

## Benefits Grid

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

### Family Planning Services

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

**Family Planning Services (continued)**

ICD-10-CM Codes and Description	Procedures	Laboratory <i>¿</i>	Supplies	Medication
Z30.011 (Initial prescription, contraceptive pills)  Z30.41 (Surveillance, contraceptive pills)	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	81025: Urine pregnancy test	A4267: Male condom  A4268: Internal condom  Spermicides: A4269U1: Gel, jelly, cream, or foam  A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	S4993: Oral Contraceptives  S5000/S5001: Estradiol (requires additional ICD-10-CM code N92.1)  J3490U5: Ulipristal acetate (ECP)  J3490U6: Levonorgestrel (ECP)

## Family Planning Services (continued)

ICD-10-CM Codes and Description	Procedures	Laboratory <i>z</i>	Supplies	Medication
Z30.015 Initial prescription, vaginal ring  Z30.44 Surveillance, vaginal ring  Z30.016 Initial prescription, transdermal patch  Z30.45 Surveillance, transdermal patch	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	81025: Urine pregnancy test	A4267: Male condom  A4268: Internal condom  Spermicides: A4269U1: Gel, jelly, cream, or foam  A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	J7304: Contraceptive transdermal patch  «J7303U1: Etonogestrel and ethinyl estradiol (contraceptive vaginal ring)  J7303U2: Segesterone acetate and ethinyl estradiol (contraceptive vaginal ring)»  S5000/S5001: Estradiol (requires additional ICD-10-CM code N92.1)  J3490U5: Ulipristal acetate (ECP)  J3490U6: Levonorgestrel (ECP)

## Family Planning Services (continued)

ICD-10-CM Codes and Description	Procedures	Laboratory <i>¿</i>	Supplies	Medication
Z30.013 (Initial prescription, injectable contraceptive)  Z30.42 (Surveillance, injectable contraceptive)	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	81025: Urine pregnancy test	A4267: Male condom  A4268: Internal condom  Spermicides: A4269U1: Gel, jelly, cream, or foam  A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	«J3490U8: Medroxyprogesterone acetate 150 mg, for contraception»  «Medroxyprogesterone acetate 104 mg, SQ: for pharmacy dispensing only»  S5000/S5001: Estradiol (requires additional ICD-10-CM code N92.1)  J3490U5: Ulipristal acetate (ECP)  J3490U6: Levonorgestrel (ECP)

**Family Planning Services (continued)**

<b>ICD-10-CM Codes</b>	<b>Procedures</b>	<b>Laboratory <i>¿</i></b>	<b>Supplies</b>	<b>Medication</b>
Z30.017 (Initial prescription, subdermal implant)  Z30.46 (Surveillance, subdermal implant)	11976: Removal  11981: Insertion  99000: Handling and/or conveyance of blood specimen to unaffiliated lab  73060: X-ray humerus (34)  76882: Ultrasound, limited, joint or other nonvascular extremity structure(s) (34)	81025: Urine pregnancy test	11976UA: Removal  A4267: Male condom  A4268: Internal condom  Spermicides  A4269U1: Gel, cream, jelly, or foam  A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	J7307: Etonogestrel implant  S5000/S5001: Estradiol (requires ICD-10-CM code N92.1)  J3490U5: Ulipristal acetate (ECP)  J3490U6: Levonorgestrel (ECP)

## Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory ¿	Supplies	Medication
Z30.430 (Insertion, intrauterine contraceptive device)	58300: Insertion 58301: Removal	81025: Urine pregnancy test  85013, 85014: Hematocrit  85018: Hemoglobin	58300UA: Insertion  58301UA: Removal	J7297: Levonorgestrel IU (liletta), 52 mg  J7298: Levonorgestrel IU (mirena), 52 mg  J7300: Intrauterine copper contraceptive  J7301: Levonorgestrel IU (skyla), 13.5 mg
Z30.431 (Routine checking, intrauterine contraceptive device)	74018: X-ray abdomen, 1 view (6)		A4267: Male condom  A4268: Internal condom	
Z30.432 (Removal of intrauterine contraceptive device)	76830: Transvag US (6)  76857: US pelvic limited or F/U (6)		Spermicides:  A4269U1: gel, jelly, cream or foam	J3490U5: Ulipristal acetate (ECP)
Z30.433 (Removal and reinsertion of intrauterine contraceptive device)	99000: Handling and/or conveyance of blood specimen to unaffiliated lab		A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	J3490U6: Levonorgestrel (ECP)  J7296: Levonorgestrel IU (kyleena) 19.5 mg  S5000/S5001: Estradiol (requires ICD-10-CM code N92.1)

