD for 3 days	30	None	S5000/ S5001
Vaginal Candidiasis	Miconazole	2% cream ‡	QD for 7 days	30	None	S5000/ S5001
Vaginal Candidiasis	Miconazole	200mg vaginal suppository ‡	QD for 3 days	30	None	S5000/ S5001
Vaginal Candidiasis	Miconazole	100mg vaginal suppository ‡	QD for 7 days	30	None	S5000/ S5001

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
Vaginal Candidiasis	Terconazole +	80 mg suppository ‡	QD for 3 days	30	Reserve for use in complicated cases of Vaginal Candidiasis. Restricted to Pharmacy dispensing only; for use after treatment failure with other anti-fungals, TAR required.	N/A
Vaginal Candidiasis	Terconazole +	0.8% cream ‡	QD for 3 days	30	Reserve for use in complicated cases of Vaginal Candidiasis. Restricted to Pharmacy dispensing only; for use after treatment failure with other anti-fungals, TAR required.	N/A

Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Frequency (days)	Notes	Clinic Code
Vaginal Candidiasis	Terconazole +	0.4%cream ‡	QD for 7 days	30	Reserve for use in complicated cases of Vaginal Candidiasis. Restricted to Pharmacy dispensing only; for use after treatment failure with other anti-fungals, TAR required.	N/A

Family PACT Contraceptives Supplies

Contraceptive Supplies	Billing Unit	Maximum Quantity onsite	Earliest Refill Onsite	Refill Frequency Limit Pharmacy	Clinic Code
Condoms, male	each	(see Note 7)	15 days	Up to 36 units per 27 days	A4267
Spermicidal Gel/Jelly/Foam/Cream	gram	(see Note 7)	15 days	3 refills in any 75-day period	A4269U1
Spermicidal Suppository	each	(see Note 7)	15 days	3 refills in any 75-day period	A4269U2
Spermicidal Vaginal Film	each	(see Note 7)	15 days	3 refills in any 75-day period	A4269U3
Spermicidal Contraceptive Sponge	each	(see Note 7)	15 days	3 refills in any 75-day period	A4269U4
Lubricant	gram	(see Note 7)	15 days	3 refills in any 75-day period	S5199

Family PACT Contraceptives Supplies (continued)

Contraceptive Supplies	Billing Unit	Maximum Quantity onsite	Earliest Refill Onsite	Refill Frequency Limit Pharmacy	Clinic Code
Vaginal gel	box	1 box (12 single-use applicators) per dispensing	3 dispensings per any 75-day period	1 box (12 single-use applicators) per dispensing, and limited to 3 dispensings per any 75-day period	A4269U5
Condoms, internal	each	Up to 12 units per claim	Up to 24 units in a 90-day period	No more than 12 units per claim and no more than two claims in a 90-day period	A4268
Basal Body Thermometer	each	N/A	N/A	1 per year	N/A
Contraceptive Diaphragm	each	1	1 year	1 diaphragm per year	A4266
Contraceptive Cervical Cap (Fem Cap)	each	2	1 year	2 cervical caps per year	A4261

Family PACT Contraceptives

Contraceptive	Dosage Size	Maximum Quantity onsite	Earliest Refill Onsite	Maximum Quantity Pharmacy	Earliest Refill Pharmacy	Clinic Code
Oral Contraceptives	1 cycle	18 cycles	(see Note 8)	18 cycles	(see Note 8)	S4993
Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	1 ring	1 ring	(see Note 8)	1 ring	(see Note 8)	J7294
Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	1 ring	13 rings	(see Note 8)	13 rings	(see Note 8)	J7295
Norelgestromin/EE	1 patch	52 patches	(see Note 8)	52 patches	(see Note 8)	J7304U1
Levonorgestrel/EE	1 patch	52 patches	(see Note 8)	52 patches	(see Note 8)	J7304U2

Family PACT Contraceptives (continued)

Contraceptive	Dosage Size	Maximum Quantity onsite	Earliest Refill Onsite	Maximum Quantity Pharmacy	Earliest Refill Pharmacy	Clinic Code
Medroxyprogesterone Acetate 150 mg	1 injection	1 injection	80 days	1 injection	80 days	J3490U8
Medroxyprogesterone Acetate 104 mg	1 injection	N/A	N/A	1 injection	80 days	N/A
Intrauterine copper contraceptive	1 IUC	1 IUC	(see Note 9)	1 IUC	Blank	J7300
Etonogestrel Contraceptive Implant	1 implant	1 implant	(see Note 9)	N/A	N/A	J7307
Levonorgestrel IU (liletta), 52 mg	1 IUC	1 IUC	(see Note 9)	N/A	N/A	J7297
Levonorgestrel IU (mirena), 52 mg	1 IUC	1 IUC	(see Note 9)	N/A	N/A	J7298
Levonorgestrel IU (skyla), 13.5 mg	1 IUC	1 IUC	(see Note 9)	N/A	N/A	J7301
Levonorgestrel IU (kyleena) 19.5 mg	1 IUC	1 IUC	(see Note 9)	1 IUC	Blank	J7296

