

Family PACT Sample

Client Name: _____

DOB: _____

Telephone: _____

Alt. Contact: _____

HAP #: _____

Exp. Date: _____

M.R. # _____

Service Date: _____

Return: _____

FAMILY PLANNING SERVICES

Family Planning Diagnosis Codes		Drugs/Contraceptive Supplies/Devices
ICD-10-CM Codes		Provider administered drugs & onsite dispensing must include NDC.
Z30.012	EC counseling and prescription	
Z30.09	Contraceptive counseling & advice (without initiating method)	A4261 Cervical cap A4266 Diaphragm
Z30.011	OC initial prescription	A4267 Male condoms
Z30.41	OC surveillance	A4268 Internal condoms
Z30.013	Injectable initial prescription	A4269 U1 Spermicidal gel/jelly
Z30.42	Injectable surveillance	A4269 U2 Spermicidal suppository
Z30.015	Vaginal ring initial prescription	A4269 U3 Spermicidal vaginal film
Z30.44	Vaginal ring surveillance	A4269 U4 Spermicidal sponge
Z30.016	Transdermal patch initial prescription	A4269 U5 Vaginal gel (Phexxi)
Z30.45	Transdermal patch surveillance	S5199 Lubricant
Z30.017	Subdermal implant initial prescription	J3490 U5 EC - ulipristal acetate*
Z30.46	Subdermal implant surveillance	J3490 U6 EC - levonorgestrel*
Z30.018	Barrier/spermicide (M/F) initial prescrip	J3490 U8 DMPA injection
Z30.49	Barrier/spermicide (M/F) surveillance	J7294 Ring: Segesterone a/EE (Annovera)
Z30.430	IUC insertion	J7295 Ring: Etonogestrel/EE (NuvaRing)
Z30.431	IUC surveillance	J7296 LNG IUS 19.5 mg (Kyleena)
Z30.432	IUC removal	J7297 LNG IUS 52 mg (Liletta)
Z30.433	IUC removal and reinsertion	J7298 LNG IUS 52 mg (Mirena)
Z30.02	Counsel NFP to avoid pregnancy	J7300 Copper IUD
Z31.61	Procreative counseling, NFP	J7301 LNG IUS 13.5 mg (Skyla)
Z30.09	Counseling on sterilization (M/F)	J7304 U1 Patch: Norelgestromin/EE (Xulane)
Z30.2	Sterilization surgery (M/F)	J7304 U2 Patch: Levonorgestrel/EE (Twirla)
Z01.812	Preprocedure labs (M/F) (bill with Z30.09)	J7307 Etonogestrel Implant
Z01.818	Preprocedure exam (F) (bill with Z30.09)	S4993 OCs
Z98.51	Tubal ligation status	S5000** or Estradiol (with code N92.1)
Z98.52	Vasectomy status	S5001**
Contraceptive-related Laboratory Tests		* One (1) pack per dispensing, with a combined (ulipristal acetate and levonorgestrel) maximum of six (6) packs in any 12-month period.
See PPBI ben fam and lab for covered tests and restrictions.		** See reverse for additional use of S5000/S5001 See PPBI <i>ben grid</i> and <i>drug</i> for contraceptive maximum quantity and earliest refill.

STI Risk Factor ICD-10-CM Codes: GC/CT Screening.

Codes are required by Laboratory Providers

<input type="checkbox"/>	Z20.2	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**New Client E & M**

<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 [†] counseling time (M/F)
<input type="checkbox"/>	99402 U6	30 mins [†] counseling time (M/F)
<input type="checkbox"/>	99403 U6	45 mins [†] 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.

Labs with CLIA Certification

<input type="checkbox"/>	81025	Urine pregnancy test
<input type="checkbox"/>	85013	HCT, spun(see PPBI for restrictions)
<input type="checkbox"/>	85014	Hematocrit(see PPBI for restrictions)
<input type="checkbox"/>	85018	Hemoglobin(see PPBI for restrictions,
<input type="checkbox"/>	85025	CBC (see PPBI for restrictions)
<input type="checkbox"/>	86701	HIV-1
<input type="checkbox"/>	86703	HIV-1 & HIV-2 single result
<input type="checkbox"/>	87806	HIV-1 Ag w/HIV-1 & HIV-2 Ab

See back for additional provider performed lab tests.