## Family Planning Services (continued)

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medication
Z30.018 (Initial prescription of other contraceptives (male or female barrier and/or spermicide)  Z30.49 (Surveillance of other contraceptives (male or female barriers and/or spermicide)	57170: Diaphragm/cervical cap fitting  99000: Handling and/or conveyance of blood specimen to unaffiliated lab	81025: Urine pregnancy test	11976UA: Removal  A4267: Male condom  A4268: Internal condom  Spermicides  A4269U1: Gel, cream, jelly, or foam  A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	J3490U5: Ulipristal acetate (ECP)  J3490U6: Levonorgestrel (ECP)

**Family Planning Services (continued)**

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



**Family Planning Services (continued)**

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medication
Z30.09 (Encounter general counseling and advice on contraception (sterilization))  Z01.812 (28) (Encounter for pre-procedural lab exam (female sterilization))	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	81025: Urine pregnancy test  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	«None»	«None»

**Family Planning Services (continued)**

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medication
Z30.09 (Encounter general counseling and advice on contraception (sterilization))  Z01.812 (28) (Encounter for pre-procedural lab exam (female sterilization))	99000: Handling and/or conveyance of blood specimen to unaffiliated lab	85027: Auto CBC w/out differential  85002: Bleeding time (27)  85610: Prothrombin time (27)  85730: thromboplastin time (27)	«None»	«None»

**Family Planning Services (continued)**

<b>ICD-10-CM Codes</b>	<b>Procedures</b>	<b>Laboratory <i>ç</i></b>	<b>Supplies</b>	<b>Medication</b>
Z01.818 (Encounter for other pre-procedural exam (female sterilization) (28))	71046: Chest X-ray (7) 93000: ECG (7) 93307: Echocardiography (7) (27)	<<None>>	<<None>>	<<None>>
Z30.2 (Encounter for sterilization (female))	58565: Hysteroscopic surgical placement of micro-insert(s) 58600: Mini lap TL 58615: Mini lap TL with clip 58661: Laparoscopy with removal of adnexal structures 58670: Laparoscopic fulguration	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 58661UA/UB: Laparoscopy with removal of adnexal structures	<<None>>

**Family Planning Services (continued)**

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medication
Z30.2 (Encounter for sterilization (female))	58671: Laparoscopic sterilization with ring or clip  58700: Salpingectomy, complete or partial  58555: Hysteroscopy, diagnostic (29)	«None»	58700UA/U: Salpingectomy, complete or partial  58671UA/UB: Laparoscopic sterilization with ring or clip	«None»

**Family Planning Services (continued)**

ICD-10-CM Codes	Procedures	Laboratory <i>¿</i>	Supplies	Medication
Z98.51 (Tubal ligation status)	74740: Hysterosalpingo graphy (30)  58340: Catheterization and introduction of saline or contrast material for saline infusion sonohystero graphy [SIS] or hysterosalpingo graphy (31)	«None»	A4267: Male condom  A4268: Internal condom  Spermicides:  A4269U1: Gel, jelly, cream or foam  A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	J3490U5: Ulipristal acetate (ECP)  J3490U6: Levonorgestrel (ECP)

**Family Planning Services (continued)**

ICD-10-CM Codes	Procedures	Laboratory <i>ç</i>	Supplies	Medication
Z01.812 (Encounter for pre-procedural lab exam (male sterilization) (28))	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	«None»	«None»

**Family Planning Services (continued)**

<b>ICD-10-CM Codes</b>	<b>Procedures</b>	<b>Laboratory <i>z</i></b>	<b>Supplies</b>	<b>Medication</b>
Z30.2 (Encounter for sterilization (male))	55250: Vasectomy	88302: Surgical path (two specimens)	55250UA/UB: Vasectomy	<<None>>
Z98.52 (Vasectomy status)	<<None>>	<<None>>	A4267: Male condom  A4268: Internal condom  Spermicides:  A4269U1: Gel, jelly, cream or foam  A4269U2: Suppository  A4269U3: Vaginal film  A4269U4: Sponge  S5199: Lubricant	<<None>>

