

# Family PACT Sample

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alt.Contact: \_\_\_\_\_

HAP #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Service Date: \_\_\_\_\_

M.R. # \_\_\_\_\_

Return: \_\_\_\_\_

## Family Planning Diagnosis Codes

### ICD-10-CM Codes

Z30.012	EC counseling and prescription
Z30.09	Contraceptive counseling & advice (without initiating method)
Z30.011	OC initial prescription
Z30.41	OC surveillance
Z30.013	Injectable initial prescription
Z30.42	Injectable surveillance
Z30.015	Vaginal ring initial prescription
Z30.44	Vaginal ring surveillance
Z30.016	Transdermal patch initial prescription
Z30.45	Transdermal patch surveillance
Z30.017	Subdermal implant initial prescription
Z30.46	Subdermal implant surveillance
Z30.018	Barrier/spermicide (M/F) initial prescription
Z30.49	Barrier/spermicide (M/F) surveillance
Z30.430	IUC insertion
Z30.431	IUC surveillance
Z30.432	IUC removal
Z30.433	IUC removal and reinsertion
Z30.02	Counsel NFP to avoid pregnancy
Z31.61	Procreative counseling, NFP
Z30.09	Counseling on sterilization (M/F)
Z30.2	Sterilization surgery (M/F)
Z01.812	Preprocedure labs (M/F) (bill with Z30.09)
Z01.818	Preprocedure exam (F) (bill with Z30.09)
Z98.51	Tubal ligation status
Z98.52	Vasectomy status

**Contraceptive-related Laboratory Tests**

See PPBI ben fam and lab for covered tests and restrictions.

STI Risk Factor ICD-10 Codes: GC/CT Screening Codes are required by Laboratory Providers

<input type="checkbox"/>	20.2	Contact with/exposure to STI(s)
<input type="checkbox"/>	Z22.4	Carrier of STI(s)
<input type="checkbox"/>	Z72.51	High risk heterosexual behavior
<input type="checkbox"/>	Z72.52	High risk homosexual behavior
<input type="checkbox"/>	Z72.53	High risk bisexual behavior
<input type="checkbox"/>	Z86.19	Retest 3 month post treatment GC/CT
<input type="checkbox"/>	Z11.3	High prevalence locality (GC >1%)
<input type="checkbox"/>	Z11.8	High prevalence locality (CT >3%)

**Diagnostic STI Services**

See PPBI ben fam rel for covered lab tests, services and restrictions.

Use back of Superbill.

**Office Visit**

<input type="checkbox"/>	99202	MDM level: straightforward, or Time: 15-29 mins (M/F)
<input type="checkbox"/>	99203	MDM level: low, or Time: 30-44 mins (M/F)
<input type="checkbox"/>	99204	MDM level: moderate, or Time: 45-59 mins (F) Complications Only (M)

**Established Client E&M**

<input type="checkbox"/>	99211	Not requiring presence, or under the supervision, of physician or QHP (M/F)
<input type="checkbox"/>	99212	MDM level: straightforward, or Time: 10-19 mins (M/F)
<input type="checkbox"/>	99213	MDM level: low, or Time: 20-29 mins (M/F)
<input type="checkbox"/>	99214	MDM level: moderate, or Time: 30-39 mins (F) Complications Only (M)

**Additional Codes**

<input type="checkbox"/>	99451	E-Consults
<input type="checkbox"/>	Q3014	Originating Site Facility Fee
<input type="checkbox"/>	T1014	Transmission Fee
<input type="checkbox"/>	G2010	Remote image submit by pt
<input type="checkbox"/>	G2012	Brief check in by MD/QHP

**Education & Counseling**

<input type="checkbox"/>	S9446	Group (M/F)♦ <u>or</u>
<input type="checkbox"/>	S9445	Individual 10 mins (M/F)♦
<input type="checkbox"/>	99401 U6	15 mins <sup>†</sup> counseling time (M/F)
<input type="checkbox"/>	99402 U6	30 mins <sup>†</sup> counseling time (M/F)
<input type="checkbox"/>	99403 U6	45 mins <sup>†</sup> counseling time (M/F)

♦ One time only codes. See PPBI office.

† No more than one per day and two visits, in any combination, in rolling 30 days. See PPBI office.

**Office Procedures**

See Medi-Cal Part 2 for surgical & supplies modifiers

11981	Implant insertion
11976	Implant removal
58300	Insert IUC
58301	Remove IUC
55250	Vasectomy
57170	Diaphragm fitting
58565	Hysteroscopic sterilization (Essure)

**Additional Procedures (no TAR required)**

Z30.431	IUC surveillance
	Indication: missing IUC strings/malpositioned IUC malpositioned IUC
74000	X-ray exam abdomen; single AP
76830	Ultrasound, transvaginal
76857	Ultrasound, pelvic (non-Ob); limited
Z30.46	Subdermal implant surveillance
	Indication: Impalpable subdermal implant
73060	X-ray exam, humerus, two views
76882	Ultrasound, extremity; limited

**Drugs/Contraceptive Supplies/Devices**

Provider administered drugs & onsite dispensing must include NDC.

