

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 Segestronone 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>)
	<input type="checkbox"/> 73060 X-ray exam, humerus, two views	<input type="checkbox"/> 86701 HIV-1
	<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
Diagnostic STI Services		See back for additional provider performed lab tests.
See PPBI ben fam rel for covered lab tests, services and restrictions. Use back of Superbill.		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: _____

FAMILY PLANNING - RELATED SERVICES

Chlamydia		Herpes, Genital		Warts, Genital Only	
<input type="checkbox"/>	A56.01 CT cystitis/urethritis (M/F)	<input type="checkbox"/>	A60.01 Herpesviral infection of penis	<input type="checkbox"/>	A63.0 Anogenital warts (M/F)
<input type="checkbox"/>	A56.09 CT lower GU, cervix (F)	<input type="checkbox"/>	A60.04 Herpesviral vulvovaginitis	<input type="checkbox"/>	B07.9 Viral warts, unspec (M/F)
<input type="checkbox"/>	A56.3 CT anus and rectum (M/F)	<input type="checkbox"/>	N48.5 Ulcer of penis	<input type="checkbox"/>	B08.1 Molluscum contagiosum (M/F)
<input type="checkbox"/>	A56.4 CT pharynx (M/F)	<input type="checkbox"/>	N76.6 Ulceration of vulva	Procedures	
<input type="checkbox"/>	N34.2 Other urethritis (M)	Drugs Quantity/NDC: _____		See <i>Medi-Cal Part 2 for surgical and supplies modifiers</i>	
<input type="checkbox"/>	N45.3 Epididymo-orchitis (M)	<input type="checkbox"/> Acyclovir 400/800 mg**		<input type="checkbox"/>	54050 Chem destr, penile lesion
<input type="checkbox"/>	N72 Cervicitis (F)	PID (Females)		<input type="checkbox"/>	54056 Cryo destr, penile lesion
<input type="checkbox"/>	N89.8 <i>Indication:</i> Leukorrhea NOS (F)	<input type="checkbox"/>	N70.03 Acute salpingitis & oophoritis	<input type="checkbox"/>	54100 Biopsy, penis
<input type="checkbox"/>	N94.10 Unspecified dyspareunia (F)	<input type="checkbox"/>	N70.93 Salpingitis & oophoritis, unspec	<input type="checkbox"/>	56501 Destruction vulvar lesion
<input type="checkbox"/>	N94.11 Superficial (introital) dyspareunia (F)	<input type="checkbox"/>	N94.10 Unspecified dyspareunia (F)	<input type="checkbox"/>	57061 Destruction vaginal lesion
<input type="checkbox"/>	N94.12 Deep dyspareunia (F)	<input type="checkbox"/>	N94.11 Superficial (introital) dyspareunia (F)	<input type="checkbox"/>	56605 Biopsy, vulva
<input type="checkbox"/>	N94.19 Other specified dyspareunia (F)	<input type="checkbox"/>	N94.12 Deep dyspareunia (F)	Drugs Quantity/NDC: _____	
<input type="checkbox"/>	N94.89 Oth cond assoc with female genitals organs & menstrual cycle	<input type="checkbox"/>	N94.19 Other specified dyspareunia (F)	<input type="checkbox"/>	Imiquimod 5% cream**
<input type="checkbox"/>	R30.0 Dysuria (M/F)	<input type="checkbox"/>	N94.89 Oth cond assoc with female genitals organs & menstrual cycle	<input type="checkbox"/>	Podofilox 0.5% solution/gel**
<input type="checkbox"/>	R30.9 Painful micturition, unspec (M/F)	Drugs Quantity/NDC: _____		Syphilis	
<input type="checkbox"/>	Z20.2 CT exposed partner (M/F)	<input type="checkbox"/>	J0694 Cefoxitin 1 gm IM	<input type="checkbox"/>	A51.0 Primary (M/F)
Labs		<input type="checkbox"/>	J0696 Ceftriaxone 250 mg IM	<input type="checkbox"/>	A51.31 Condyloma latum (M/F)
<input type="checkbox"/>	87205 Gram stain (symptomatic males only)	<input type="checkbox"/>	_____ Doxycycline 100 mg tabs**	<input type="checkbox"/>	A51.39 Other secondary syphilis of skin (M/F)
Drugs Quantity/NDC: _____		<input type="checkbox"/>	_____ Probenedic 500 mg tabs**	<input type="checkbox"/>	A51.5 Early syphilis, latent (M/F)
