

[“Diagnostic Restrictions for Chlamydia Trachomatis and Neisseria Gonorrhoeae”](#)

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Medi-Cal NewsFlash: Diagnostic Restrictions for Chlamydia Trachomatis and Neisseria Gonorrhoeae

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Diagnostic Restrictions for Chlamydia Trachomatis and Neisseria Gonorrhoeae

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Effective for dates of service on or after April 1, 2014, additional diagnostic restrictions for CPT-4 code 87491 (Chlamydia trachomatis, amplified probe technique) and CPT-4 code 87591 (Neisseria gonorrhoeae, amplified probe technique) testing are required on Family PACT (Planning, Access, Care and Treatment) claims unless otherwise noted. Additionally, CPT-4 code 87081 (culture, presumptive, pathogenic organisms, screening only) will no longer be covered for Neisseria gonorrhea (GC) screening.

These restrictions, as recommended in the Centers for Disease Control and Prevention (CDC) *Sexually Transmitted Diseases Treatment Guidelines, 2010*, include targeted screening for Chlamydia trachomatis (CT) and GC for females over 25 years of age with risk factors and males of all ages, as well as diagnostic testing in specified circumstances.

The following table summarizes the criteria for billing CT and GC testing of Family PACT patients.

Gender	Age	CPT-4 codes 87491 and 87591
Female	≤25 years	Routine annual screening, any provider. No additional ICD-9-CM code is required.
Female	≤25 years	More than one time per year, same provider, based on risk factors or the necessity of diagnostic testing.
Female	>25 years	Restricted to those with increased risk or those who require diagnostic testing.
Males	Any age	Restricted to those with increased risk or those who require diagnostic testing.

For CT and GC tests to be reimbursed, the ordering provider must indicate the medical necessity for the test with the one of the following ICD-9-CM codes on the laboratory order. The laboratory provider must include the additional ICD-9-CM diagnosis code on the claim form along with the family planning diagnosis code. Family PACT has updated the ICD-9-CM codes for the management of CT and GC diagnostic testing.

Screening of individuals at an increased risk of infection may be billed using one of the following ICD-9-CM codes:

Code	Definition	Indications
V01.6	Contact with or exposure to communicable disease – venereal disease	Recent contact (exposure) to an STD, specifically chlamydia, gonorrhea, non-gonococcal urethritis, epididymitis, trichomoniasis, syphilis or HIV
V02.8	Carrier or suspected carrier of infectious disease – other venereal disease	Diagnosed with trichomoniasis (women), syphilis, or HIV, either confirmed or presumptively treated, who may be co-infected with chlamydia or gonorrhea
V69.2	High risk sexual behavior	Targeted STD screening: <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 3 months; • Belief that a partner from the previous 12 months may have had other sex partners at the same time
V12.09	Personal history of certain other diseases – infectious and parasitic diseases, other NEC	Retesting in 3 months after treatment of CT or GC
V73.88	Chlamydia screening	High prevalence at practice site (CT \geq 3%)
V74.5	Screening for bacterial STDs (GC, syphilis)	High prevalence at practice site (GC \geq 1%)

Additional diagnostic testing for females may be billed using one of the following ICD-9-CM codes:

Code	Definition	Indications
614.0	Acute PID	PID diagnosis
614.2	PID, not specified	PID diagnosis
616.0	Cervicitis	Mucopurulent cervicitis
623.5	Vaginal leukorrhea	Vaginal discharge
625.0	Dyspareunia	Evaluation of PID diagnosis
625.9	Pelvic pain	Evaluation of PID diagnosis
788.1	Dysuria	UTI symptoms, not shown to be bacterial cystitis

Additional diagnostic testing for males may be billed using one of the following ICD-9-CM codes:

Code	Definition	Indications
099.40	Nonspecific urethritis	Possibly due to GC or CT
604.90	Acute epididymitis / orchitis	Possibly due to GC or CT
788.1	Dysuria	Possibly due to GC or CT

CT and GC diagnostic testing ICD-9-CM codes 099.52, 098.6, 098.7 and 615.0 are no longer reimbursable for Family PACT patients.

Updated manual pages reflecting these changes will be released in a future *Medi-Cal Update*.