A4261	Cervical cap
A4264	Intratubal microinsert (Essure) (modifier -50 or -52)
A4266	Diaphragm
A4267	Male condoms
A4268	Internal condoms
A4269 U1	Spermicidal gel/jelly/foam/cream
A4269 U2	Spermicidal suppository
A4269 U3	Spermicidal vaginal film
A4269 U4	Spermicidal sponge
S5199	Lubricant
J3490 U5	EC - ulipristal acetate*
J3490 U6	EC - levonorgestrel*
J3490 U8	DMPA injection
J7296	LNG IUS 19.5 mg (kyleena)
J7297	LNG IUS 52 mg (liletta)
J7298	LNG IUS 52 mg (mirena)
J7300	Copper IUD
J7301	LNG IUS 13.5 mg (skylar)
J7303 U1	Ring: Etonogestrel/EE:(NuvaRing)
J7303 U2	Ring: Segesterone acetate/EE (Annovera)
J7304	Patch
J7307	Etonogestrel Implant
S4993	OCs
S5000** or	Estradiol (with code N92.1)

\* One (1) pack per dispensing, with a combined (ulipristal acetate and levonorgestrel) maximum of six (6) packs in any 12-month period.

\*\* See reverse for additional use of S5000/S5001.  
See PPBI ben grid and drug for contraceptive maximum quantity and earliest refill.

**Labs with CLIA Certification**

- 81025           Urine pregnancy test
- 85013           HCT, spun (see PPBI for restrictions)
- 85014           Hematocrit (see PPBI for restrictions)
- 85018           Hemoglobin (see PPBI for restrictions)
- 85025           CBC (see PPBI for restrictions)
- 86701           HIV-1
- 86703           HIV-1 & HIV-2 single result
- 87806           HIV-1 & HIV-2 single result

See back for additional provider performed lab tests.

**Blood Draw & Handling**

- 99000           Blood specimen handling and/or conveyance to unaffiliated lab

**Complication Management (TAR Required)**

See PPBI ben fam and ben fam rel for codes and services for management of complications.

Complication ICD-10-CM Code \_\_\_\_\_  
Procedure/Code(s): \_\_\_\_\_

Additional ICD-10-CM Code \_\_\_\_\_  
Supplies/Code(s): \_\_\_\_\_

Other Services/Code(s): \_\_\_\_\_

**Acknowledgement**

By signing below, I acknowledge that I have received the services noted on this form including products/prescriptions, drugs/devices given onsite or by written order, and/or that I have given a specimen for the performance of a laboratory test or examination.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Clinician Name: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Itemize dose, quantity, cost, and dispensing fee of Drugs/Supplies in  
ADDITIONAL CLAIM INFORMATION or REMARKS field on claim.

Revision 6/1/2021

# Family PACT Sample

## FAMILY PLANNING - RELATED SERVICES

### Chlamydia

<input type="checkbox"/>	A56.01	CT cystitis/urethritis (M/F)
<input type="checkbox"/>	A56.09	CT lower GU, cervix (F)
<input type="checkbox"/>	A56.3	CT anus and rectum (M/F)
<input type="checkbox"/>	A56.4	CT pharynx (M/F)
<input type="checkbox"/>	N34.2	Other urethritis (M)
<input type="checkbox"/>	N45.3	Epididymo-orchitis (M)
<input type="checkbox"/>	N72	Cervicitis (F)
<input type="checkbox"/>	N89.8	Indication: Leukorrhea NOS (F)
<input type="checkbox"/>	N94.10	Unspecified dyspareunia (F)
<input type="checkbox"/>	N94.11	Superficial (introital) dyspareunia (F)
<input type="checkbox"/>	N94.12	Deep dyspareunia (F)
<input type="checkbox"/>	N94.19	Other specified dyspareunia (F)
<input type="checkbox"/>	N94.89	Oth cond assoc with female genital organs & menstrual cycle
<input type="checkbox"/>	R30.0	Dysuria (M/F)
<input type="checkbox"/>	R30.9	Painful micturition, unspec (M/F)
<input type="checkbox"/>	Z20.2	CT exposed partner (M/F)

### Labs

87205 Gram stain (symptomatic males only)

### Drugs

Quantity/NDC: \_\_\_\_\_

Q0144 Azithromycin 500 mg tabs/1gm pkt

Doxycycline 100 mg tabs\*\*

For alternative regimens, see PPBI ben grid.

