

Family PACT Sample

Client Name: _____
 Telephone: _____
 HAP #: _____

DOB: _____
 Alt. Contact: _____
 Exp. Date: _____

Service Date: _____
 M.R. # _____
 Return: _____

FAMILY PLANNING SERVICES

Family Planning Diagnosis Codes	Office Visit	Drugs/Contraceptive Supplies/Devices
ICD-10-CM Codes	New Client E & M	Provider administered drugs & onsite dispensing must include NDC.
<input type="checkbox"/> Z30.012 EC counseling and prescription	<input type="checkbox"/> 99202 MDM level: straightforward, or Time: 15-29 mins (M/F)	<input type="checkbox"/> A4261 Cervical cap
<input type="checkbox"/> Z30.09 Contraceptive counseling & advice (without initiating method)	<input type="checkbox"/> 99203 MDM level: low, or Time: 30-44 mins (M/F)	<input type="checkbox"/> A4266 Diaphragm
<input type="checkbox"/> Z30.011 OC initial prescription	<input type="checkbox"/> 99204 MDM level: moderate, or Time: 45-59 mins (F) Complications Only (M)	<input type="checkbox"/> A4267 Male condoms
<input type="checkbox"/> Z30.41 OC surveillance		<input type="checkbox"/> A4268 Internal condoms
<input type="checkbox"/> Z30.013 Injectable initial prescription	Established Client E & M	<input type="checkbox"/> A4269 U1 Spermicidal gel/jelly/foam/cream
<input type="checkbox"/> Z30.42 Injectable surveillance	<input type="checkbox"/> 99211 Not requiring presence, or under the supervision, of physician or QHP (M/F)	<input type="checkbox"/> A4269 U2 Spermicidal suppository
<input type="checkbox"/> Z30.015 Vaginal ring initial prescription	<input type="checkbox"/> 99212 MDM level: straightforward, or Time: 10-19 mins (M/F)	<input type="checkbox"/> A4269 U3 Spermicidal vaginal film
<input type="checkbox"/> Z30.44 Vaginal ring surveillance	<input type="checkbox"/> 99213 MDM level: low, or Time: 20-29 mins (M/F)	<input type="checkbox"/> A4269 U4 Spermicidal sponge
<input type="checkbox"/> Z30.016 Transdermal patch initial prescription	<input type="checkbox"/> 99214 MDM level: moderate, or Time: 30-39 mins (F) Complications Only (M)	<input type="checkbox"/> A4269 U5 Vaginal gel (Phexxi)
<input type="checkbox"/> Z30.45 Transdermal patch surveillance		<input type="checkbox"/> S5199 Lubricant
<input type="checkbox"/> Z30.017 Subdermal implant initial prescription		<input type="checkbox"/> J3490 U5 EC - ulipristal acetate*
<input type="checkbox"/> Z30.46 Subdermal implant surveillance		<input type="checkbox"/> J3490 U6 EC - levonorgestrel*
<input type="checkbox"/> Z30.018 Barrier/spermicide (M/F) initial prescrip	Additional Codes	<input type="checkbox"/> J3490 U8 DMPA injection
<input type="checkbox"/> Z30.49 Barrier/spermicide (M/F) surveillance	<input type="checkbox"/> 99451 E-Consults	<input type="checkbox"/> J7294 Segestron acetate/EE (Annovera)
<input type="checkbox"/> Z30.430 IUC insertion	<input type="checkbox"/> Q3014 Originating Site Facility Fee	<input type="checkbox"/> J7295 EE/Etonogestrel (NuvaRing)
<input type="checkbox"/> Z30.431 IUC surveillance	<input type="checkbox"/> T1014 Transmission Fee	<input type="checkbox"/> J7296 LNG IUS 19.5 mg (Kyleena)
<input type="checkbox"/> Z30.432 IUC removal	<input type="checkbox"/> G2010 Remote image submit by pt	<input type="checkbox"/> J7297 LNG IUS 52 mg (Liletta)
<input type="checkbox"/> Z30.433 IUC removal and reinsertion	<input type="checkbox"/> G2012 Brief check in by MD/QHP	<input type="checkbox"/> J7298 LNG IUS 52 mg (Mirena)
<input type="checkbox"/> Z30.02 Counsel NFP to avoid pregnancy	Education & Counseling	<input type="checkbox"/> J7298 LNG IUS 52 mg (Mirena)
<input type="checkbox"/> Z31.61 Procreative counseling, NFP	<input type="checkbox"/> S9446 Group (M/F)* OR	<input type="checkbox"/> J7300 Copper IUD
