

Benefits: Family Planning

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

Family Planning Services

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

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

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

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

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

Drugs and Contraceptive Supplies

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

Modifiers

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

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

Family Planning Services

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

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

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

CPT® Code Table: Evaluation and Management Visits

CPT Code	Description
99202	New patient, females/males
99203	New patient, females/males
99204	«New patient, females/males»
99211	Established patient, females/males
99212	Established patient, females/males
99213	Established patient, females/males
99214	«Established patient, females/males»

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

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

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

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

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

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

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

Facility Use

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

«HCPCS Code Table: Facility Use»

HCPCS Code	Description
Z7500	Use of hospital examining or treatment room

Laboratory

«CPT Code Table: Laboratory»

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

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

Procedures

CPT Code Table: Procedures

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

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

Barrier Supplies and Emergency Contraception

HCPCS Code Table: Barrier Supplies and Emergency Contraception

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

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

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

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

Complication Services

«Complications that arise from the use of a covered contraceptive method that can be reasonably managed on an outpatient basis are included in this section under each contraceptive method. A *Treatment Authorization Request* (TAR) is required for complication services, unless stated otherwise in this manual. For additional information, refer to the *Benefits: Clinical Services Overview* and *Treatment Authorization Request (TAR)* sections in this manual.»

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

Outpatient Services

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

Procedures

CPT Code Table: Outpatient Procedures

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

Office Visit

CPT Code Table: Complication Services Office Visits

CPT Code	Description
99202 thru 99204	New patient
99211 thru 99214	Established patient

Consultation**CPT Code Table: Consultations**

CPT Code	Description
99242 thru 99244	Office Consultation, new or established patient

Facility Use

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

HCPCS Code Table: Facility Use

HCPCS Code	Description
Z7500	Use of hospital examining or treatment room

Laboratory Tests

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

Drugs and Supplies

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

Preoperative Evaluation of a Medical Condition

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

Inpatient Services

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

Additional Facility Use

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

«HCPCS Code Table: Facility Use»

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

Anesthesia

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

Contraceptive Counseling

Contraceptive Counseling Encounters

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

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

ICD-10-CM Code	Description
Z30.012	Encounter for prescription of emergency contraception

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

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

Office Visits

CPT Code Table: Office Visits

CPT Code	Description
99202	New patient
99211, 99212	Established patient

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

Emergency Contraceptives

HCPCS Code Table: Emergency Contraceptives

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

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

Laboratory

CPT Code Table: Laboratory

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

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

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

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

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

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

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

Office Visits

«**CPT Code Table: Office Visits**»

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

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

Laboratory

«**CPT Code Table: Laboratory**»

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

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

Contraceptive Methods

Reversible Contraception

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

Oral Contraceptives, Transdermal Patch and Vaginal Ring

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

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

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

Supplies

No additional supply services are reimbursable for these methods.

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

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

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

Pharmacy

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

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

There are no additional laboratory tests for this method.

Management of Complications

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

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

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

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

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

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

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

CPT Code	Description
36000	Introduction of needle/intracatheter, vein
36425	Venipuncture, cutdown

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

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

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

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

Laboratory**CPT Code Table: Laboratory**

CPT Code	Description
82803	Gases, blood, pH only
82805	Gases, blood, with O ₂ saturation, by direct measurement, except pulse oximetry
82810	Gases, blood,,O ₂ saturation only, by direct measurement, except pulse oximetry

Pharmacy

Heparin

Warfarin sodium

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

Contraceptive Injection

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

ICD-10-CM Code Table: Contraceptive Injection

ICD-10-CM Code	Description
Z30.013	Encounter for initial prescription of injectable contraceptive
Z30.42	Encounter for surveillance of injectable contraceptive

Supplies

No additional supply services are reimbursable for this method.

Drugs Onsite Dispensing**HPCS Code Table: Drugs Onsite Dispensing**

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

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

Drugs Administered by a Physician or Clinic

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

Pharmacy

Medroxyprogesterone acetate 104 mg for subcutaneous administration

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

Laboratory Tests for Contraceptive Injection

There are no additional laboratory tests for this method.

Management of Complications

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

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

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

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

Anesthesia

«CPT Code Table: Anesthesia»

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

Procedures**CPT Code Table: Procedures**

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

Hydration**CPT Code Table: Hydration**

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

Laboratory**CPT Code Table: Laboratory**

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

Subdermal Contraceptive Implant

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

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

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

Procedures

«CPT Code Table: Procedures»

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

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

Supplies

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

«CPT Code Table: Supplies»

CPT Code	Description
11976	Removal, implantable contraceptive capsules

Drugs

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

«HCPCS Code Description Table: Implant»

HCPCS Code	Description
J7307	Etonogestrel contraceptive implant

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

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

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

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

Radiology

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

«CPT Code Description Table: Radiology»

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

Pharmacy

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

Laboratory Tests for Subdermal Contraceptive Implant

There are no additional laboratory tests for this method.

Management of Complications

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

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

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

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

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

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

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

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

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

«CPT Code Table: Anesthesia (continued)»

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

Radiology

«CPT Code Table: Radiology »

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

Laboratory

«CPT Code Table: Laboratory»

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

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

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

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

«CPT Code Table: Procedures»

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

«CPT Code Table: Laboratory Services»

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

Pharmacy

Cephalexin
Clindamycin

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

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

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

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

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

Procedures

«CPT Code Table: Procedures»

CPT Code	Description
10140	Incision and drainage of hematoma, seroma or fluid collection

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

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

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

Anesthesia**CPT Code Table: Anesthesia**

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

Procedures**CPT Code Table: Procedures**

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

Hydration**CPT Code Table: Hydration**

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

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

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

Intrauterine Contraceptives

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

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

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

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

CPT Code	Description
58300	Insertion of IUC/IUD
58301	Removal of IUC/IUD

Supplies

Modifier UA is required for the following supplies.