Blood Draw & Handling

<input type="checkbox"/>	99000	Blood specimen handling and/or conveyance to unaffiliated lab
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Office Procedures

See Medi-Cal Part 2 for surgical & supplies modifiers

<input type="checkbox"/>	11981	Implant insertion
<input type="checkbox"/>	11976	Implant removal
<input type="checkbox"/>	58300	Insert IUC
<input type="checkbox"/>	58301	Remove IUC
<input type="checkbox"/>	55250	Vasectomy
<input type="checkbox"/>	57170	Diaphragm fitting

Additional Procedures (no TAR required)

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

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 _____

Additional ICD-10-CM Code _____

Procedure/Code(s): _____

Supplies/Code(s): _____

Other Services/Code(s): _____

Acknowledgement

By signing below, I acknowledge that I have received the services noted on this form: drugs/devices/supplies requiring a written order or prescription to be covered under the program, 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.

FAMILY PLANNING - RELATED SERVICES

Chlamydia			Herpes, Genital		
<input type="checkbox"/>	A56.01	CT cystitis/urethritis (M/F)	<input type="checkbox"/>	A60.01	Herpesviral infection of penis
<input type="checkbox"/>	A56.09	CT lower GU, cervix (F)	<input type="checkbox"/>	A60.04	Herpesviral vulvovaginitis
<input type="checkbox"/>	A56.3	CT anus and rectum (M/F)	<input type="checkbox"/>	N48.5	Ulcer of penis
<input type="checkbox"/>	A56.4	CT pharynx (M/F)	<input type="checkbox"/>	N76.6	Ulceration of vulva
<input type="checkbox"/>	N34.2	Other urethritis (M)	Drugs Quantity/NDC: _____		
<input type="checkbox"/>	N45.3	Epididymo-orchitis (M)	<input type="checkbox"/>	_____ Acyclovir 200/400/800 mg**	
<input type="checkbox"/>	N72	Cervicitis (F)			
<input type="checkbox"/>	N89.8	<i>Indication:</i> Leukorrhea NOS (F)	PID (Females)		
<input type="checkbox"/>	N94.10	Unspecified dyspareunia (F)	<input type="checkbox"/>	N70.03	Acute salpingitis & oophoritis
<input type="checkbox"/>	N94.11	Superficial (introital) dyspareunia (F)	<input type="checkbox"/>	N70.93	Salpingitis & oophoritis, unspec
<input type="checkbox"/>	N94.12	Deep dyspareunia (F)	<input type="checkbox"/>	N94.10	Unspecified dyspareunia (F)
<input type="checkbox"/>	N94.19	Other specified dyspareunia (F)	<input type="checkbox"/>	N94.11	Superficial (introital) dyspareunia (F)
<input type="checkbox"/>	N94.89	Oth cond assoc with female genital organs & menstrual cycle	<input type="checkbox"/>	N94.12	Deep dyspareunia (F)
<input type="checkbox"/>	R30.0	Dysuria (M/F)	<input type="checkbox"/>	N94.19	Other specified dyspareunia (F)
<input type="checkbox"/>	R30.9	Painful micturition, unspec (M/F)	<input type="checkbox"/>	N94.89	Oth cond assoc with female genital organs & menstrual cycle
<input type="checkbox"/>	Z20.2	CT exposed partner (M/F)	Drugs Quantity/NDC: _____		
Labs			<input type="checkbox"/>	J0694	Cefoxitin 1 gm IM
<input type="checkbox"/>	87205	Gram stain (symptomatic males only)	<input type="checkbox"/>	J0696	Ceftriaxone 250 mg IM
