
Benefits: Family Planning-Related Services

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

Family Planning-Related Service and Supplies

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

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

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

Modifiers

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

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

Laboratory Tests

Specific laboratory tests are pre-selected for family planning-related services. CPT® codes for these services are identified in this section.

For a comprehensive listing of covered laboratory test codes, descriptions and restrictions, refer to the *Laboratory Services* section in this manual. Unless otherwise specified in this manual, Medi-Cal Laboratory Service Reservation System requirements apply. For more information, refer to the *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* section in the Part 2 Medi-Cal manual.

Drugs and Supplies

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

Pharmacy

For a list of reimbursable drugs and dispensing guidelines, including restrictions and *Treatment Authorization Request* (TAR) requirements refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Management of Complications

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

Treatment Authorization Request (TAR)

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

Complication Restrictions

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

Family Planning Related Tests

Laboratory Tests

Laboratory tests are available for clients, as clinically indicated and gender appropriate. Unless otherwise specified, Medi-Cal Laboratory Services Reservations System guidelines apply. Refer to the *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* section in the appropriate Part 2 Medi-Cal manual.

Cervical Cancer Screening

Cervical cancer screening is covered when provided as part of a family planning visit. It is not a stand-alone service. Follow-up visits and services related to abnormal results from screening can be found under the “Management of Cervical Abnormalities and Pre-invasive Cervical Lesions” heading in this section.

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

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

- Received a diagnosis of a high-grade precancerous cervical lesion (cervical intraepithelial neoplasia [CIN] 2, CIN 3, or adenocarcinoma in situ [AIS]) within the past 20 years and requires screening after the initial post-treatment surveillance per current American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP) and American Society for Clinical Pathology (ASCP) guidelines, or any prior diagnosis of cervical cancer
- In utero exposure to diethylstilbestrol (DES)
- Immunocompromised status (such as HIV positive or immune suppressed such as a transplant patient using steroids)
- Requires repeat cervical cytology to reevaluate prior atypical squamous cells of undetermined significance (ASC-US), low-grade squamous intraepithelial lesion (LSIL), or CIN 1 test result
- Over the age of 65 who did not have adequate negative prior screening (Adequate negative prior screening is defined as three consecutive negative cytology results or two consecutive negative co-tests within the 10 years before cessation of screening, with the most recent test occurring within the past five years.)

«Cervical Screening Codes Table»

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

Human Papillomavirus (HPV) Testing

CPT code 87624 (infectious agent detection by nucleic acid [DNA or RNA]; Human Papillomavirus [HPV], high-risk types [eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68]) is reimbursable for female clients aged 21 years and older with modifier 33. Use of modifier 33 indicates the service was provided in accordance with a U.S. Preventive Services Task Force (USPSTF) A or B recommendation. This service must be billed with the ICD-10-CM diagnosis code that identifies the contraceptive method for which the client is being seen. Additional ICD-10-CM diagnosis code Z11.51 (encounter for screening for human papillomavirus [HPV]) is required.

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

For co-testing screening results of negative cytology with positive HPV test, the American Society of Colposcopy and Cervical Pathology (ASCCP) *2012 Updated Consensus Guidelines for Management of Abnormal Cervical Cancer Screening Tests and Precursors* recommends repeat co-testing at one year. If the one-year repeat co-test is HPV negative and cytology negative, repeated co-testing in three years is recommended. The follow-up co-testing screening encounters are reimbursable with the additional ICD-10-CM diagnosis code R87.810 (cervical high-risk human papillomavirus [HPV] DNA test positive).

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

A 2015 multi-organization guideline entitled *Use of Primary High-Risk Human Papillomavirus Testing for Cervical Cancer Screening: Interim Clinical Guidance* provides guidance for the management of a positive primary hrHPV result and includes HPV genotyping. HPV genotyping may be billed with CPT code 87625.

Management of Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs)

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

When applicable, only the treatment regimens included in the current Centers for Disease Control and Prevention (CDC) *Sexually Transmitted Diseases Treatment Guidelines, 2015*, and the California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch's (STDCB) *California STD Treatment Guidelines for Adults and Adolescents, 2015* may be used. The regimens reimbursed by Family PACT are found in the "Treatment and Dispensing Guidelines for Clinicians" in the *Benefits Grid* section in this manual.

