

Family PACT Sample

Client Name: _____

DOB: _____

Service Date: _____

Telephone: _____

Alt. Contact: _____

M.R. # _____

HAP #: _____

Exp. Date: _____

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 Segestrone 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"/> J7300 Copper IUD
<input type="checkbox"/> Z31.61 Procreative counseling, NFP	<input type="checkbox"/> S9446 Group (M/F)* <u>or</u>	<input type="checkbox"/> J7301 LNG IUS 13.5 mg (Skyla)
<input type="checkbox"/> Z30.09 Counseling on sterilization (M/F)	<input type="checkbox"/> S9445 Individual 10 mins (M/F)*	<input type="checkbox"/> J7304 U1 Norelgestromin/EE (Xulane)
<input type="checkbox"/> Z30.2 Sterilization surgery (M/F)	<input type="checkbox"/> 99401 U6 15 mins [†] counseling time (M/F)	<input type="checkbox"/> J7304 U2 Levonorgestrel/EE (Twirla)
<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"/> J7307 Etonogestrel Implant
<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"/> S4993 OCs
<input type="checkbox"/> Z98.51 Tubal ligation status	* One time only codes. See PPBI office.	<input type="checkbox"/> S5000** or Estradiol (with code N92.1)
<input type="checkbox"/> Z98.52 Vasectomy status	† No more than one per day and two visits, in any combination, in rolling 30 days. See PPBI office.	<input type="checkbox"/> S5001**
Contraceptive-related Laboratory Tests	Office Procedures	* 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 Medi-Cal Part 2 for surgical & supplies modifiers	** 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"/> 11981 Implant insertion	
<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	
<input type="checkbox"/> Z72.51 High risk heterosexual behavior	<input type="checkbox"/> 58301 Remove IUC	
<input type="checkbox"/> Z72.52 High risk homosexual behavior	<input type="checkbox"/> 55250 Vasectomy	
<input type="checkbox"/> Z72.53 High risk bisexual behavior	<input type="checkbox"/> 57170 Diaphragm fitting	
<input type="checkbox"/> Z86.19 Retest 3 month post treatment GC/CT	Additional Procedures (no TAR required)	Labs with CLIA Certification
<input type="checkbox"/> Z11.3 High prevalence locality (GC >1%)	<input type="checkbox"/> Z30.431 IUC surveillance <i>Indication: missing IUC strings/malpositioned IUC</i>	<input type="checkbox"/> 81025 Urine pregnancy test
<input type="checkbox"/> Z11.8 High prevalence locality (CT >3%)	<input type="checkbox"/> 74018 X-Ray abdomen, one view	<input type="checkbox"/> 85013 HCT, spun (<i>see PPBI for restrictions</i>)
	<input type="checkbox"/> 76830 Ultrasound, transvaginal	<input type="checkbox"/> 85014 Hematocrit (<i>see PPBI for restrictions</i>)
	<input type="checkbox"/> 76857 Ultrasound, pelvic (non-Ob); limited	<input type="checkbox"/> 85018 Hemoglobin (<i>see PPBI for restrictions</i>)
	<input type="checkbox"/> Z30.46 Subdermal implant surveillance <i>Indication: Impalpable subdermal implant</i>	<input type="checkbox"/> 85025 CBC (<i>see PPBI for restrictions</i>)
Diagnostic STI Services	<input type="checkbox"/> 73060 X-ray exam, humerus, two views	<input type="checkbox"/> 86701 HIV-1
See PPBI ben fam rel for covered lab tests, services and restrictions. Use back of Superbill.	<input type="checkbox"/> 76882 Ultrasound, extremity; limited	<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

Complication Management (TAR Required) See PPBI *ben fam* and *ben fam rel* for codes and services

Complication ICD-10-CM Code _____ Procedure/Code(s): _____ Supplies/Code(s): _____

Additional ICD-10-CM Code _____ Other Services/Code(s): _____

Acknowledgement

By signing below, I acknowledge that I have received the services

Date: _____ Print Name: _____ Signature: _____

Date: _____ Print Clinician Name: _____ Clinician Signature: _____