Drugs <i>Quantity/NDC:</i> _____			<input type="checkbox"/>	_____ Doxycycline 100 mg tabs**	
<input type="checkbox"/>	Q0144	Azithromycin 500 mg tabs/1gm pkt	<input type="checkbox"/>	_____ Probenecid 500 mg tabs**	
<input type="checkbox"/>	_____ Doxycycline 100 mg tabs**		<input type="checkbox"/>	_____ Metronidazole 250/500 mg tabs**	
<i>For alternative regimens, see PPBI ben grid.</i>			<i>For alternative regimens, see PPBI ben grid.</i>		
Gonorrhea			Urinary Tract Infections (Females Only)		
<input type="checkbox"/>	A54.01	GC cystitis/urethritis, unspec (M/F)	<input type="checkbox"/>	N30.00	Acute cystitis without hematuria
<input type="checkbox"/>	A54.03	GC cervicitis, unspec (F)	<input type="checkbox"/>	N30.01	Acute cystitis with hematuria
<input type="checkbox"/>	A54.22	GC prostatitis (M)	<input type="checkbox"/>	R10.30	Lower abdominal pain, unspec
<input type="checkbox"/>	A54.5	GC pharyngitis (M/F)	<input type="checkbox"/>	R30.0	Dysuria
<input type="checkbox"/>	A54.6	GC infection anus/rectum (M/F)	<input type="checkbox"/>	R30.9	Painful micturition, unspec
<input type="checkbox"/>	N34.2	Other urethritis (M)	<input type="checkbox"/>	R31.0	Gross hematuria
<input type="checkbox"/>	N45.3	Epididymo-orchitis (M)	<input type="checkbox"/>	R35.0	Frequency of micturition
<input type="checkbox"/>	N72	Cervicitis (F)	Labs (<i>symptomatic females only</i>)		
<input type="checkbox"/>	N89.8	<i>Indication:</i> Leukorrhea NOS (F)	<input type="checkbox"/>	81000	Urinalysis, dipstick with micro
<input type="checkbox"/>	N94.10	Unspecified dyspareunia (F)	<input type="checkbox"/>	81002	Urinalysis dipstick without micro
<input type="checkbox"/>	N94.11	Superficial (introital) dyspareunia (F)	<input type="checkbox"/>	81015	Urine microscopy
<input type="checkbox"/>	N94.12	Deep dyspareunia (F)	Drugs Quantity/NDC: _____		
<input type="checkbox"/>	N94.19	Other specified dyspareunia (F)	<input type="checkbox"/>	_____ Cephalexin 250/500 mg tabs**	
<input type="checkbox"/>	N94.89	Oth cond assoc with female genital organs & menstrual cycle	<input type="checkbox"/>	_____ Ciprofloxacin 250 mg tabs**	
<input type="checkbox"/>	R30.0	Dysuria (M/F)	<input type="checkbox"/>	_____ TMP/SMX 80/400 mg tabs**	
<input type="checkbox"/>	R30.9	Painful micturition, unspec (M/F)	<input type="checkbox"/>	_____ TMP/SMX DS 160/800 mg tabs**	
<input type="checkbox"/>	Z20.2	GC exposed partner (M/F)			

Labs	
<input type="checkbox"/>	87205 Gram stain (symptomatic males only)
Drugs <i>Quantity/NDC:</i> _____	
<input type="checkbox"/>	_____ Cefixime 400 mg tabs/caps**
<input type="checkbox"/>	J0696 Ceftriaxone 500 mg IM
<input type="checkbox"/>	Q0144 Azithromycin 500 mg tabs/1 gm pkt
<input type="checkbox"/>	_____ Doxycycline 100 mg tabs**
<i>For additional information, see PPBI ben grid.</i>	

Trichomoniasis	
<input type="checkbox"/>	A59.01 Trichomonal vulvovaginitis (F)
<input type="checkbox"/>	A59.03 Trichomonal cystitis & urethritis (M/F)
<input type="checkbox"/>	N34.2 Other urethritis (M)
<input type="checkbox"/>	Z20.2 Trichomoniasis exposed partner (M/F)

