



Family Planning, Access, Care, and Treatment Clinical Services Benefit Grid

The following information, referenced from the Family PACT Clinical Services Benefit Grid (Revised April 2018), serves as a reference tool for laboratory test services and is not comprehensive. For comprehensive lists of diagnosis codes and procedures, please refer to the appropriate sections in the Family PACT Policies, Procedures, and Billing Instructions Manual. As a reminder, medical record documentation is required to support all lab tests that are requested. The Family PACT program benefits state: "Medical record documentation must reflect the clinical rationale for providing, ordering, or deferring services rendered to clients, according to the Program Standards section, including, but not limited to, client assessment, diagnosis, treatment, and follow-up. Medical record documentation must include justification to support claims for reimbursement" (ben clinic 6).

Grid Key

= Test(s) covered under ICD-10-CM code.

Blank = Test(s) not covered.

SEC = Requires additional diagnosis code. See reverse side of grid for family planning-related services.

Quest Diagnostics Order Code	Family Planning ICD-10-CM Diagnosis Codes EVERY LABORATORY REQUEST MUST INCLUDE A CONTRACEPTIVE METHOD.	Female							Male and Female			Male
		Emergency contraceptive counseling. Preoperative counseling using NFP. General contraception management counseling and advice.	Initiation of contraceptive pills. Initiation of vaginal ring. Initiation of transdermal patch.	Surveillance of contraceptive pills. Surveillance of vaginal ring usage. Surveillance of transdermal patch.	Initiation of contraceptive injection. Insertion of implantable subdermal contraceptive.	Surveillance of contraceptive injection. Surveillance of implantable subdermal contraceptive (checking, reinsertion, or removal)	Insertion of intrauterine contraceptive device (IUC). Surveillance of IUC.	Removal of IUC. Removal and reinsertion of IUC.	Sterilization procedure. Tubal ligation status.	Initiation of other contraceptive methods: barriers, diaphragm. Natural family planning method.	Surveillance of other contraceptive methods: barriers, diaphragm.	Pre-procedural lab exam. Sterilization counseling and advice.
	Z30.012 Z31.61 Z30.09	Z30.011 Z30.015 Z30.016	Z30.41 Z30.44 Z30.45	Z30.013 Z30.017	Z30.42 Z30.46	Z30.430 Z30.431	Z30.432 Z30.433	Z30.2 Z98.51	Z30.018 Z30.02	Z30.49	Z01.812 AND Z30.09	Z30.2 Z98.52
	Family PACT Laboratory Services											
1759	Auto CBC w/out differential (1) (2)							✓(2)			✓(1)	
6399	CBC w/ Platelets (1) (2) (3)		SEC	SEC	SEC	SEC	SEC	✓(2)	SEC (F)	SEC (F)	✓(1)	✓(3)
11361	Chlamydia trachomatis RNA, TMA (4)		✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)		✓(4)
11363	CT/NG RNA, TMA (4)		✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)		✓(4)
11362	Neisseria gonorrhoeae RNA, TMA (4)		✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)	✓(4)		✓(4)
396	HCG Qualitative, Urine	✓	✓	✓	✓	✓	✓	✓	✓	✓		
509	Hematocrit						✓	✓	✓(2)		✓(1)	
510	Hemoglobin						✓	✓	✓(2)		✓(1)	
91431	HIV-1/HIV-2 Antigen/Antibody with reflexes		✓	✓	✓	✓	✓	✓	✓	✓		✓
31532 (DNA) or 90887 (mRNA)	HPV Screening, reflexive/concurrent (5)		✓	✓	✓	✓	✓	✓	✓	✓		
3526, 14471, 14499, 18810, 18811, 58315, 90934, 92087, 92236, 92238	PAP Smear (6)		✓	✓	✓	✓	✓	✓	✓	✓		
3542	Surgical Pathology							✓				✓
4112 (IFA) or 653 (PA)	Treponemal pallidum (TP) confirmation (7) immunofluorescent assay or particle agglutination		✓	✓	✓	✓	✓	✓	✓	✓		✓
5463	Urinalysis with Microscopic (1)		SEC	SEC	SEC	SEC	SEC	SEC	SEC (F)	SEC (F)	✓(1)	
6448	Urinalysis without Microscopic (1)		SEC	SEC	SEC	SEC	SEC	SEC	SEC (F)	SEC (F)	✓(1)	
799 or 36126	VDRL, RPR		✓	✓	✓	✓	✓	✓	✓	✓		✓

(1) Pre-operative testing only. For sterilization services both Z01.812 and Z30.09 are required.

(2) Postoperative testing only with female sterilization code Z98.51.

(3) Evaluation of postoperative infection with male sterilization code Z98.52.