<input type="checkbox"/>	_____ Doxycycline 100 mg tabs**	<input type="checkbox"/>	_____ Metronidazole 250/500 mg tabs**	<input type="checkbox"/>	A52.8 Late syphilis, latent (M/F)
<i>For add'l info & alternative regimens, see PPBI ben grid.</i>		<i>For add'l info & alternative regimens, see PPBI ben grid.</i>		<input type="checkbox"/>	A53.0 Latent syphilis, unspec (M/F)
Gonorrhea		Urinary Tract Infections (Females Only)		<input type="checkbox"/>	N48.5 Ulcer of penis (M)
<input type="checkbox"/>	A54.01 GC cystitis/urethritis, unspec (M/F)	<input type="checkbox"/>	N30.00 Acute cystitis without hematuria	<input type="checkbox"/>	N76.6 Ulceration of vulva, unspec (F)
<input type="checkbox"/>	A54.03 GC cervicitis, unspec (F)	<input type="checkbox"/>	N30.01 Acute cystitis with hematuria	<input type="checkbox"/>	Z20.2 Syphilis exposed partner (M/F)
<input type="checkbox"/>	A54.22 GC prostatitis (M)	<input type="checkbox"/>	R10.30 Lower abdominal pain, unspec	Drugs Quantity/NDC: _____	
<input type="checkbox"/>	A54.5 GC pharyngitis (M/F)	<input type="checkbox"/>	R30.0 Dysuria	<input type="checkbox"/>	J0561 Benzathine PCN 100,000 units/cc
<input type="checkbox"/>	A54.6 GC infection anus/rectum (M/F)	<input type="checkbox"/>	R30.9 Painful micturition, unspec	<i>For add'l info & alternative regimens, see PPBI ben grid.</i>	
<input type="checkbox"/>	N34.2 Other urethritis (M)	<input type="checkbox"/>	R31.0 Gross hematuria	Cervical Abnormalities	
<input type="checkbox"/>	N45.3 Epididymo-orchitis (M)	<input type="checkbox"/>	R35.0 Frequency of micturition	<input type="checkbox"/>	N88.0 Leukoplakia, cervix
<input type="checkbox"/>	N72 Cervicitis (F)	Labs <i>(symptomatic females only)</i>		<input type="checkbox"/>	R87.610 ASC-US cervical smear
<input type="checkbox"/>	N89.8 <i>Indication:</i> Leukorrhea NOS (F)	<input type="checkbox"/>	81000 Urinalysis, dipstick with micro	<input type="checkbox"/>	R87.611 ASC-H cervical smear
<input type="checkbox"/>	N94.10 Unspecified dyspareunia (F)	<input type="checkbox"/>	81002 Urinalysis dipstick without micro	<input type="checkbox"/>	R87.612 LGSIL cervical smear
<input type="checkbox"/>	N94.11 Superficial (introital) dyspareunia (F)	<input type="checkbox"/>	81015 Urine microscopy	<input type="checkbox"/>	R87.613 HGSIL cervical smear
<input type="checkbox"/>	N94.12 Deep dyspareunia (F)	Drugs Quantity/NDC: _____		<input type="checkbox"/>	R87.810 Cervical high risk HPV DNA positive
<input type="checkbox"/>	N94.19 Other specified dyspareunia (F)	<input type="checkbox"/>	_____ Cephalexin 250/500 mg tabs**	<input type="checkbox"/>	Z87.410 Personal history of cervical dysplasia
<input type="checkbox"/>	N94.89 Oth cond assoc with female genitals organs & menstrual cycle	<input type="checkbox"/>	_____ Ciprofloxacin 250 mg tabs**	Procedures	
<input type="checkbox"/>	R30.0 Dysuria (M/F)	<input type="checkbox"/>	_____ TMP/SMX 80/400 mg tabs**	See <i>Medi-Cal Part 2 for surgical and supplies modifiers</i>	
<input type="checkbox"/>	R30.9 Painful micturition, unspec (M/F)	<input type="checkbox"/>	_____ TMP/SMX DS 160/800 mg tabs**	<input type="checkbox"/>	57452 Colposcopy
<input type="checkbox"/>	Z20.2 GC exposed partner (M/F)	<i>For add'l info & alternative regimens, see PPBI ben grid.</i>		<input type="checkbox"/>	57454 Colpo with biopsy & ECC
Labs		Vaginal Candidiasis		<input type="checkbox"/>	57455 Colpo with biopsy
<input type="checkbox"/>	87205 Gram stain (symptomatic males only)	<input type="checkbox"/>	B37.31 Acute Candidiasis vulva/vagina	<input type="checkbox"/>	57456 Colpo with ECC
