

## **Benefits: Family Planning**

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This section identifies Family Planning, Access, Care and Treatment (Family PACT) Program services available to clients for family planning services. Additionally, services are reimbursable only for the specific contraceptive methods that are identified. Services are tailored to the management of each contraceptive method designated by ICD-10-CM codes noted in this section. Services to manage complications of covered contraceptive methods and specified reproductive health screening tests are also included in this section.

### **Family Planning Services**

Family planning services are categorized according to contraceptive methods. For more information, refer to the following pages in this section.

#### **«ICD-10-CM Code Table: Family Planning Services»**

| <b>ICD-10-CM Code</b> | <b>Description</b>   |
|-----------------------|--|
| Z30.011               | Encounter for initial prescription of contraceptive pills  |
| Z30.012               | Encounter for prescription of emergency contraception  |
| Z30.013               | Encounter for initial prescription of injectable contraceptive   |
| Z30.015               | Encounter for initial prescription of vaginal ring hormonal contraceptive  |
| Z30.016               | Encounter for initial prescription of transdermal patch hormonal contraceptive device  |
| Z30.017               | Encounter for initial prescription of implantable subdermal contraceptive  |
| Z30.018               | Encounter for initial prescription of other contraceptives<br>Encounter for initial prescription of barrier contraception<br>Encounter for initial prescription of diaphragm |
| Z30.02                | Counseling and instruction in natural family planning to avoid pregnancy   |
| Z30.09                | Encounter for other general counseling and advice on contraception   |
| Z30.2                 | Encounter for sterilization  |

**ICD-10-CM Code Table: Family Planning Services (continued)**

| <b>ICD-10-CM Code</b> | <b>Description</b>   |
|-----------------------|--|
| Z30.41                | Encounter for surveillance of contraceptive pills  |
| Z30.42                | Encounter for surveillance of injectable contraceptive   |
| Z30.430               | Encounter for insertion of intrauterine contraceptive device   |
| Z30.431               | Encounter for routine checking of intrauterine contraceptive device  |
| Z30.432               | Encounter for removal of intrauterine contraceptive device   |
| Z30.433               | Encounter for removal and reinsertion of intrauterine contraceptive device   |
| Z30.44                | Encounter for surveillance of vaginal ring hormonal contraceptive device   |
| Z30.45                | Encounter for surveillance of transdermal patch hormonal contraceptive device  |
| Z30.46                | Encounter for surveillance of implantable subdermal contraceptive<br>Encounter for checking, reinsertion or removal of implantable subdermal contraceptive |
| Z30.49                | Encounter for surveillance of other contraceptives<br>Encounter for surveillance of barrier contraception<br>Encounter for surveillance of diaphragm       |
| Z31.61                | Procreative counseling and advice using natural family planning  |
| Z98.51                | Tubal ligation status  |
| Z98.52                | Vasectomy status   |

**Drugs and Contraceptive Supplies**

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://medi-calrx.dhcs.ca.gov>), as well as the *Clinic Formulary* section and the “Treatment and Dispensing Guidelines for Clinicians” chart in the *Benefits Grid* section in this manual.

## **Modifiers**

Family PACT defers to Medi-Cal policy and billing procedures for use of modifiers, unless otherwise stated in this manual. For further information, refer to the following sections of the Part 2 Medi-Cal provider 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*

## **Family Planning Services**

The following services are reimbursable with the family planning ICD-10-CM codes listed on a preceding page, except for Z30.012, Z30.09 and Z31.61, as noted in the following pages.

## **Office Visits or Other Outpatient Evaluation and Management (E&M) Visits**

Use the following codes for Evaluation and Management (E&M) visits.

**CPT® Code Table: Evaluation and Management Visits**

| <b>CPT Code</b> | <b>Description</b>                   |
|-----------------|--------------------------------------|
| 99202           | New patient, females/males           |
| 99203           | New patient, females/males           |
| 99204           | «New patient, females/males»         |
| 99211           | Established patient, females/males   |
| 99212           | Established patient, females/males   |
| 99213           | Established patient, females/males   |
| 99214           | «Established patient, females/males» |

For information and billing guidelines for E&M visits, refer to the *Office Visits: Evaluation and Management and Education and Counseling Services* section in this manual.

## Education and Counseling (E&C) Visits – New/Established Clients

Use the following codes for Education and Counseling (E&C) visits.

### «HCPCS/CPT Code Table: Education and Counseling (E&C) Visits»

| HCPCS/CPT Code/Modifier | Description  |
|-------------------------|--|
| S9445                   | Individual orientation to Family PACT  |
| S9446                   | Group family planning education (including orientation to Family PACT)                   |
| 99401U6                 | Preventive medicine counseling service for family planning counseling (up to 15 minutes) |
| 99402U6                 | Preventive medicine counseling service for family planning counseling (16 - 30 minutes)  |
| 99403U6                 | Preventive medicine counseling services for family planning counseling (31 - 45 minutes) |

**Note:** CPT codes 99401, 99402 and 99403 are billed with modifier U6 to indicate individual family planning E&C visits.

For information and billing guidelines for E&C visits, refer to *the Office Visits: Evaluation and Management and Education and Counseling Services* section in this manual.

## Facility Use

A Family PACT provider must have the appropriate provider type on file with Medi-Cal Provider Enrollment Division to bill for facility use.

### «HCPCS Code Table: Facility Use»

| HCPCS Code | Description                                 |
|------------|---|
| Z7500      | Use of hospital examining or treatment room |

## Laboratory

### «CPT Code Table: Laboratory»

| CPT Code | Description  |
|----------|--|
| 81025    | Urine pregnancy test, by visual color comparison methods |

**Note:** Urine pregnancy test should only be done as clinically indicated.

## Procedures

### CPT Code Table: Procedures

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

**Note:** Blood tests should be ordered only as clinically indicated for safe use of contraceptive method.

## Barrier Supplies and Emergency Contraception

### HCPCS Code Table: Barrier Supplies and Emergency Contraception

| HCPCS Code/Modifier | Description  |
|---------------------|--|
| A4261               | Cervical cap for contraceptive use   |
| A4266               | Diaphragm for contraceptive use  |
| A4267               | Condom, male   |
| A4268               | Condom, internal   |
| A4269               | Contraceptive supply, spermicide   |
| A4269U1             | Gel/jelly/foam/cream   |
| A4269U2             | Suppository  |
| A4269U3             | Vaginal film   |
| A4269U4             | Contraceptive sponge   |
| A4269U5             | Vaginal gel  |
| S5199               | Lubricant  |
| J3490U5             | Ulipristal acetate 30 mg one (1) pack (one [1] tablet) limited to female clients |
| J3490U6             | «Levonorgestrel 1.5 mg pack (one [1] tablet) limited to female clients»          |

**Note:** HCPCS code A4269 is billed with modifier U1, U2, U3 or U4 to indicate the type of spermicide.

**Note:** HCPCS code J3490 is billed with modifier U5 and U6 to indicate emergency contraceptive pills.

Over-the-counter barrier supplies and emergency contraception may also be dispensed by prescription at Medi-Cal participating pharmacies. For a complete list of drugs and contraceptive supplies reimbursed by the Family PACT Program, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

## **Complication Services**

«Complications that arise from the use of a covered contraceptive method that can be reasonably managed on an outpatient basis are included in this section under each contraceptive method. 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.»

When a procedure, laboratory test or drug is for the management of a complication resulting from the use of a particular contraceptive method, an ICD-10-CM code for the complication is required on the claim. This code must be billed with the diagnosis code that identifies the contraceptive method for which the client is being seen.

## **Outpatient Services**

The following services are available to manage all complications on an outpatient basis. Additional services to manage complications of covered contraceptive methods are included under each method in this section.

### Procedures

**CPT Code Table: Outpatient Procedures**

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

### Office Visit

**CPT Code Table: Complication Services Office Visits**

| <b>CPT Code</b>  | <b>Description</b>  |
|------------------|---------------------|
| 99202 thru 99204 | New patient         |
| 99211 thru 99214 | Established patient |

Consultation**CPT Code Table: Consultations**

| <b>CPT Code</b>  | <b>Description</b>                              |
|------------------|---|
| 99242 thru 99244 | Office Consultation, new or established patient |

Facility Use

A Family PACT provider must have the appropriate provider type on file with Medi-Cal Provider Enrollment Division to bill for facility use.