<input type="checkbox"/> Z30.09 Counseling on sterilization (M/F)	<input type="checkbox"/> S9445 Individual 10 mins (M/F)*	<input type="checkbox"/> J7301 LNG IUS 13.5 mg (Skyla)
<input type="checkbox"/> Z30.2 Sterilization surgery (M/F)	<input type="checkbox"/> 99401 U6 15 mins [†] counseling time (M/F)	<input type="checkbox"/> J7304 U1 Norelgestromin/EE (Xulane)
<input type="checkbox"/> Z01.812 Preprocedure labs (M/F) (bill with Z30.09)	<input type="checkbox"/> 99402 U6 30 mins [†] counseling time (M/F)	<input type="checkbox"/> J7304 U2 Levonorgestrel/EE (Twirla)
<input type="checkbox"/> Z01.818 Preprocedure exam (F) (bill with Z30.09)	<input type="checkbox"/> 99403 U6 45 mins [†] counseling time (M/F)	<input type="checkbox"/> J7307 Etonogestrel Implant
<input type="checkbox"/> Z98.51 Tubal ligation status	<input type="checkbox"/> * One time only codes. See PPBI office.	<input type="checkbox"/> S4993 OCs
<input type="checkbox"/> Z98.52 Vasectomy status	<input type="checkbox"/> † No more than one per day and two visits, in any combination, in rolling 30 days. See PPBI office.	<input type="checkbox"/> S5000** or Estradiol (with code N92.1)
Contraceptive-related Laboratory Tests	Office Procedures	<input type="checkbox"/> S5001**
See PPBI ben fam and lab for covered tests and restrictions.	See Medi-Cal Part 2 for surgical & supplies modifiers	* One (1) pack per dispensing, with a combined (ulipristal acetate and levonorgestrel) maximum of six (6) packs in any 12-month period.
STI Risk Factor ICD-10-CM Codes: GC/CT Screening. Codes are required by Laboratory Providers	<input type="checkbox"/> 11981 Implant insertion	** 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.
<input type="checkbox"/> Z20.2 Contact with/exposure to STI(s)	<input type="checkbox"/> 11976 Implant removal	
<input type="checkbox"/> Z22.4 Carrier of STI(s)	<input type="checkbox"/> 58300 Insert IUC	Labs with CLIA Certification
<input type="checkbox"/> Z72.51 High risk heterosexual behavior	<input type="checkbox"/> 58301 Remove IUC	<input type="checkbox"/> 81025 Urine pregnancy test
<input type="checkbox"/> Z72.52 High risk homosexual behavior	<input type="checkbox"/> 55250 Vasectomy	<input type="checkbox"/> 85013 HCT, spun (<i>see PPBI for restrictions</i>)
<input type="checkbox"/> Z72.53 High risk bisexual behavior	<input type="checkbox"/> 57170 Diaphragm fitting	<input type="checkbox"/> 85014 Hematocrit (<i>see PPBI for restrictions</i>)
<input type="checkbox"/> Z86.19 Retest 3 month post treatment GC/CT	Additional Procedures (no TAR required)	<input type="checkbox"/> 85018 Hemoglobin (<i>see PPBI for restrictions</i>)
<input type="checkbox"/> Z11.3 High prevalence locality (GC > 1%)	<input type="checkbox"/> Z30.431 IUC surveillance	<input type="checkbox"/> 85025 CBC (<i>see PPBI for restrictions</i>)
<input type="checkbox"/> Z11.8 High prevalence locality (CT > 3%)	<i>Indication: missing IUC strings/malpositioned IUC</i>	<input type="checkbox"/> 86701 HIV-1
	<input type="checkbox"/> 74018 X-Ray abdomen, one view	<input type="checkbox"/> 86703 HIV-1 & HIV-2 single result
	<input type="checkbox"/> 76830 Ultrasound, transvaginal	<input type="checkbox"/> 87806 HIV-1 Ag w/HIV-1 & HIV-2 Ab
	<input type="checkbox"/> 76857 Ultrasound, pelvic (non-Ob); limited	See back for additional provider performed lab tests.
	<input type="checkbox"/> Z30.46 Subdermal implant surveillance	
	<i>Indication: Impalpable subdermal implant</i>	Blood Draw & Handling
Diagnostic STI Services	<input type="checkbox"/> 73060 X-ray exam, humerus, two views	<input type="checkbox"/> 99000 Blood specimen handling and/or conveyance to unaffiliated lab
See PPBI ben fam rel for covered lab tests, services and restrictions. Use back of Superbill.	<input type="checkbox"/> 76882 Ultrasound, extremity; limited	

