
Benefits: Family Planning-Related Services

Page updated: May 2024

This section identifies Family PACT (Planning, Access, Care and Treatment) Program benefits for family planning-related services for the maintenance and protection of optimal reproductive health.

«Federal Regulations

Section 2303(a)(3) of the Affordable Care Act (ACA), specifies that the benefits of federally-supported state family planning programs are limited to “family planning services and supplies” as well as family planning-related services such as “medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting.”

Effective April 16, 2014, diagnosis and treatment of sexually transmitted infections (STIs) are always provided pursuant to a family planning service. These STI services are covered, regardless of the initial purpose of the visit.»

Family Planning-Related Service and Supplies

Family planning-related services include the diagnosis and treatment of specified sexually transmitted infections (STIs). In addition, the program covers urinary tract infections (UTIs), and screening for cervical cancer and treatment of pre-invasive cervical lesions for women when the care is provided coincident to a visit for the management of a family planning method.

ICD-10-CM Codes for Family Planning-Related Services

An ICD-10-CM code for the family planning-related condition being treated is required on the claim form. This code must be billed with the ICD-10-CM code that identifies the contraceptive method for which the client is being seen.

Modifiers

Modifiers are required for some tests and procedures. Family PACT defers to Medi-Cal policy and billing procedures for use of modifiers. For further information, refer to the following sections in the Part 2 Medi-Cal manual:

- *Modifiers*
- *Modifiers: Approved List*
- *Modifiers Used With Procedure Codes*
- *Non-Physician Medical Practitioners (NMP)*
- *Pathology: Billing and Modifiers*
- *Pathology: Cytopathology*
- *Surgery: Billing With Modifiers*

Laboratory Tests

Specific laboratory tests for family planning-related services are identified in this section.

For a comprehensive listing of covered laboratory test codes, descriptions and restrictions, refer to the *Laboratory Services* section in this manual.

Drugs and Supplies

Drugs and supplies for treatment of family planning-related services are identified in this section. Onsite dispensing of “miscellaneous drugs” for non-surgical procedures S5000/S5001 (prescription drugs generic/brand name) is limited to hospital outpatient departments, emergency rooms, surgical clinics and community clinics.

Pharmacy

For a list of reimbursable drugs and dispensing guidelines, including restrictions and authorization requirements refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://www.medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Management of Complications

Benefits for evaluating and managing complications that may arise from the treatment of family planning-related services are identified in this section. An ICD-10-CM code is used to identify the complication being evaluated or managed. This code must be billed with an ICD-10-CM code indicating the client's contraceptive method. A third ICD-10-CM code may be required to identify from where the complication arose. Enter this in *Remarks* field (Box 80)/ *Additional Claim Information* field (Box 19) of the claim.

Treatment Authorization Request (TAR)

Authorization is required for all complication services, unless stated otherwise, using a TAR. TARs are required for provision of complication services by Family PACT providers as well as non-Family PACT Medi-Cal providers who deliver services upon referral from a Family PACT provider. TAR requirements apply to medical, anesthesia, laboratory, pharmacy, radiology and hospital providers. Providers generally should request authorization before rendering a service. For more information, refer to the *Treatment Authorization Request* (TAR) section in this manual. For information about completing a TAR, refer to the *TAR Completion* section in the Part 2 Medi-Cal manual.

Complication Restrictions

Only those complications that can be reasonably managed on an outpatient basis are reimbursable for each condition. Services are limited to the appropriate gender and are identified in this section.

«Family Planning-Related Tests»

Laboratory Tests

Laboratory tests are available for clients, as clinically indicated and gender appropriate.

Cervical Cancer Screening

Cervical cancer screening is covered when provided as part of a family planning visit. It is not a stand-alone service. Family PACT has adopted the U.S. Preventive Services Task Force (USPSTF) 2018 *Final Recommendation Statement for Cervical Cancer Screening*. This guideline contains age-based screen strategies and screening intervals. Follow-up visits and services related to abnormal results from screening can be found under the “Management of Cervical Abnormalities and Pre-invasive Cervical Lesions” heading in this section.

The following cervical cancer screening codes are restricted to women ages 21 through 65 regardless of sexual history.