«CPT Code Table: Supplies»

CPT Code	Description
58300	Insertion supplies
58301	Removal supplies

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

HCPCS Code	Description
J7296	Levonorgestrel-releasing intrauterine contraceptive system (kyleena), 19.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg
J7298	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skylar), 13.5 mg
S5000/ S5001	Prescription drugs, generic/brand (Estradiol)

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

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

Radiology

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

«CPT Code Table: Radiology»

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

Pharmacy

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

Laboratory

«CPT Code Table: Laboratory»

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

<<Management of Complications

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

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

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

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

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

Anesthesia**CPT Code Table: Anesthesia**

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

Procedures**CPT Code Table: Procedures**

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

Laboratory**«Codes Table: Laboratory»**

CPT Code	Description
88305	Level IV – Surgical pathology, gross and microscopic examination

Pharmacy

Antibiotic regimens are the same as for treatment of uncomplicated PID, as listed in the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

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

Barrier Methods

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

ICD-10-CM Code Table: Barrier Methods

ICD-10-CM Code	Description
Z30.018	Encounter for initial prescription of other contraceptives Encounter for initial prescription of barrier contraception Encounter for initial prescription of diaphragm
Z30.49	Encounter for surveillance of other contraceptives Encounter for surveillance of barrier contraception Encounter for surveillance of diaphragm

Procedure

«CPT Code Table: Procedure»

CPT Code	Description
57170	Diaphragm or cervical cap fitting with instructions

Onsite Supplies Dispensing

«HCPCS Code Table: Onsite Supplies»

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

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

Pharmacy

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

«Laboratory»

There are no additional laboratory tests for this method.

Natural Family Planning

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

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

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

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

Office Visits

«CPT Code Table: Office Visits»

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

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

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

«Laboratory»

«CPT Code Table: Laboratory»

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

Supplies

Basal body thermometer

Permanent Contraception

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

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

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

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

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

Female Sterilization – 21 Years of Age and Older

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

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

ICD-10-CM Code Table: Female Sterilization

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

Procedures**CPT Code Table: Procedures**

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

Anesthesia**CPT Code Table: Anesthesia**

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

Supplies

Modifier UA or UB is required for the following supplies.

CPT Code Table: Female Sterilization Supplies

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

Hydration**CPT Code Table: Hydration**

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

Radiology**CPT Code Table: Radiology**

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

Cardiology**CPT Code Table: Cardiology**

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

Echocardiography**CPT Code Table: Echocardiography**

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

Consultation**CPT Code Table: Consultation**

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

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

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

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

CPT Code	Description	Restrictions
81000	Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	N/A
81001	Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated with microscopy	N/A
81002	Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	N/A
81003	Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	N/A
85002	Bleeding time	TAR required, limited to ICD-10-CM code Z01.812.
85013	Blood count; spun microhematocrit	N/A
85014	Blood count; hematocrit (Hct)	N/A

«CPT Code Table: Laboratory Services (continued)»

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

Management of Complications

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

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

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

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

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

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

Evaluation and Management

«CPT Code Table: Evaluation and Management»

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

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

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

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

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

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

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

Anesthesia

«CPT Code Table: Anesthesia»

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

Procedures

«CPT Code Table: Procedures»

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

Laboratory

«CPT Code Table: Laboratory»

CPT Code	Description
88305	Level IV – Surgical pathology, gross and microscopic examination

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

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

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

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

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

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

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

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

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

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

Pharmacy

Cephalexin
Clindamycin

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

Male Sterilization – 21 Years of Age and Older

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

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

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

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

Procedures

«CPT Code Table: Procedures»

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

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

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

Supplies

Modifier UA or UB is required for the following supply.

«CPT Code Table: Supplies»

CPT Code	Description
55250	Vasectomy supplies

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

CPT Code	Description	Restrictions
81000	Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	Preoperative testing only.

«CPT Code Table: Laboratory (continued)»

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

«CPT Code Table: Laboratory (continued)»

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

Management of Complications

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

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

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

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

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

Anesthesia

«CPT Code Table: Anesthesia»

CPT Code	Description
00920	Anesthesia for procedures on male genitalia (including open urethral procedures; NOS)

Procedures**CPT Code Table: Procedures**

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

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

CPT Code	Description
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count

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

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

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

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

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

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

Anesthesia

«CPT Code Table: Anesthesia»

CPT Code	Description
00920	Anesthesia for procedures on male genitalia (including open urethral procedures; NOS)

Procedures

«CPT Code Table: Additional Procedures»

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

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

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

Pharmacy

Cephalexin
Clindamycin

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

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

ICD-10-CM Code	Description
G89.28	Other chronic postprocedural pain Indication: Testicular pain within 30 days postoperative

The following additional services are reimbursable with G89.28.

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

CPT Code	Description
00920	Anesthesia, for procedures on male genitalia (including open urethral procedures, NOS)

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

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

Reproductive Health Screening Tests

These services may be provided as clinically indicated. These services are not reimbursable for Z30.012, Z30.09 and Z31.61 as noted in preceding pages in this section.

Table of Reproductive Health Screening Tests

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

Table of Reproductive Health Screening Tests (continued)

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

Table of Reproductive Health Screening Tests (continued)

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

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

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

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

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

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

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

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

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

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

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

Family PACT Chlamydia and Gonorrhea Screening Guidelines

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

«Family PACT Trichomoniasis Screening Guidelines

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

Legend

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

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