Complication Management (TAR Required) See PPBI *ben fam* and *ben fam rel* for codes and services for Supplies/Code(s): _____
 Complication ICD-10-CM Code _____ Procedure/Code(s): _____
 Additional ICD-10-CM Code _____ Other Services/Code(s): _____

Acknowledgement
 By signing below, I acknowledge that I have received the services noted on
 Date: _____ Print Name: _____ Signature: _____
 Date: _____ Print Clinician Name: _____ Clinician Signature: _____

FAMILY PLANNING - RELATED SERVICES

Chlamydia	Herpes, Genital	Warts, Genital Only
A56.01 CT cystitis/urethritis (M/F)	A60.01 Herpesviral infection of penis	A63.0 Anogenital warts (M/F)
A56.09 CT lower GU, cervix (F)	A60.04 Herpesviral vulvovaginitis	B07.9 Viral warts, unspec (M/F)
A56.3 CT anus and rectum (M/F)	N48.5 Ulcer of penis	B08.1 Molluscum contagiosum (M/F)
A56.4 CT pharynx (M/F)	N76.6 Ulceration of vulva	Procedures
N34.2 Other urethritis (M)	Drugs Quantity/NDC: _____	See Medi-Cal Part 2 for surgical and supplies modifiers
N45.3 Epididymo-orchitis (M)	Acyclovir 400/800 mg**	54050 Chem destr, penile lesion
N72 Cervicitis (F)	PID (Females)	54056 Cryo destr, penile lesion
N89.8 Indication: Leukorrhea NOS (F)	N70.03 Acute salpingitis & oophoritis	54100 Biopsy, penis
N94.10 Unspecified dyspareunia (F)	N70.93 Salpingitis & oophoritis, unspec	56501 Destruction vulvar lesion
N94.11 Superficial (introital) dyspareunia (F)	N94.10 Unspecified dyspareunia (F)	57061 Destruction vaginal lesion
N94.12 Deep dyspareunia (F)	N94.11 Superficial (introital) dyspareunia (F)	56605 Biopsy, vulva
N94.19 Other specified dyspareunia (F)	N94.12 Deep dyspareunia (F)	Drugs Quantity/NDC: _____
N94.89 Oth cond assoc with female genital organs & menstrual cycle	N94.19 Other specified dyspareunia (F)	Imiquimod 5% cream**
R30.0 Dysuria (M/F)	N94.89 Oth cond assoc with female genital organs & menstrual cycle	Podofilox 0.5% solution/gel**
R30.9 Painful micturition, unspec (M/F)	Drugs Quantity/NDC: _____	Syphilis
Z20.2 CT exposed partner (M/F)	J0694 Cefoxitin 1 gm IM	A51.0 Primary (M/F)
Labs	J0696 Ceftriaxone 250 mg IM	A51.31 Condyloma latum (M/F)
87205 Gram stain (symptomatic males only)	_____ Doxycycline 100 mg tabs**	A51.39 Other secondary syphilis of skin (M/F)
Drugs Quantity/NDC: _____	_____ Probencid 500 mg tabs**	A51.5 Early syphilis, latent (M/F)
_____ Doxycycline 100 mg tabs**	_____ Metronidazole 250/500 mg tabs**	A52.8 Late syphilis, latent (M/F)
For add'l info & alternative regimens, see PPBI ben grid.	For add'l info & alternative regimens, see PPBI ben grid.	A53.0 Latent syphilis, unspec (M/F)
Gonorrhea	Urinary Tract Infections (Females Only)	N48.5 Ulcer of penis (M)
A54.01 GC cystitis/urethritis, unspec (M/F)	N30.00 Acute cystitis without hematuria	N76.6 Ulceration of vulva, unspec (F)
A54.03 GC cervicitis, unspec (F)	N30.01 Acute cystitis with hematuria	Z20.2 Syphilis exposed partner (M/F)
A54.22 GC prostatitis (M)	R10.30 Lower abdominal pain, unspec	Drugs Quantity/NDC: _____
A54.5 GC pharyngitis (M/F)	R30.0 Dysuria	J0561 Benzathine PCN 100,000 units/cc
A54.6 GC infection anus/rectum (M/F)	R30.9 Painful micturition, unspec	For add'l info & alternative regimens, see PPBI ben grid.
N34.2 Other urethritis (M)	R31.0 Gross hematuria	Cervical Abnormalities