**HCPCS Code Table: Facility Use**

| <b>HCPCS Code</b> | <b>Description</b>                          |
|-------------------|---|
| Z7500             | Use of hospital examining or treatment room |

Laboratory Tests

«Laboratory tests to manage a complication of a contraceptive method are reimbursable and are noted under each method in this section and listed in the *Laboratory Services* section. A TAR may be required for some laboratory tests.»

Drugs and Supplies

«Drugs and supplies to manage a complication of a Family PACT benefit, found in the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual, require an authorization when determined to be medically necessary during the course of treatment.»

Preoperative Evaluation of a Medical Condition

Additional tests and procedures for preoperative evaluation of a medical condition to identify surgical contraindications for permanent female and male contraception require authorization as noted. These are reimbursable with ICD-10-CM codes Z01.812 or Z01.818, as appropriate, and must be billed with code Z30.09. For details of these benefits, see “Female Sterilization – 21 Years of Age and Older” and “Male Sterilization – 21 Years of Age and Older” in this section.

## **Inpatient Services**

All services to manage complications requiring inpatient services require an approved TAR.

### Additional Facility Use

Providers must have the appropriate provider type on file with Medi-Cal Provider Enrollment Division to bill for facility use.

#### «HCPCS Code Table: Facility Use»

| <b>HCPCS Code</b> | <b>Description</b>  |
|-------------------|---|
| Z7506             | Use of operating room, first hour   |
| Z7508             | Use of operating room, first subsequent half-hour   |
| Z7510             | Use of operating room, second subsequent half-hour  |
| Z7512             | Use of recovery room  |
| Z7514             | Room and board, general nursing care for less than 24 hours, including ordinary medications |

### Anesthesia

Anesthesia services are reimbursable when medically necessary for a procedure that is authorized for treatment of a complication. These services require an approved TAR. These complications have been preselected and are included in this section under each contraceptive method. This code must be billed with the diagnosis code that identifies the contraceptive method for which the client is being seen.

## **Contraceptive Counseling**

### **Contraceptive Counseling Encounters**

The following ICD-10-CM codes indicate encounters for contraceptive counseling when the client is not on any contraceptive method.

#### «ICD-10-CM Code Table: Contraceptive Counseling»

| <b>ICD-10-CM Code</b> | <b>Description</b>                                    |
|-----------------------|---|
| Z30.012               | Encounter for prescription of emergency contraception |

**Note:** Encounters under diagnosis code Z30.012 are for emergency contraceptives only, and no contraceptive method is initiated or currently used by the client. If the encounter includes services for contraceptive management or initiation of a contraceptive method, the family planning ICD-10-CM code for which the client is being seen, or for the method selected by the client, is to be used.

Services reimbursable under ICD-10-CM code Z30.012 are limited to the following, for females only:

### Office Visits

#### **CPT Code Table: Office Visits**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---------------------|
| 99202           | New patient         |
| 99211, 99212    | Established patient |

For additional office visits reimbursed with Z30.012, refer to “Education and Counseling (E&C) Visits – New and Established Clients” on a preceding page in this section.

### Emergency Contraceptives

#### **HCPCS Code Table: Emergency Contraceptives**

| <b>HCPCS Code/Modifier</b> | <b>Description</b>  |
|----------------------------|---|
| J3490U5                    | Ulipristal acetate 30mg one pack (one tablet) limited to female clients |
| J3490U6                    | «Levonorgestrel 1.5 mg pack (one tablet) limited to female clients»     |

**Note:** HCPCS code J3490 is billed with modifier U5 or U6 to indicate emergency contraceptive pills.

### Laboratory

#### **CPT Code Table: Laboratory**

| <b>CPT Code</b> | <b>Description</b>                                       |
|-----------------|--|
| 81025           | Urine pregnancy test, by visual color comparison methods |

«The following ICD-10-CM codes indicate encounters for contraceptive counseling.»

«**ICD-10-CM Code Table: Contraceptive Counseling**»

| ICD-10-CM Code | Description  |
|----------------|--|
| Z30.09         | Encounter for other general counseling and advice on contraception |

**Note:** Encounters under Z30.09 are for sterilization counseling and advice, including consent and preoperative evaluation, if indicated (refer to the “Permanent Contraception” on a following page in this section).

Z30.09 is also used for counseling on contraceptive methods but no contraceptive method is initiated during the visit or currently used by the client. If a contraceptive method is initiated, or the client is already on a method, use the family planning ICD-10-CM code for the method selected by the client.

Services reimbursable under ICD-10-CM code Z30.09 for general counseling and advice on contraceptive methods, other than sterilization, are limited to the following for males and females:

Office Visits

«**CPT Code Table: Office Visits**»

| CPT Code         | Description         |
|------------------|---------------------|
| 99202, 99203     | New patient         |
| 99211 thru 99213 | Established patient |

For additional office visits reimbursed with Z30.09, refer to “Education and Counseling (E&C) Visits – New and Established Clients” on a preceding page in this section.

Laboratory

«**CPT Code Table: Laboratory**»

| CPT Code | Description  |
|----------|--|
| 81025    | Urine pregnancy test, by visual color comparison methods |

**Note:** Pregnancy test is covered only when clinically indicated to rule out pregnancy prior to initiation of contraceptive method, but no contraceptive method is initiated during the visit or currently used by the client. Providers must include the justification in the *Remarks* field (Box 80) on the *UB-04* claim and *Additional Claim Information* field (Box 19) on the *CMS-1500* claim. Pregnancy confirmation for women not seeking family planning services is not reimbursable under Z30.09.

## **Contraceptive Methods**

### **Reversible Contraception**

Family PACT reversible contraceptive methods include procedures, prescription drugs, devices, selected over-the-counter products and contraceptive supplies that are provided by clinicians during an office visit, or dispensed by a pharmacy, along with education and counseling on all contraceptive methods.

### **Oral Contraceptives, Transdermal Patch and Vaginal Ring**

Oral contraception, transdermal patch and vaginal ring services are billed with ICD-10-CM codes Z30.011, Z30.015, Z30.016, Z30.41, Z30.44 or Z30.45 as appropriate.

#### **«ICD-10-CM Code Table: Oral Contraceptives, Transdermal Patch and Vaginal Ring»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| Z30.011               | Encounter for initial prescription of contraceptive pills                             |
| Z30.015               | Encounter for initial prescription of vaginal ring hormonal contraceptive             |
| Z30.016               | Encounter for initial prescription of transdermal patch hormonal contraceptive device |
| Z30.41                | Encounter for surveillance of contraceptive pills                                     |
| Z30.44                | Encounter for surveillance of vaginal ring hormonal contraceptive device              |
| Z30.45                | Encounter for surveillance of transdermal patch hormonal contraceptive device         |

Supplies

No additional supply services are reimbursable for these methods.

Drugs Onsite Dispensing**HCPCS Code Table: Drugs Onsite Dispensing**

| <b>HCPCS Code</b> | <b>Description</b>   |
|-------------------|--|
| J7294             | Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each            |
| J7295             | Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each                    |
| J7304             | Contraceptive transdermal patch  |
| S4993             | Oral contraceptives  |
| J7304U1           | Contraceptive supply, hormone containing patch, each (norelgestromin and ethinyl estradiol transdermal system) |
| J7304U2           | Contraceptive supply, hormone containing patch, each (levonorgestrel and ethinyl estradiol transdermal system) |
| S5000/S5001       | Prescription drugs, generic/brand (Estradiol)  |

**Note:** Billing of estradiol requires additional ICD-10-CM code N92.1 (excessive and frequent menstruation with irregular cycle).

Pharmacy

For a complete list of drugs and contraceptive supplies reimbursed by the Family PACT Program, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

Laboratory Tests for Oral Contraceptives, Transdermal Patch and Vaginal Ring, as Clinically Indicated

There are no additional laboratory tests for this method.

### Management of Complications

The following ICD-10-CM codes are used to bill for complication services related to oral contraceptives, contraceptive patch and vaginal ring. An approved TAR is required unless stated otherwise. An additional ICD-10-CM code that identifies the contraceptive method in which the complication arose is required.