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

## Reproductive Health Screening Tests

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

### Reproductive Health Screening Tests

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



**Reproductive Health Screening Tests (continued)**

<b>CPT Codes</b>	<b>Reflex Testing (based on a positive screening test result)</b>	<b>Restrictions</b>
87491 § (NAAT – Chlamydia) 87591 § (NAAT – Gonorrhea)	None	Refer to the Chlamydia Trachomatis (CT) and Neisseria gonorrhoeae (GC) screening guidelines

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

## **Family Planning-Related Services: Cervical Cancer Screening**

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

### **Cervical Cytology**

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

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

**Human Papillomavirus (HPV) Testing**

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

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

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

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

### **Family Planning-Related Services (9)**

<b>ICD-10-CM Code and Description</b>	<b>Procedures</b>	<b>Laboratory</b>	<b>Supplies</b>	<b>Medications (8)</b>
Z20.2 (Use Z20.2 for diagnosis and treatment of an asymptomatic partner exposed to active case of chlamydia, gonorrhea, syphilis, or trichomoniasis) (M/F)	<<None>>	<<None>>	<<None>>	<<None>>
Chlamydia A56.01 (CT cystitis and urethritis (M/F) A56.09 (Other chlamydial infection lower of genitourinary tract) (F) A56.3 (CT anus/rectum) (M/F) A56.4 (CT pharynx) (M/F) Presumptive Dx N34.2 (Other urethritis) (M) N45.3 (Epididymo-orchitis) (M)	None	87205: Gram stain – symptomatic males only  87491: CT, amplified probe technique	None	Azithromycin Doxycycline

**Family Planning-Related Services (9)**

<b>ICD-10-CM Code and Description</b>	<b>Procedures</b>	<b>Laboratory</b>	<b>Supplies</b>	<b>Medications (8)</b>
N72 (Inflammatory disease of cervix uteri) (F)	None	87205: Gram stain – symptomatic males only	None	Azithromycin Doxycycline
N89.8 (Other specified non-inflammatory disorders of vagina) (F)		87491: CT, amplified probe technique		
N94.10 Unspecified dyspareunia (F)				
N94.11 Superficial (introital) dyspareunia (F)				
Deep dyspareunia (F) N94.12 Other specified dyspareunia (F)				
N89.8 (Other specified non-inflammatory disorders of vagina) (F)				
N94.10 Unspecified dyspareunia (F)				
N94.11 Superficial (introital) dyspareunia (F)				
N94.12 (Deep dyspareunia) (F)				

**Family Planning-Related Services (9) (continued)**

<b>ICD-10-CM Code and Description</b>	<b>Procedures</b>	<b>Laboratory</b>	<b>Supplies</b>	<b>Medications (8)</b>
N94.19 (Other specified dyspareunia) (F)	None	87205: Gram stain – symptomatic males only	None	Azithromycin Doxycycline
N94.89 (Other conditions associated with female genital organs) (F)		87491: CT, amplified probe technique		
R30.0 (Dysuria) (M/F)				
R30.9 Painful micturition, unspecified) (M/F)				
Z20.2 (STI (CT)-exposed partner) (M/F)				

**Family Planning-Related Services (9) (continued)**

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

**Family Planning-Related Services (9) (continued)**

<b>ICD-10-CM Code and Description</b>	<b>Procedures</b>	<b>Laboratory</b>	<b>Supplies</b>	<b>Medications (8)</b>
Herpes (genital only) A60.01 (Herpes penis) A60.04 (HSV Vulvovaginitis) Presumptive Dx N48.5 (Ulcer of penis) N76.6 (Ulceration of vulva)	None	Additional Restrictions Apply (12) 87255: HSV culture 87529: HSV NAAT	None	Acyclovir
PID (uncomplicated outpatient only) N70.03 Acute salpingitis and oophoritis N70.93 Salpingitis and oophoritis, unspecified N94.10 Unspecified dyspareunia (F) N94.11 Superficial (introital) dyspareunia (F) N94.12 Deep dyspareunia (F) N94.19 Other specified dyspareunia (F) N94.89 Other conditions associated with female genital organs (F)	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