Reimbursement may be made for services provided to women younger than 21 years or over the age of 65 who have, or do not have, a cervix. However, the ordering provider must document on the laboratory order, and the laboratory provider must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim (or attached to the claim) that the woman meets one or more of the following:

- Received a diagnosis of a high-grade precancerous cervical lesion (cervical intraepithelial neoplasia [CIN] 2, CIN 3, or adenocarcinoma in situ [AIS]) within the past 25 years and requires screening after the initial post-treatment surveillance period per current American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines, or any prior diagnosis of cervical cancer
- In utero exposure to diethylstilbestrol (DES)
- Immunocompromised status (such as HIV positive or immune suppressed such as a transplant patient using steroids)
- Requires repeat cervical cytology to reevaluate prior atypical squamous cells of undetermined significance (ASC-US), low-grade squamous intraepithelial lesion (LSIL), or CIN 1 test result
- Over the age of 65 who did not have adequate negative prior screening. Adequate negative prior screening is defined as three consecutive negative cytology results or two consecutive negative co-tests within the 10 years before cessation of screening, with the most recent test occurring within the past five years.

Cervical Screening Codes Table

CPT Code	Description
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review under physician supervision

«Screening Intervals

The USPSTF 2018 *Final Recommendation Statement* recommends screening for cervical cancer every three years with cervical cytology alone in women 21 to 29 years of age. For women 30 years to 65 years of age, the USPSTF recommends screening every three years with cervical cytology alone, every five years with high-risk human papillomavirus (hrHPV) testing alone or every five years with hrHPV testing in combination with cytology testing (co-testing).»

Primary Cervical Cancer Screening with High Risk Human Papillomavirus (HPV) Testing

CPT code 87624 (infectious agent detection by nucleic acid [DNA or RNA]; Human Papillomavirus [HPV], high-risk types [eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68]) is reimbursable for female clients aged 21 years and older with modifier 33. Use of modifier 33 indicates the service was provided in accordance with a U.S. Preventive Services Task Force (USPSTF) A or B recommendation. This service must be billed with the ICD-10-CM diagnosis code that identifies the contraceptive method for which the client is being seen.

CPT code 87625 (infectious agent detection by nucleic acid [DNA or RNA]; Human Papillomavirus [HPV], types 16 and 18 only, includes type 45, if performed) is reimbursable for female clients 30 to 65 years of age with modifier 33. Use of modifier 33 indicates the service was provided in accordance with a U.S. Preventive Services Task Force (USPSTF) A or B recommendation. This service must be billed with the ICD-10-CM diagnosis code that identifies the contraceptive method for which the client is being seen. Additional ICD-10-CM diagnosis code R87.810 is required.

«Human Papillomavirus 9-valent Vaccine, Recombinant (9vHPV)

Coverage for HPV vaccination is restricted to individuals 19 to 45 years of age. 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. The CDC ACIP recommends either a two-dose or three-dose series, depending on the age of initial vaccination. For individuals 27 to 45 years of age who are not fully vaccinated, the CDC ACIP recommends vaccination based on shared clinical decision-making. The shared decision-making discussion, in which the client opts-in to receive the vaccine must be documented in the client’s medical record.

This service must be billed with the ICD-10-CM diagnosis code that identifies the contraceptive method for which the client is being seen.

The HPV vaccine is not reimbursable with ICD-10-CM diagnosis codes Z30.012, Z30.09, or Z31.61. Use the following CPT codes for HPV vaccine and administration.

Human Papillomavirus 9-valent Vaccine Codes

CPT Code	Description
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)>>

Management of Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs)

This section lists the reimbursable additional ICD-10-CM diagnosis codes, services, laboratory tests and treatment of STIs as appropriate to the gender and presenting symptoms of the client. Services for the diagnosis and treatment of specified STIs must be billed with the diagnosis code for these conditions, together with the diagnosis code that identifies the contraceptive method for which the client is being seen.