N45.3 Epididymo-orchitis (M)	R35.0 Frequency of micturition	N88.0 Leukoplakia, cervix
N72 Cervicitis (F)	Labs (symptomatic females only)	R87.610 ASC-US cervical smear
N89.8 Indication: Leukorrhea NOS (F)	81000 Urinalysis, dipstick with micro	R87.611 ASC-H cervical smear
N94.10 Unspecified dyspareunia (F)	81002 Urinalysis dipstick without micro	R87.612 LGSIL cervical smear
N94.11 Superficial (introital) dyspareunia (F)	81015 Urine microscopy	R87.613 HGSIL cervical smear
N94.12 Deep dyspareunia (F)	Drugs Quantity/NDC: _____	R87.810 Cervical high risk HPV DNA positive
N94.19 Other specified dyspareunia (F)	Cephalexin 250/500 mg tabs**	Z87.410 Personal history of cervical dysplasia
N94.89 Oth cond assoc with female genital organs & menstrual cycle	Ciprofloxacin 250 mg tabs**	Procedures
R30.0 Dysuria (M/F)	TMP/SMX 80/400 mg tabs**	See Medi-Cal Part 2 for surgical and supplies modifiers
R30.9 Painful micturition, unspec (M/F)	TMP/SMX DS 160/800 mg tabs**	57452 Colposcopy
Z20.2 GC exposed partner (M/F)	For add'l info & alternative regimens, see PPBI ben grid.	57454 Colpo with biopsy & ECC
Labs	Vaginal Candidiasis	57455 Colpo with biopsy
87205 Gram stain (symptomatic males only)	B37.3 Candidiasis vulva/vagina	57456 Colpo with ECC
Drugs Quantity/NDC: _____	Labs	R87.619 Unspec abn findings of cervical smear
J0696 Ceftriaxone 250 mg IM	83986 pH (females only)	Procedures
For add'l info & alternative regimens, see PPBI ben grid.	Q0111 Wet mount (provider performed)	See Medi-Cal Part 2 for surgical and supplies modifiers
Nongonococcal Urethritis	Drugs Quantity/NDC: _____	57452 Colposcopy
N34.1 Nonspecific urethritis (M)	Clotrimazole 1%/2% cream**	57454 Colpo with biopsy & ECC
Drugs Quantity/NDC: _____	Fluconazole 150 mg tab**	57455 Colpo with biopsy
_____ Doxycycline 100 mg tabs**	Miconazole 2%/4% cream;	57456 Colpo with ECC
For add'l info & alternative regimens, see PPBI ben grid.	100/200mg vaginal suppository**	58110 Endometrial biopsy + Colpo
Trichomoniasis	For add'l info & alternative regimens, see PPBI ben grid.	N87.0 Mild cervical dysplasia CIN 1
A59.01 Trichomonal vulvovaginitis (F)	Bacterial Vaginosis	N87.1 Moderate cervical dysplasia CIN 2
A59.03 Trichomonal cystitis & urethritis (M/F)	N76.0 Acute vaginitis	D06.9 Carcinoma in situ of cervix CIN 3
N34.2 Other urethritis (M)	Labs	Procedures
Z20.2 Trichomoniasis exposed partner (M/F)	83986 pH (females only)	See Medi-Cal Part 2 for surgical and supplies modifiers
Labs	Q0111 Wet mount (provider performed)	57452 Colposcopy
83986 pH (Females only)	Drugs Quantity/NDC: _____	57454 Colpo with biopsy & ECC
Q0111 Wet mount (provider performed)	Metronidazole 250/500 mg tabs;	57455 Colpo with biopsy
87808 T. vaginalis immunoassay (Females only)	Metronidazole 0.75% vaginal gel**	57456 Colpo with ECC
Drugs Quantity/NDC: _____	Clindamycin 2% cream**	57460 LEEP
Metronidazole 250/500 mg tabs**	For add'l info & alternative regimens, see PPBI ben grid.	57511 Cryocautery of cervix
For add'l info & alternative regimens, see PPBI ben grid.	Cervical Cytology normal / HPV positive	R87.618 Other abn findings of cervical smear
	R87.810 Cervical high risk HPV positive	Procedures
	R87.820 Cervical low risk HPV positive	See Medi-Cal Part 2 for surgical and supplies modifiers
		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.