#### «ICD-10-CM Code Table: Management of Complications»

| <b>ICD-10-CM Code</b> | <b>Description</b>   |
|-----------------------|--|
| I26.99                | Other pulmonary embolism without acute cor pulmonale                                   |
| I82.401               | Acute embolism and thrombosis of unspecified deep veins of right lower extremity       |
| I82.402               | Acute embolism and thrombosis of unspecified deep veins of left lower extremity        |
| I82.403               | Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral  |
| I82.409               | Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity |
| I82.411               | Acute embolism and thrombosis of right femoral vein                                    |
| I82.412               | Acute embolism and thrombosis of left femoral vein                                     |
| I82.413               | Acute embolism and thrombosis of femoral vein, bilateral                               |
| I82.419               | Acute embolism and thrombosis of unspecified femoral vein                              |
| I82.421               | Acute embolism and thrombosis of right iliac vein                                      |
| I82.422               | Acute embolism and thrombosis of left iliac vein                                       |
| I82.423               | Acute embolism and thrombosis of iliac vein, bilateral                                 |
| I82.429               | Acute embolism and thrombosis of unspecified iliac vein                                |
| I82.431               | Acute embolism and thrombosis of right popliteal vein                                  |
| I82.432               | Acute embolism and thrombosis of left popliteal vein                                   |
| I82.433               | Acute embolism and thrombosis of popliteal vein, bilateral                             |
| I82.439               | Acute embolism and thrombosis of unspecified popliteal vein                            |
| I82.441               | Acute embolism and thrombosis of right tibial vein                                     |
| I82.442               | Acute embolism and thrombosis of left tibial vein                                      |
| I82.443               | Acute embolism and thrombosis of tibial vein, bilateral                                |
| I82.449               | Acute embolism and thrombosis of unspecified tibial vein                               |

«ICD-10-CM Code Table: Management of Complications (continued)»

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| I82.491               | Acute embolism and thrombosis of other specified deep vein of right lower extremity             |
| I82.492               | Acute embolism and thrombosis of other specified deep vein of left lower extremity              |
| I82.493               | Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral        |
| I82.499               | Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity       |
| I82.4Y1               | Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity       |
| I82.4Y2               | Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity        |
| I82.4Y3               | Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral  |
| I82.4Y9               | Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity |
| I82.4Z1               | Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity         |
| I82.4Z2               | Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity          |
| I82.4Z3               | Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral    |
| I82.4Z9               | Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity   |

The following additional services are reimbursable with ICD-10-CM codes I26.99, I82.401 thru I82.403, I82.409, I82.411 thru I82.413, I82.419, I82.421 thru I82.423, I82.429, I82.431 thru I82.433, I82.439, I82.441 thru I82.443, I82.449, I82.491 thru I82.493, I82.499, I82.4Y1 thru I82.4Y3, I82.4Y9, I82.4Z1 thru I82.4Z3, I82.4Z9.

Procedures**«CPT Code Table: Procedures»**

| <b>CPT Code</b> | <b>Description</b>                         |
|-----------------|--|
| 36000           | Introduction of needle/intracatheter, vein |
| 36425           | Venipuncture, cutdown                      |

Radiology**«CPT Code Table: Radiology»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 75741           | Angiography pulmonary, unilateral, selective, radiological supervision and interpretation |
| 75820           | Venography, extremity, unilateral, radiological supervision and interpretation            |
| 75822           | Venography, extremity, bilateral, radiological supervision and interpretation             |
| 78456           | Acute venous thrombosis imaging, peptide  |
| 78457           | Venous thrombosis imaging, venogram; unilateral   |
| 78458           | Venous thrombosis imaging, venogram; bilateral  |

Extremity Venous Studies**«CPT Code Table: Extremity Venous Studies»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 78596           | Pulmonary quantitative differential function (ventilation/perfusion) study  |
| 93965           | Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) |
| 93970           | Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study   |
| 93971           | Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study  |

Laboratory**CPT Code Table: Laboratory**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 82803           | Gases, blood, pH only  |
| 82805           | Gases, blood, with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry |
| 82810           | Gases, blood,,O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry |

Pharmacy

Heparin

Warfarin sodium

For authorization requirements and dispensing guidelines, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

**Contraceptive Injection**

Contraceptive injection services are billed with ICD-10-CM codes Z30.013 or Z30.42, as appropriate.

**ICD-10-CM Code Table: Contraceptive Injection**

| <b>ICD-10-CM Code</b> | <b>Description</b>   |
|-----------------------|--|
| Z30.013               | Encounter for initial prescription of injectable contraceptive |
| Z30.42                | Encounter for surveillance of injectable contraceptive         |

Supplies

No additional supply services are reimbursable for this method.

Drugs Onsite Dispensing**HCPCS Code Table: Drugs Onsite Dispensing**

| <b>HCPCS Code</b> | <b>Description</b>   |
|-------------------|--|
| «J3490            | Medroxyprogesterone acetate 104mg/0.65ml SQ»   |
| «J3490U8          | Medroxyprogesterone acetate 150 mg IM<br><b>Note:</b> HCPCS code J3490 is billed with modifier U8 to indicate medroxyprogesterone acetate for contraceptive use» |
| S5000/S5001       | Prescription drugs, generic/brand (Estradiol)  |

**Note:** Billing of estradiol requires additional ICD-10-CM code N92.1 (excessive and frequent menstruation with irregular cycle).

Drugs Administered by a Physician or Clinic

Any drug administered by a physician or clinic must be billed by the physician or clinic, not by the pharmacy providing the drug for such administration, unless otherwise exempt through Assignment of Benefit (AOB) or Short-Doyle exceptions. Pharmacy providers should refer to the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) for information regarding how to seek these exemptions.

Pharmacy

Medroxyprogesterone acetate 104 mg for subcutaneous administration

For a complete list of drugs and contraceptive supplies reimbursed by the Family PACT Program, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

Laboratory Tests for Contraceptive Injection

There are no additional laboratory tests for this method.

Management of Complications

The following ICD-10-CM codes are used to bill for complication services related to contraceptive injections. An approved TAR is required, unless stated otherwise. An additional ICD-10-CM code that identifies the contraceptive method in which the complication arose is required.

**«ICD-10-CM Code Table: Management of Complications»**

| ICD-10-CM Code | Description   |
|----------------|---|
| N92.0          | Excessive or frequent menstruation with regular cycle |

The following additional services are reimbursable with ICD-10-CM code N92.0.

Anesthesia**«CPT Code Table: Anesthesia»**

| CPT Code | Description   |
|----------|---|
| 00840    | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified             |
| 00940    | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified |

Procedures**CPT Code Table: Procedures**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 58100           | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)  |
| 58120           | Dilatation and curettage, diagnostic and/or therapeutic (nonobstetrical)  |
| 58150           | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s) |

Hydration**CPT Code Table: Hydration**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 96360           | Intravenous infusion, hydration; initial, 31 minutes to 1 hour  |
| 96361           | «Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure)» |

Laboratory**CPT Code Table: Laboratory**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 85014           | Blood count; hematocrit (Hct)  |
| 85018           | Hemoglobin (Hgb)   |
| 85025           | Hemoglobin (Hgb); complete (CBC), automated (Hgb, Hct, RBX, WBC and platelet count) and automated differential WBC count |
| 85027           | Hemoglobin (Hgb); complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)                                      |
| 88305           | Level IV – Surgical pathology, gross and microscopic   |

## Subdermal Contraceptive Implant

Subdermal contraceptive implant services are billed with family planning ICD-10-CM code Z30.017 or Z30.46, as appropriate.

### «ICD-10-CM Code Table: Subdermal Contraceptive Implant»

| ICD-10-CM Code | Description  |
|----------------|--|
| Z30.017        | Encounter for initial prescription of implantable subdermal contraceptive  |
| Z30.46         | Encounter for surveillance of implantable subdermal contraceptive<br>Encounter for checking, reinsertion or removal of implantable subdermal contraceptive |

### Procedures

#### «CPT Code Table: Procedures»

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

**Note:** Modifiers UA and UB are not reimbursable with code 11981 when billed in conjunction with HCPCS code J7307 (etonogestrel [contraceptive] implant system, including implant and supplies) because surgical supplies are included in code J7307.

### Supplies

Modifier UA is required when billing supplies for the following procedure code.

#### «CPT Code Table: Supplies»

| CPT Code | Description                                 |
|----------|---|
| 11976    | Removal, implantable contraceptive capsules |

### Drugs

The following code is used to bill for a subdermal contraceptive implant.

#### «HCPCS Code Description Table: Implant»

| HCPCS Code | Description                        |
|------------|------------------------------------|
| J7307      | Etonogestrel contraceptive implant |

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

<<Drugs Onsite Dispensing>>**<<HCPCS Code Table: Drugs Onsite Dispensing>>**

| HCPCS Code   | Description                                   |
|--------------|---|
| S5000/ S5001 | Prescription drugs, generic/brand (Estradiol) |

**Note:** Billing of estradiol requires additional ICD-10-CM code N92.1 (excessive and frequent menstruation with irregular cycle).