### Gonorrhea

<input type="checkbox"/>	A54.01	GC cystitis/urethritis, unspec (M/F)
<input type="checkbox"/>	A54.03	GC cervicitis, unspec (F)
<input type="checkbox"/>	A54.22	GC prostatitis (M)
<input type="checkbox"/>	A54.5	GC pharyngitis (M/F)
<input type="checkbox"/>	A54.6	GC infection anus/rectum (M/F)
<input type="checkbox"/>	N34.2	Other urethritis (M)
<input type="checkbox"/>	N45.3	Epididymo-orchitis (M)
<input type="checkbox"/>	N72	Cervicitis (F)
<input type="checkbox"/>	N89.8	Indication: Leukorrhea NOS (F)
<input type="checkbox"/>	N94.10	Unspecified dyspareunia (F)
<input type="checkbox"/>	N94.11	Superficial (introital) dyspareunia (F)
<input type="checkbox"/>	N94.12	Deep dyspareunia (F)
<input type="checkbox"/>	N94.19	Other specified dyspareunia (F)
<input type="checkbox"/>	N94.89	Oth cond assoc with female genital organs & menstrual cycle
<input type="checkbox"/>	R30.0	Dysuria (M/F)
<input type="checkbox"/>	R30.9	Painful micturition, unspec (M/F)
<input type="checkbox"/>	Z20.2	GC exposed partner (M/F)

**Labs**

87205 Gram stain (symptomatic males only) Quantity/NDC: \_\_\_\_\_

**Drugs**

Cefixime 400 mg tabs/caps\*\*

J0696 Ceftriaxone 500 mg IM

Q0144 Azithromycin 500 mg tabs/1 gm pkt

Doxycycline 100 mg tabs\*\*

For additional information see PPBI ben grid.

**Trichomoniasis**

A59.01 Trichomonal vulvovaginitis (F)

A59.03 Trichomonal cystitis & urethritis (M/F)

N34.2 Other urethritis (M)

Z20.2 Trichomoniasis exposed partner (M/F)

**Labs**

83986 pH (Females only)

Q0111 Wet mount (provider performed)

87808 T. vaginalis immunoassay (Females only)

**Drugs**

Quantity/NDC: \_\_\_\_\_

Metronidazole 500 mg tabs\*\*

For alternative regimens, see PPBI ben grid.

**Herpes, Genital**

A60.01 Herpesviral infection of penis

A60.04 Herpesviral vulvovaginitis

N48.5 Ulcer of penis

N76.6 Ulceration of vulva

**Drugs**

Quantity/NDC: \_\_\_\_\_

Acyclovir 200/400/800 mg\*\*

**PID (Females)**

N70.03 Acute salpingitis & oophoritis

N70.93 Salpingitis & oophoritis, unspec

N94.10 Unspecified dyspareunia (F)

N94.11 Superficial (introital) dyspareunia (F)

N94.12 Deep dyspareunia (F)

N94.19 Other specified dyspareunia (F)

N94.89 Oth cond assoc with female genital organs & menstrual cycle

**Drugs**

Quantity/NDC: \_\_\_\_\_

J0694 Cefoxitin 1 gm IM

J0696 Ceftriaxone 250 mg IM

Doxycycline 100 mg tabs\*\*

Probenecid 500 mg tabs\*\*

Metronidazole 250/500 mg tabs\*\*

For alternative regimens, see PPBI ben grid.

**Urinary Tract Infections (Females Only)**

<input type="checkbox"/>	N30.00	Acute cystitis without hematuria
<input type="checkbox"/>	N30.01	Acute cystitis with hematuria
<input type="checkbox"/>	R10.30	Lower abdominal pain, unspec
<input type="checkbox"/>	R30.0	Dysuria
<input type="checkbox"/>	R30.9	Painful micturition, unspec
<input type="checkbox"/>	R31.0	Gross hematuria
<input type="checkbox"/>	R35.0	Frequency of micturition

Labs (symptomatic females only)

<input type="checkbox"/>	81000	Urinalysis, dipstick with micro
<input type="checkbox"/>	81002	Urinalysis dipstick without micro
<input type="checkbox"/>	81015	Urine microscopy

Drugs Quantity/NDC: \_\_\_\_\_

<input type="checkbox"/>	Cephalexin 250/500 mg tabs**
<input type="checkbox"/>	Ciprofloxacin 250 mg tabs**
<input type="checkbox"/>	TMP/SMX 80/400 mg tabs**
<input type="checkbox"/>	TMP/SMX DS 160/800 mg tabs**

**Vulvovaginitis**

<input type="checkbox"/>	B37.3	Candidiasis vulva/vagina
<input type="checkbox"/>	N76.0	Acute vaginitis

Labs

<input type="checkbox"/>	83986	pH (females only)
<input type="checkbox"/>	Q0111	Wet mount (provider performed)

Drugs Quantity/NDC: \_\_\_\_\_

Vaginal candidiasis:

<input type="checkbox"/>	Clotrimazole 1%/2% cream**
<input type="checkbox"/>	Fluconazole 150 mg tab**
<input type="checkbox"/>	Miconazole 2%/4% cream; 100/200mg vaginal suppository**

Drugs Quantity/NDC: \_\_\_\_\_

Bacterial vaginosis:

<input type="checkbox"/>	Metronidazole 250/500 mg tabs; 0.75% vaginal gel**
<input type="checkbox"/>	Clindamycin 2% cream**

For alternative regimens, see PPBI ben grid.

