

Management of Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs)

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

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

Chlamydia

«Chlamydia Test Codes Table»

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

Presumptive Diagnosis

«Chlamydia Presumptive Diagnosis Codes Table»

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

Procedures

None

Supplies

None

Drugs

«Chlamydia Drugs Codes Table»

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

Pharmacy

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

Additional Lab Tests

«Chlamydia Additional Lab Test Codes Table»

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

Gonorrhea

«Gonorrhea Test Codes Table»

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

Presumptive Diagnosis

«Gonorrhea Presumptive Diagnosis Codes Table»

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

Procedures

None

Supplies

None

Drugs

«Gonorrhea Drug Codes Table»

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

Cephalosporin Allergy

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

Recurrent or Persistent Nongonococcal Urethritis or Cervicitis

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

Pharmacy

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

Additional Laboratory Tests

«Gonorrhea Additional Laboratory Test Codes Table»

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

Genital Herpes

«Genital Herpes Codes Table»

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

Presumptive Diagnosis

«Genital Herpes Presumptive Diagnosis Codes Table»

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

Procedures

None

Supplies

None

Drugs

«Genital Herpes Drugs Codes Table»

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

Pharmacy

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

Additional Laboratory Tests

«Genital Herpes Additional Laboratory Test Codes Table»

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

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

Pelvic Inflammatory Disease (PID)

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

«Pelvic Inflammatory Disease Codes Table»

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

Supplies

None

Drugs

«Pelvic Inflammatory Drug Codes Table»

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

Pharmacy

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

Additional Laboratory Tests

«Pelvic Inflammatory Additional Laboratory Test Codes Table»

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

Procedures

«Pelvic Inflammatory Procedure Codes Table»

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

Syphilis

«Syphilis Codes Table»

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

Presumptive Diagnosis

«Syphilis Presumptive Diagnosis Codes Table»

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

Procedures

«Syphilis Procedures Codes Table»

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

Supplies

None

Drugs

«Syphilis Drug Codes Table»

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

Pharmacy

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

Additional Laboratory Tests

«Syphilis Additional Laboratory Test Codes Table»

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

Trichomoniasis Female and Male

«Trichomoniasis Female and Male Codes Table»

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

Presumptive Diagnosis

«Trichomoniasis Female and Male Presumptive Diagnosis Codes Table»

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

Procedures

None

Supplies

None

Drugs

«Trichomoniasis Female and Male Drug Codes Table»

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

Pharmacy

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

Additional Laboratory Tests

«Trichomoniasis Female and Male Additional Laboratory Test Codes Table»

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

Vulvovaginitis

«Vulvovaginitis Codes Table»

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

Procedures

None

Supplies

None

Drugs

«Vulvovaginitis Drug Codes Table»

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

Pharmacy

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

Additional Laboratory Tests

«Vulvovaginitis Additional Laboratory Test Codes Table»

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

Genital Warts

«Genital Warts Codes Table»

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

Procedures

A modifier is required for the following procedures.

«Genital Warts Procedure Codes Table»

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

Supplies

Modified UA is required for the following supplies.

«Genital Warts Supply Codes Table»

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

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

Drugs

«Genital Warts Drug Codes Table»

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

Pharmacy

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

Additional Laboratory Tests

«Genital Warts Additional Laboratory Test Codes Table»

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

Expedited Partner Therapy for the Prevention of Sexually Transmitted Infection Reinfections

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

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

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

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

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

Urinary Tract Infection (UTI)

Urinary Tract Infection (UTI) Females Only

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

«UTI Female Only Codes Table»

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

Procedures

None

Supplies

None