Radiology

The following CPT codes require ICD-10-CM code Z30.46. These codes are restricted to use for evaluating impalpable subdermal contraceptive implants only.

**<<CPT Code Description Table: Radiology>>**

| CPT Code | Description  |
|----------|--|
| 73060    | Radiologic examination; humerus, minimum 2 views   |
| 76882    | Ultrasound, limited, joint or other nonvascular extremity structure(s), real-time with image documentation |

Pharmacy

For a complete list of drugs and contraceptive supplies reimbursed by the Family PACT Program, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

Laboratory Tests for Subdermal Contraceptive Implant

There are no additional laboratory tests for this method.

Management of Complications

The following ICD-10-CM codes are used to bill for complication services related to the subdermal contraceptive implant. An approved TAR is required unless stated otherwise. An additional ICD-10-CM code that identifies the contraceptive method in which the complication arose is required, unless otherwise noted.

**«ICD-10-CM Code Table: Management of Complications Related to Displacement»**

| <b>ICD-10-CM Code</b> | <b>Description</b>   |
|-----------------------|--|
| T85.628A              | Initial encounter, displacement of other specified internal prosthetic devices, implants and grafts    |
| T85.628D              | Subsequent encounter, displacement of other specified internal prosthetic devices, implants and grafts |
| T85.628S              | Sequela, displacement of other specified internal prosthetic devices, implants and grafts              |

**Indications:** The above listed ICD-10 CM codes are for procedures/services associated with removal of the contraceptive implant

The following additional services are reimbursable with T85.628A, T85.628D and T85.628S.

Procedures**«CPT Code Table: Procedures»**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 11976           | Removal, implantable contraceptive capsules (no TAR required for this code)          |
| 24201           | Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular) |

Anesthesia**«CPT Code Table: Anesthesia»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 01710           | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified   |
| 99152           | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older |

«CPT Code Table: Anesthesia (continued)»

| CPT Code | Description  |
|----------|--|
| 99153    | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time |

Radiology

«CPT Code Table: Radiology »

| CPT Code | Description   |
|----------|---|
| 73218    | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)<br><br><b>Note:</b> CPT code 73218 is reimbursable only when the upper extremity x-ray or ultrasound results are indeterminate and further imaging is necessary for surgical management. |
| 76000    | Fluoroscopy, (separate procedure), up to 1 hour physician or other qualified health care professional time  |
| 76998    | Ultrasonic guidance, intraoperative<br><br><b>Note:</b> CPT code 76998 is reimbursable with 11976 or 24201, as clinically indicated.  |

Laboratory

«CPT Code Table: Laboratory»

| CPT Code | Description  |
|----------|--|
| 88300    | Level I – Surgical pathology, gross examination only |

**«ICD-10-CM Code Table: Management of Complications Related to Infection»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| T85.79XA              | Initial encounter, infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts    |
| T85.79XD              | Subsequent encounter, infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts |
| T85.79XS              | Sequela, infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts              |

The following additional services are reimbursable with T85.79XA, T85.79XD and T85.79XS.

**«CPT Code Table: Procedures»**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 10060           | Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single |

**«CPT Code Table: Laboratory Services»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 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  |
| 87081           | Culture, presumptive, pathogenic organisms, screening only  |
| 87181           | Susceptibility studies, antimicrobial agent (reflex from positive 87081)  |
| 87184           | Susceptibility studies, disk method, per plate (reflex from positive 87081)   |
| 87186           | Susceptibility studies, microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate (reflex from positive 87081) |

Pharmacy

Cephalexin  
Clindamycin

For authorization requirements and dispensing guidelines, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

**«ICD-10-CM Code Table: Management of Complications Related to Hematoma/Hemorrhage»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| L76.02                | Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating other procedure |
| L76.22                | Postprocedural hemorrhage of skin and subcutaneous tissue following other procedure                 |
| L76.32                | Postprocedural hematoma of skin and subcutaneous tissue following other procedure                   |

Indications for the above listed ICD-10-CM codes: Hematoma/hemorrhage at contraceptive implant insertion site/removal site

The following additional service is reimbursable with L76.02, L76.22 and L76.32.

Procedures

**«CPT Code Table: Procedures»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 10140           | Incision and drainage of hematoma, seroma or fluid collection |

**ICD-10-CM Code Table: Management of Complications Related to Excessive/Frequent Menstruation**

| ICD-10-CM Code | Description   |
|----------------|---|
| N92.0          | Excessive or frequent menstruation with regular cycle |

The following services are reimbursable with ICD-10-CM Code N92.0.

Anesthesia**CPT Code Table: Anesthesia**

| CPT Code | Description   |
|----------|---|
| 00840    | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified             |
| 00940    | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified |

Procedures**CPT Code Table: Procedures**

| CPT Code | Description   |
|----------|---|
| 58100    | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)  |
| 58120    | Dilatation and curettage, diagnostic and/or therapeutic (nonobstetrical)  |
| 58150    | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s) |

Hydration**CPT Code Table: Hydration**

| CPT Code | Description   |
|----------|---|
| 96360    | Intravenous infusion, hydration; initial, 31 minutes to 1 hour  |
| 96361    | «Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure)» |

Laboratory**«CPT Code Table: Laboratory»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 85014           | Blood count; hematocrit (Hct)   |
| 85018           | Blood count; Hemoglobin (Hgb)   |
| 85025           | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count |
| 85027           | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)                                      |
| 88305           | Level IV – Surgical pathology, gross and microscopic examination  |

**Intrauterine Contraceptives**

Intrauterine contraceptive device (IUC/IUD) procedures are billed with ICD-10-CM codes Z30.430 thru Z30.433, as appropriate.

**«ICD-10-CM Code Table: Intrauterine Contraceptives»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| Z30.430               | Encounter for insertion of intrauterine contraceptive device  |
| Z30.431               | Encounter for routine checking of intrauterine contraceptive device   |
| Z30.432               | Encounter for removal of intrauterine contraceptive device  |
| Z30.433               | Encounter for removal and reinsertion of intrauterine device<br>Indications: Use Z30.433 when replacing an intrauterine contraceptive device (IUC/IUD) with another of the same type or a different type. Both insertion and removal may be billed on the same date of service. |

Procedures**«CPT Code Table: Procedures»**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|----------------------|
| 58300           | Insertion of IUC/IUD |
| 58301           | Removal of IUC/IUD   |

Supplies

Modifier UA is required for the following supplies.

**CPT Code Table: Supplies**

| CPT Code | Description        |
|----------|--------------------|
| 58300    | Insertion supplies |
| 58301    | Removal supplies   |

Drugs Onsite Dispensing**HCPCS Code Table: Drugs Onsite Dispensing**

| HCPCS Code   | Description   |
|--------------|---|
| J7296        | Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg |
| J7297        | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg   |
| J7298        | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg    |
| «J7299       | Intrauterine copper contraceptive (Miudella)»                                 |
| J7300        | «Intrauterine copper contraceptive (Paragard)»                                |
| J7301        | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg   |
| S5000/ S5001 | Prescription drugs, generic/brand (Estradiol)                                 |

**Note:** Billing of estradiol requires additional ICD-10-CM code N92.1 (excessive and frequent menstruation with irregular cycle).

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

Radiology

The following codes require ICD-10-CM code Z30.431. These codes are restricted to use for evaluating missing IUC/IUD strings or malposition of IUC/IUD only.

## «CPT Code Table: Radiology»

| CPT Code | Description   |
|----------|---|
| 74018    | Radiologic examination, abdomen; one view   |
| 76830    | Ultrasound, transvaginal  |
| 76857    | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up |

Pharmacy

For a complete list of drugs and contraceptive supplies reimbursed by the Family PACT Program, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

Laboratory

## «CPT Code Table: Laboratory»

| CPT Code | Description                       | Additional Restrictions  |
|----------|-----------------------------------|--|
| 85013    | Blood count; spun microhematocrit | When medically indicated in the context of contraceptive services. |
| 85014    | Blood count; hematocrit (Hct)     | When medically indicated in the context of contraceptive services. |
| 85018    | Blood count; hemoglobin (Hgb)     | When medically indicated in the context of contraceptive services. |

<<Management of Complications

The following ICD-10-CM codes are used to bill for complication services related to IUC/IUD. An approved TAR is required unless stated otherwise. No additional ICD-10-CM code is required.>>

**ICD-10-CM Code Table: Management of Mechanical Complications**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| T83.39XA              | Initial encounter, other mechanical complication of IUC                     |
| T83.39XD              | Subsequent encounter, other mechanical complication of IUC                  |
| T83.39XS              | Sequela, other mechanical complication of intrauterine contraceptive device |

**Note:** Indications for these codes include leakage, obstruction, perforation, protrusion, and translocation.

The following additional services are reimbursable with ICD-10-CM T83.39XA, T83.39XD, or T83.39XS.