**Family Planning-Related Services (9) (continued)**

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
Syphilis A51.0 Primary genital (M/F) A51.31 Condyloma latum (M/F) A51.39 Other, secondary (M/F) A51.5 Early, latent (M/F) A52.8 Late, latent (M/F) A53.0 Latent, unspecified (M/F)  Presumptive Dx  N48.5 Ulcer of penis N76.6 Ulceration of vulva Z20.2 STI (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

**Family Planning-Related Services (9) (continued)**

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
Trichomoniasis A59.01 (Trichomonal vulvo-vaginitis) A59.03 (Trich. cystitis and urethritis) N76.0 (Acute vaginitis)  Presumptive Dx  N34.2 (Other urethritis) (M) Z20.2 STI ([Trichomoniasis] – exposed partner) (M/F)	None	83986: pH (females only)  87210: Wet mount  87661: NAAT – T. vaginalis (females only)  87808: T. vaginalis immunoassay (females only)  Q0111: Wet mount	None	Metronidazole  Tinidazole (16)

**Family Planning-Related Services (9) (continued)**

ICD-10-CM Code and Description	Procedures	Laboratory	Supplies	Medications (8)
Vulvovaginitis B37.3 Candidiasis of vulva and vagina N76.0 Acute vaginitis	None	83986: pH (females only) 87210: Wet mount Q0111 Wet mount	None	Clotrimazole Fluconazole Miconazole Terconazole (27) Clindamycin Metronidazole
Warts (genital only) A63.0 (Anogenital [venereal] warts) (M/F) B08.1 (Molluscum) (M/F) B07.9 (Viral wart, unspecified) (M/F)	54050: Destruction of penile lesion; chemical (14) 54056: Destruction of penile lesion; cryo (14) 54100: Biopsy of penis (17)	88305: Surgical path for males (17) 88305: Surgical path for females (17)	54050UA 54056UA 54100UA 56501UA 57061UA 56605UA	Imiquimod Podofilox

**Family Planning-Related Services (9) (continued)**

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

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

Treatment or diagnostic tests for the management of urinary tract infection (UTI) are covered when provided as part of, or as a follow-up to, a family planning visit where the UTI was identified or diagnosed. An additional ICD-10-CM code is required as noted below.

These benefits are for female clients only.

### **Family Planning-Related Services**

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

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

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

### **Family Planning-Related Services**

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

**Family Planning-Related Services (continued)**

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

**Family Planning-Related Services (continued)**

<b>ICD-10-CM Code and Description</b>	<b>Procedures</b>	<b>Laboratory</b>	<b>Supplies</b>	<b>Medications</b>
N87.0 CIN 1 (biopsy) N87.1 CIN 2 (biopsy) «D06.0 CIN 3 (biopsy)» «D06.1 CIN 3 (biopsy)» D06.9 CIN 3 (biopsy)	57452: Colposcopy  57454: Colpo with biopsy & ECC  57455: Colpo with biopsy  57456: Colpo with ECC  57511: Cryocautery of cervix (22)  57460: LEEP (22)  «57461: LEEP (22)»	87624: HPV, high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (18)  88305: Surgical pathology  88307: Surgical pathology (21) «88342: p16 IHC (36)»	57452UA  57454UA  57455UA  57456UA  57511UA  57460UA	None
R87.618 Other abnormal cytological findings	58100: Endometrial biopsy (20)	88305: Surgical pathology	58100UA	None



**Treatment and Dispensing Guidelines for Clinicians****Family Planning-Related Conditions Drug Regimens**

<b>Condition</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens *</b>	<b>Fill Frequency (days)</b>	<b>Notes</b>	<b>Clinic Code</b>
Bacterial Vaginosis	Metronidazole	250mg/500mg tabs	500mg PO BID X 7 days	15	Recommended regimen	S5000/S5001
Bacterial Vaginosis	Metronidazole	0.75% vaginal gel	5g PV QHS X 5 days	30	Recommended regimen	S5000/S5001
Bacterial Vaginosis	Clindamycin	2% cream	5g PV X 7 days	30	Recommended regimen	S5000/S5001
Bacterial Vaginosis	Clindamycin	150mg capsules	300mg PO BID X 7 days	15	Alternative regimen	S5000/S5001
Bacterial Vaginosis	Clindamycin	100mg ovules	100mg PV QHS X 3 days	30	Alternative regimen	S5000/S5001
Chlamydia	Azithromycin	500mg tabs/1gm pkt	1gm PO X 1	2 per rolling 30 days	Recommended regimen	Q0144
Chlamydia	Azithromycin	100mg tabs	100mg PO BID X 7days	100mg PO BID X 7days	Recommended regimen	S5000/S5001
Epididymitis	Ceftriaxone and Doxycycline	250mg injection	250mg IM X 1	2 per rolling 30 days	Recommended regimen	J0696

