

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

## Benefits Grid

This *Clinical Services Benefits Grid* includes the codes for procedures, medications and contraceptive supplies that are reimbursable under the Family PACT (Planning, Access, Care and Treatment) Program.

Family Planning Services						Complications (1)	
ICD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	ICD-9-CM Code	Description
V25.03	Emergency contraceptive counseling and prescription		81025: Urine pregnancy test		J3490U5: Ulipristal acetate (ECP)  J3490U6: Levonorgestrel (ECP)		
V25.09	General counseling and advice, other (family planning) (33)		81025: Urine pregnancy test (32)				
V25.01	Prescription, oral contraceptive	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	80061: Lipid profile (5)(2)	A4267: Male condom	S4993: OCs  J7304: Contraceptive transdermal patch	415.19	Pulmonary embolism
V25.41	Surveillance, oral contraceptive		80076: LFTs (2)	A4268: Female condom		453.40	Deep vein thrombosis
V25.9	Unspecified contraceptive management (patch, vaginal ring)		82465: Cholesterol	Spermicides: A4269U1: Gel, jelly, cream, or foam	J7303: Contraceptive vaginal ring		
V25.40	Contraceptive surveillance, unspecified (patch, vaginal ring)		81025: Urine pregnancy test	82947: Glucose (3)	A4269U2: Suppository	S5000/S5001: Estradiol (requires additional ICD-9-CM code 626.6)	
			82951: 2hr GTT (3)(4)	A4269U3: Vaginal film	J3490U5: Ulipristal acetate ( <b>ECP</b> )		
				A4269U4: Sponge	J3490U6: Levonorgestrel (ECP)		
				S5199: Lubricant			

- (1) Complication services require a *Treatment Authorization Request* (TAR), unless stated otherwise. Refer to the *Benefits: Family Planning* section in this manual.
- (2) Limited to one every six months per client.
- (3) Limited to one per year per client.
- (4) Only if history of abnormal fasting blood sugar screen.
- (5) Only if elevated screening cholesterol or significant risk factors for cardiovascular disease.
- (32) When clinically indicated to rule out pregnancy prior to initiation of a contraceptive method, but no contraceptive method is initiated during the visit or currently used by the client. Pregnancy confirmation for women not seeking family planning services is not reimbursable under V25.09. Refer to the *Benefits: Family Planning* section in this manual for more information.
- (33) V25.09, for this encounter, is used for counseling on contraceptive methods (other than sterilization) but no contraceptive method is initiated during the visit or currently used by the client. Refer to the *Benefits: Family Planning* section in this manual for more information.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

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Family Planning Services						Complications (1)	
ICD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	ICD-9-CM Code	Description
V25.9	Unspecified contraceptive management.	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	80076: LFTs (2)	A4267: Male condom	J3490U8: Medroxy-progesterone acetate for contraception	626.2	Excessive/ frequent menstruation
	contraceptive injection		81025: Urine pregnancy test	A4268: Female condom			
V25.40	Surveillance. contraceptive injection		82947: Glucose (3)	Spermicides:	S5000/S5001: Estradiol (requires additional ICD-9-CM code 626.6)		
			82951: 2hr GTT (3)(4)	A4269U1: Gel, jelly, cream, or foam	J3490U5: Ulipristal acetate (ECP)		
				A4269U2: Suppository	J3490U6: Levonorgestrel (ECP)		
				A4269U3: Vaginal film			
				A4269U4: Sponge			
				S5199: Lubricant			

- (1) Complication services require a TAR, unless stated otherwise. Refer to the *Benefits: Family Planning* section in this manual for more information.
- (2) Limited to one every six months per client.
- (3) Limited to one per year per client.
- (4) Only if history of abnormal fasting blood sugar screen.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

Family Planning Services						Complications (1)	
ICD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	ICD-9-CM Code	Description
V25.5	Insertion of implantable subdermal contraceptive	11976: Removal 11981: Insertion	80076: LFTs (2) 81025: Urine pregnancy test	11976UA: Removal A4267: Male condom A4268: Female condom	J7307: Etonogestrel implant S5000/S5001: Estradiol (requires ICD-9-CM code 626.6)	V45.52	Presence of contraceptive device: subdermal contraceptive implant
V25.43	Surveillance of previously prescribed contraceptive methods; Implantable subdermal contraceptive	99000: Handling and/or conveyance of blood specimen to unaffiliated lab		Spermicides: A4269U1: Gel, cream, jelly, or foam A4269U2: Suppository A4269U3: Vaginal film A4269U4: Sponge S5199: Lubricant	J3490U5: Ulipristal acetate (ECP) J3490U6: Levonorgestrel (ECP)	996.59	Mechanical complication due to other implant and internal device, not elsewhere classified
						996.69	Infection and inflammatory reaction due to other internal device
						996.70	Other complications due to unspecified device
						626.2	Excessive or frequent menstruation

(1) Complication services require a TAR, unless stated otherwise. Refer to the *Benefits: Family Planning* section in this manual for more information.

