Family PACT Superbill

Client Name:_____ DOB: _____ Date of Service: _____

FAMILY PLANNING SERVICES*

Family Planning 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	Implant initial prescription
☐	Z30.46	Implant surveillance
☐	Z30.018	Barrier/spermicide (M/F) initial rx
☐	Z30.49	Barrier/spermicide (M/F) surveillance
☐	Z30.430	IUD insertion
☐	Z30.431	IUD surveillance
☐	Z30.432	IUD removal
☐	Z30.433	IUD 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 (for sterilization) (M/F) (bill with Z30.09)
☐	Z01.818	Preprocedure exam (for steriliz.) (F) (bill with Z30.09)
☐	Z98.51	Tubal ligation status
☐	Z98.52	Vasectomy status

See PPBI *ben fam for add'l info.*

STI Risk Factors & Related ICD-10-CM Codes

☐	Z11.3	Screen for STIs
☐	Z11.6	Screen for protozoal/helminthiases
☐	Z11.8	Screen for infectious/parasitic dis.
☐	Z20.2	Contact with/exposure to STI(s)
☐	Z22.4	Carrier of STI(s)
☐	Z72.51	High risk heterosexual behavior
☐	Z72.52	High risk homosexual behavior
☐	Z72.53	High risk bisexual behavior
☐	Z86.19	History of infectious/parasitic disease

See PPBI *ben fam* and *lab* for add'l info, including covered tests and restrictions.

STI Tests

See PPBI *ben fam, ben fam rel, ben grid, and lab* for covered lab tests and restrictions. Use Page 2.

New Client Evaluation & Management

☐	99202	MDM: straightforward, or Time: 15-29 min
☐	99203	MDM: low, or Time: 30-44 min
☐	99204	MDM: moderate, or Time: 45-59 min

Established Client Evaluation & Management

☐	99211	Not requiring presence, or under the supervision, of physician or QHP
☐	99212	MDM: straightforward, or Time: 10-19 min
☐	99213	MDM: low, or Time: 20-29 min
☐	99214	MDM: moderate, or Time: 30-39 min

Education & Counseling

☐	S9446	Group (FPACT orientation)○ ***or***
☐	S9445	Individual 10 mins (FPACT orient.)○
☐	99401U6	15 mins† counseling time
☐	99402U6	30 mins† counseling time
☐	99403U6	45 mins† counseling time

○ 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*.

HPV Vaccination

☐	90651	HPV vaccine (F/M ages 19 - 45)
☐	90471	Vaccine immunization administration

See PPBI *ben grid* for add'l info and billing restrictions.

Contraceptive Procedures

☐	11981	Implant insertion
☐	11976	Implant removal
☐	58300	IUD insertion
☐	58301	IUD removal
☐	55250	Vasectomy
☐	57170	Diaphragm fitting

See PPBI *ben fam/ben grid* for surgical/supplies modifiers and tubal ligation.
See Medi-Cal Modifiers: Approved List (*modif app*) for procedure modifiers.

Additional Procedures (no TAR required)

☐	Z30.431	IUD surveillance
	Indication: Missing IUD strings/malpositioned IUD	
☐	74018	X-Ray abodomen, one view
☐	76830	Ultrasound, transvaginal
☐	76857	Ultrasound, pelvic (non-Ob); limited
☐	Z30.46	Implant surveillance
	Indication: Impalpable subdermal implant	
☐	73060	X-ray exam, humerus, two views
☐	76882	Ultrasound, extremity; limited

Contraceptive Drugs/Supplies/Devices

Provider administered drugs & onsite dispensing must include NDC.

☐	A4261	Cervical cap
☐	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
☐	A4269 U5	Contraceptive vaginal gel (Phexxi)
☐	S5199	Lubricant
☐	J3490 U5	ECP - ulipristal acetate*
☐	J3490 U6	ECP - levonorgestrel*
☐	J3490 U8	DMPA injection IM
☐	J3490	DMPA injection SQ
☐	J7294	Vaginal Ring - SA/EE (Annovera)
☐	J7295	Vaginal Ring - ENG/EE
☐	J7296	IUD - LNG 19.5 mg (Kyleena)
☐	J7297	IUD - LNG 52 mg (Liletta)
☐	J7298	IUD - LNG 52 mg (Mirena)
☐	J7300	IUD - Copper (Paragard)
☐	J7301	IUD LNG 13.5 mg (Skyla)
☐	J7304 U1	Patch - N/EE (Xulane, Zafemy)
☐	J7304 U2	Patch - LNG/EE (Twirla)
☐	J7307	Implant - Etonogestrel (Nexplanon)
☐	S4993	Oral Contraceptives
☐	S5000**or S5001**	Estradiol (with code N92.1)

* One ECP pack per event, with a combined max of six packs in any 12 month period.
** See Page 2 for add'l use of S5000/S5001.

