

# Family Planning, Access, Care, and Treatment Program (Family PACT)

## Superbill

# What is the Superbill?

## » The Family PACT Superbill is:

- A tool that providers can use to support their clinical practice
- An optional resource

## » Providers may:

- Use the Superbill PDF as provided on the FFACT website, *or*
- Download and edit the Excel Superbill to meet their needs, *or*
- Not use the Superbill at all if they already have processes in place to meet program requirements

The Superbill is available on the Family PACT website in the Clinical Resources section:

[Clinical Resources | Family PACT](#)

### Forms

## Superbill

[Open PDF](#)

[Download Excel Spreadsheet](#)

# Client Signature Requirement

## » Welfare & Institutions Code Section [14043.341](#)

- Requires providers to “obtain and keep a record of clients’ signatures when dispensing a product or prescription or when obtaining a laboratory specimen.”
- Applies to any drug, device, supply, or lab test, for which Family PACT will be billed.
- See [Family PACT Provider Enrollment and Responsibilities](#) for details and exceptions.
- Note: if the prescription is sent to a pharmacy (vs. being dispensed at the health center), or a lab specimen is obtained at an outside lab, a signature is not required.

» Providers may use the Superbill to fulfill this signature requirement.

# Superbill Content & Organization

<b>Page 1: Family Planning Services</b>	<b>Page 2: Family Planning-Related Services</b>
<ul style="list-style-type: none"><li>• Contraceptives &amp; contraceptive procedures</li><li>• Evaluation &amp; Management and Education &amp; Counseling visit codes</li><li>• Point-of-care tests</li><li>• HPV vaccination</li><li>• Common diagnosis codes</li></ul>	<ul style="list-style-type: none"><li>• STIs, UTIs, vaginal infections</li><li>• First-line treatments</li><li>• Common infection diagnosis codes</li></ul>

- » The Superbill does *not* list all Family PACT benefits
  - Only select point-of-care tests are listed
  - Refer to the [Family PACT PPBI](#) for the comprehensive list of benefits and requirements

# Page 1: Family Planning Services

Enter client name, DOB, date of service

✓ Mark boxes for appropriate contraceptive and STI risk factor diagnosis code(s) (highlighted green)

Section for contraceptive complications

Date, client printed name and signature  
\*Would satisfy Family PACT/Medi-Cal signature requirement