**Cervical Cytology normal / HPV positive**

<input type="checkbox"/>	R87.810	Cervical high risk HPV positive
<input type="checkbox"/>	R87.820	Cervical low risk HPV positive

**Warts, Genital Only**

<input type="checkbox"/>	A63.0	Anogenital warts (M/F)
<input type="checkbox"/>	B07.9	Viral warts, unspec (M/F)
<input type="checkbox"/>	B08.1	Molluscum contagiosum (M/F)



Procedures

See Medi-Cal Part 2 for surgical and supplies modifiers.

- 54050 Chem destr, penile lesion
- 54056 Cryo destr, penile lesion
- 54100 Biopsy, penis
- 56501 Destruction vulvar lesion
- 57061 Destruction vaginal lesion
- 56605 Biopsy, vulva

Drugs

Quantity/NDC: \_\_\_\_\_

- Imiquimod 5% cream\*\*
- Podofilox 0.5% solution/gel\*\*

**Syphilis**

- A51.0 Primary (M/F)
- A51.31 Condyloma latum (M/F)
- A51.39 Other secondary syphilis of skin (M/F)
- A51.5 Early syphilis, latent (M/F)
- A52.8 Late syphilis, latent (M/F)
- A53.0 Latent syphilis, unspec (M/F)
- N48.5 Ulcer of penis (M)
- N76.6 Ulceration of vulva, unspec (F)
- Z20.2 Syphilis exposed partner (M/F)

Drugs

Quantity/NDC: \_\_\_\_\_

- 0561 Benzathine PCN 100,000 units/cc

For alternative regimens, see PPBI ben grid.

**Cervical Abnormalities**

- N88.0 Leukoplakia, cervix
- R87.610 ASC-US cervical smear
- R87.611 ASC-H cervical smear
- R87.612 LGSIL cervical smear
- R87.613 HGSIL cervical smear
- R87.810 Cervical high risk HPV DNA positive
- Z87.410 Personal history of cervical dysplasia

Procedures

See Medi-Cal Part 2 for surgical and supplies modifiers.

- 57452 Colposcopy
- 57454 Colpo with biopsy & ECC
- 57455 Colpo with biopsy
- 57456 Colpo with ECC

R87.619 Unspec abn findings of cervical smear

Procedures

See Medi-Cal Part 2 for surgical and supplies modifiers.

- 57452 Colposcopy

<input type="checkbox"/>	57454	Colpo with biopsy & ECC
<input type="checkbox"/>	57455	Colpo with biopsy
<input type="checkbox"/>	57456	Colpo with ECC
<input type="checkbox"/>	58110	Endometrial biopsy + Colpo
<input type="checkbox"/>	N87.0	Mild cervical dysplasia CIN 1
<input type="checkbox"/>	N87.1	Moderate cervical dysplasia CIN 2
<input type="checkbox"/>	D06.9	Carcinoma in situ of cervix CIN 3
Procedures		
See Medi-Cal Part 2 for surgical and supplies modifiers.		
<input type="checkbox"/>	57452	Colposcopy
<input type="checkbox"/>	57454	Colpo with biopsy & ECC
<input type="checkbox"/>	57455	Colpo with biopsy
<input type="checkbox"/>	57456	Colpo with ECC
<input type="checkbox"/>	57460	LEEP
<input type="checkbox"/>	57511	Cryocautery of cervix
<input type="checkbox"/>	R87.618	Other abn findings of cervical smear
Procedures		
See Medi-Cal Part 2 for surgical and supplies modifiers.		
<input type="checkbox"/>	58100	Endometrial biopsy (ages ≥40)
** Use S5000 for generic drugs. Use S5001 for brand name drugs. NDC required for physician administered drugs and onsite dispensing. Onsite dispensing of Miscellaneous Drugs (S5000/S5001) is restricted to hospital outpatient departments, emergency rooms, surgical clinics, and community clinics. Itemize dose, quantity, cost, and dispensing fee of Drugs/Supplies in ADDITIONAL CLAIM INFORMATION or REMARKS on claim.		

Revision 6/1/2021