Chlamydia

«Chlamydia Test Codes Table»

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

Presumptive Diagnosis

«Chlamydia Presumptive Diagnosis Codes Table»

ICD-10-CM Code	Description
N45.3	Epididymo-orchitis (M)
N72	Inflammatory disease of cervix uteri (F)
N89.8	Other specified noninflammatory disorders of vagina Indication: Leukorrhea NOS (F)
N94.10	Unspecified dyspareunia (F)
N94.11	Superficial (introital) dyspareunia (F)
N94.12	Deep dyspareunia (F)
N94.19	Other specified dyspareunia (F)
N94.89	Other specified conditions associated with female genital organs and menstrual cycle (F)
R30.0	Dysuria (M and F)
R30.9	Painful micturition, unspecified
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission (M and F) Indication: Use for an asymptomatic partner exposed to chlamydia

Procedures

None

Supplies

None

Drugs

«Chlamydia Drugs Codes Table»

HCPDS Code	Description
Q0144	Azithromycin dihydrate
S5000/ S5001	Prescription drugs generic/brand (Doxycycline)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Lab Tests

«Chlamydia Additional Lab Test Codes Table»

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

Gonorrhea

«Gonorrhea Test Codes Table»

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

Presumptive Diagnosis

«Gonorrhea Presumptive Diagnosis Codes Table»

ICD-10-CM Code	Description
N45.3	Epididymo-orchitis (M)
N34.2	Other urethritis (M)
N72	Inflammatory disease of cervix uteri (F)
N89.8	Other specified noninflammatory disorders of vagina Indication: Leukorrhea NOS (F)
N94.10	Unspecified dyspareunia (F)
N94.11	Superficial (introital) dyspareunia (F)
N94.12	Deep dyspareunia (F)
N94.19	Other specified dyspareunia (F)
N94.89	Other specified conditions associated with female genital organs and menstrual cycle (F)
R30.0	Dysuria (M and F)
R30.9	Painful micturition, unspecified
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission (M and F) Indications: Use for an asymptomatic partner exposed to gonorrhea

Procedures

None

Supplies

None

Drugs

«Gonorrhea Drug Codes Table»

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

Cephalosporin Allergy

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

Recurrent or Persistent Nongonococcal Urethritis or Cervicitis

Recurrent or persistent nongonococcal urethritis or cervicitis that has not responded to treatment with azithromycin may be treated as presumptive *Mycoplasma genitalium* with oral moxifloxacin 400 mg one tablet daily for seven days. Moxifloxacin is for pharmacy dispensing only and requires a TAR.

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

«Gonorrhea Additional Laboratory Test Codes Table»

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

Genital Herpes

«Genital Herpes Codes Table»

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

Presumptive Diagnosis

«Genital Herpes Presumptive Diagnosis Codes Table»

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

Procedures

None

Supplies

None

Drugs

«Genital Herpes Drugs Codes Table»

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

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests**«Genital Herpes Additional Laboratory Test Codes Table»**

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

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

Pelvic Inflammatory Disease (PID)

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

«Pelvic Inflammatory Disease Codes Table»

ICD-10-CM Code	Description
N70.03	Acute salpingitis and oophoritis (F)
N70.93	Salpingitis and oophoritis, unspecified (F)
N94.10	Unspecified dyspareunia (F)
N94.11	Superficial (introital) dyspareunia (F)
N94.12	Deep dyspareunia (F)
N94.19	Other specified dyspareunia (F)
N94.89	Other specified conditions associated with female genital organs and menstrual cycle (F)

Supplies

None

Drugs

«Pelvic Inflammatory Drug Codes Table»

HCPCS Code	Description
J0694	Cefoxitin IM 1 gm
J0696	Ceftriaxone IM 250 mg
Q0144	Azithromycin dihydrate
S5000 / S5001	Prescription drugs, generic/brand (Doxycycline, Metronidazole, Ofloxacin, Probenecid)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary and Clinic Formulary* sections and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

«Pelvic Inflammatory Additional Laboratory Test Codes Table»

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

Procedures

«Pelvic Inflammatory Procedure Codes Table»

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

Syphilis

«Syphilis Codes Table»

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

Presumptive Diagnosis

«Syphilis Presumptive Diagnosis Codes Table»

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

Procedures

«Syphilis Procedures Codes Table»

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

Supplies

None

Drugs

«Syphilis Drug Codes Table»

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

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the "Treatment and Dispensing Guidelines for Clinicians" in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

«Syphilis Additional Laboratory Test Codes Table»

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

Trichomoniasis Female and Male

«Trichomoniasis Female and Male Codes Table»

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

Presumptive Diagnosis

«Trichomoniasis Female and Male Presumptive Diagnosis Codes Table»

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

Procedures

None

Supplies

None

Drugs

«Trichomoniasis Female and Male Drug Codes Table»

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

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

«Trichomoniasis Female and Male Additional Laboratory Test Codes Table»

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

Vulvovaginitis

«Vulvovaginitis Codes Table»

ICD-10-CM Code	Description
B73.3	Candidiasis of vulva and vagina
N76.0	Acute vaginitis

Procedures

None

Supplies

None

Drugs

«Vulvovaginitis Drug Codes Table»

HCPCS Code	Description
S5000/ S5001	Prescription drugs, generic/brand (Clindamycin, Clotrimazole, Fluconazole, Metronidazole, Miconazole)

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

«Vulvovaginitis Additional Laboratory Test Codes Table»

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

Genital Warts

«Genital Warts Codes Table»

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

Procedures

A modifier is required for the following procedures.