Family PACT Superbill		
Client Name: _____		DOB: _____ Date of Service: _____
FAMILY PLANNING SERVICES*		
Family Planning ICD-10-CM Codes	New Client Evaluation & Management	Contraceptive Drugs/Supplies/Devices
<input type="checkbox"/> Z30.012 EC counseling and prescription	<input type="checkbox"/> 99202 MDM, straightforward, or Time: 15-29 min	<input type="checkbox"/> Provider administered drugs & onsite dispensing must include NDC.
<input type="checkbox"/> Z30.09 Contraceptive counseling & advice (without initiating method)	<input type="checkbox"/> 99203 MDM, low, or Time: 30-44 min	<input type="checkbox"/> A4261 Cervical cap
<input type="checkbox"/> Z30.011 OC initial prescription	<input type="checkbox"/> 99204 MDM, moderate, or Time: 45-59 min	<input type="checkbox"/> A4266 Diaphragm
<input type="checkbox"/> Z30.41 OC surveillance		<input type="checkbox"/> A4267 Male condoms
<input type="checkbox"/> Z30.013 Injectable initial prescription	<input type="checkbox"/> 99211 Not requiring presence, or under the supervision, of physician or QHP	<input type="checkbox"/> A4268 Internal condoms
<input type="checkbox"/> Z30.42 Injectable surveillance		<input type="checkbox"/> A4269 U1 Spermicidal gel/jelly/foam/cream
<input type="checkbox"/> Z30.015 Vaginal ring initial prescription	<input type="checkbox"/> 99212 MDM, straightforward, or Time: 10-19 min	<input type="checkbox"/> A4269 U2 Spermicidal suppository
<input type="checkbox"/> Z30.44 Vaginal ring surveillance	<input type="checkbox"/> 99213 MDM, low, or Time: 20-29 min	<input type="checkbox"/> A4269 U3 Spermicidal vaginal film
<input type="checkbox"/> Z30.016 Transdermal patch initial prescription	<input type="checkbox"/> 99214 MDM, moderate, or Time: 30-39 min	<input type="checkbox"/> A4269 U4 Spermicidal sponge
<input type="checkbox"/> Z30.45 Transdermal patch surveillance		<input type="checkbox"/> A4269 U5 Contraceptive vaginal gel (Phexoi)
<input type="checkbox"/> Z30.017 Implant initial prescription		<input type="checkbox"/> S5199 Lubricant
<input type="checkbox"/> Z30.46 Implant surveillance		<input type="checkbox"/> J3490 U5 ECP - ulipristal acetate*
<input type="checkbox"/> Z30.018 Barrier/spermicide (M/F) initial rx	<input type="checkbox"/> 99446 Group (FPACT orientation) < or >	<input type="checkbox"/> J3490 U6 ECP - levonorgestrel*
<input type="checkbox"/> Z30.49 Barrier/spermicide (M/F) surveillance	<input type="checkbox"/> 99401 UB Individual 10 mins (FPACT orient.) < or >	<input type="checkbox"/> J3490 U8 DMPA injection IM
<input type="checkbox"/> Z30.430 IUD insertion	<input type="checkbox"/> 99402 UB 15 mins, counseling time	<input type="checkbox"/> J3490 DMPA injection SQ
<input type="checkbox"/> Z30.431 IUD surveillance	<input type="checkbox"/> 99403 UB 30 mins, counseling time	<input type="checkbox"/> J7294 Vaginal Ring - SAE (Ammova)
<input type="checkbox"/> Z30.432 IUD removal	<input type="checkbox"/> 99403 UB 45 mins, counseling time	<input type="checkbox"/> J7295 Vaginal Ring - ENGEE
<input type="checkbox"/> Z30.433 IUD removal and reinserion	<input type="checkbox"/> One time only codes. See PPBI office.	<input type="checkbox"/> J7296 IUD - LNG 19.5 mg (Kyleena)
<input type="checkbox"/> Z30.02 Counsel NFP to avoid pregnancy	<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"/> J7297 IUD - LNG 52 mg (Liletta)
<input type="checkbox"/> Z31.61 Procreative counseling, NFP		<input type="checkbox"/> J7298 IUD - LNG 52 mg (Mirena)
<input type="checkbox"/> Z30.09 Counseling on sterilization (M/F)		<input type="checkbox"/> J7300 IUD - Copper (Paragard)
<input type="checkbox"/> Z30.2 Sterilization surgery (M/F)		<input type="checkbox"/> J7301 IUD LNG 13.5 mg (Skyla)
<input type="checkbox"/> Z01.812 Preprocedure tests (for sterilization) (M/F) (bill with Z30.09)		<input type="checkbox"/> J7304 U1 Patch - NEE (Xulane, Zafemy)
<input type="checkbox"/> Z01.818 Preprocedure exam (for steriliz.) (F)		<input type="checkbox"/> J7304 U2 Patch - LNG/EE (Twirla)
<input type="checkbox"/> Z98.51 Tubal ligation status		<input type="checkbox"/> J7307 Implant - Etonogestrel (Nexplanon)
<input type="checkbox"/> Z98.52 Vasectomy status		<input type="checkbox"/> S4993 Oral Contraceptives
See PPBI ben fam for addl info.		<input type="checkbox"/> S5000** or Estradiol (with code N92.1)
		<input type="checkbox"/> S5001**
<b>STI Risk Factors &amp; Related ICD-10-CM Codes</b>		* One ECP pack per event, with a combined max of six packs in any 12 month period. See Page 2 for addl use of S5000/S5001.
<input type="checkbox"/> Z11.3 Screen for STIs		** See Page 2 for addl provider performed tests.
<input type="checkbox"/> Z11.8 Screen for protozoal/felminthiasis		
<input type="checkbox"/> Z20.2 Contact with/exposure to STI(s)		<b>Point-of-Care Tests (POCTs) †</b>
<input type="checkbox"/> Z22.4 Carrier of STI(s)		<input type="checkbox"/> B1025 Urine pregnancy test
<input type="checkbox"/> Z72.51 High risk heterosexual behavior		<input type="checkbox"/> B5018 High (see PPBI for restrictions)
<input type="checkbox"/> Z72.52 High risk homosexual behavior		<input type="checkbox"/> B6703 HIV-1 & HIV-2 single result
<input type="checkbox"/> Z72.53 High risk bisexual behavior		<input type="checkbox"/> B7806 HIV-1 Ag w/HIV-1 & HIV-2 Ab
<input type="checkbox"/> Z86.19 History of infectious/parasitic disease		See Page 2 for addl provider performed tests.
See PPBI ben fam and bb for addl info, including covered tests and restrictions.		
<b>STI Tests</b>		<b>Blood Draw &amp; Handling</b>
See PPBI ben fam, ben fam rel, ben qid, and bb for covered lab tests and restrictions. Use Page 2.		<input type="checkbox"/> J9900 Blood specimen handling and/or conveyance to unaffiliated lab
	<input type="checkbox"/> Z30.46 Implant surveillance	
	<input type="checkbox"/> Indications: Ineligible: subQ not in plot	
	<input type="checkbox"/> 73060 X-ray exam, humerus, two views	
	<input type="checkbox"/> 76882 Ultrasound, extremity; limited	
<b>Complication Management (TAR Required)</b> 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): _____		
<b>Acknowledgement</b>		
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.		

✓ Mark boxes for appropriate billing codes for:

- Visits (E&M, E&C)
- Vaccine administration
- Contraceptive procedures
- Contraceptive drugs/devices/supplies
- Point-of-care tests

See footnotes

Date, clinician printed name and signature

# Page 2: Family Planning-Related Services

Related diagnosis codes are categorized under peach-colored headers

✓ Mark box for appropriate diagnosis code (highlighted green)

✓ Mark box next to drug(s) dispensed.  
✓ Write in NDC and drug codes as applicable.