(4) Females less than 25 years of age: routine annual screening covered under primary family planning ICD-10-CM code.

Age and gender restrictions apply to more frequent screening and to diagnostic testing. See reverse for additional screening and diagnostic ICD-10-CM codes.

(5) Limited to reflex testing from ASC-US cytology for women ≥ 21; concurrent testing (co-testing) based on medical necessity and age. Co-testing for primary screening covered every 5 years for women ≥ 30 with additional ICD10 code Z11.51. See reverse for additional ICD-10-CM codes required for co-testing.

(6) Routine screening restricted to women ages 21 through 65.

(7) Limited to reflex testing subsequent to a positive test result, and are only reimbursable with or after a paid claim.

Diagnosis must always be documented in the patient's medical record. The ultimate responsibility belongs to the ordering physician to correctly assign the patient's diagnosis based on the patient's history, symptoms, and medical condition.

Note: Complication services require a TAR (Treatment Authorization Request form). See Family PACT Policies, Procedures, and Billing Instructions Manual or website for more information regarding complication services and corresponding ICD-10-CM codes.

For specific indications of diagnostic testing for HPV, CT, and NG and for complication services and corresponding diagnosis codes, please refer to the Family PACT Policies, Procedures, and Billing Instructions Manual, available at www.medi-cal.ca.gov

Family Planning-Related Services

The laboratory tests listed below are FPACT-Related Services. These laboratory tests may require an additional diagnosis code. See back of Grid for approved ICD-10-CM diagnosis codes.

Order Code	Family Planning-Related Laboratory Services
11361	Chlamydia Trachomatis, RNA
11362	Neisseria Gonorrhoeae, RNA
6399	CBC w/Diff
809	ESR Sed Rate Auto
497	Gram Stain (Male Only)
31532 or 90887	HPV HR (Female Only)
2692	HSV Culture
5367	PH (Female Only)
799	Syphilis - Quantitative
3542	Surgical Pathology
19550 or 90521	Trichomonas vaginalis, RNA, TMA (females only)
8563	Urine Microscopy*
5463	Urinalysis w/ Microscopy*
6448	Urinalysis w/o Microscopy*

Family Planning-Related Services

Family Planning ICD-10-CM Diagnosis Code Required for Every Claim

An additional ICD-10-CM diagnosis code is required as indicated on tests listed below.

6399 809 29891	CBC/diff (not required for Z30.09, Z30.2, Z98.51, Z98.52) ESR (Sed rate), automated ESR (Sed rate), non-automated
N70.03 (F)	Acute salpingitis and oophoritis
N70.93 (F)	Salpingitis and oophoritis, unspecified
N94.10 (F)	Unspecified dyspareunia
N94.11 (F)	Superficial (introital) dyspareunia
N94.12 (F)	Deep dyspareunia
N94.19 (F)	Other specified dyspareunia
N94.89 (F)	Other conditions associated with female genital organs and menstrual cycle

799	Syphilis - Quantitative
A51.0 (M/F)	Primary genital syphilis
A51.31 (M/F)	Condyloma latum
A51.39 (M/F)	Other secondary syphilis of skin
A51.5 (M/F)	Early syphilis, latent
A52.8 (M/F)	Late syphilis, latent
A53.0 (M/F)	Latent syphilis, unspecified

2692	HSV Culture
N48.5 (M)	Ulcer of penis
N76.6 (F)	Ulceration of vulva

HSV typing is not covered

11361 (CT) 11362 (NG) OR 11363	Chlamydia Trachomatis and Neisseria Gonorrhoeae Additional SCREENING ICD-10-CM codes
Z11.3 (M/F)	Screening for bacterial STIs (NG)
Z11.8 (M/F)	Screening for other infections (CT)
Z20.2 (M/F)	Contact with or exposure to sexually transmitted infections
Z22.4 (M/F)	Carrier or suspected carrier of STIs
Z72.51 (M/F)	High-risk heterosexual behavior
Z72.52 (M/F)	High-risk homosexual behavior
Z72.53 (M/F)	High-risk bisexual behavior
Z86.19 (M/F)	Personal history of other diseases

5463 6448 8563	Urinalysis, dipstick or auto w/micro; Urinalysis, dipstick or auto w/o micro; Urine Microscopy
N30.00 (F)	Acute cystitis without hematuria
N30.01 (F)	Acute cystitis with hematuria
R10.30 (F)	Lower abdominal pain, unspecified
R30.0 (F)	Dysuria
R30.9 (F)	Painful micturition, unspecified
R31.0 (F)	Gross hematuria
R35.0 (F)	Frequency of micturition