(2) Limited to one every six months per client.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

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Family Planning Services						Complications (1)	
ICD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	ICD-9-CM Code	Description
V25.11	Encounter for insertion of intrauterine device	58300: Insertion 58301: Removal	81025: Urine pregnancy test 85013, 85014: Hematocrit	58300UA: Insertion 58301UA: Removal	J7300: ParaGard J7301: Skyla J7302: Mirena	996.32	Mechanical complication due to intrauterine contraceptive device.
V25.42	Surveillance of previously prescribed contraceptive method: Intrauterine contraceptive device	74000: KUB (6) 76830: Transvag US (6) 76857: US pelvic limited or F/U (6)	85018: Hemoglobin	A4267: Male condom A4268: Female condom Spermicides:	J3490U5: Ulipristal acetate (ECP) J3490U6: Levonorgestrel (ECP) S5000/S5001: Estradiol (requires ICD-9-CM code 626.6)		
V25.12	Encounter for removal of intrauterine device	99000: Handling and/or conveyance of blood specimen to unaffiliated lab		A4269U1: gel, jelly, cream or foam A4269U2: Suppository A4269U3: Vaginal film A4269U4: Sponge S5199: Lubricant			
V25.13	Encounter for removal and reinsertion of intrauterine device						

(1) Complication services require a TAR, unless stated otherwise. Refer to the *Benefits: Family Planning* section in this manual for more information.

(6) Restricted to use for evaluating missing IUC strings only. Refer to the *Benefits: Family Planning* section in this manual for more information.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

Family Planning Services						Complications (1)	
CD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	ICD-9-CM Code	Description
V25.02	Initiation of other contraceptive measures (barriers)	57170: Diaphragm/cervical cap fitting	81025: Urine pregnancy test	A4267: Male condom	J3490U5: Ulipristal acetate (ECP)		
V25.49	Surveillance of previously prescribed contraceptive methods; Other contraceptive method (barriers)	99000: Handling and/or conveyance of blood specimen to unaffiliated lab		A4268: Female condom Spermicides: A4269U1: Gel, jelly, cream, or foam A4269U2: Suppository A4269U3: Vaginal film A4269U4: Sponge Cervical cap (26) Diaphragm (26) S5199: Lubricant	J3490U6: Levonorgestrel (ECP)		
V25.04	Counseling and instruction in natural family planning to avoid pregnancy		81025: Urine pregnancy test	BBT (26)	J3490U5: Ulipristal acetate (ECP) J3490U6: Levonorgestrel (ECP)		
V26.41	Procreative counseling and advice using natural family planning (34)		81025: Urine pregnancy test	BBT (26)			

(1) Complication services require a TAR, unless stated otherwise. Refer to the *Benefits: Family Planning* section in this manual for more information.

(26) Available for pharmacy dispensing only.

(34) Encounters are limited to two occurrences in a 12-month period per client, per provider. Refer to *Benefits: Family Planning* section in this manual for more information

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

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Family Planning Services						Complications	
ICD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	CD-9-CM Code	Description
V25.09	General counseling and advice, other (sterilization) (35)		81025: Urine pregnancy test				
V72.63 (28)	Pre-procedural lab exam, female <b>sterilization</b>	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	Preoperative tests: 81000: UA dipstick w/microscopy 81001: UA automated w/microscopy 81002: UA dipstick w/out microscopy 81003: UA automated w/out microscopy 85013: Spun Hct 85014: Hct 85018: Hemoglobin 85025: Auto CBC w/auto diff. WBC 85027: Auto CBC w/out differential 85002: Bleeding time (27) 85610: Prothrombin time (27) 85730: thromboplastin time (27)				

(27) TAR required. Refer to the *Benefits: Family Planning* section in this manual for more information.

(28) Use with ICD-9-CM code V25.09. Refer to the *Benefits: Family Planning* section in this manual for more information.

(35) V25.09, for this encounter, is for sterilization counseling and advice, including consent and pre-operative evaluation, if indicated. Refer to "Permanent Contraception" in the *Benefits: Family Planning* section in this manual for more information.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

Family Planning Services						Complications (1)	
ICD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	CD-9-CM Code	Description
V72.83 (28)	Other specified pre-op exam, female sterilization	71020: Chest X-ray (7) 93000: ECG (7) 93307: Echocardiography (7) (27)					
V25.2	Encounter for contraceptive management; Sterilization (female)	58565: Hysteroscopic surgical placement of micro-insert(s) 58600: Mini lap TL 58615: Mini lap TL with clip 58670: Lapscope fulguration 58671: Lapscope with ring or clip 58555: Hysteroscopy, diagnostic (29)	88302: Surgical path. (two specimens)	A4264 50/52: Intratubal occlusion device (micro-inserts) 58565UA/UB: Hysteroscopic surg supplies 58600UA/UB: Mini-Lap TL 58615UA/UB: Mini-Lap with clip 58670UA/UB: Lapscope fulguration 58671UA/UB: Lapscope ring or clip		995.22 868.10 998.59	Unspecified adverse effect of anesthesia Injury to other abdominal organs, with open wound into cavity unspecified (within 30 days postoperative) Other post op infection operative site infection (within 30 days postoperative)

(1) Complication services require a TAR, unless stated otherwise. Refer to the *Benefits: Family Planning* section in this manual for more information.