Refer to legend for details

Family PACT Superbill		
FAMILY PLANNING - RELATED SERVICES*		
<b>Chlamydia (CT)</b> 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 <b>Indication: Leukorrhea NOS (F)</b> R30.0 Dysuria (M/F) R30.9 Painful micturition, unspc (M/F) Z20.2 CT-exposed partner (M/F)	<b>Expedited Partner Therapy (EPT)</b> See PPBI ben fm rcl. Drugs* NDC(s): # Per Tx: CT: Doxy 100 mg tabs #14** GC: Cefixime 400 mg tabs #2** TV: Metro. 500 mg tabs #___**	<b>Cervical Cancer Screening &amp; Abnormalities</b> See PPBI ben fm rcl and ben grid for coverage, labs, procedures, etc.
<b>Gonorrhea (GC)</b> A54.01 GC cystitis/urethritis, unspc (M/F) A54.03 GC cervicitis, unspc (F) A54.22 GC proctitis (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 <b>Indication: Leukorrhea NOS (F)</b> R30.0 Dysuria (M/F) R30.9 Painful micturition, unspc (M/F) Z20.2 GC-exposed partner (M/F)	<b>PID (F)</b> N70.03 Acute salpingitis & oophoritis N70.93 Salpingitis & oophoritis, unspc N84.10 Unspecified dyspareunia N84.11 Superficial (intra)l dyspareunia	<b>Syphilis</b> 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, unspc (M/F) N48.5 Ulcer of penis (M) N76.6 Ulceration of vulva, unspc (F) Z20.2 Syphilis-exposed partner (M/F)
<b>Urinary Tract Infections (UTI) (F)</b> N50.00 Acute cystitis without hematuria N50.01 Acute cystitis with hematuria R10.30 Lower abdominal pain, unspc R30.0 Dysuria R30.9 Painful micturition, unspc R31.0 Gross hematuria R35.0 Frequency of micturition	<b>Herpes (HSV), Genital</b> A60.01 Herpesviral infection of penis A60.04 Herpesviral vulvovaginitis N48.5 Ulcer of penis N76.6 Ulceration of vulva	<b>Warts, Genital Only</b> A63.0 Anogenital warts (M/F) B07.9 Viral warts, unspc (M/F) B08.1 Molluscum contagiosum (M/F)
<b>Nongonococcal Urethritis (NGU)</b> N34.1 Nonspecific urethritis	<b>Vaginal Candidiasis</b> B37.31 Acute candidiasis vulva/vagina B37.32 Chronic candidiasis vulva/vagina	<b>Mycoplasma Genitalium</b> N34.1 Nonspecific Urethritis (M/F) N34.2 Other urethritis (M) N34.3 Urethral syndrome, unspc. 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 unspc. (M) N70.03 Acute salpingitis and oophoritis (F) N70.93 Salpingitis and oophoritis, unspc. (F) N72 Cervicitis (F)
<b>Trichomoniasis (TV)</b> 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)	<b>Bacterial Vaginosis (BV)</b> N76.0 Acute vaginitis	<b>Lab Tests</b> 83986 pH (females only) Q0111 Wet mount 87808 TV immunassay Drugs* Metronidazole 500 mg tabs #14** Metronidazole 500 mg tabs #4**
<b>Lab Tests</b> 87591 GC NAAT Drugs* J0696 Ceftriaxone 500 mg/1 gm IM** = Doxycycline 100 mg tabs #14**	<b>Lab Tests</b> 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* Nitrofurantoin 100 mg tabs #10** TMP/SMX DS 800/160 mg #8*	<b>Lab Tests</b> 86780 Treponema pallidum Antibody (M/F) Drugs* J0561 Benzathine PCN 2.4 mil units =
<b>Lab Tests</b> 83986 pH (females only) Q0111 Wet mount 87808 TV immunassay Drugs* Metronidazole 500 mg tabs #14** Metronidazole 500 mg tabs #4**	<b>Lab Tests</b> 83986 pH (females only) Q0111 Wet mount Drugs* Metronidazole 500 mg tabs #14** Metronidazole 0.75% vaginal gel** Clindamycin 2% cream**	<b>Lab Tests</b> 87583 Mgen NAAT Drugs* Doxycycline 100 mg tabs #14** Maxifloxacin 400 mg tabs #7**

A section for Expedited Partner Therapy for Chlamydia, Gonorrhea, and Trichomoniasis  
 ✓ Mark box next to dispensed medication.  
 ✓ Write in NDC(s) and # tx dispensed.

For cervical cancer screening and treatment of cervical abnormalities, see PPBI for covered benefits and required dx codes.

✓ Mark box next to lab ordered.  
 Note the lab tests listed on the Superbill are only CPT codes that have an associated CLIA-waived/point-of-care test. See the PPBI, for lab tests sent out to external laboratories.

\* 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 bill.  
 \*\* Use S500 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.  
 ‡ Pharmacy-dispensed only.  
 ‡ Clinic-administered only.  
 § For surgical supplies and modifiers, see Medi-Cal Part 2, Ben Grid, and Ben Fm Rcl.