**Family Planning-Related Conditions Drug Regimens (continued)**

<b>Condition</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens *</b>	<b>Fill Freq Days</b>	<b>Notes</b>	<b>Clinic Code</b>
Epididymitis	Ceftriaxone and Doxycycline	100mg tabs	100mg PO BID X 10 days	2 per rolling 30 days	Recommended regimen	5000/ S5001
External Genital Warts	Imiquimod	5% cream	QHS 3/wks up to 16 weeks	30	«None»	5000/ S5001
External Genital Warts	Podofilox	0.5% solution/gel	BID 3 days/wk followed by 4 days no treatment up to 4 weeks	30	«None»	5000/ S5001
Genital Herpes	Acyclovir	200mg tabs	200mg PO 5/day X 5 or 10 days	30	Primary	5000/ S5001
Genital Herpes	Acyclovir	400mg tabs	400mg PO TID X 5 or 10 days	30	Primary	5000/ S5001

**Family Planning-Related Conditions Drug Regimens (continued)**

<b>Condition</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens *</b>	<b>Fill Freq Days</b>	<b>Notes</b>	<b>Clinic Code</b>
Genital Herpes	Acyclovir	400 mg tabs 800 mg tabs	400 PO TID X 5 days 800 mg PO BID X 5 days OR 800 mg PO TID x 2 days	30	Recurrent herpes	S5000/ S5001
Genital Herpes	Acyclovir	400 mg tabs	400 mg PO BID	22	Suppression of recurrent herpes	S5000/ S5001
«Gonorrhea»	Ceftriaxone	«500 mg injection»	«500 mg IM X 1»	15	Recommended regimen (see Note 1)	J0696

**Family Planning-Related Conditions Drug Regimens (continued)**

<b>Condition</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens *</b>	<b>Fill Freq Days</b>	<b>Notes</b>	<b>Clinic Code</b>
Gonorrhea	Cefixime	400 mg tabs/caps	<<800>> mg PO X 1	15	Alternative regime (see Note 1)	S5000/ S5001
PID	Ceftriaxone	250 mg injection	250 mg IM X 1	None	Recommended regimen (see Note 2)	J0696
PID	Cefoxitin With Probenecid	1 gm injection	2 gm IM X 1	None	Recommended regimen (see Note 2)	J0694
PID	Cefoxitin With Probenecid	500 mg tabs	1 gm PO X 1	30	Recommended regimen (see Note 2)	S5000/ S5001

**Family Planning-Related Conditions Drug Regimens (continued)**

<b>Condition</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens *</b>	<b>Fill Freq Days</b>	<b>Notes</b>	<b>Clinic Code</b>
PID	Plus Doxycycline	100mg tabs	100mg tabs	2 per rolling 30 days	Recommended regimen (see Note 2)	S5000/ S5001
PID	With or Without Metronidazole	250/500mg tabs	500mg PO BID X 14 days	30	Recommended regimen (see Note 2)	S5000/ S5001
PID	Ceftriaxone Plus Azithromycin	250mg injection	250mg IM X 1	2 per rolling 30 days	Alternative regimen (see Note 2)	«None»
PID	With or Without Metronidazole	1gm 250/500mg tabs	1gm PO once a week for 2 weeks 500mg PO BID X 14 days	2 per rolling 30 days	Alternative regimen (see Note 2)	«None»

## Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Freq Days	Notes	Clinic Code
PID	Ofloxacin	200/400 mg tabs	400 mg PO BID X 14 days	30	Alternative regimen (see Note 3)	S5000/ S5001
PID	With or Without Metronidazole	1 gm 250/500 mg tabs	500 mg PO BID X 14 days	30	Alternative regimen (see Note 2)	S5000/ S5001

«**Note 1:** The CDC published [Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020](#) | MMWR, which recommends for uncomplicated gonococcal infections of the cervix, urethra or rectum: treat with a single dose of ceftriaxone 500 mg IM for persons weighing <150 kg (330 lbs). For persons weighing ≥150 kg (330 lbs), ceftriaxone 1 gm IM should be administered. If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days.