When applicable, only the treatment regimens included in the current Centers for Disease Control and Prevention (CDC) *Sexually Transmitted Infections Treatment Guidelines, 2021* may be used. The regimens reimbursed by Family PACT are found in the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Chlamydia

Chlamydia Diagnosis Codes Table

ICD-10-CM Code	Description
A56.01	Chlamydial cystitis and urethritis (M and F)
A56.09	Other chlamydial infection of lower genitourinary tract (F)
A56.3	Chlamydial infection of anus and rectum (M and F)
A56.4	Chlamydial infection of pharynx (M and F)
N34.2	Other urethritis (M)

Presumptive Diagnosis

Chlamydia Presumptive Diagnosis Codes Table

ICD-10-CM Code	Description
N45.3	Epididymo-orchitis (M)
N72	Inflammatory disease of cervix uteri (F)
N89.8	Other specified noninflammatory disorders of vagina Indication: Leukorrhea NOS (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 specified conditions associated with female genital organs and menstrual cycle (F)
R30.0	Dysuria (M and F)
R30.9	Painful micturition, unspecified
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission (M and F) Indication: Use for an asymptomatic partner exposed to chlamydia

Procedures

None

Supplies

None

Drugs

Chlamydia Drugs Codes Table

HCPCS Code	Description
Q0144	Azithromycin dihydrate
S5000/S5001	Prescription drugs generic/brand (Doxycycline, Levofloxacin)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Lab Tests

Chlamydia Additional Lab Test Codes Table

CPT Code	Description	Restrictions
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi or cell types	Symptomatic males only; not payable for Z20.2
87491	Chlamydia trachomatis, amplified probe technique	None

Epididymitis

Epididymitis Diagnosis Codes Table

ICD-10-CM Code	Description
N45.1	Epididymitis (M)
N45.3	Epididymo-orchitis (M)

Presumptive Diagnosis

Epididymitis Presumptive Diagnosis Codes Table

ICD-10-CM Code	Description
N50.811	Right testicular pain (M)
N50.812	Left testicular pain (M)
N50.819	Testicular pain unspecified (M)

Procedures

None

Supplies

None

Drugs

Epididymitis Drugs Codes Table

HCPCS Code	Description
J0696	Ceftriaxone
S5000/S5001	Prescription drugs generic/brand (Doxycycline, Levofloxacin)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT program, including restrictions and authorization requirements, refer to the *Family Pact Pharmacy Formulary* on the [Medi-Cal Rx website](#), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in the manual.

Additional Lab Tests

Epididymitis Additional Lab Tests Codes Table

CPT Code	Description	Restrictions
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	None
81015	Urinalysis; microscopic only	None
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	Symptomatic males
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	None
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	None
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	For use as a diagnostic test; not covered when used and billed as a screening test.

Gonorrhea

Gonorrhea Diagnosis Codes Table

ICD-10-CM Code	Description
A54.01	Gonococcal cystitis and urethritis, unspecified (M and F)
A54.03	Gonococcal cervicitis, unspecified (F)
A54.22	Gonococcal prostatitis (M)
A54.5	Gonococcal pharyngitis (M and F)
A54.6	Gonococcal infection of anus and rectum (M and F)

Presumptive Diagnosis

Gonorrhea Presumptive Diagnosis Codes Table

ICD-10-CM Code	Description
N45.3	Epididymo-orchitis (M)
N34.2	Other urethritis (M)
N72	Inflammatory disease of cervix uteri (F)
N89.8	Other specified noninflammatory disorders of vagina Indication: Leukorrhea NOS (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 specified conditions associated with female genital organs and menstrual cycle (F)
R30.0	Dysuria (M and F)
R30.9	Painful micturition, unspecified
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission (M and F) Indications: Use for an asymptomatic partner exposed to gonorrhea

Procedures

None

Supplies

None

Drugs

Gonorrhea Drug Codes Table

HCPCS Code	Description
J0696	Ceftriaxone IM
J1580	Gentamicin IM
Q0144	Azithromycin dihydrate
S5000/S5001	Prescription drugs, generic/brand (Cefixime)

Cephalosporin Allergy

Clients with significant anaphylaxis-type allergies to penicillin or allergies to cephalosporin may be treated with gentamicin IM 240 mg single dose with oral azithromycin 2 gm. A TAR is required.