(7) As medically indicated for preoperative evaluation of a pre-existing medical condition or required by outpatient facility.

(27) TAR required. Refer to the *Benefits: Family Planning* section in this manual for more information.

(28) Use with ICD-9-CM code V25.09. Refer to the *Benefits: Family Planning* section in this manual for more information.

(29) Used when CPT-4 code 58565 is attempted and placement fails. Refer to the *Benefits: Family Planning* section in this manual for more information.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

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Family Planning Services						Complications	
ICD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	CD-9-CM Code	Description
V26.51	Tubal ligation status	<u>74740: Hysterosalpingo graphy (30)</u>  <u>58340: Catheterization and introduction of saline or contrast material for saline infusion sonohystero graphy [SIS] or hysterosalpingo graphy (31)</u>		A4267: Male condom  A4268: Female condom  Spermicides:  A4269U1: Gel, jelly, cream or foam  A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	<u>J3490U5: Ulipristal acetate (ECP)</u>  J3490U6: Levonorgestrel (ECP)		

- (30) Restricted to confirm tubal occlusion 12 weeks after CPT-4 code 58565. If occlusion is not confirmed, CPT-4 code 74740 may be repeated at 24 weeks post-op. Use with CPT-4 code 58340. Refer to the *Benefits: Family Planning* section in this manual for more information.
- (31) CPT-4 code 58340 is used with 74740. Refer to the *Benefits: Family Planning* section in this manual for more information.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

Family Planning Services						Complications	
CD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	CD-9-CM Code	Description
V72.63 (28)	<u>Pre-procedural lab exam (male sterilization)</u>	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	Preoperative tests:  81000: UA dipstick w/microscopy  81001: UA automated w/microscopy  81002: UA dipstick w/out microscopy  81003: UA automated w/out microscopy  85013: Spun Hct  85014: Hct  85018: Hemoglobin  85025: Auto CBC w/auto diff. WBC  85027: Auto CBC w/out differential				

(28) Use with ICD-9-CM code V25.09. Refer to the *Benefits: Family Planning* section in this manual for more information.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

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Family Planning Services						Complications (1)	
ICD-9-CM Code	Description	Procedures	Laboratory *	Supplies	Medications	CD-9-CM Code	Description
V25.2	Encounter for contraceptive management; Sterilization (male)	55250: Vasectomy	88302: Surgical path (two specimens)	55250UA/UB: Vasectomy		998.11	Hemorrhage complicating the procedure
						998.12	Hematoma complicating procedure
						998.59	Other post-op infection (within 30 days post-op)
						338.28	Other chronic post-op pain, testicular (within 30 days post-op)
V26.52	Vasectomy status			A4267: Male condom A4268: Female condom Spermicides: A4269U1: Gel, jelly, cream or foam, A4269U2: Suppository A4269U3: Vaginal film A4269U4: Sponge S5199: Lubricant			

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

(1) Complication services require a TAR, unless stated otherwise. Refer to the *Benefits: Family Planning* section in this manual for more information.

\* These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.

Reproductive Health  
Screening Tests

These services may be provided as clinically indicated. These services are not reimbursable for V25.03, V25.09 and V26.41. For more information, refer to the *Benefits: Family Planning* section in this manual.

Reproductive Health Screening Tests *			
CPT-4 Code	Description	Reflex Testing (based on a positive screening test result)	Restrictions
86592	VDRL, RPR	86780 TP-confirmatory test; if positive, 86593 is required	
		86593 Syphilis test, non-treponemal antibody; quantitative	
86701	HIV-I	<b><u>86689 HIV confirmation test</u></b>  <b><u>OR</u></b>  <b><u>86701 and 86702 differentiation assay</u></b>  <b><u>AND</u></b>  <b><u>87535 HIV amplified probe technique (if differentiation assay results are negative or indeterminate)</u></b>	86689 Limited to HIV antibody
86702	HIV-II		
86703	HIV-I and HIV-II, single result		
87491	NAAT - Chlamydia	None	Refer to the CT and GC screening guidelines
87591	NAAT-Gonorrhea	None	

\* These screening tests have a frequency limit of one test, per recipient, per month. For more information regarding the Laboratory Services Reservation System (LSRS), refer to the *Laboratory Services* section in this manual.

\*\* CT and GC screening tests for females 25 years and older and males of all ages require an additional ICD-9-CM code. Females 25 years of age and under may require an additional ICD-9-CM code. For additional information, refer to the *Benefits: Family Planning* section in this manual.

**Family Planning-Related Services: Laboratory Tests**

The following laboratory tests are covered when clinically indicated and provided as part of, or as a follow-up to, a family planning visit. These tests must be ordered in conjunction with a family planning visit. These tests are billed with the appropriate family planning ICD-9-CM code and do not require an additional diagnosis code.