Anesthesia**CPT Code Table: Anesthesia**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 00940           | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified                  |
| 00952           | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpinography |

Procedures**CPT Code Table: Procedures**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 49000           | Exploratory laparotomy, exploratory celiotomy with or without biopsy(s), (separate procedure)  |
| 49320           | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 49402           | Removal of peritoneal foreign body from peritoneal cavity  |
| 58120           | Dilatation and curettage, diagnostic and/or therapeutic (nonobstetrical)   |
| 58301           | Remove IUC/IUD (No TAR required for this code.)  |
| 58555           | Hysteroscopy diagnostic, separate procedure  |
| 58562           | Hysteroscopy, remove impacted foreign body   |

Laboratory**<<Codes Table: Laboratory>>**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 88305           | Level IV – Surgical pathology, gross and microscopic examination |

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 in this manual.

Refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

**Barrier Methods**

Encounters regarding correct and effective use of barrier methods are billed with Z30.018 or Z30.49.

**ICD-10-CM Code Table: Barrier Methods**

| <b>ICD-10-CM Code</b> | <b>Description</b>   |
|-----------------------|--|
| Z30.018               | Encounter for initial prescription of other contraceptives<br>Encounter for initial prescription of barrier contraception<br>Encounter for initial prescription of diaphragm |
| Z30.49                | Encounter for surveillance of other contraceptives<br>Encounter for surveillance of barrier contraception<br>Encounter for surveillance of diaphragm                         |

Procedure

## «CPT Code Table: Procedure»

| CPT Code | Description   |
|----------|---|
| 57170    | Diaphragm or cervical cap fitting with instructions |

Onsite Supplies Dispensing

## «HCPCS Code Table: Onsite Supplies»

| HCPCS Code/Modifier | Description                        |
|---------------------|------------------------------------|
| A4261               | Cervical cap for contraceptive use |
| A4266               | Diaphragm for contraceptive use    |
| A4267               | Condom, male                       |
| A4268               | Condom, internal                   |
| A4269 U1            | Gel/jelly/foam/cream               |
| A4269 U2            | Suppository                        |
| A4269 U3            | Vaginal film                       |
| A4269 U4            | Contraceptive sponge               |
| A4269 U5            | Vaginal gel                        |
| S5199               | Lubricant                          |

**Note:** A4269 (contraceptive supply, spermicide) is billed with modifier U1, U2, U3 or U4 to indicate the type of spermicide.

Pharmacy

For a complete list of drugs and contraceptive supplies reimbursed by the Family PACT Program, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

«Laboratory»

There are no additional laboratory tests for this method.

## Natural Family Planning

Encounters for natural family planning are billed with the following ICD-10-CM codes.

### «ICD-10-CM Code Table: Natural Family Planning»

| ICD-10-CM Code | Description  |
|----------------|--|
| Z30.02         | Counseling and instruction in natural family planning to avoid pregnancy |
| Z31.61         | Procreative counseling and advice using natural family planning          |

Services reimbursable under ICD-10-CM code Z31.61 are limited to the following:

### Office Visits

#### «CPT Code Table: Office Visits»

| CPT Code         | Description         |
|------------------|---------------------|
| 99202, 99203     | New patient         |
| 99211 thru 99213 | Established patient |

For additional office visits reimbursed with Z31.61, refer to “Education and Counseling (E&C) Visits – New and Established Clients” on a preceding page in this section.

Use of codes 99202, 99203, 99211 thru 99213 or 99401U6 thru 99403U6, with inclusive diagnosis code Z31.61, are limited to a maximum of two occurrences in any combination in a 12-month period per recipient, per provider.

### «Laboratory»

#### «CPT Code Table: Laboratory»

| CPT Code | Description  |
|----------|--|
| 81025    | Urine pregnancy test, by visual color comparison methods |

### Supplies

Basal body thermometer

## Permanent Contraception

These methods include female and male sterilization procedures, preoperative screening and postoperative management.

«Informed consent for sterilization must be documented on the *Consent For Sterilization Form* (DHCS 8649) at least 30 days prior to the procedure. A completed Consent For Sterilization Form is required for elective sterilization procedures and anesthesia and must be attached to all claims for sterilization services. The provider must maintain the completed and signed Consent For Sterilization Form in the client's chart as a permanent part of the medical record. The Family PACT provider must make the consent form available to any providers and facilities to which the client is being referred. A copy must be attached to claims for sterilization services. For information about completing the Consent For Sterilization Form, refer to the *Sterilization* section in the appropriate Part 2 Medi-Cal Provider manual.»

Unless stated otherwise, Family PACT defers to Medi-Cal policy and billing procedures for sterilization services. For more information, refer to the *Sterilization* section in the appropriate Part 2 Medi-Cal manual.

At the end of the 90-day postoperative period, or earlier, if the clinician determines a client is no longer at risk for pregnancy or causing pregnancy, the client is no longer eligible for the Family PACT Program.

Once the post-operative period is complete, the client is no longer eligible for the Family PACT Program, and the HAP Identification Number must be de-activated. For more information, refer to the *Client Eligibility and Health Access Programs (HAP)* section of this manual.

## Female Sterilization – 21 Years of Age and Older

Bilateral tubal ligation (BTL) procedures are billed with ICD-10-CM code Z30.2 and the following pre-selected procedure codes, as appropriate.

Additionally, Z01.812 (encounter for preprocedural laboratory examination) and Z01.818 (encounter for other preprocedural examination) are billed for women with medical conditions that need screening for surgical contraindications. An approved TAR is required for preprocedural examination and tests unless noted otherwise. ICD-10-CM codes Z01.812 and Z01.818 must be billed with ICD-10-CM code Z30.09.

**ICD-10-CM Code Table: Female Sterilization**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| Z30.09                | Encounter for other general counseling and advice on contraception Indication: Encounter for family planning advice, NOS.         |
| Z30.2                 | Encounter for sterilization   |
| Z98.51                | Tubal ligation status<br>Indication: Postoperative management and surveillance, whether or not the client is new to the provider. |
| Z01.812               | Encounter for preprocedural laboratory examination  |
| Z01.818               | Other specified preprocedural examination   |

Procedures**CPT Code Table: Procedures**

| <b>CPT Code</b> | <b>Description</b>   | <b>Restrictions</b> |
|-----------------|--|---------------------|
| 58600           | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral           | NA                  |
| 58615           | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach          | NA                  |
| 58661           | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) | NA                  |
| 58670           | Laparoscopy, surgical; with fulguration of oviducts (with or without transection)                              | NA                  |
| 58671           | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)                   | NA                  |
| 58700           | Salpingectomy, complete or partial, unilateral or bilateral  | NA                  |

Anesthesia**CPT Code Table: Anesthesia**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 00851           | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transaction   |
| 00952           | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix, or endometrium); hysteroscopy and/or hysterosalpingography   |
| 99152           | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older                                  |
| 99153           | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service) |

Supplies

Modifier UA or UB is required for the following supplies.