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

Gonorrhea Additional Laboratory Test Codes Table

CPT Code	Description	Restrictions
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi or cell types	Symptomatic males only; not payable for Z20.2
87591	Neisseria gonorrhoeae, amplified probe technique	None

Nongonococcal Urethritis (NGU)

NGU Diagnosis Code Table

ICD-10-CM Code	Description
N34.1	Nonspecific urethritis

Procedures

None

Supplies

None

Drugs

NGU Drugs Codes Table

HCPCS Code	Description
S5000/S5001	Prescription drugs, generic/brand (Doxycycline)
Q0144	Azithromycin

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

NGU Additional Laboratory Test Codes Table

HCPCS/CPT Code	Description
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy

NGU Additional Laboratory Test Codes Table (continued)

HCPCS/CPT Code	Description
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81015	Urinalysis; microscopic only
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
Q0111*	Wet mounts, including preparations of vaginal, cervical or skin specimens

Note: CPT code 87210 is reimbursed to CLIA certified laboratories.

Recurrent or Persistent Nongonococcal Urethritis or Cervicitis

For recurrent or persistent nongonococcal urethritis or cervicitis: either test for *Mycoplasma genitalium* or presumptively treat *Mycoplasma genitalium* with oral doxycycline 100 mg twice daily for seven days, followed by oral moxifloxacin 400 mg one tablet daily for seven days. Moxifloxacin is for pharmacy dispensing only.

For a complete list of drugs reimbursed by the Family PACT Program, refer to the *Family PACT Pharmacy Formulary* on the [Medi-Cal Rx website](#) as well as the *Clinic Formulary* section and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Mycoplasma genitalium

CPT code 87563 (infectious agent detection by nucleic acid [DNA or RNA]; *Mycoplasma genitalium*, amplified probe technique) must be billed with one of the following ICD-10-CM diagnosis codes: N34.1, N34.2, N34.3, N45.1, N45.3, N50.811, N50.812, N50.819, N70.03, N70.93 and N72. CPT code 87563 is not split-billable and cannot be billed with modifier 26, TC or 99. This test is intended for use as a diagnostic test for recurrent urethritis, cervicitis, and in some cases of pelvic inflammatory disease (PID). CPT code 87563 is not a covered benefit when used and billed as a screening test in asymptomatic persons.

Genital Herpes

Genital Herpes Diagnosis Codes Table

ICD-10-CM Code	Description
A60.01	Herpesviral infection of penis
A60.04	Herpesviral vulvovaginitis

Presumptive Diagnosis

Genital Herpes Presumptive Diagnosis Codes Table

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

Procedures

None

Supplies

None

Drugs

Genital Herpes Drugs Codes Table

HCPCS Code	Description
S5000/S5001	Prescription drugs, generic/brand (Acyclovir)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

Genital Herpes Additional Laboratory Test Codes Table

CPT Code	Description	Restrictions
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	Limited to: N48.5 (M) and N76.6 (F)
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	Limited to: N48.5 (M) and N76.6 (F)

Reflex typing is not reimbursable. Benefits are limited to evaluation of ulcers of unconfirmed etiology.

Pelvic Inflammatory Disease (PID)

Limited to outpatient services only; intravenous therapies are not covered.

PID Diagnosis Codes Table

ICD-10-CM Code	Description
N70.03	Acute salpingitis and oophoritis (F)
N70.93	Salpingitis and oophoritis, unspecified (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 specified conditions associated with female genital organs and menstrual cycle (F)

Supplies

None

Drugs

PID Codes Table

HCPCS Code	Description
J0694	Cefoxitin IM 1 gm
J0696	Ceftriaxone IM 250 mg
S5000/S5001	Prescription drugs, generic/brand (Doxycycline, Levofloxacin, Metronidazole, Probenecid)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

PID Additional Laboratory Test Codes Table

CPT Code	Description
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85651	Sedimentation rate, erythrocyte; non-automated
85652	Sedimentation rate, erythrocyte; automated
87491	Chlamydia trachomatis, amplified probe technique
87591	Neisseria gonorrhoeae, amplified probe technique

Procedures

PID Procedure Codes Table

CPT Code	Description
99000	Handling and/or conveyance of specimen for transfer from the physician's office to the laboratory. For Family PACT policy, this pertains to blood specimens sent to an unaffiliated laboratory only.