Cervical Cytology		Additional Information
<b>CPT-4 Code</b>	<b>Description</b>	Refer to the <i>Benefits: Family Planning-Related Services</i> section in this manual for additional restrictions and claim requirements.
88142	LBC, manual screen	
88143	LBC, manual screen and rescreen	
88147	Smear, automated screen	
88148	Smear, automated screen, manual re-screen	
88164	Smear, Bethesda, manual screen	
88165	Smear, Bethesda, manual screen, re-screen	
88167	Smear, Bethesda, manual screen, computer re-screen	
88174	LBC, automated screen	
88175	LBC, automated screen, manual re-screen	

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

Treatment or diagnostic testing of specified sexually transmitted infections (STIs) may be provided as clinically indicated.

Family Planning-Related Services (9)						Complications (11)
ICD-9-CM Code	Description	Procedures	Laboratory	Supplies	Medications (8)	Description
V01.6	Use V01.6 for diagnosis and treatment of an <b>asymptomatic</b> partner exposed to active case of Chlamydia, Gonorrhea, Syphilis, or Trichomoniasis.		Wet mounts and pH testing only		Treatment is based on the CDC STD treatment guidelines for the STD identified in the index case.	
099.41 099.52* 099.53	<u>Chlamydia</u> Urethritis Anus/rectum Cervicitis	None	87205: Gram stain – symptomatic males only	None	Azithromycin Doxycycline	Allergic reaction to antibiotics used to treat STI
099.40 604.90	<u>Presumptive Dx</u> Male: NGU/NSU Orchitis/epididymitis NOS		87491: CT, amplified probe technique			
616.0 623.5 625.0 625.9	Female: cervicitis Female: leukorrhea Female: Dyspareunia Female: genital organ symptoms NOS					
788.1 V01.6	Dysuria CT-exposed partner					
098.0 098.6* 098.7* 098.12 098.15	<u>Gonorrhea</u> Urethritis Pharynx Anus/rectum Prostatitis Cervicitis	None	87205: Gram stain – symptomatic males only	None	Azithromycin Cefixime Cefpodoxime Ceftriaxone Doxycycline	Allergic reaction to antibiotics used to treat STI
099.40 604.90	<u>Presumptive Dx</u> Male: NGU/NSU Orchitis/epididymitis NOS		87591: GC, amplified probe technique			
616.0 623.5 625.0 625.9	Female: cervicitis Female: leukorrhea Female: Dyspareunia Female: genital organ symptoms NOS					
788.1 V01.6	Dysuria GC-exposed partner					

(8) Only dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See [www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx](http://www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx)

See the *Pharmacy and Clinic Formulary* section for additional information about regimen, formulation and coverage limits.

(9) An additional ICD-9-CM code is required for any treatment or diagnostic testing beyond screening tests.

(11) Services to evaluate and manage a complication of treating a family planning-related service requires an additional ICD-9-CM code. A TAR is required, unless stated otherwise. Refer to the *Benefits: Family Planning-Related Services* section in this manual.

\* To be used only for treatment of pharyngeal, anal and rectal infections due to CT/GC.

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Family Planning-Related Services (9)						Complications (11)
ICD-9-CM Code	Description	Procedures	Laboratory	Supplies	Medications (8)	Description
054.11 054.12 054.13  608.89 616.50	<u>Herpes (genital only)</u> HSV Vulvovaginitis Herpes vulva Herpes penis  <u>Presumptive Dx</u> Male: penile ulcer Female: vulvar ulcer	None	Additional Restrictions Apply (12)  87252: HSV culture  87255: HSV culture  87273: HSV DFA Type II	None	Acyclovir	Allergic reaction to antibiotics used to treat STI
614.0 614.2 625.0  625.9	<u>PID (uncomplicated outpatient only)</u> Acute PID PID, NOS Female: Dyspareunia Female: genital organ symptoms NOS	99000: Handling and/or conveyance of blood specimen for transfer to lab	85025: CBC/diff  85651: ESR  85652: ESR  87491: CT, amplified probe technique  87591: GC, amplified probe technique	None	Azithromycin  Ceftriaxone injection  Cefoxitin injection  Doxycycline  Metronidazole  Ofloxacin  Probenecid	Allergic reaction to antibiotics used to treat STI
091.0 091.3 092.9 096 097.1  616.50 608.89 V01.6	<u>Syphilis</u> Primary Secondary Early latent Late latent Latent, unspecified  <u>Presumptive Dx</u> Female: vulvar ulcer Male: penile ulcer Syphilis-exposed partner	99000: Handling and/or conveyance of blood specimen for transfer to lab	86593: Syphilis test, non-treponemal antibody; quantitative (15)	None	Penicillin G benzathine long acting – injection  Doxycycline	Allergic reaction to antibiotics used to treat STI
131.01  131.02  099.40 V01.6	<u>Trichomoniasis</u> Trichomonal vulvovaginitis Trich. Urethritis  <u>Presumptive Dx</u> Male: NGU/NSU Trichomoniasis-exposed partner	None	83986: pH (females only)  87210: Wet mount  Q0111: Wet mount	None	Metronidazole  Tinidazole (16)	