See PPBI *ben grid* and *drug* for contraceptive maximum quantity and earliest refill.

Point-of-Care Tests (POCTs) ®

☐	81025	Urine pregnancy test
☐	85018	Hgb (see PPBI for restrictions)
☐	86703	HIV-1 & HIV-2 single result
☐	87806	HIV-1 Ag w/HIV-1 & HIV-2 Ab

See Page 2 for add'l provider performed 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): _____ Supplies/Code(s): _____

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

Acknowledgement

I certify that I received the medications, devices, and/or supplies checked on this form and/or gave blood, urine, or other specimens (e.g., swab of vagina, cervix, pharynx, or rectum) for lab testing.

Date: _____ Print Client Name: _____ Client 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 PACT Superbill

FAMILY PLANNING - RELATED SERVICES*

Chlamydia (CT)

☐	A56.01	CT cystitis/urethritis (M/F)
☐	A56.09	CT lower GU, cervix (F)
☐	A56.3	CT anus and rectum (M/F)
☐	A56.4	CT pharynx (M/F)
☐	N34.2	Other urethritis (M)
☐	N45.3	Epididymo-orchitis (M)
☐	N72	Cervicitis (F)
☐	N89.8	*Indication:* Leukorrhea NOS (F)
☐	R30.0	Dysuria (M/F)
☐	R30.9	Painful micturition, unspec (M/F)
☐	Z20.2	CT-exposed partner (M/F)

Labs℗

☐ 87491 CT NAAT

Drugs* *NDC:*

☐ _____ Doxycline 100 mg tabs #14**

Gonorrhea (GC)

☐	A54.01	GC cystitis/urethritis, unspec (M/F)
☐	A54.03	GC cervicitis, unspec (F)
☐	A54.22	GC prostatitis (M)
☐	A54.5	GC pharyngitis (M/F)
☐	A54.6	GC infection anus/rectum (M/F)
☐	N34.2	Other urethritis (M)
☐	N45.3	Epididymo-orchitis (M)
☐	N72	Cervicitis (F)
☐	N89.8	*Indication:* Leukorrhea NOS (F)
☐	R30.0	Dysuria (M/F)
☐	R30.9	Painful micturition, unspec (M/F)
☐	Z20.2	GC-exposed partner (M/F)

Labs℗

☐ 87591 GC NAAT

Drugs* *NDC(s):*

☐ J0696 Ceftriaxone 500 mg/1 gm IM** ∞

☐ _____ Doxycycline 100 mg tabs #14**

Nongonococcal Urethritis (NGU)

☐ N34.1 Nonspecific urethritis

Labs℗

☐ See PPBI *Ben Grid*

Drugs* *NDC:*

☐ _____ Doxycycline 100 mg tabs #14**

Trichomoniasis (TV)

☐	A59.01	Trichomonal vulvovaginitis (F)
☐	A59.03	Trich. cystitis & urethritis (M/F)
☐	N76.0	Acute vaginitis (F)
☐	N34.2	Other urethritis (M)
☐	Z20.2	TV-exposed partner (M/F)

Labs℗

☐	83986	pH (females only)
☐	Q0111	Wet mount
☐	87808	TV immunoassay

Drugs* *NDC:*

☐ _____ Metronidazole 500 mg tabs #14**

☐ _____ Metronidazole 500 mg tabs #4**

Expedited Partner Therapy (EPT)

See PPBI *ben fam rel.*

Drugs* *NDC(s):*

Ptr Tx:

☐ CT: Doxy 100 mg tabs #14** ☐

☐ GC: Cefixime 400 mg tabs #2** ☐

☐ TV: Metro. 500 mg tabs #___** ☐

PID (F)

☐	N70.03	Acute salpingitis & oophoritis
☐	N70.93	Salpingitis & oophoritis, unspec
☐	N94.10	Unspecified dyspareunia
☐	N94.11	Superficial (introital) dyspareunia

Drugs* *NDC(s):*

☐ J0696 Ceftriaxone 500 mg/1 gm IM ∞

☐ _____ Doxycycline 100 mg #28**

☐ _____ Metronidazole 500 mg #28**

Urinary Tract Infections (UTI) (F)