**CPT Code Table: Female Sterilization Supplies**

| <b>CPT Code</b> | <b>Description</b>   | <b>Restrictions</b> |
|-----------------|--|---------------------|
| 58600           | Minilap supplies   | N/A                 |
| 58615           | Minilap w/clip supplies  | N/A                 |
| 58661           | Laparoscopy surgical with removal of adnexal structures supplies | N/A                 |
| 58670           | Lapscope fulguration supplies                                    | N/A                 |
| 58671           | Lapscope w/ring or clip supplies                                 | N/A                 |
| 58700           | Salpingectomy complete or partial supplies                       | N/A                 |

Hydration**CPT Code Table: Hydration**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 96360           | Intravenous infusion, hydration, initial; 31 minutes to 1 hour  |
| 96361           | «Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure)» |

Radiology**CPT Code Table: Radiology**

| <b>CPT Code</b> | <b>Description</b>                       | <b>Restrictions</b>  |
|-----------------|--|--|
| 71046           | Radiologic examination, chest, two views | When required by the outpatient facility or medically indicated by clinical assessment in the context of provision of contraceptive services. TAR not required, limited to ICD-10-CM code Z01.818. |

Cardiology**CPT Code Table: Cardiology**

| <b>CPT Code</b> | <b>Description</b>  | <b>Restrictions</b>   |
|-----------------|---|---|
| 93000           | Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report | Limited to evaluation of a pre-existing cardiovascular condition as medically indicated for preoperative evaluation. TAR not required, limited to ICD-10-CM code Z01.818. |

Echocardiography**CPT Code Table: Echocardiography**

| <b>CPT Code</b> | <b>Description</b>  | <b>Restrictions</b>   |
|-----------------|---|---|
| 93307           | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | Limited to evaluation of a pre-existing cardiovascular condition as medically indicated for preoperative evaluation. TAR required; limited to ICD-10-CM code Z01.818. |

Consultation**CPT Code Table: Consultation**

| <b>CPT Code</b>    | <b>Description</b>                             | <b>Restrictions</b>                              |
|--------------------|--|--|
| «99242 thru 99245» | Office, initial, new or established patient    | TAR required; limited to ICD-10-CM code Z01.818. |
| «99252 thru 99255» | Inpatient, initial, new or established patient | TAR required; limited to ICD-10-CM code Z01.818. |

Facility Use**HCPCS Code Table: Facility Use**

| <b>HCPCS Code</b> | <b>Description</b>  |
|-------------------|---|
| Z7506             | Use of operating room, first hour   |
| Z7508             | Use of operating room, first subsequent half hour   |
| Z7510             | Use of operating room, second subsequent half hour  |
| Z7512             | Use of recovery room  |
| Z7514             | Room and board, general nursing care for less than 24 hours, including ordinary medications |

Laboratory

«CPT Code Table: Laboratory»

| <b>CPT Code</b> | <b>Description</b>   | <b>Restrictions</b>                              |
|-----------------|--|--|
| 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    | N/A  |
| 81001           | Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated with microscopy         | N/A  |
| 81002           | 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, without microscopy | N/A  |
| 81003           | Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy     | N/A  |
| 85002           | Bleeding time  | TAR required, limited to ICD-10-CM code Z01.812. |
| 85013           | Blood count; spun microhematocrit  | N/A  |
| 85014           | Blood count; hematocrit (Hct)  | N/A  |

**«CPT Code Table: Laboratory Services (continued)»**

| <b>CPT Code</b> | <b>Description</b>  | <b>Restrictions</b>   |
|-----------------|---|---|
| 85025           | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | When required by the outpatient facility or medically indicated by clinical assessment in the context of provision of sterilization services. |
| 85027           | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)                                      | When required by the outpatient facility or medically indicated by clinical assessment in the context of provision of sterilization services. |
| 85610           | Prothrombin time  | TAR required, limited to ICD-10-CM code Z01.812.  |
| 85730           | Thromboplastin time   | TAR required, limited to ICD-10-CM code Z01.812.  |
| 88302           | Surgical pathology, gross and microscopic examination   | Two specimens only  |

**Management of Complications**

The following ICD-10-CM codes are used to bill for complication services related to tubal sterilization. An approved TAR is required unless stated otherwise. An additional ICD-10-CM code that identifies the contraceptive method in which the complication arose is required. The ICD-10-CM codes for complications must be billed with Z30.2.

**«ICD-10-CM Code Table: Management of Complications Related to Anesthesia»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| T41.0X5A              | Initial encounter, adverse effect of inhaled anesthetics                |
| T41.0X5D              | Subsequent encounter, adverse effect of inhaled anesthetics             |
| T41.0X5S              | Sequela, adverse effect of inhaled anesthetics                          |
| T41.1X5A              | Initial encounter, adverse effect of intravenous anesthetics            |
| T41.1X5D              | Subsequent encounter, adverse effect of intravenous anesthetics         |
| T41.1X5S              | Sequela, adverse effect of intravenous anesthetics                      |
| T41.205A              | Initial encounter, adverse effect of unspecified general anesthetics    |
| T41.205D              | Subsequent encounter, adverse effect of unspecified general anesthetics |

**«ICD-10-CM Code Table: Management of Complications Related to Anesthesia  
(continued)»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| T41.205S              | Sequela, adverse effect of unspecified general anesthetics        |
| T41.295A              | Initial encounter, adverse effect of other general anesthetics    |
| T41.295D              | Subsequent encounter, adverse effect of other general anesthetics |
| T41.295S              | Sequela, adverse effect of other general anesthetics              |
| T41.45XA              | Initial encounter, adverse effect of unspecified anesthetic       |
| T41.45XD              | Subsequent encounter, adverse effect of unspecified anesthetic    |
| T41.45XS              | Sequela, adverse effect of unspecified anesthetic                 |
| T88.59XA              | Initial encounter, other complications of anesthesia              |
| T88.59XD              | Subsequent encounter, other complications of anesthesia           |
| T88.59XS              | Sequela, other complications of anesthesia                        |

The following additional benefits are reimbursable with any of the above listed ICD-10 CM anesthesia complications that require an overnight hospital stay.

Evaluation and Management

**«CPT Code Table: Evaluation and Management»**

| <b>CPT Code</b>  | <b>Description</b>                                      |
|------------------|---|
| 99221 thru 99223 | Initial hospital care, per day                          |
| 99231 thru 99233 | Subsequent hospital care, per day                       |
| 99238            | Hospital discharge day management; 30 minutes or less   |
| 99239            | Hospital discharge day management; more than 30 minutes |

**«ICD-10-CM Code Table: Management of Complications Related to Intraoperative/  
Postprocedural Injury»**

| <b>ICD-10-CM Code</b> | <b>Description</b>   |
|-----------------------|--|
| K91.72                | Accidental puncture and laceration of a digestive system organ or structure during other procedure                       |
| N99.61                | Intraoperative hemorrhage and hematoma of genitourinary organ or structure complicating a genitourinary system procedure |
| N99.71                | Accidental puncture and laceration of a genitourinary system organ or structure during a genitourinary system procedure  |

**«ICD-10-CM Code Table: Management of Complications Related to Intraoperative/Postprocedural Injury (continued)»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| N99.820               | Postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure |
| N99.840               | Postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure   |
| R50.82                | Postprocedural fever  |

Indications for the above listed ICD-10-CM codes: within 30 days postoperative.

The following additional benefits are reimbursable with K91.72: N99.61, N99.71, N99.820, N99.840 or R50.82.

Anesthesia

**«CPT Code Table: Anesthesia»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 00840           | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified |

Procedures

**«CPT Code Table: Procedures»**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 49000           | Exploratory laparotomy, exploratory celiotomy with or without biopsy   |
| 49320           | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |

Laboratory

**«CPT Code Table: Laboratory»**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 88305           | Level IV – Surgical pathology, gross and microscopic examination |

**«ICD-10-CM Code Table: Management of Complications Related to Postprocedural Infection»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| T81.40XA              | Infection following a procedure, unspecified; initial encounter                             |
| T81.40XD              | Infection following a procedure, unspecified; subsequent encounter                          |
| T81.40XS              | Infection following a procedure, unspecified; sequela                                       |
| T81.41XA              | Infection following a procedure, superficial incisional surgical site, initial encounter    |
| T81.41XD              | Infection following a procedure, superficial incisional surgical site, subsequent encounter |
| T81.41XS              | Infection following a procedure, superficial incisional surgical site, sequela              |
| T81.42XA              | Infection following a procedure, deep incisional surgical site, initial encounter           |
| T81.42XD              | Infection following a procedure, deep incisional surgical site, subsequent encounter        |
| T81.42XS              | Infection following a procedure, deep incisional surgical site, sequela                     |
| T81.43XA              | Infection following a procedure, organ and space surgical site, initial encounter           |
| T81.43XD              | Infection following a procedure, organ and space surgical site, subsequent encounter        |
| T81.43XS              | Infection following a procedure, organ and space surgical site, sequela                     |
| T81.49XA              | Infection following a procedure, other surgical site, initial encounter                     |
| T81.49XD              | Infection following a procedure, other surgical site, subsequent encounter                  |
| T81.49XS              | Infection following a procedure, other surgical site, sequela                               |

Indications for the above listed ICD-10-CM codes: within 30 days postoperative

The following additional procedures are reimbursable with ICD-10-CM diagnosis codes T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS.