Labs	
<input type="checkbox"/>	83986 pH (Females only)
<input type="checkbox"/>	Q0111 Wet mount (provider performed)
<input type="checkbox"/>	87808 T. vaginalis immunoassay (Females only)
Drugs <i>Quantity/NDC:</i> _____	
<input type="checkbox"/>	_____ Metronidazole 500 mg tabs**
<i>For alternative regimens, see PPBI ben grid.</i>	

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	
<i>See Medi-Cal Part 2 for surgical and supplies modifiers</i>	
<input type="checkbox"/>	54050 Chem destr, penile lesion
<input type="checkbox"/>	54056 Cryo destr, penile lesion
<input type="checkbox"/>	54100 Biopsy, penis
<input type="checkbox"/>	56501 Destruction vulvar lesion
<input type="checkbox"/>	57061 Destruction vaginal lesion
<input type="checkbox"/>	56605 Biopsy, vulva
Drugs <i>Quantity/NDC:</i> _____	
<input type="checkbox"/>	_____ Imiquimod 5% cream**
<input type="checkbox"/>	_____ Podofilox 0.5% solution/gel**

Syphilis	
<input type="checkbox"/>	A51.0 Primary (M/F)
<input type="checkbox"/>	A51.31 Condyloma latum (M/F)
<input type="checkbox"/>	A51.39 Other secondary syphilis of skin (M/F)
<input type="checkbox"/>	A51.5 Early syphilis, latent (M/F)

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 <i>Quantity/NDC:</i> _____	
<i>Vaginal candidiasis:</i>	
<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 <i>Quantity/NDC:</i> _____	

<i>Bacterial vaginosis:</i>	
<input type="checkbox"/>	_____ Metronidazole 250/500 mg tabs; 0.75% vaginal gel**
<input type="checkbox"/>	_____ Clindamycin 2% cream**
<i>For alternative regimens, see PPBI ben grid.</i>	

Cervical Abnormalities	
<input type="checkbox"/>	N88.0 Leukoplakia, cervix
<input type="checkbox"/>	R87.610 ASC-US cervical smear
<input type="checkbox"/>	R87.611 ASC-H cervical smear
<input type="checkbox"/>	R87.612 LGSIL cervical smear
<input type="checkbox"/>	R87.613 HGSIL cervical smear
<input type="checkbox"/>	R87.810 Cervical high risk HPV DNA positive
<input type="checkbox"/>	Z87.410 Personal history of cervical dysplasia

Procedures	
<i>See Medi-Cal Part 2 for surgical and supplies modifiers</i>	
<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"/>	R87.619 Unspec abn findings of cervical smear
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Procedures	
<i>See Medi-Cal Part 2 for surgical and supplies modifiers</i>	
<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"/>	58110 Endometrial biopsy + Colpo
<input type="checkbox"/>	N87.0 Mild cervical dysplasia CIN 1

	A52.8	Late syphilis, latent (M/F)		N87.1	Moderate cervical dysplasia CIN 2
	A53.0	Latent syphilis, unspec (M/F)		D06.9	Carcinoma in situ of cervix CIN 3
	N48.5	Ulcer of penis (M)	Procedures		
	N76.6	Ulceration of vulva, unspec (F)	See <i>Medi-Cal Part 2 for surgical and supplies modifiers</i>		
	Z20.2	Syphilis exposed partner (M/F)		57452	Colposcopy
Drugs			Quantity/NDC: _____		
	J0561	Benzathine PCN 100,000 units/cc		57454	Colpo with biopsy & ECC
<i>For alternative regimens, see PPBI ben grid.</i>				57455	Colpo with biopsy
				57456	Colpo with ECC
				57460	LEEP
				57511	Cryocautery of cervix
Cervical Cytology normal / HPV positive					
	R87.810	Cervical high risk HPV positive		R87.618	Other abn findings of cervical smear
	R87.820	Cervical low risk HPV positive	Procedures		
			See <i>Medi-Cal Part 2 for surgical and supplies modifiers</i>		
				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.