Drugs Quantity/NDC: _____		<input type="checkbox"/>	B37.32 Chronic Candidiasis vulva/vagina	<input type="checkbox"/>	R87.619 Unspec abn findings of cervical smear
<input type="checkbox"/>	J0696 Ceftriaxone 250 mg IM	Labs		Procedures	
<i>For add'l info & alternative regimens, see PPBI ben grid.</i>		<input type="checkbox"/>	Q0111 Wet mount (provider performed)	See <i>Medi-Cal Part 2 for surgical and supplies modifiers</i>	
Nongonococcal Urethritis		<input type="checkbox"/>	_____ Clotrimazole 1%/2% cream**	<input type="checkbox"/>	57452 Colposcopy
<input type="checkbox"/>	N34.1 Nonspecific urethritis (M)	<input type="checkbox"/>	_____ Fluconazole 150 mg tab**	<input type="checkbox"/>	57454 Colpo with biopsy & ECC
Drugs Quantity/NDC: _____		<input type="checkbox"/>	_____ Miconazole 2%/4% cream;	<input type="checkbox"/>	57455 Colpo with biopsy
<input type="checkbox"/>	_____ Doxycycline 100 mg tabs**	<input type="checkbox"/>	_____ 100/200mg vaginal suppository**	<input type="checkbox"/>	57456 Colpo with ECC
<i>For add'l info & alternative regimens, see PPBI ben grid.</i>		<i>For add'l info & alternative regimens, see PPBI ben grid.</i>		<input type="checkbox"/>	58110 Endometrial biopsy + Colpo
Trichomoniasis		Bacterial Vaginosis		<input type="checkbox"/>	N87.0 Mild cervical dysplasia CIN 1
<input type="checkbox"/>	A59.01 Trichomonal vulvovaginitis (F)	<input type="checkbox"/>	N76.0 Acute vaginitis	<input type="checkbox"/>	N87.1 Moderate cervical dysplasia CIN 2
<input type="checkbox"/>	A59.03 Trichomonal cystitis & urethritis (M/F)	Labs		<input type="checkbox"/>	D06.9 Carcinoma in situ of cervix CIN 3
<input type="checkbox"/>	N34.2 Other urethritis (M)	<input type="checkbox"/>	83986 pH (females only)	Procedures	
<input type="checkbox"/>	Z20.2 Trichomoniasis exposed partner (M/F)	<input type="checkbox"/>	Q0111 Wet mount (provider performed)	See <i>Medi-Cal Part 2 for surgical and supplies modifiers</i>	
Labs		Drugs Quantity/NDC: _____		<input type="checkbox"/>	57452 Colposcopy
<input type="checkbox"/>	83986 pH (Females only)	<input type="checkbox"/>	_____ Metronidazole 250/500 mg tabs;	<input type="checkbox"/>	57454 Colpo with biopsy & ECC
<input type="checkbox"/>	Q0111 Wet mount (provider performed)	<input type="checkbox"/>	_____ Metronidazole 0.75% vaginal gel**	<input type="checkbox"/>	57455 Colpo with biopsy
<input type="checkbox"/>	87808 T. vaginalis immunoassay (Females only)	<input type="checkbox"/>	_____ Clindamycin 2% cream**	<input type="checkbox"/>	57456 Colpo with ECC
Drugs Quantity/NDC: _____		<i>For add'l info & alternative regimens, see PPBI ben grid.</i>		<input type="checkbox"/>	57460 LEEP
<input type="checkbox"/>	_____ Metronidazole 250/500 mg tabs**	Cervical Cytology normal / HPV positive		<input type="checkbox"/>	57511 Cryocautery of cervix
<i>For add'l info & alternative regimens, see PPBI ben grid.</i>		<input type="checkbox"/>	R87.810 Cervical high risk HPV positive	<input type="checkbox"/>	R87.618 Other abn findings of cervical smear
		<input type="checkbox"/>	R87.820 Cervical low risk HPV positive	Procedures	
				See <i>Medi-Cal Part 2 for surgical and supplies modifiers</i>	
				<input type="checkbox"/>	58100 Endometrial biopsy (ages ≥40)
				HPV Vaccination	
				<input type="checkbox"/>	90651 HPV vaccine (F/M ages 19 - 45)
				<input type="checkbox"/>	90471 Vaccine immunization administration
				<i>For add'l info & billing restrictions, see PPBI ben grid.</i>	

**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.