Family PACT Contraceptives (continued)

Contraceptive	Dosage Size	Maximum Quantity onsite	Earliest Refill Onsite	Maximum Quantity Pharmacy	Earliest Refill Pharmacy	Clinic Code
Emergency contraception Levonorgestrel 1.5 mg	1 pack (1 tablet)	1 packet/ event combined maximum of 6 packs/year	As medically indicated up to limit	1 pack/ event combined maximum of 6 packs/year	As medically indicated up to limit	J3490U6
Emergency contraception Ulipristal Acetate 30 mg	1 pack (1 tablet)	1 packet/ event combined maximum of 6 packs/year	As medically indicated up to limit	1 pack/ event combined maximum of 6 packs/year	As medically indicated up to limit	J3490U5

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.
¿	These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.
†	American Academy of Family Physicians, American Family Physician 2005; 72:451-6,458.
‡	Oil-based products may weaken latex condoms and diaphragms.
*	CDC, <i>Sexually Transmitted Infections Treatment Guidelines, 2021</i> . MMWR July 2021, 70(4): 1-192.
+	Only available for pharmacy dispensing with approved TAR.
±	One (1) test per recipient per day.
¥	Two (2) tests per recipient per day.
§	Three (3) tests per recipient per day.
(1)	Complication services require a <i>Treatment Authorization Request (TAR)</i> , unless stated otherwise. Refer to the <i>Benefits: Family Planning</i> section in this manual.
(6)	Restricted to use for evaluating missing IUC strings only. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(7)	As medically indicated for preoperative evaluation of a pre-existing medical condition or required by outpatient facility.

Legend

Symbol	Description
(8)	Only dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See to the CDC website and CDPH website for more information. Refer to the <i>Family PACT Pharmacy Formulary</i> on the Medi-Cal Rx website (https://medi-calrx.dhcs.ca.gov), as well as the <i>Clinic Formulary</i> section in this manual for additional information about regimen, formulation and coverage limits. R: Recommended regimen A: Alternative regimen
(9)	An additional ICD-10-CM code is required for any treatment or diagnostic testing beyond screening tests.
(11)	Services to evaluate and manage a complication of treating a family planning-related service require an additional ICD-10-CM code. A TAR is required, unless stated otherwise. Refer to the <i>Benefits: Family Planning-Related Services</i> section in this manual.
(12)	Only as necessary to evaluate genital ulcers of unconfirmed etiology; payable for ICD-10-CM diagnosis codes N76.6 (F) or N48.5 (M) only. Viral culture limited to Herpes simplex only. Reflex typing is not covered.
(14)	Supply charges for these procedures include the TCA/BCA, liquid nitrogen or podophyllin used.
(15)	Only as necessary to confirm response to syphilis treatment; should not be ordered with presumptive diagnosis codes.
(16)	Only as a treatment for vaginal trichomoniasis if treatment failure or adverse effects (but not allergy) with prior use of Metronidazole
(17)	Only as necessary to confirm vulvar, vaginal or genital warts in a wart treatment candidate.

Legend

Symbol	Description
(18)	Coverage for HPV testing and co-testing are based on the 2019 ASCCP Risk-Management Consensus Guidelines for Abnormal Cervical Cancer Screening Test and Cancer Precursors. DNA amplified probe HPV (high risk only) is covered for women ages ≥ 21 years, once per 365 days, any provider. For additional information, refer to the <i>Benefits: Family Planning-Related Services</i> section in this manual.
(19)	Endometrial biopsy is covered only with AGC (atypical glandular cells) cytology result and any of the following: <ul style="list-style-type: none">• “Atypical endometrial cells” on AGC cytology result; or• Complaints of abnormal vaginal bleeding pattern suspicious for endometrial hyperplasia or cancer; or• Recipient is ≥ 36 years of age.
(20)	Endometrial biopsy restricted to ages ≥ 40 years with a finding of endometrial cells on Pap and a recent history of menstrual irregularity.
(21)	Restricted to biopsy specimens collected by LEEP procedure.
(22)	Restricted to biopsy proven CIN 2 and CIN 3, or persistent CIN 1 lesions of greater than 12 months, ages ≥ 21 years. See <i>2019 ASCCP Guidelines</i> .
(26)	Available for pharmacy dispensing only.
(27)	TAR required. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(28)	Use with ICD-10-CM code Z30.09. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information