497	Gram Stain (males only) CT and NG symptomatic
A54.01 (M)	Gonococcal cystitis and urethritis
A54.22 (M)	Gonococcal prostatitis
A54.5 (M)	Gonococcal pharyngitis
A54.6 (M)	Gonococcal infection, anus/rectum
A56.01 (M)	Chlamydial cystitis and urethritis
A56.3 (M)	Chlamydial infection, anus/rectum
N34.2 (M)	Other urethritis
N45.3 (M)	Epididymo-orchitis

19550 or 90521	Trichomonas vaginalis, RNA, TMA Qualitative (females only)
A59.01 (F)	Trichomonal vulvovaginitis
A59.03 (F)	Trichomonal cystitis and urethritis
N76.0 (F)	Acute vaginitis
Z20.2 (F)	Trichomoniasis-exposed partner

11361 (CT) 11362 (NG) OR 11363		Chlamydia Trachomatis and Neisseria Gonorrhoeae Additional DIAGNOSTIC ICD-10-CM codes	
Males and Females		Females Only	
A54.01 (M/F)	Gonococcal cystitis and urethritis, unspecified	A54.03 (F)	Gonococcal cervicitis
A54.5 (M/F)	Gonococcal pharyngitis	A56.09 (F)	Chlamydial infection of lower genitourinary tract
A54.6 (M/F)	Gonococcal infection of anus and rectum	N70.03 (F)	Acute salpingitis and oophoritis
A56.01 (M/F)	Chlamydial cystitis and urethritis	N70.93 (F)	Salpingitis and oophoritis, unspecified
A56.3 (M/F)	Chlamydial infection of anus and rectum	N72 (F)	Inflammatory disease of cervix uteri
A56.4 (M/F)	Chlamydial infection of pharynx	N89.8 (F)	Vaginal leukorrhea
R30.0 (M/F)	Dysuria	N94.89 (F)	Other conditions assoc with female genital organs and menstrual cycle
R30.9 (M/F)	Painful micturition, unspecified	N94.10 - N94.19 (F)	Dyspareunia
Z20.2 (M/F)	Contact with or exposure to sexually transmitted infections	Males Only	
		A54.22 (M)	Gonococcal prostatitis
		N34.2 (M)	Other urethritis
		N45.3 (M)	Epididymo-orchitis

31532 90887 Females only (age guide)	HPV amplified probe high-risk (limited to one per year per client) females age 21-99. Additional ICD-10-CM code required beyond ASC-US reflex testing based on age.
D06.9 (≥21)	Carcinoma in situ of cervix
N87.0 (≥25)	Mild cervical dysplasia
N87.1 (≥21)	Moderate cervical dysplasia
R87.610 (≥21)	ASC-US Pap
R87.611 (≥25)	ASC-H Pap
R87.612 (≥25)	LGSIL Pap
R87.613 (≥25)	HGSIL Pap
R87.616 (≥30)	Satisfactory cervical smear but lacking transformation zone
R87.619 (≥21)	Unspecified abnormal cytological findings, cervix
R87.810 (≥25)	Cervical high risk HPV positive
R87.820 (30-65)	Cervical low risk HPV positive
Z01.42 (≥21)	Pap to confirm normal after abnormal smear
Z11.51 (30-65)	Encounter for screening for HPV (co-testina covered once every 5 years)
Z87.410 (≥21)	Personal history of cervical dysplasia

LAC92214	Wet mount (gel swab)
A59.01 (F)	Trichomonal vulvovaginitis
A59.03 (M/F)	Trichomonal cystitis and urethritis
B37.3 (F)	Candidal vulvovaginitis
N34.2 (M)	Other urithritis
N76.0 (F)	Acute vaginitis
Z20.2 (M/F)	Trichomoniasis-exposed partner

3542	Surgical Pathology
A63.0 (M/F)	Anogenital (venereal) warts
B07.9 (M/F)	Viral wart, unspecified
B08.1 (M/F)	Molluscum contagiosum
D06.9 (F)	Carcinoma in situ of cervix
N87.0 (F)	Mild cervical dysplasia
N87.1 (F)	Moderate cervical dysplasia
N88.0 (F)	Leukoplakia of cervix uteri
R87.610 (F)	ASC-US cervical cytology
R87.611 (F)	ASC-H cervical cytology
R87.612 (F)	LGSIL cervical cytology
R87.613 (F)	HGSIL cervical cytology
R87.616 (F)	Satisfactory cervical smear but lacking transformation zone
R87.618 (F)	Other abnormal cytological findings, cervix
R87.619 (F)	Unspecified abnormal cytological findings, cervix
R87.810 (F)	Cervical high-risk HPV positive

3542	Surgical Pathology, LEEP only; females age ≥15 years
D06.9 (F)	Carcinoma in situ of cervix
N87.0 (F)	Mild cervical dysplasia
N87.1 (F)	Moderate cervical dysplasia

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