If treating with cefixime, and chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days.»

For patients with significant anaphylaxis-type allergies to penicillin or cephalosporins, treat with gentamicin 240 mg IM (onsite dispensing only with HCPCS code J1580; requires a TAR) with azithromycin 2 gm PO X 1 (see *Benefits: Family Planning-Related Services, Pharmacy Formulary and Clinic Formulary* sections of this manual.)

«For uncomplicated gonococcal infections of the pharynx: treat with ceftriaxone, as noted above. If chlamydia coinfection is identified when pharyngeal gonorrhea testing is performed, providers should treat for chlamydia with doxycycline 100 mg orally twice a day for 7 days.»

**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.

### Family Planning-Related Conditions Drug Regimens (continued)

Condition	Medication	Dosage Size	Regimens *	Fill Freq Days	Notes	Clinic Code
Recurrent/ Persistent NGU or Cervicitis	Moxifloxacin	400 mg tabs	400 mg PO QD x 7 days	None	«(see Note 4)»	None
Syphilis	Penicillin G benzathine	1.2 mil units/2 ml 2.4 mil units/4 ml	2.4 mil units IM X 1	None	Primary, secondary, early latent syphilis	J0561
Syphilis	Doxycycline	100 mg tabs	100 mg PO BID X 2 weeks	30	Alternative regimen	S5000/ S5001
Syphilis	Penicillin G benzathine	1.2 mil units/2 ml 2.4 mil units/4 ml	2.4 mil units IM q wk X 3 doses	None	Late latent, unknown duration syphilis	J0561
Syphilis	Doxycycline	100 mg tabs	100 mg PO BID X 4 weeks	30	Alternative regimen	S5000/ S5001
Tricho- moniasis	Metronidazole	500 mg tabs	2 gm PO X 1	15	Recommended regimen	S5000/ S5001
Tricho- moniasis	Metronidazole	500 mg tabs	500 mg PO BID X 7 days	15	Alternative regimen	S5000/ S5001

**Family Planning-Related Conditions Drug Regimens (continued)**

<b>Condition</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens *</b>	<b>Fill Freq Days</b>	<b>Notes</b>	<b>Clinic Code</b>
Tricho- moniasis	Tinidazole	250/500 mg tabs	2 gm PO X 1	15	<<(see Note 5)>>	S5000/ S5001
Urinary Tract Infection †	SMX/TMP DS	800/160 mg tabs	800/160 mg PO BID X 3 days	15	Recommended regimen	5000/ S5001
Urinary Tract Infection †	SMX/TMP	400/80 mg tabs	400/80 mg 2 PO BID X 3 days	15	Alternative regimen	5000/ S5001
Urinary Tract Infection †	Ciprofloxacin	250 mg tabs	250 mg PO BID X 3 days	15	Alternative regimen	5000/ S5001
Urinary Tract Infection †	Cephalexin	500 mg caps	500 mg PO BID X 7-10 days	15	Recommended regimen	S5000/ S5001
Urinary Tract Infection †	Cephalexin	250 mg caps	250 mg PO QID X 7-10 days	15	Alternative regimen	S5000/ S5001
Urinary Tract Infection †	Nitrofurantoin	50/100 mg caps/tabs	100 mg PO BID x 5 days	15	Recommended regimen <<(see Note 6)>>	S5000/ S5001

<<**Note 4:**>> For persistent and recurrent cervicitis and nongonococcal urethritis that has not responded to treatment with doxycycline or azithromycin, treat with moxifloxacin (pharmacy dispensing only, requires a TAR). See Benefits: Family Planning-Related Services and Pharmacy and Clinic Formulary sections of this manual.

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

<<**Note 6:**>> For pharmacy dispensing only.