Syphilis

Syphilis Diagnosis Codes Table

ICD-10-CM Code	Description
A51.0	Primary genital syphilis (M and F)
A51.31	Condyloma latum
A51.39	Other secondary syphilis of skin (M and F)
A51.5	Early syphilis, latent unspecified (M and F)
A52.8	Late syphilis, latent (M and F)
A53.0	Latent syphilis, unspecified as early or late (M and F)

Presumptive Diagnosis

Syphilis Presumptive Diagnosis Codes Table

ICD-10-CM Code	Description
N48.5	Ulcer of penis
N76.6	Ulceration of vulva, unspecified
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission (M and F) Indications: Use for an asymptomatic partner exposed to syphilis

Procedures

Syphilis Procedure Code Table

CPT Code	Description
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory. For Family PACT policy, this pertains to blood specimens sent to an unaffiliated laboratory only.

Supplies

None

Drugs

Syphilis Drug Codes Table

HCPCS Code	Description
J0561	Injection, penicillin G benzathine 100,000 units
S5000/S5001	Prescription drugs, generic/brand (Doxycycline)

For nonpregnant persons with a penicillin allergy who have primary or secondary syphilis, may treat with doxycycline 100 mg orally two times per day for 14 days. For those with late latent or syphilis of unknown duration, may treat with 100 mg orally two times per day for 28 days.

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and "Treatment and Dispensing Guidelines for Clinicians" in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

Syphilis Additional Laboratory Test Code Table

CPT Code	Description	Restrictions
86593	Syphilis test, non-treponemal antibody; quantitative	Only as necessary to confirm response to treatment. Should not be separately ordered with presumptive diagnosis codes N48.5, N76.6 or Z20.2

Trichomoniasis

Trichomoniasis Diagnosis Codes Table

ICD-10-CM Code	Description
A59.01	Trichomonal vulvovaginitis (F)
A59.03	Trichomonal cystitis and urethritis (M and F)
N76.0	Acute vaginitis (F)

Presumptive Diagnosis

Trichomoniasis Presumptive Diagnosis Codes Table

ICD-10-CM Code	Description
N34.2	Other urethritis (M)
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission (M and F) Indications: Use for an asymptomatic partner exposed to trichomoniasis

Procedures

None

Supplies

None

Drugs

Trichomoniasis Drug Codes Table

HCPCS Code	Description
S5000/S5001	Prescription drugs, generic/brand (Metronidazole, Tinidazole)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

Trichomoniasis Additional Laboratory Test Codes Table

HCPCS/CPT Code	Description	Restrictions
83986	pH, body fluid, not otherwise specified	Females Only
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	Females and males. Code for use by CLIA certified laboratories *
87661	Infectious agent antigen detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique	Females only. Code for use by CLIA-certified laboratories *
87808	Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	Females only. Code for provider-performed test
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens (including urethral specimens)	Females and males. Code for provider-performed test *

Vulvovaginitis

Vulvovaginitis Diagnosis Codes Table

Condition	ICD-10-CM Code	Description
Vaginal Candidiasis	B37.31	Acute candidiasis of vulva and vagina
Vaginal Candidiasis	B37.32	Chronic candidiasis of vulva and vagina
Bacterial Vaginosis	N76.0	Acute vaginitis

Procedures

None

Supplies

None

Drugs

Vulvovaginitis Drug Codes Table

Condition	HCPCS Code	Description
Vaginal Candidiasis	S5000/S5001	Prescription drugs, generic/brand (Clotrimazole, Fluconazole, Miconazole)
Bacterial Vaginosis	S5000/S5001	Prescription drugs, generic/brand (Clindamycin, Metronidazole, Tinidazole)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

Vulvovaginitis Additional Laboratory Test Codes Table

HCPCS/CPT Code	Description	Restrictions
83986	pH, body fluid, not otherwise specified	Females Only
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	Females and males. Code for use by CLIA certified laboratories *
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens (including urethral specimens)	Females only. Code for provider-performed test *

Genital Warts

Genital Warts Diagnosis Codes Table

ICD-10-CM Code	Description
A63.0	Anogenital (venereal) warts (M and F)
B07.9	Viral warts, unspecified (M and F)
B08.1	Molluscum contagiosum (M and F)

Procedures

A modifier is required for the following procedures.