«Genital Warts Procedure Codes Table»

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

Supplies

Modified UA is required for the following supplies.

«Genital Warts Supply Codes Table»

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

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

Drugs

«Genital Warts Drug Codes Table»

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

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

«Genital Warts Additional Laboratory Test Codes Table»

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

Expedited Partner Therapy for the Prevention of Sexually Transmitted Infection Reinfections

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

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

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

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

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

Urinary Tract Infection (UTI)

Urinary Tract Infection (UTI) Females Only

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

«UTI Female Only Codes Table»

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

Procedures

None

Supplies

None

Drugs

«UTI Female Only Codes Table»

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

Pharmacy

For a complete list of drugs reimbursed by the Family PACT Program, including restrictions and TAR requirements, refer to the *Pharmacy Formulary* and *Clinic Formulary* sections and the Treatment and “Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

Additional Laboratory Tests

«UTI Female Only Additional Laboratory Test Codes Table»

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

Management of Cervical Abnormalities and Preinvasive Cervical Lesions

Cervical Abnormalities and Preinvasive Cervical Lesions Females ≥15 Years of Age

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

Outpatient Services

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

Cervical Abnormalities

«Cervical Abnormalities Codes Table»

ICD-10-CM Code	Description
D06.9	Carcinoma in situ of cervix, unspecified
N87.0	Mild cervical dysplasia
N87.1	Moderate cervical dysplasia
R87.610	Atypical squamous cells of undetermined significance on cytologic smear of cervix [ASC-US]
R87.611	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear [ASC-H]
R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix [LGSIL]
R87.613	High grade squamous intraepithelial lesion on cytologic smear of cervix [HGSIL]
R87.614	Cytologic evidence of malignancy on smear of cervix

«Cervical Abnormalities Codes Table Continued»

ICD-10-CM Code	Description
R87.615	Unsatisfactory cytologic smear of cervix
R87.616	Satisfactory cervical smear but lacking transformation zone
R87.618	Other abnormal cytological findings on specimens from cervix uteri
R87.619	Unspecified abnormal cytological findings in specimen from cervix uteri
R87.810	Cervical high-risk HPV DNA test positive

Other Conditions

«Cervical Abnormalities Other Conditions Codes Table»

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

Presumptive Diagnosis

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

«Cervical Abnormalities Presumptive Diagnosis Codes Table»

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

Procedures

A modifier is required for the following procedures.

«Cervical Abnormalities Procedure Codes Table»

CPT Code	Description	Restrictions
57452	Colposcopy of the cervix including upper/adjacent vagina	Not covered for R87.618
57454	Colposcopy with biopsy and endocervical curettage (ECC)	Not covered for R87.618
57455	Colposcopy with biopsy of the cervix	Not covered for R87.618
57456	Colposcopy with endocervical curettage (ECC)	Not covered for R87.618
57460	Colposcopy with loop electrode biopsy(s) of the cervix (LEEP)	Limited to D06.9, N87.0, and N87.1; Restricted to biopsy proven CIN 2 and CIN 3, or persistent CIN 1 lesions of greater than 12 months
57511	Cautery of cervix; cryocautery, initial or repeat	Limited to D06.9, N87.0, and N87.1; Restricted to biopsy proven CIN 2 and CIN 3, or persistent CIN 1 lesions of greater than 12 months

«Cervical Abnormalities Procedure Codes Table (continued)»

CPT Code	Description	Restrictions
58100	Endometrial sampling (biopsy), with or without endocervical sampling, without cervical dilation, any method (separate procedure)	Limited to R87.618; Age ≥40 years with a finding of endometrial cells on Pap and a recent history of menstrual irregularity
58110	Endometrial sampling (biopsy), performed in conjunction with colposcopy	Limited to R87.619. Only if AGC cytology result and any of: <ul style="list-style-type: none"> • “Atypical endometrial cells”; or • Abnormal vaginal bleeding pattern suspicious for endometrial hyperplasia or cancer; or • Age ≥36 years

Supplies

Modifier UA is required for the following supplies.