Anesthesia

## «CPT Code Table: Anesthesia»

| CPT Code | Description   |
|----------|---|
| 00840    | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified |

Procedures

## «CPT Code Table: Procedures»

| CPT Code | Description  |
|----------|--|
| 10060    | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single |
| 10180    | Incision and drainage, complex, postoperative wound infection  |
| 49000    | Exploratory laparotomy, exploratory celiotomy with or without biopsy   |
| 49320    | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)               |

Laboratory

## «CPT Code Table: Laboratory Services»

| CPT Code | Description  |
|----------|--|
| 87081    | Culture, presumptive, pathogenic organisms, screening only   |
| 87181    | Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)   |
| 87184    | Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)   |
| 87186    | Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration (MIC or breakpoint), each multi-antimicrobial, per plate |
| 88305    | Level IV – Surgical pathology, gross and microscopic examination   |

Pharmacy

Cephalexin  
Clindamycin

For authorization requirements and dispensing guidelines, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

## Male Sterilization – 21 Years of Age and Older

Vasectomy procedures for male sterilization are billed with ICD-10-CM codes Z30.2 and the following pre-selected procedure codes, as appropriate.

Additionally, Z01.812 (preprocedural laboratory examination) is billed for men with medical conditions that need screening for surgical contraindications. ICD-10-CM code Z01.812 must be billed with ICD-10-CM code Z30.09.

### «ICD-10-CM Code Table: Male Sterilization»

| ICD-10-CM Code | Description   |
|----------------|---|
| Z01.812        | Preprocedural laboratory examination  |
| Z30.09         | Encounter for other general counseling and advice on contraception<br>Indication: Encounter for family planning advice, NOS.        |
| Z30.2          | Encounter for sterilization   |
| Z98.52         | Vasectomy status<br>Indications: Routine postoperative management and surveillance, and postoperative semen analysis up to 90 days. |

### Procedures

### «CPT Code Table: Procedures»

| CPT Code | Description   |
|----------|---|
| 55250    | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) |

Anesthesia**«CPT Code Table: Anesthesia»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 00921           | Anesthesia, vasectomy, unilateral or bilateral  |
| 99152           | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older |
| 99153           | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time                          |

Supplies

Modifier UA or UB is required for the following supply.

**«CPT Code Table: Supplies»**

| <b>CPT Code</b> | <b>Description</b> |
|-----------------|--------------------|
| 55250           | Vasectomy supplies |

Laboratory**«CPT Code Table: Laboratory»**

| <b>CPT Code</b> | <b>Description</b>  | <b>Restrictions</b>        |
|-----------------|---|----------------------------|
| 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 | Preoperative testing only. |

«CPT Code Table: Laboratory (continued)»

| <b>CPT Code</b> | <b>Description</b>   | <b>Restrictions</b>        |
|-----------------|--|----------------------------|
| 81001           | Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated with microscopy         | Preoperative testing only. |
| 81002           | 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, without microscopy | Preoperative testing only. |
| 81003           | Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy     | Preoperative testing only. |
| 85013           | Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; spun microhematocrit              | Preoperative testing only. |
| 85014           | Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; hematocrit (Hct)                  | Preoperative testing only. |
| 85018           | Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; hemoglobin (Hgb)                  | Preoperative testing only. |

**«CPT Code Table: Laboratory (continued)»**

| <b>CPT Code</b> | <b>Description</b>   | <b>Restrictions</b>   |
|-----------------|--|---|
| 85025           | Blood count complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | When required by the outpatient facility or medically indicated by clinical assessment. |
| 85027           | Blood count complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)                                      | When required by the outpatient facility or medically indicated by clinical assessment. |
| 88302           | Surgical pathology, gross and microscopic examination  | Two specimens only  |

**Management of Complications**

The following ICD-10-CM codes are used to bill for complication services. An approved TAR is required unless stated otherwise. An additional ICD-10-CM code that identifies the contraceptive method in which the complication arose is required. The ICD-10-CM codes for complications must be billed with Z30.2.

**«ICD-10-CM Code Management of Table: Complications Related to Postprocedural Hematoma/Hemorrhage»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| N99.820               | Postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure |
| N99.840               | Postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure   |

Indications for the above listed ICD-10-CM codes: Hemorrhage/hematoma within 30 days postoperative

The following additional services are reimbursable with N99.820 and N99.840.

**Anesthesia**

**«CPT Code Table: Anesthesia»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 00920           | Anesthesia for procedures on male genitalia (including open urethral procedures; NOS) |

Procedures

**CPT Code Table: Procedures**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 54520           | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach |
| 54670           | Suture/repair of testicular injury   |
| 54700           | Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)                       |
| 54865           | Exploration of epididymis, with or without biopsy  |

Laboratory

**<<CPT Code Table: Laboratory>>**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 85018           | Blood count; hemoglobin (Hgb)  |
| 85025           | Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count |

**Note:** CPT codes 85018 and 85025 do not require a TAR.

**ICD-10-CM Code Table: Management of Complications Related to Postprocedural Infection**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| T81.40XA              | Infection following a procedure, unspecified; initial encounter                             |
| T81.40XD              | Infection following a procedure, unspecified; subsequent encounter                          |
| T81.40XS              | Infection following a procedure, unspecified; sequela                                       |
| T81.41XA              | Infection following a procedure, superficial incisional surgical site, initial encounter    |
| T81.41XD              | Infection following a procedure, superficial incisional surgical site, subsequent encounter |
| T81.41XS              | Infection following a procedure, superficial incisional surgical site, sequela              |

**«ICD-10-CM Code Table: Management of Complications Related to Postprocedural Infection (continued)»**

| <b>ICD-10-CM Code</b> | <b>Description</b>   |
|-----------------------|--|
| T81.42XA              | Infection following a procedure, deep incisional surgical site, initial encounter    |
| T81.42XD              | Infection following a procedure, deep incisional surgical site, subsequent encounter |
| T81.42XS              | Infection following a procedure, deep incisional surgical site, sequela              |
| T81.43XA              | Infection following a procedure, organ and space surgical site, initial encounter    |
| T81.43XD              | Infection following a procedure, organ and space surgical site, subsequent encounter |
| T81.43XS              | Infection following a procedure, organ and space surgical site, sequela              |
| T81.49XA              | Infection following a procedure, other surgical site, initial encounter              |
| T81.49XD              | Infection following a procedure, other surgical site, subsequent encounter           |
| T81.49XS              | Infection following a procedure, other surgical site, sequela                        |

The following additional procedures are reimbursable with ICD-10-CM diagnosis codes T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS.

Anesthesia

**«CPT Code Table: Anesthesia»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 00920           | Anesthesia for procedures on male genitalia (including open urethral procedures; NOS) |

Procedures

**«CPT Code Table: Additional Procedures»**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 54520           | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach |
| 54700           | Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)                       |
| 55100           | Drain scrotal abscess  |

Laboratory**«CPT Code Table: Laboratory Services»**

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 87081           | Culture, presumptive, pathogenic organisms, screening only  |
| 87181           | Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)  |
| 87184           | Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip); disk method, per plate (12 or fewer agents)   |
| 87186           | Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip); microdilution or agar dilution (minimum inhibitory concentration (MIC or breakpoint), each multi-antimicrobial, per plate |

Pharmacy

Cephalexin  
Clindamycin

For authorization requirements and dispensing guidelines, refer to the *Family PACT Pharmacy Formulary* on the Medi-Cal Rx website (<https://medi-calrx.dhcs.ca.gov>) and the *Clinic Formulary* section in this manual.

**«ICD-10-CM Code Table: Management of Complications Related to Chronic Postprocedural Pain»**

| <b>ICD-10-CM Code</b> | <b>Description</b>  |
|-----------------------|---|
| G89.28                | Other chronic postprocedural pain<br>Indication: Testicular pain within 30 days postoperative |

The following additional services are reimbursable with G89.28.