Genital Warts Procedure Codes Table

CPT Code	Description
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54100	Biopsy of penis
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); one lesion
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

Supplies

Modified UA is required for the following supplies.

Genital Warts Supply Codes Table

CPT Code	Description
54050	Penile supplies
54056	Penile supplies
54100	Biopsy supplies
56501	Vulvar supplies
56605	Biopsy supplies
57061	Vulvar supplies

TCA/BCA, liquid nitrogen and Podophyllin are included in the supply charge for the procedure and cannot be billed separately.

Drugs

Genital Warts Drug Codes Table

HCPCS Code	Description
S5000/S5001	Prescription drugs, generic/brand (Imiquimod, Podofilox)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

Genital Warts Additional Laboratory Test Codes Table

CPT Code	Description	Restrictions
88305	Level IV - Surgical pathology, gross and microscopic examination	Only as necessary to confirm vulvar, vaginal or genital warts in a wart treatment candidate; females and males

Expedited Partner Therapy for the Prevention of Sexually Transmitted Infection Reinfections

Sexually transmitted infections (STIs) can be a serious risk to an individual’s health and can create a preventable threat to fertility. One factor that contributes to high rates of STIs is reinfection from an untreated sexual partner. The medical necessity for both treatment of the client with an STI and prevention of reinfection is determined by the medical professional evaluating the clinical needs of the Family PACT client.

Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with a treatable STI without the health care provider first examining the partner. EPT usually involves the implementation of patient-delivered partner therapy, an evidenced based practice to reduce reinfection, in which the patient delivers medication or a prescription to his or her partner(s). Since repeat infections are often due to untreated partners, ensuring that all recent partners have been treated is a core aspect of the clinical management of patients diagnosed with chlamydia, gonorrhea and/or trichomoniasis.

Family PACT covers medically necessary services for the treatment of STIs. If a Family PACT provider diagnoses a Family PACT client with gonorrhea, chlamydia and/or trichomoniasis and determines that offering the client EPT is medically necessary to prevent reinfection of the client, then the provider may either dispense medication directly to the Family PACT client to provide to his/her partner(s) or may provide the Family PACT client with a prescription, written in the name of the client, for medications with a quantity and duration of therapy sufficient to treat the acute infection in the client and to prevent reinfection of the client by treating the client's partner(s).

For additional prescribing and clinical guidelines on the treatment of partners of patients diagnosed with STIs, providers may review guidance from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH).

For a list of medically necessary services for the treatment of gonorrhea, chlamydia, and/or trichomoniasis, providers may refer to the preceding pages of this manual section.

Urinary Tract Infection (UTI)

Urinary Tract Infection (UTI) Females Only

These services are restricted to female clients who present with symptoms of infection.

UTI Diagnosis Codes Table

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

Procedures

None

Supplies

None

Drugs

UTI Drug Codes Table

HCPCS Code	Description
S5000/S5001	Prescription drugs, generic/brand (Cephalexin, Ciprofloxacin, Nitrofurantoin, TMP/SMX)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and authorization requirements, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

UTI Additional Laboratory Test Codes Table

CPT Code	Description
81000	Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Automated, with microscopy
81002	Non-automated, without microscopy
81003	Automated, with microscopy
81005	Urinalysis; qualitative or semi-quantitative, except immunoassays
81015	Microscopic only

Management of Cervical Abnormalities and Preinvasive Cervical Lesions

Cervical Abnormalities and Preinvasive Cervical Lesions Females 15 Years of Age or Older

Family PACT has adopted The American Society of Colposcopy and Cervical Pathology (ASCCP) 2019 ASCCP Risk-Based Management Consensus Guidelines for Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors to guide clinicians in the management of abnormal screening and diagnostic tests. Personalized risk-based management requires the use of the tool at the ASCCP website (<https://www.asccp.org>), or the 2019 ASCCP Guidelines APP (<https://www.asccp.org/mobile-app>).

The following services and supplies are reimbursable when performed on an outpatient basis for the diagnosis and treatment of cervical abnormalities found on cervical cancer screening physical exam, and management of preinvasive cervical lesions. An ICD-10-CM code for the cervical abnormalities being treated is required on the claim form. This code must be billed with the ICD-10-CM code that identifies the contraceptive method for which the client is being seen. Additional age and frequency restrictions apply to some procedures.