- (8) Only dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See [www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx](http://www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx) See the *Pharmacy and Clinic Formulary* section for additional information about regimen, formulation and coverage limits.
- (9) An additional ICD-9-CM code is required for any treatment or diagnostic testing beyond screening tests.
- (11) Services to evaluate and manage a complication of treating a family planning-related service requires an additional ICD-9-CM code. A TAR is required, unless stated otherwise. Refer to the *Benefits: Family Planning-Related Services* section in this manual.
- (12) Only as necessary to evaluate genital ulcers of unconfirmed etiology; payable for 616.50 (F) or 608.89 (M) only. Viral culture limited to Herpes simplex only. Reflex typing is not covered.
- (15) Only as necessary to confirm response to syphilis treatment; should not be ordered with presumptive diagnosis codes.
- (16) Only as a treatment for vaginal trichomoniasis if treatment failure or adverse effects (but not allergy) with prior use of Metronidazole.

Family Planning-Related Services (9)						Complications (11)
ICD-9-CM Code	Description	Procedures	Laboratory	Supplies	Medications (8)	Description
112.1	<u>Vulvovaginitis</u> Candidal vulvo-vaginitis	None	83986: pH (females only)	None	Clotrimazole	Allergic reaction to antibiotics used to treat STI
616.10	Vaginitis/Vulvitis/BV		87210: Wet mount		Fluconazole	
			Q0111 Wet mount		Miconazole	
					Terconazole * (27)	
					<u>Clindamycin</u> <u>Metronidazole</u>	
078.0 078.10 078.11	<u>Warts (genital only)</u> Molluscum Viral warts Condylomata	54050: Destruction of penile lesion; chemical (14)  54056: Destruction of penile lesion; cryo (14)  54100: Biopsy of penis (17)  56501: Destruction vulvar lesion (14)  57061: Destruction vaginal lesion (14)  56605: Biopsy, vulva (17)	88305: Surgical path for males (17)      88305: Surgical path for females (17)	54050UA 54056UA  54100UA 56501UA 57061UA 56605UA	Imiquimod  Podofilox	Allergic reaction to antibiotics used to treat STI  Severe genital skin ulcerations or infections

- (8) Only dosage regimens included in current CDC STD Treatment Guidelines or California STD Treatment Guidelines may be used. See [www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx](http://www.cdph.ca.gov/pubsforms/Guidelines/Pages/SexuallyTransmittedDiseasesScreeningandTreatmentGuidelines.aspx) See the *Pharmacy and Clinic Formulary* section for additional information about regimen, formulation and coverage limits.
- (9) An additional ICD-9-CM code is required for any treatment or diagnostic testing beyond screening tests.
- (11) Services to evaluate and manage a complication of treating a family planning-related service requires an additional ICD-9-CM code. A TAR is required, unless stated otherwise. Refer to the *Benefits: Family Planning-Related Services* section in this manual.
- (14) Supply charges for these procedures include the TCA/BCA, liquid nitrogen, or Podophyllin used.
- (17) Only as necessary to confirm vulvar, vaginal or genital warts in a wart treatment candidate.
- (27) Restricted to Pharmacy dispensing only; for use after treatment failure with other anti-fungals, TAR required.

\* Only available for pharmacy dispensing with approved TAR.

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

Treatment or diagnostic tests for the management of urinary tract infection (UTI) are covered when provided as part of, or as a follow-up to, a family planning visit where the UTI was identified or diagnosed. An additional ICD-9-CM code is required as noted below.

These benefits are for female clients only.

Family Planning-Related Services						Complications (11)
ICD-9-CM Code	Description	Procedures	Laboratory	Supplies	Medications	Description
595.0	UTI Acute cystitis	None	81000: UA dipstick w/microscopy	None	Cephalexin Ciprofloxacin	Allergic reaction to antibiotics used to treat UTI
599.71	Gross hematuria		81001: UA automated w/microscopy		TMP/SMX	
788.1	Dysuria		81002: UA dipstick w/out microscopy			
788.41	Urinary frequency		81003: UA automated w/out microscopy			
789.09	Abdominal pain, bilateral		81005: UA (qualitative) 81015: Urine microscopy			

(11) Services to evaluate and manage a complication of treating a family planning-related service requires an additional ICD-9-CM code. A TAR is required, unless stated otherwise. Refer to the *Benefits: Family Planning-Related Services* section in this manual.

**Family Planning-Related Services: Management of Cervical Abnormalities**

Treatment and management of specified cervical abnormalities are covered when provided as part of, or as a follow-up to, a family planning visit, where the cervical abnormality was identified or diagnosed. An additional ICD-9-CM code is required for treatment and diagnostic services for the management of women with cervical abnormalities. Colposcopy is limited to women ≥15 of age.