Anesthesia**«CPT Code Table: Anesthesia»**

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 00920           | Anesthesia, for procedures on male genitalia (including open urethral procedures, NOS) |

Procedures

«CPT Code Table: Procedures»

| CPT Code | Description   |
|----------|---|
| 54865    | Exploration of epididymis, with or without biopsy         |
| 55110    | Scrotal exploration                                       |
| 55520    | Excision of lesion of spermatic cord (separate procedure) |

**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 as noted in preceding pages in this section.

**Table of Reproductive Health Screening Tests**

| CPT Code | Description    | Reflex Testing (based on a positive screening test result)  | Restrictions                  |
|----------|----------------|---|-------------------------------|
| 86592 †  | VDRL, RPR      | 86780 †<br>TP-confirmatory test; if positive, 86593 is required   | NA                            |
| 86592 †  | VDRL, RPR      | 86593 †<br>Syphilis test, non-treponemal antibody; quantitative   | NA                            |
| 86701    | HIV-1 antibody | 86689 †<br>HIV confirmatory test (e.g. Western Blot) <u>or</u><br><br>86701 and 86702 differentiation assay <u>and</u><br><br>87535<br>HIV – NAAT<br>(if differentiation assay results are negative or indeterminate) | 86689 limited to HIV antibody |

**Table of Reproductive Health Screening Tests (continued)**

| <b>CPT Code</b> | <b>Description</b>   | <b>Reflex Testing (based on a positive screening test result)</b>  | <b>Restrictions</b>           |
|-----------------|--|--|-------------------------------|
| 86702 †         | HIV-2 antibody   | 86689 †<br>HIV confirmatory test (e.g. Western Blot) <u>or</u><br><br>86701 and 86702 differentiation assay <u>and</u><br><br>87535<br>HIV – NAAT (if differentiation assay results are negative or indeterminate) | 86689 limited to HIV antibody |
| 86703           | HIV-1 and HIV-2 antibodies, single result                        | 86689 †<br>HIV confirmatory test (e.g. Western Blot) <u>or</u><br><br>86701 and 86702 differentiation assay <u>and</u><br><br>87535<br>HIV – NAAT (if differentiation assay results are negative or indeterminate) | 86689 limited to HIV antibody |
| 87389           | HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result | 86689 †<br>HIV confirmatory test (e.g. Western Blot) <u>or</u><br><br>86701 and 86702 differentiation assay <u>and</u><br><br>87535<br>HIV – NAAT (if differentiation assay results are negative or indeterminate) | 86689 limited to HIV antibody |

**Table of Reproductive Health Screening Tests (continued)**

| <b>CPT Code</b> | <b>Description</b>   | <b>Reflex Testing (based on a positive screening test result)</b>  | <b>Restrictions</b>   |
|-----------------|--|--|---|
| 87806           | HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies          | 86689 †<br>HIV confirmatory test (e.g. Western Blot) <u>or</u><br><br>86701 and 86702 differentiation assay <u>and</u><br><br>87535<br>HIV – NAAT (if differentiation assay results are negative or indeterminate) | 86689 limited to HIV antibody                                   |
| 87491 ‡         | NAAT – Chlamydia   | None   | Refer to the CT and GC screening guidelines                     |
| 87591 ‡         | NAAT – Gonorrhea   | None   | Refer to the CT and GC screening guidelines                     |
| «87661          | NAAT – Trichomonas   | None   | Female<br><br>Refer to the trichomoniasis screening guidelines  |
| 87808           | Infectious agent antigen detection – trichomonas vaginalis | None   | Female<br><br>Refer to the trichomoniasis screening guidelines» |

The Centers for Disease Control and Prevention (CDC) *Sexually Transmitted Infections Treatment Guidelines, 2021* recommends annual Chlamydia Trachomatis (CT) and Neisseria gonorrhoeae (GC) screening for all sexually active women under 25 years of age and targeted CT and GC screening only for women 25 years of age and older with risk factors.

«CDC recommends diagnostic testing for trichomoniasis for women seeking care for vaginal discharge and recommends annual trichomoniasis screening for asymptomatic women with HIV infection. In addition, CDC states that annual screening for trichomoniasis might be considered for asymptomatic women at high risk for infection, including those with multiple sex partners, those who engage in transactional sex, and those with a history of drug misuse or sexually transmitted infections.»

**Table of STI Risk Factors and Related ICD-10-CM Codes**

| <b>ICD-10-CM Code</b> | <b>Definition</b>   | <b>Indications</b>  |
|-----------------------|---|---|
| Z11.3                 | Encounter for screening for infections with a predominantly sexual mode of transmission | High prevalence at practice site (GC greater than 1%)   |
| «Z11.6                | Encounter for screening for other protozoal diseases and helminthiases                  | Targeted trichomoniasis screening for asymptomatic women with the following: <ul style="list-style-type: none"> <li>• Multiple sex partners</li> <li>• Transactional sex</li> <li>• Drug misuse</li> <li>• History of STIs</li> <li>• History of incarceration</li> </ul> Routine annual screening for asymptomatic women with HIV infection» |
| Z11.8                 | Encounter for screening for other infectious and parasitic diseases                     | High prevalence at practice site (CT greater than 3 percent)  |

**Table of STI Risk Factors and Related ICD-10-CM Codes (continued)**

| <b>Code</b> | <b>Definition</b>  | <b>Indications</b>   |
|-------------|--|--|
| Z20.2       | Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission | Recent contact (exposure) to an STD, specifically chlamydia, gonorrhea, non-gonococcal urethritis, epididymitis, trichomoniasis, syphilis or HIV   |
| Z22.4       | Carrier of infections with a predominantly sexual mode of transmission                               | Diagnosed with trichomoniasis (women), syphilis, or HIV, either confirmed or presumptively treated, who may be co-infected with chlamydia or gonorrhea   |
| Z72.51      | High risk heterosexual behavior  | Targeted STD screening: <ul style="list-style-type: none"> <li>• Infection with chlamydia or gonorrhea in the past 2 years;</li> <li>• More than one sex partner in the previous 12 months;</li> <li>• A new sex partner in the previous three months;</li> </ul> Belief that a partner from the previous 12 months may have had other sex partners at the same time |

**Table of STI Risk Factors and Related ICD-10-CM Codes (continued)**

| <b>Code</b> | <b>Definition</b>   | <b>Indications</b>  |
|-------------|---|---|
| Z72.52      | High risk homosexual behavior                                       | Targeted STD screening: <ul style="list-style-type: none"> <li>• Infection with chlamydia or gonorrhea in the past two years;</li> <li>• More than one sex partner in the previous 12 months;</li> <li>• A new sex partner in the previous three months;</li> <li>• Belief that a partner from the previous 12 months may have had other sex partners at the same time</li> </ul> |
| Z72.53      | High risk bisexual behavior   | Targeted STD screening: <ul style="list-style-type: none"> <li>• Infection with chlamydia or gonorrhea in the past two years;</li> <li>• More than one sex partner in the previous 12 months;</li> <li>• A new sex partner in the previous three months;</li> <li>• Belief that a partner from the previous 12 months may have had other sex partners at the same time</li> </ul> |
| Z86.19      | Personal history of certain other infectious and parasitic diseases | Retesting in three months after treatment of CT or GC «and trichomoniasis»  |

Reproductive health screening tests for CT and GC may require an additional ICD-10-CM diagnosis code on the Family PACT claim form. For additional information refer to the Family PACT CT and GC screening guidelines in this section.

For CT and GC screening test(s) to be reimbursed, the ordering provider must indicate the medical necessity for the test with the ICD-10-CM code noted above, as appropriate, on the laboratory order. The laboratory provider must include the ICD-10-CM diagnosis code that identifies the contraceptive method for which the patient is being seen.

**Family PACT Chlamydia and Gonorrhea Screening Guidelines**

| <b>Gender</b> | <b>Age</b>            | <b>GC/CT Test 87491 and 87591</b>                                    | <b>Additional ICD-10-CM Code Required</b>                | <b>Billing Restrictions</b>                                 |
|---------------|-----------------------|--|--|---|
| Females       | Younger 25 years      | Routine annual (1x) screening, any provider                          | None   | Covered when provided as part of the family planning visit. |
| Females       | Younger than 25 years | Screening more than 1x per year/ same provider based on risk factors | Z11.3, Z11.8, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19 ◇ | Covered when provided as part of the family planning visit. |
| Females       | 25 years and older    | Restricted to those with increased risk of infection                 | Z11.3, Z11.8, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19 ◇ | Covered when provided as part of the family planning visit. |
| Males         | Any age               | Restricted to those with increased risk of infection                 | Z11.3, Z11.8, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19 ◇ | Covered when provided as part of the family planning visit. |

**«Family PACT Trichomoniasis Screening Guidelines**

| <b>Gender</b> | <b>Trichomoniasis Test 87661 and 87808</b>           | <b>Additional ICD-10-CM Code Required</b>       | <b>Billing Restrictions</b>                                 |
|---------------|--|---|---|
| Females       | Restricted to those with increased risk of infection | Z11.6, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19 | Covered when provided as part of the family planning visit» |

## **Legend**

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

| <b>Symbol</b> | <b>Description</b>  |
|---------------|---|
| «             | 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.                   |
| †             | Two (2) tests per recipient per day.  |
| ‡             | Three (3) tests per recipient per day.  |
| ◇             | See <i>Benefits: Family Planning-Related Services</i> for additional ICD-10-CM codes for CT and GC diagnostic testing |