☐	N30.00	Acute cystitis without hematuria
☐	N30.01	Acute cystitis with hematuria
☐	R10.30	Lower abdominal pain, unspec
☐	R30.0	Dysuria
☐	R30.9	Painful micturition, unspec
☐	R31.0	Gross hematuria
☐	R35.0	Frequency of micturition

Labs℗ *(symptomatic females only)*

☐	81000	Urinalysis, dipstick with micro
☐	81001	Urinalysis, auto with micro
☐	81002	Urinalysis dipstick without micro
☐	81003	Urinalysis, auto w/out micro
☐	81015	Urine microscopy

Drugs* *NDC:*

☐ _____ Nitrofurantoin 100 mg tabs #10**

☐ _____ TMP/SMX DS 800/160 mg #6**

Vaginal Candidiasis

☐	B37.31	Acute candidiasis vulva/vagina
☐	B37.32	Chronic candidiasis vulva/vagina

Labs℗

☐	83986	pH (females only)
☐	Q0111	Wet mount

Drugs* *NDC:*

☐ _____ Clotrimazole 1% cream**

☐ _____ Clotrimazole 2% cream**

☐ _____ Fluconazole 150 mg tab**

Bacterial Vaginosis (BV)

☐ N76.0 Acute vaginitis

Labs℗

☐	83986	pH (females only)
☐	Q0111	Wet mount

Drugs* *NDC:*

☐ _____ Metronidazole 500 mg tabs #14**

☐ _____ Metronidazole 0.75% vaginal gel**

☐ _____ Clindamycin 2% cream**

Cervical Cancer Screening & Abnormalities

See PPBI *ben fam rel* and *ben grid* for coverage, labs, procedures, etc.

Syphilis

☐	A51.0	Primary genital (M/F)
☐	A51.31	Condyloma latum (M/F)
☐	A51.39	Other secondary (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)

Labs℗

☐ 86780 Treponema pallidum Antibody (M/F)

Drugs* *NDC:*

☐ J0561 Benzathine PCN 2.4 mil units ∞

Herpes (HSV), Genital

☐	A60.01	Herpesviral infection of penis
☐	A60.04	Herpesviral vulvovaginitis
☐	N48.5	Ulcer of penis
☐	N76.6	Ulceration of vulva

Drugs* *NDC:*

☐ _____ Acyclovir 400 mg tabs** #____

☐ _____ Acyclovir 800 mg tabs** #____

Warts, Genital Only ◊

☐	A63.0	Anogenital warts (M/F)
☐	B07.9	Viral warts, unspec (M/F)
☐	B08.1	Molluscum contagiosum (M/F)
☐	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* *NDC:*

☐ _____ Imiquimod 5% cream**

☐ _____ Podofilox 0.5% solution/gel**

Mycoplasma Genitalium

☐	N34.1	Nonspecific Urethritis (M/F)
☐	N34.2	Other urethritis (M)
☐	N34.3	Urethral syndrome, unspec.
☐	N45.1	Epididymitis (M)
☐	N45.3	Epididymo-orchitis (M)
☐	N50.811	Right testicular pain (M)
☐	N50.812	Left testicular pain (M)
☐	N50.819	Testicular pain unspec. (M)
☐	N70.03	Acute salpingitis and oophoritis (F)
☐	N70.93	Salpingitis and oophoritis, unspec. (F)
☐	N72	Cervicitis (F)

Labs℗

☐ 87563 Mgen NAAT

Drugs* *NDC:*

☐ _____ Doxycycline 100 mg tabs #14**

☐ _____ Moxifloxacin 400 mg tabs #7**Δ

* For alternative treatment regimens and additional covered diagnosis and procedure codes, see PPBI *ben grid*.

℗ Select POCTs included on the Superbill. For all covered lab tests, see PPBI *ben grid* or *lab*. For CLIA-waived test billing, see Medi-Cal Part 2 *path bil*.

** Use S5000 for generic drugs. Use S5001 for brand name drugs. NDC required for physician-administered drugs and onsite dispensing. Onsite dispensing of Misc. Drugs (S5000/S5001) is restricted to hospital outpatient depts, 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.

Δ Pharmacy-dispensed only.

∞ Clinic-administered only.

◊ For surgical supplies and modifiers, see Medi-Cal Part 2, *Ben Grid*, and *Ben Fam Rel*.