**Family Planning-Related Conditions Drug Regimens (continued)**

<b>Condition</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens *</b>	<b>Fill Freq Days</b>	<b>Notes</b>	<b>Clinic Code</b>
Vaginal Candidiasis	Clotrimazole	2% cream ‡	QHS for 3 days	30	«None»	S5000/ S5001
Vaginal Candidiasis	Clotrimazole	1% cream ‡	QHS for 7 days	30	«None»	S5000/ S5001
Vaginal Candidiasis	Fluconazole	150mg tablet	Single dose PO	30	«None»	S5000/ S5001
Vaginal Candidiasis	Miconazole	4% cream ‡	QHS for 3 days	30	«None»	S5000/ S5001
Vaginal Candidiasis	Miconazole	2% cream ‡	QHS for 7 days	30	«None»	S5000/ S5001
Vaginal Candidiasis	Miconazole	200mg vaginal suppository ‡	QHS for 3 days	30	«None»	S5000/ S5001
Vaginal Candidiasis	Miconazole	100mg vaginal suppository ‡	QHS for 7 days	30	«None»	S5000/ S5001

**Family Planning-Related Conditions Drug Regimens (continued)**

<b>Condition</b>	<b>Medication</b>	<b>Dosage Size</b>	<b>Regimens *</b>	<b>Fill Freq Days</b>	<b>Notes</b>	<b>Clinic Code</b>
Vaginal Candidiasis	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
Vaginal Candidiasis	Terconazole +	0.8% cream ‡	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
Vaginal Candidiasis	Terconazole +	0.4%cream ‡	QHS for 7 days	30	Reserve for use in complicated cases of Vaginal Candidiasis. Restricted to Pharmacy dispensing only; for use after treatment failure with other anti-fungals, TAR required.	NA

**Family PACT Contraceptives Supplies**

<b>Contraceptive Supplies</b>	<b>Billing Unit</b>	<b>Maximum Quantity onsite</b>	<b>Earliest Refill Onsite</b>	<b>Refill Frequency Limit Pharmacy</b>	<b>Notes</b>
Condoms, male	each	<<(see Note 7)>>	15 days	Male Condoms – up to 36 units per 27 days	A4267
Spermicidal Gel/Jelly/Foam/Cream	per gram	<<(see Note 7)>>	15 days	All other contraceptive supplies are limited to 3 refills in any 75-day period	A4269U1 A4269U2 A4269U3 A4269U4 S5199
Spermicidal Suppository	each	<<(see Note 7)>>	15 days	All other contraceptive supplies are limited to 3 refills in any 75-day period	A4269U1 A4269U2 A4269U3 A4269U4 S5199
Spermicidal Vaginal Film	each	<<(see Note 7)>>	15 days	All other contraceptive supplies are limited to 3 refills in any 75-day period	A4269U1 A4269U2 A4269U3 A4269U4 S5199
Spermicidal Contraceptive Sponge	each	<<(see Note 7)>>	15 days	All other contraceptive supplies are limited to 3 refills in any 75-day period	A4269U1 A4269U2 A4269U3 A4269U4 S5199

**Family PACT Contraceptives Supplies**

<b>Contraceptive Supplies</b>	<b>Billing Unit</b>	<b>Maximum Quantity onsite</b>	<b>Earliest Refill Onsite</b>	<b>Refill Frequency Limit Pharmacy</b>	<b>Notes</b>
Lubricant	per gram	(see Note 7)	15 days	All other contraceptive supplies are limited to 3 refills in any 75-day period	A4269U1 A4269U2 A4269U3 A4269U4 S5199
«Vaginal gel (Phexxi®)	per gram	N/A	N/A	1 box (12 single-use applicators) per dispensing, and limited to 3 dispensings per any 75-day period	N/A»
Condoms, internal	each	Up to 12 units per claim	Up to 24 units in a 90-day period	Internal Condoms – no more than 12 units per claim and no more than two claims in a 90-day period	A4268
Basal Body Thermometer	each	N/A	N/A	1 per year	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 7:** There is a \$14.99 claim limit for 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**