«Cervical Abnormalities Supplies Codes Table Continued»

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

Drugs

None

Additional Laboratory Tests

«Cervical Abnormalities Additional Laboratory Test Codes Table»

CPT Code	Description	Restrictions
87624	Human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	High-risk only ‡ Additional ICD-10-CM code required
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Additional ICD-10-CM code required
88305	Level IV - Surgical pathology, gross and microscopic examination	Additional ICD-10-CM code required
88307	Level V - Surgical pathology, gross and microscopic examination	Limited to specimen collected by LEEP procedure 57460. (Document specimen source on the <i>UB-04</i> claim in the <i>Remarks</i> field [Box 80])

The following table lists the circumstances when HPV testing or co-testing should be performed, based on the American Society of Colposcopy and Cervical Pathology (ASCCP) *2012 Updated Consensus Guidelines for Management of Abnormal Cervical Cancer Screening Tests and Precursors*. Family PACT coverage of HPV testing (87624) and co-testing (cytology and HPV testing on the same sample) aligns with ASCCP 2012 guidelines. The recommended interval column is included as a reference for clinicians.

«HPV Testing and Co-Testing Guidelines Table»

Testing Ordered	Last Test Result Showed	Age Limitations	ASCCP Recommended Interval	ICD-10-CM Diagnosis Code
Reflex HPV testing	ASC-US	21 years and older	N/A	R87.610
Follow-up HPV co-testing	ASC-US, reflex HPV negative	21 years and older	Co-test in 36 months	R87.610
Follow-up HPV co-testing	Cytology NILM but EC/TZ insufficient or absent, HPV positive	30 years and older	Co-test in 12 months	R87.810 R87.616
Follow-up HPV co-testing	Cytology NILM but EC/TZ insufficient or absent, HPV unknown	30 years and older	HPV test. If positive, co-test in 12 months	R87.616
Long-term surveillance with HPV co-testing	AGC-NOS: Colpo is CIN 1 or less	21 years and older	Co-test in 12, 24 and 36 months	R87.619 Z01.42
Long-term surveillance with HPV co-testing	Biopsy is CIN 1 or less preceded by “lesser abnormality” cytology result	25 years and older	Co-test in 12 months	N87.0 R87.610 R87.612 R87.810

«HPV Testing and Co-Testing Guidelines Table (continued)»

Testing Ordered	Last Test Result Showed	Age Limitations	ASCCP Recommended Interval	ICD-10-CM Diagnosis Code
Long-term surveillance with HPV co-testing	Biopsy is CIN 1 or less ASC-H or HSIL cytology result	25 years and older	Co-test in 12, 24 months	N87.0 R87.611 R87.613
Long-term surveillance with HPV co-testing	Post-treatment for CIN 2-3	21 years and older	Co-test in 12, 24 and 36 months	D06.9 N87.1 Z87.410
Long-term surveillance with HPV co-testing	Biopsy is CIN 2-3. Observation with Colpo and Cytology at 6 and 12 months if negative	21 years and older	Co-test in 12 months; if negative, co-test in 36 months	N87.1 Z87.410

Complications of Family Planning-Related Services

Management of Complications for Family Planning-Related Services

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

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

The following services are reimbursable for male and female clients.

Evaluation and Management

«Evaluation and Management Codes Table»

CPT Code	Description
99241 thru 99245	Office consultation, new or established patient
99251 thru 99255	Inpatient consultation, new or established patient

Pharmacy

Only drugs listed in the *Pharmacy Formulary* and *Clinic Formulary* sections in this manual and needed for treatment of complications arising from a family planning-related reproductive health condition may be reimbursed.

Additional Complications

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

«Additional Complications Codes Table »

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

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

Anesthesia

«Anesthesia Codes Table»

ICD-10-CM Code	Description
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified

Surgery

«Surgery Codes Table»

ICD-10-CM Code	Description
57510	Cautery of cervix; electro or thermal
57511	Cautery of cervix; cryocautery initial or repeat
57513	Cautery of cervix; laser ablation

Supplies

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

Pharmacy

Antibiotic regimens are the same as for treatment of uncomplicated PID, as listed in the "Treatment and Dispensing Guidelines for Clinicians" in the *Benefits Grid* section. Also refer to the *Pharmacy Formulary* and *Clinic Formulary* sections in this manual.

«Legend»

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

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Appropriate CLIA certification required. Refer to the Part 2 manual, Pathology: An Overview of Enrollment and Proficiency Testing Requirements section.
‡	Coverage for HPV testing and co-testing are based on the American Society of Colposcopy and Cervical Pathology (ASCCP) <i>2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Test and Cancer Precursors</i> . DNA amplified probe HPV (high risk only) is covered for women ages ≥ 21 years, once per 365 days, any provider, following the <i>HPV Testing and Co-testing Guidelines</i> table in this section.