Outpatient Services

Outpatient “surgi-centers” may not be used for these services, except when it is the only resource in the local area with equipment and providers that deliver the following scope of services. The facility and loop electrocautery excision procedure (LEEP) provider must be participating Medi-Cal providers.

Cervical Abnormalities**Cervical Abnormalities Diagnosis Codes Table**

ICD-10-CM Code	Description
D06.0	Carcinoma in situ of endocervix (CIN 3)
D06.1	Carcinoma in situ of exocervix (CIN 3)
D06.9	Carcinoma in situ of cervix, unspecified (CIN 3)
N87.0	Mild cervical dysplasia (CIN 1)
N87.1	Moderate cervical dysplasia (CIN 2)
R87.610	Atypical squamous cells of undetermined significance on cytologic smear of cervix [ASC-US]
R87.611	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear [ASC-H]
R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix [LGSIL]
R87.613	High grade squamous intraepithelial lesion on cytologic smear of cervix [HGSIL]
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.615	Unsatisfactory cytologic smear of cervix
R87.616	Satisfactory cervical smear but lacking transformation zone
R87.618	Other abnormal cytological findings on specimens from cervix uteri Note: This includes benign endometrial cells
R87.619	Unspecified abnormal cytological findings in specimen from cervix uteri Note: This includes atypical glandular cells (AGC), atypical endocervical cells, or atypical endometrial cells on cytology.
R87.810	Cervical high-risk HPV DNA test positive

Other Conditions

Cervical Abnormalities Other Conditions Codes Table

ICD-10-CM Code	Description
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z87.410	Personal history of cervical dysplasia

Presumptive Diagnosis

The following code is used for a presumptive diagnosis made prior to the result of a screening Pap test.

Cervical Abnormalities Presumptive Diagnosis Codes Table

ICD-10-CM Code	Description
N88.0	Leukoplakia of cervix uteri

Procedures

A modifier is required for the following procedures.

Cervical Abnormalities Procedure Codes Table

CPT Code	Description	Restrictions
57452	Colposcopy of the cervix including upper/adjacent vagina	Not covered for R87.618
57454	Colposcopy with biopsy and endocervical curettage (ECC)	Not covered for R87.618
57455	Colposcopy with biopsy of the cervix	Not covered for R87.618
57456	Colposcopy with endocervical curettage (ECC)	Not covered for R87.618
57460	Colposcopy with loop electrode biopsy(s) of the cervix (LEEP)	Restricted to biopsy proven CIN 2 and CIN 3, or persistent CIN 1 lesions of greater than 24 months, and "expedited treatment" **
57461	Colposcopy with loop electrode conization of the cervix	Restricted to biopsy proven CIN 2 and CIN 3, persistent CIN 1 lesions of greater than 24 months, and "expedited treatment" **
57511	Cautery of cervix; cryocautery, initial or repeat	Restricted to biopsy proven CIN 2 and CIN 3, or persistent CIN 1 lesions of greater than 24 months

Cervical Abnormalities Procedure Codes Table (continued)

CPT Code	Description	Restrictions
58100	Endometrial sampling (biopsy), with or without endocervical sampling, without cervical dilation, any method (separate procedure)	Limited to R87.618; Age \geq 40 years with a finding of endometrial cells on cytology and a recent history of menstrual irregularity
58110	Endometrial sampling (biopsy), performed in conjunction with colposcopy	Limited to R87.619. Only if AGC cytology result and any of: <ul style="list-style-type: none"> • “Atypical endometrial cells”; or • Abnormal vaginal bleeding pattern suspicious for endometrial hyperplasia or cancer; or • Age \geq36 years

Supplies

Modifier UA is required for the following supplies.