Legend

Symbol	Description
(32)	When clinically indicated to rule out pregnancy prior to initiation of a contraceptive method, but no contraceptive method is initiated during the visit or currently used by the client. Pregnancy confirmation for women not seeking family planning services is not reimbursable under Z30.09. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(33)	Z30.09, for this encounter, is used for counseling on contraceptive methods (other than sterilization) but no contraceptive method is initiated during the visit or currently used by the client. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(34)	Restricted to use for evaluating impalpable subdermal contraceptive implant only. Refer to <i>Benefits: Family Planning</i> section in this manual for more information.

Legend

Symbol	Description
(35)	Z30.09, for this encounter, is for sterilization counseling and advice, including consent and pre-operative evaluation, if indicated. Refer to “Permanent Contraception” in the <i>Benefits: Family Planning</i> section in this manual for more information.
(36)	<p>CPT code 88342 is covered for women ages ≥15 years and reimbursable with ICD-10-CM codes D06.9, N87.0, N87.1, R87.611, R87.613 and R87.619 under the following circumstances, based on <i>The Lower Anogenital Squamous Terminology (LAST) Standardization Project for HPV- Associated Lesions: Background and Consensus Recommendations</i> from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology 2012:</p> <ul style="list-style-type: none"> • To aid in differential diagnosis between CIN 2 and CIN 3 and a mimic of precancer (e.g. immature metaplasia, reparative epithelial changes, atrophy or tangential cutting) • Anytime a morphologic CIN 2 diagnosis is considered • As an adjudication tool for cases with professional disagreement • As an adjunct to morphologic assessment for biopsy specimens interpreted as ≤ CIN 1 that are high risk for missed high-grade disease. <p>For additional information, refer to the <i>Benefits: Family Planning-Related Services</i> section in this manual.</p>

Legend

Symbol	Description
Note 1	<p>The CDC <i>Sexually Transmitted Infections Treatment Guidelines, 2021</i> recommendations for uncomplicated gonococcal infections of the cervix, urethra or rectum are as follows: treat with a single dose of ceftriaxone 500 mg IM for persons weighing less than 150 kg (330 lbs). For persons weighing 150 kg (330 lbs) or more, ceftriaxone 1 gm 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> <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 cephalosporins, treat with gentamicin 240 mg IM (onsite dispensing only with HCPCS code J1580; requires a TAR) with azithromycin 2 gm PO X 1 (refer to the <i>Family PACT Pharmacy Formulary</i> on the Medi-Cal Rx website [https://medi-calrx.dhcs.ca.gov], as well as the <i>Benefits: Family Planning-Related Services</i> and <i>Clinic Formulary</i> sections of this manual).</p> <p>For uncomplicated gonococcal infections of the pharynx: treat with ceftriaxone, as noted above. 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>
Note 2	For persons weighing 150 kg (330 lbs) or more, ceftriaxone 1 gm IM should be administered.
Note 3	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.

Legend

Symbol	Description
Note 4	Moxifloxacin (pharmacy dispensing only). See <i>Benefits: Family Planning-Related Services</i> and <i>Pharmacy Formulary</i> sections of this manual. See the <i>Benefits: Family Planning-Related Services</i> section in this manual and the <i>Family PACT Pharmacy Formulary</i> on the Medi-Cal Rx website (https://medi-calrx.dhcs.ca.gov/).
Note 6	For pharmacy dispensing only.
Note 7	There is a \$14.99 claim limit for contraceptive supplies dispensed onsite on a single date of service. Refer to the <i>Drugs: Onsite Dispensing Price Guide</i> section for the “Family PACT rate per unit.”
Note 8	The dispensing of up to the maximum quantity is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptives, contraceptive patches or contraceptive vaginal rings may be dispensed twice in one year. A TAR is required for the third supply of up to 12 months of the same product requested within a year.
Note 9	Providers must document the medical necessity for billing repeat implant or IUC/IUD placement of the same device within the device’s duration of use, as noted by the label, in the <i>Remarks</i> field (Box 80)/ <i>Additional Claim Information</i> field (Box 19) of the claim.
Note 10	If the patient has cephalosporin allergy or is unable to receive an injectable cephalosporin regimen, the community prevalence and individual risk for gonorrhea are low, and follow-up is likely, the alternative oral regimen can be considered. If this regimen is used, a GC test must be done, and if positive, either the patient must be treated with ceftriaxone IM or consultation with an infectious disease specialist is recommended.