<b>Contraceptive</b>	<b>Dosage Size</b>	<b>Maximum Quantity onsite</b>	<b>Earliest Refill Onsite</b>	<b>Maximum Quantity Pharmacy</b>	<b>Earliest Refill Pharmacy</b>	<b>Clinic Code</b>
Oral Contraceptives	1 cycle	18 cycles	<<(see Note 8)>>	18 cycles	<<(see Note 8)>>	S4993
Contraceptive Patch	1 patch	52 patches	<<(see Note 8)>>	52 patches	<<(see Note 8)>>	J7304
Contraceptive Vaginal Ring	1 ring	13 rings	<<(see Note 8)>>	13 rings	<<(see Note 8)>>	J7303U1
Contraceptive Vaginal Ring	1 ring	1 ring	<<(see Note 8)>>	1 ring	<<(see Note 8)>>	J7303U2
<<Medroxyprogesterone Acetate 150 mg>>	1 injection	1 injection	80 days	N/A	N/A	J3490U8
<<Medroxyprogesterone Acetate 104 mg>>	1 injection	N/A	N/A	1 injection	80 days	N/A>>
Intrauterine copper contraceptive	1 IUC	1 IUC	<<(see Note 9)>>	1 IUC	Blank	J7300
Etonogestrel Contraceptive Implant	1 implant	1 implant	<<(see Note 9)>>	N/A	N/A	J7307

## Family PACT Contraceptives

Contraceptive	Dosage Size	Maximum Quantity onsite	Earliest Refill Onsite	Maximum Quantity Pharmacy	Earliest Refill Pharmacy	Clinic Code
Levonorgestrel IU (liletta), 52 mg	1 IUC	1 IUC	<<(see Note 9)>>	N/A	N/A	J7297
Levonorgestrel IU (mirena), 52 mg	1 IUC	1 IUC	<<(see Note 9)>>	N/A	N/A	J7298
Levonorgestrel IU (skyla), 13.5 mg	1 IUC	1 IUC	<<(see Note 9)>>	N/A	N/A	J7301
Levonorgestrel IU (kyleena) 19.5 mg	1 IUC	1 IUC	<<(see Note 9)>>	1 IUC	Blank	J7296
Emergency contraception	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

**Family PACT Contraceptives**

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

«**Note 8:**» The dispensing of up to the maximum quantity is intended for clients on continuous cycle. A 12-month supply of the same product of oral contraceptives, contraceptive patches or contraceptive vaginal rings may be dispensed twice in one year. A TAR is required for the third supply of up to 12 months of the same product requested within a year.

«**Note 9:**» Providers must document the medical necessity for billing repeat implant or IUC/IUD placement of the same device within the device’s duration of use, as noted by the label, in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim.

## **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.
¿	These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients.
†	American Academy of Family Physicians, American Family Physician 2005; 72:451-6,458.
‡	Oil-based products may weaken latex condoms and diaphragms.
*	CDC, Sexually Transmitted Diseases Treatment Guidelines 2015, MMWR 2015:64.
+	Only available for pharmacy dispensing with approved TAR.
±	One (1) test per recipient per day.
¥	Two (2) tests per recipient per day.
§	Three (3) tests per recipient per day.
(1)	Complication services require a <i>Treatment Authorization Request</i> (TAR), unless stated otherwise. Refer to the <i>Benefits: Family Planning</i> section in this manual.
(6)	Restricted to use for evaluating missing IUC strings only. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(7)	As medically indicated for preoperative evaluation of a pre-existing medical condition or required by outpatient facility.



**Legend**

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

**Legend**

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

**Legend**

<b>Symbol</b>	<b>Description</b>
(29)	Used when CPT® code 58565 is attempted and placement fails. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(30)	Restricted to confirm tubal occlusion 12 weeks after CPT® code code 58565. If occlusion is not confirmed, CPT code 74740 may be repeated at 24 weeks post-op. Use with CPT code 58340. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(31)	CPT® code 58340 is used with 74740. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(32)	When clinically indicated to rule out pregnancy prior to initiation of a contraceptive method, but no contraceptive method is initiated during the visit or currently used by the client. Pregnancy confirmation for women not seeking family planning services is not reimbursable under Z30.09. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(33)	Z30.09, for this encounter, is used for counseling on contraceptive methods (other than sterilization) but no contraceptive method is initiated during the visit or currently used by the client. Refer to the <i>Benefits: Family Planning</i> section in this manual for more information.
(34)	Restricted to use for evaluating impalpable subdermal contraceptive implant only. Refer to <i>Benefits: Family Planning</i> section in this manual for more information.

**Legend**

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