Family Planning-Related Services						Complications (11)
ICD-9-CM Code	Description	Procedures	Laboratory	Supplies	Medications	Description
795.0 – 795.09	Abnormal Pap result	None	88141: Pap requiring physician interpretation			Pelvic infection resulting from cervical treatment
795.01 795.02 795.03 795.04 795.05  622.2	ASC-US Pap ASC-H Pap LSIL Pap HSIL Pap Abnormal Pap with HPV high risk positive  Presumptive Dx. Leukoplakia, cervix	57452: Colposcopy  57454: Colpo with biopsy & ECC  57455: Colpo with biopsy  57456: Colpo with ECC	87621: HPV, amplified probe technique (18)  88305: Surgical pathology	57452UA  57454UA  57455UA  57456UA	None	Hemorrhage from cervical biopsy or treatment site requiring surgical repair
795.00	AGC Pap	57452: Colposcopy  57454: Colpo with biopsy & ECC  57455: Colpo with biopsy  57456: Colpo with ECC  58110: Endometrial biopsy w/colpo (19)	87621: HPV, amplified probe technique (18)  88305: Surgical pathology	57452UA  57454UA  57455UA  57456UA  58110UA	None	

- (11) Services to evaluate and manage a complication of treating a family planning-related service requires an additional ICD-9-CM code. A TAR is required, unless stated otherwise. Refer to the *Benefits: Family Planning-Related Services* section in this manual.
- (18) **HPV amplified probe technique** (high risk only) **co-testing (cytology + HPV test) or HPV testing alone** is covered for ages ≥21 years, once per 365 days in **certain** circumstances. **For more information see the American Society of Colposcopy and Cervical Pathology (ASCCP) 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Test and Cancer Precursors. Also refer to the Benefits: Family Planning-Related Services section in this manual.**
- (19) Endometrial biopsy is covered only with **AGC** (atypical glandular cells) cytology result **and** any of the following:
- “Atypical endometrial cells” on AGC cytology result; **or**
  - Complaints of abnormal vaginal bleeding pattern suspicious for endometrial hyperplasia or cancer; **or**
  - Recipient is ≥36 years of age.

Family Planning-Related Services						Complications (11)
ICD-9-CM Code	Description	Procedures	Laboratory	Supplies	Medications	Description
622.11	CIN 1 (biopsy)	57452: Colposcopy	87621: HPV, amplified probe technique (18)	57452UA		Pelvic infection resulting from cervical treatment
622.12	CIN 2 (biopsy)	57454: Colpo with biopsy & ECC	88305: Surgical pathology	57454UA		
233.1	CIN 3 (biopsy)	57455: Colpo with biopsy	88307: Surgical pathology (21)	57455UA		Hemorrhage from cervical biopsy or treatment site requiring surgical repair
		57456: Colpo with ECC		57456UA		
		57511: Cryocautery of cervix (22)		57511UA		
		57460: LEEP (22)		57460UA		
795.09	Other abnormal Pap	58100: Endometrial biopsy (20)	88305: Surgical pathology	58100UA		

- (11) Services to evaluate and manage a complication of treating a family planning-related service requires an additional ICD-9-CM code. A TAR is required, unless stated otherwise. Refer to the *Benefits: Family Planning-Related Services* section in this manual.
- (18) **HPV amplified probe technique** (high risk only) **co-testing (cytology + HPV test) or HPV testing alone** is covered for ages ≥21 years, once per 365 days in **certain** circumstances. **For more information see the American Society of Colposcopy and Cervical Pathology (ASCCP) 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Test and Cancer Precursors.** Also refer to the *Benefits: Family Planning-Related Services* section in this manual.
- (20) Endometrial biopsy restricted to ages ≥40 years with a finding of endometrial cells on Pap and a recent history of menstrual irregularity.
- (21) Restricted to biopsy specimens collected by LEEP procedure.
- (22) Restricted to biopsy proven CIN 2 and CIN 3, or persistent CIN 1 lesions of greater than 12 months, ages ≥15 years. **See ASCCP Guidelines 2006.**

TREATMENT AND DISPENSING GUIDELINES FOR CLINICIANS

Family Planning-Related Conditions Drug Regimens						
CONDITION	MEDICATION	DOSAGE SIZE	REGIMENS *	FILL FREQ DAYS	NOTES	CLINIC CODE
<b>Bacterial Vaginosis</b>	Metronidazole	250mg/500mg tabs	500mg PO BID X 7 days	15	Recommended regimen	S5000/ S5001
		0.75% vaginal gel	5g PV QHS X 5 days	30		
	Clindamycin	2% cream	5g PV X 7 days	30	Recommended regimen	
		150mg capsules	300mg PO BID X 7 days	15	Alternative regimen	
		100mg ovules	100mg PV QHS X 3 days	30		
<b>Chlamydia</b>	Azithromycin	500mg tabs/1gm pkt	1gm PO X 1	<u>2 per rolling 30 days</u>	Recommended regimen	Q0144
	Doxycycline	100mg tabs	100mg PO BID X 7days	<u>30 days</u>	Recommended regimen	S5000/ S5001
<b>Epididymitis</b>	Ceftriaxone	250mg injection	250mg IM X 1	-	Recommended regimen	J0696
	AND Doxycycline	100mg tabs	100mg PO BID X 10 days	<u>2 per rolling 30 days</u>		S5000/ S5001
<b>External Genital Warts</b>	Imiquimod	5% cream	QHS 3/wks up to 16 weeks	30		S5000/ S5001
	Podofilox	0.5% solution/gel	BID 3 days/wk followed by 4 days no treatment up to 4 weeks	30		
<b>Genital Herpes</b>	Acyclovir	200mg tabs	200mg PO 5/day X 5 or 10 days	30	Primary	S5000/ S5001
		400mg tabs	400mg PO TID X 5 or 10 days	30		
		400mg tabs 800mg tabs	400 PO TID X 5 days 800mg PO BID X 5 days OR 800mg PO TID x 2 days	30	Recurrent herpes	
		400mg tabs	400mg PO BID	30	Suppression of recurrent herpes	

\* CDC, Sexually Transmitted Diseases Treatment Guidelines 2010, MMWR 2010:59.