Cervical Abnormalities Supplies Codes Table (continued)

CPT Code	Description
57452	Colposcopy supplies
57454	Colposcopy, biopsy and ECC supplies
57455	Colposcopy with biopsy supplies
57456	Colposcopy with ECC supplies
57460	LEEP supplies
57461	LEEP supplies
57511	Cryocautery, cervix supplies
58100	Endometrial biopsy supplies
58110	Endometrial biopsy w/colposcopy supplies

Drugs

None

Additional Laboratory Tests

Cervical Abnormalities Additional Laboratory Test Codes Table

CPT Code	Description	Restrictions
87624	Human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	High-risk only ‡ Additional ICD-10-CM code required
87625	Human papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed.	High-risk only. ‡ Additional ICD-10-CM code required.
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Additional ICD-10-CM code required
88305	Level IV - Surgical pathology, gross and microscopic examination	Additional ICD-10-CM code required
88307	Level V - Surgical pathology, gross and microscopic examination	Limited to specimen collected by LEEP procedure 57460 or 57461. (Document specimen source on the <i>UB-04</i> claim in the <i>Remarks</i> field [Box 80])
88432	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	Limited to D06.0, D06.1, D06.9, N87.0, N87.1, R87.611, R87.613 and R87.619

CPT code 88342 is covered for women ages 15 years of age or older, based on *The Lower Anogenital Squamous Terminology (LAST) Standardization Project for HPV-Associated Lesions: Background and Consensus Recommendations* from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology 2012, under the following circumstances.

- To aid in differential diagnosis between CIN 2 and CIN 3 and a mimic of precancer (for example, 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 for biopsy specimens interpreted as less than or equal to CIN 1 that are high risk for missed high-grade disease.

Complications of Family Planning-Related Services

Management of Complications for Family Planning-Related Services

Complications that arise from the management of family planning-related services and were identified or diagnosed during a family planning visit are included in this section. A *Treatment Authorization Request* (TAR) is required for complication services, unless stated otherwise in this manual. For additional information, refer to the *Benefits: Clinical Services Overview and Treatment Authorization Request (TAR)* sections in this manual.

An additional ICD-10-CM code is required on the claim form.

The following services are reimbursable for male and female clients.

Evaluation and Management

Evaluation and Management Codes Table

CPT Code	Description
99242 thru 99245	Office consultation, new or established patient
99252 thru 99255	Inpatient consultation, new or established patient

Pharmacy

Only drugs listed in the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and in the *Clinic Formulary* section in this manual, which are needed for treatment of complications arising from a family planning-related reproductive health condition, may be reimbursed.

Additional Complications

The following additional complications relate to the treatment of cervical abnormalities or preinvasive lesions identified in this section:

Additional Complications Diagnosis Codes Table

ICD-10-CM Code	Description
N70.03	Acute salpingitis and oophoritis
N70.93	Salpingitis and oophoritis, unspecified
N99.61	Intraoperative hemorrhage or hematoma of a genitourinary system organ or structure complicating a genitourinary system procedure

The following procedures are reimbursable only for the management of complications from treatment of cervical abnormalities and preinvasive lesions:

Anesthesia

Anesthesia Code Table

CPT Code	Description
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified

Surgery

Surgery Codes Table

CPT Code	Description
57510	Cautery of cervix; electro or thermal
57511	Cautery of cervix; cryocautery initial or repeat

Supplies

Supplies for procedures related to the management of complications due to the treatment of cervical abnormalities or preinvasive lesions may be reimbursed with an appropriate modifier.

Pharmacy

Antibiotic regimens are the same as for treatment of uncomplicated PID, as listed in the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section. Providers may also refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) as well as the *Clinic Formulary* section in this manual.

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.
*	Appropriate CLIA certification required. Refer to the Part 2 manual, Pathology: An Overview of Enrollment and Proficiency Testing Requirements section.
‡	Coverage for HPV testing and co-testing are based on the <i>2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Test and Cancer Precursors</i> . DNA amplified probe HPV (high risk only) is covered for women ages ≥21 years, once per 365 days, any provider.
**	Per ASCCP, expedited treatment (excisional treatment without prior confirmatory biopsy, e.g., “see and treat” LEEP) is preferred for non-pregnant patients 25 years or older with high-grade squamous intraepithelial lesion (HSIL) cytology and concurrent positive testing for HPV genotype 16 (HPV 16) and for never or rarely screened patients with HPV-positive HSIL cytology regardless of HPV genotype. Shared decision-making should be used when considering expedited treatment, especially for patients with concerns about the potential impact of treatment on pregnancy outcomes.