Family Planning-Related Conditions Drug Regimens						
CONDITION	MEDICATION	DOSAGE SIZE	REGIMENS *	FILL FREQ DAYS	NOTES	CLINIC CODE
Gonorrhea (see Note 4)	Ceftriaxone OR	250mg injection	250mg IM X 1	15	Recommended regimen	J0696
	Cefixime	400mg tabs	400mg PO X 1			S5000/ S5001
	PLUS Azithromycin OR	1gm	1gm PO X 1			Q0144
	Doxycycline	100mg	100mg PO BID X 7 days	S5000/ S5001		
	Cefpodoxime	200mg tabs	400 mg PO X 1	15	Alternative regimen	S5000/ S5001
	PLUS Azithromycin OR	1gm	1gm PO X 1	2 per rolling 30 days		Q0144
	Doxycycline	100mg tabs	100mg PO BID X 7 days			S5000/ S5001
	Azithromycin	500mg tabs/1gm pkt	2gm PO X 1		Alternative regimen (see Note 1)	Q0144
Regimen A	Ceftriaxone OR	250mg injection	250mg IM X 1	-		J0696
PID	Cefoxitin WITH Probenecid	1gm injection	1gm IM X 1	-		J0694
		500mg tabs	1gm PO X 1	30	Recommended regimen	S5000/ S5001
	PLUS Doxycycline	100mg tabs	100mg PO BID X 14 days	2 per rolling 30 days		
	WITH OR WITHOUT Metronidazole	250/500mg tabs	500mg PO BID X 14 days	30	(see Note 2)	
Regimen B	Ceftriaxone PLUS Azithromycin	250mg injection	250mg IM X 1	2 per rolling 30 days	Alternative regimen	J0696
	1gm	1gm PO once a week for 2 weeks	Q0144			
WITH OR WITHOUT Metronidazole	250/500mg tabs	500mg PO BID X 14 days	S5000/ S5001			
Regimen C	Ofloxacin	200/400mg tabs	400mg PO BID X 14 days	30	(see Note 3)	S5000/ S5001
	PLUS Azithromycin	500mg tabs/1gm packet	1gm PO once a week for 2 weeks	2 per rolling 30 days		Q0144
	WITH OR WITHOUT Metronidazole	250/500mg tabs	500mg PO BID X 14 days	30	(see Note 2)	S5000/ S5001

\* CDC, Sexually Transmitted Diseases Treatment Guidelines 2010, MMWR 2010:59.

Note 1: For patients with significant anaphylaxis-type allergies to penicillin or allergies to cephalosporins.

Note 2: Addition of metronidazole is recommended if concomitant bacterial vaginosis and to improve anaerobic bacteria coverage.

Note 3: Only if unable to receive an injectable cephalosporin regimen and if at low risk for GC infection. If this regimen is given, a GC test must be done. If positive for GC, the patient must be treated with an antibiotic that covers quinolone-resistant GC.

Note 4: Dual treatment with drug regimen effective against chlamydia is recommended regardless of chlamydia test results (see chlamydia treatment regimen on preceding page).

Family Planning-Related Conditions Drug Regimens						
CONDITION	MEDICATION	DOSAGE SIZE	REGIMENS *	FILL FREQ DAYS	NOTES	CLINIC CODE
Syphilis	Penicillin G benzathine	1.2mil units/2 ml 2.4mil units/4 ml	2.4mil units IM X 1	-	Primary, secondary, early latent syphilis	J0561
	Doxycycline	100mg tabs	100mg PO BID X 2 weeks	30	Alternative regimen	S5000/ S5001
	Penicillin G benzathine	1.2mil units/2 ml 2.4mil units/4 ml	2.4mil units IM q wk X 3 doses	-	Late latent, unknown duration syphilis	J0561
	Doxycycline	100mg tabs	100mg PO BID X 4 weeks	30	Alternative regimen	S5000/ S5001
Tricho- moniasis	Metronidazole	500mg tabs	2gm PO X 1	15	Recommended regimen	S5000/ S5001
			500mg PO BID X 7 days	15	Alternative regimen	
	Tinidazole	250/500mg tabs	2gm PO X 1	15	(see Note 5)	
Urinary Tract Infection †	SMX/TMP DS	800/160mg tabs	800/160mg PO BID X 3 days	15	Recommended regimen	S5000/ S5001
	SMX/TMP	400/80mg tabs	400/80mg 2 PO BID X 3 days	15	Alternative regimen	
	Ciprofloxacin	250mg tabs	250mg PO BID X 3 days	15	Alternative regimen	
	Cephalexin	500mg caps	500mg PO BID X 7-10 days	15	Recommended regimen	
		250mg caps	250mg PO QID X 7-10 days	15	Alternative regimen	

\* CDC, Sexually Transmitted Diseases Treatment Guidelines 2010, MMWR 2010:59.

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

Note 5: Only for trichomoniasis in case of treatment failure or adverse effects (not allergy) with prior use of metronidazole.

Family Planning-Related Conditions Drug Regimens								
CONDITION	MEDICATION	DOSAGE SIZE	REGIMENS *	FILL FREQ DAYS	NOTES	CLINIC CODE		
Vaginal Candidiasis	Clotrimazole	2% cream ‡	QHS for 3 days	30		S5000/ S5001		
		1% cream ‡	QHS for 7 days	30				
	Fluconazole	150mg tablet	Single dose PO	30				
	Miconazole	4% cream ‡	QHS for 3 days	30				
		2% cream ‡	QHS for 7 days	30				
		200mg vaginal suppository ‡	QHS for 3 days	30				
		100mg vaginal suppository ‡	QHS for 7 days	30				
	Terconazole +	80mg suppository ‡	QHS for 3 days	30			Reserve for use in complicated cases of Vaginal Candidiasis. Restricted to Pharmacy dispensing only; for use after treatment failure with other anti- fungals, TAR required.	NA
		0.8% cream ‡	QHS for 3 days	30				
		0.4%cream ‡	QHS for 7 days	30				
Breakthrough Bleeding	Estradiol	0.5mg, 1mg, 2mg tablets	QD for 5-10 days	30	Treatment of unscheduled bleeding in contraceptive users. Requires ICD-9-CM code 626.6	S5000/ S5001		

\* CDC, Sexually Transmitted Diseases Treatment Guidelines 2010, MMWR 2010:59.

‡ Oil-based products may weaken latex condoms and diaphragms.

+ Only available for pharmacy dispensing with approved TAR.

Family PACT Contraceptive Supplies					
CONTRACEPTIVE SUPPLIES	BILLING UNIT	MAXIMUM QUANTITY ONSITE	EARLIEST REFILL: ONSITE	REFILL FREQUENCY LIMIT PHARMACY	CLINIC CODE
Condoms, male	each	(see Note 6)	15 days	Male Condoms – up to 36 units per 27 days	A4267
Condoms, female	each			Female Condoms – up to 6 units per 27 days	A4268
Spermicidal Gel/Jelly/Foam/Cream	per gram			All other contraceptive supplies are limited to 3 refills in any 75-day period	A4269U1 A4269U2 A4269U3 A4269U4 S5199
Spermicidal Suppository	each				
Spermicidal Vaginal Film	each				
Spermicidal Contraceptive Sponge	each				
Lubricant	per gram				
Basal Body Thermometer	each	N/A	N/A	1 per year	NA
Contraceptive Diaphragm	each	N/A	N/A	Limited to 1 diaphragm per year	NA
Contraceptive Cervical Cap (Fem Cap)	each	N/A	N/A	Limited to 2 cervical caps per year	NA

**Note 6:** There is a \$14.99 claim limit for all contraceptive supplies dispensed onsite on a single date of service. Refer to the *Drugs: Onsite Dispensing Price Guide* section for the “Family PACT rate per unit.”

Family PACT Contraceptives						
CONTRACEPTIVES	DOSAGE SIZE	MAXIMUM QUANTITY: ONSITE	EARLIEST REFILL: ONSITE	MAXIMUM QUANTITY: PHARMACY	EARLIEST REFILL: PHARMACY	CLINIC CODE
Oral Contraceptives	1 cycle	13 cycles	14 days/cycle dispensed	3 cycles	75 days	S4993
Contraceptive Patch	1 patch	12 patches	90 days	9 patches	75 days	J7304
Contraceptive Vaginal Ring	1 ring	4 rings	90 days	3 rings	75 days	J7303
Medroxyprogesterone Acetate	1 injection	1 injection	80 days	N/A	N/A	J3490U8
ParaGard Intrauterine Contraceptive	1 IUC	1 IUC	1 year	N/A	N/A	J7300
Etonogestrel Contraceptive Implant	1 implant	1 implant	34 months	N/A	N/A	J7307
Mirena Intrauterine Contraceptive	1 IUC	1 IUC	1 year	N/A	N/A	J7302
Skyla Intrauterine Contraceptive	1 IUC	1 IUC	1 year	N/A	N/A	J7301
Emergency contraception: Levonorgestrel 0.75 mg	1 pack (2 tablets)	1 packet/ event combined maximum of 6 packs/year	As medically indicated up to limit	1 pack/ event combined maximum of 6 packs/year	As medically indicated up to limit	J3490U6
Levonorgestrel 1.5 mg	1 pack (1 tablet)					J3490U6
Ulipristal Acetate 30 mg	1 pack (1 tablet)					J3490U5