

Family PACT Superbill

FAMILY PLANNING - RELATED SERVICES*

Chlamydia (CT)	Expedited Partner Therapy (EPT)	Cervical Cancer Screening & Abnormalities
<input type="checkbox"/> A56.01 CT cystitis/urethritis (M/F) <input type="checkbox"/> A56.09 CT lower GU, cervix (F) <input type="checkbox"/> A56.3 CT anus and rectum (M/F) <input type="checkbox"/> A56.4 CT pharynx (M/F) <input type="checkbox"/> N34.2 Other urethritis (M) <input type="checkbox"/> N45.3 Epididymo-orchitis (M) <input type="checkbox"/> N72 Cervicitis (F) <input type="checkbox"/> N89.8 <i>Indication: Leukorrhea NOS</i> (F) <input type="checkbox"/> R30.0 Dysuria (M/F) <input type="checkbox"/> R30.9 Painful micturition, unspec (M/F) <input type="checkbox"/> Z20.2 CT-exposed partner (M/F)	See PPBI <i>ben fam rel.</i> Drugs* NDC(s): _____ # Ptr Tx: _____ <input type="checkbox"/> CT: Doxy 100 mg tabs #14** <input type="checkbox"/> GC: Cefixime 400 mg tabs #2** <input type="checkbox"/> TV: Metro. 500 mg tabs # ___**	See PPBI <i>ben fam rel</i> and <i>ben grid</i> for coverage, labs, procedures, etc.
Labs@ <input type="checkbox"/> 87491 CT NAAT Drugs* NDC: _____ <input type="checkbox"/> _____ Doxycycline 100 mg tabs #14**	PID (F) <input type="checkbox"/> N70.03 Acute salpingitis & oophoritis <input type="checkbox"/> N70.93 Salpingitis & oophoritis, unspec <input type="checkbox"/> N94.10 Unspecified dyspareunia <input type="checkbox"/> N94.11 Superficial (introital) dyspareunia Drugs* NDC(s): _____ <input type="checkbox"/> J0696 Ceftriaxone 500 mg/1 gm IM ∞ <input type="checkbox"/> _____ Doxycycline 100 mg #28** <input type="checkbox"/> _____ Metronidazole 500 mg #28**	Syphilis <input type="checkbox"/> A51.0 Primary genital (M/F) <input type="checkbox"/> A51.31 Condyloma latum (M/F) <input type="checkbox"/> A51.39 Other secondary (M/F) <input type="checkbox"/> A51.5 Early syphilis, latent (M/F) <input type="checkbox"/> A52.8 Late syphilis, latent (M/F) <input type="checkbox"/> A53.0 Latent syphilis, unspec (M/F) <input type="checkbox"/> N48.5 Ulcer of penis (M) <input type="checkbox"/> N76.6 Ulceration of vulva, unspec (F) <input type="checkbox"/> Z20.2 Syphilis-exposed partner (M/F)
Gonorrhea (GC) <input type="checkbox"/> A54.01 GC cystitis/urethritis, unspec (M/F) <input type="checkbox"/> A54.03 GC cervicitis, unspec (F) <input type="checkbox"/> A54.22 GC prostatitis (M) <input type="checkbox"/> A54.5 GC pharyngitis (M/F) <input type="checkbox"/> A54.6 GC infection anus/rectum (M/F) <input type="checkbox"/> N34.2 Other urethritis (M) <input type="checkbox"/> N45.3 Epididymo-orchitis (M) <input type="checkbox"/> N72 Cervicitis (F) <input type="checkbox"/> N89.8 <i>Indication: Leukorrhea NOS</i> (F) <input type="checkbox"/> R30.0 Dysuria (M/F) <input type="checkbox"/> R30.9 Painful micturition, unspec (M/F) <input type="checkbox"/> Z20.2 GC-exposed partner (M/F)	Urinary Tract Infections (UTI) (F) <input type="checkbox"/> N30.00 Acute cystitis without hematuria <input type="checkbox"/> N30.01 Acute cystitis with hematuria <input type="checkbox"/> R10.30 Lower abdominal pain, unspec <input type="checkbox"/> R30.0 Dysuria <input type="checkbox"/> R30.9 Painful micturition, unspec <input type="checkbox"/> R31.0 Gross hematuria <input type="checkbox"/> R35.0 Frequency of micturition Labs@ (<i>symptomatic females only</i>) <input type="checkbox"/> 81000 Urinalysis, dipstick with micro <input type="checkbox"/> 81001 Urinalysis, auto with micro <input type="checkbox"/> 81002 Urinalysis dipstick without micro <input type="checkbox"/> 81003 Urinalysis, auto w/out micro <input type="checkbox"/> 81015 Urine microscopy Drugs* NDC: _____ <input type="checkbox"/> _____ Nitrofurantoin 100 mg tabs #10** <input type="checkbox"/> _____ TMP/SMX DS 800/160 mg #6**	Herpes (HSV), Genital <input type="checkbox"/> A60.01 Herpesviral infection of penis <input type="checkbox"/> A60.04 Herpesviral vulvovaginitis <input type="checkbox"/> N48.5 Ulcer of penis <input type="checkbox"/> N76.6 Ulceration of vulva Drugs* NDC: _____ <input type="checkbox"/> _____ Acyclovir 400 mg tabs** # _____ <input type="checkbox"/> _____ Acyclovir 800 mg tabs** # _____
Labs@ <input type="checkbox"/> 87591 GC NAAT Drugs* NDC(s): _____ <input type="checkbox"/> J0696 Ceftriaxone 500 mg/1 gm IM** ∞ <input type="checkbox"/> _____ Doxycycline 100 mg tabs #14**	Warts, Genital Only † <input type="checkbox"/> A63.0 Anogenital warts (M/F) <input type="checkbox"/> B07.9 Viral warts, unspec (M/F) <input type="checkbox"/> B08.1 Molluscum contagiosum (M/F) <input type="checkbox"/> 54050 Chem destr, penile lesion <input type="checkbox"/> 54056 Cryo destr, penile lesion <input type="checkbox"/> 54100 Biopsy, penis <input type="checkbox"/> 56501 Destruction vulvar lesion <input type="checkbox"/> 57061 Destruction vaginal lesion <input type="checkbox"/> 56605 Biopsy, vulva	Drugs* NDC: _____ <input type="checkbox"/> _____ Imiquimod 5% cream** <input type="checkbox"/> _____ Podofilox 0.5% solution/gel**
Nongonococcal Urethritis (NGU) <input type="checkbox"/> N34.1 Nonspecific urethritis Labs@ <input type="checkbox"/> See PPBI <i>Ben Grid</i> Drugs* NDC: _____ <input type="checkbox"/> _____ Doxycycline 100 mg tabs #14**	Vaginal Candidiasis <input type="checkbox"/> B37.31 Acute candidiasis vulva/vagina <input type="checkbox"/> B37.32 Chronic candidiasis vulva/vagina Labs@ <input type="checkbox"/> 83986 pH (females only) <input type="checkbox"/> Q0111 Wet mount Drugs* NDC: _____ <input type="checkbox"/> _____ Clotrimazole 1% cream** <input type="checkbox"/> _____ Clotrimazole 2% cream** <input type="checkbox"/> _____ Fluconazole 150 mg tab**	Mycoplasma Genitalium <input type="checkbox"/> N34.1 Nonspecific Urethritis (M/F) <input type="checkbox"/> N34.2 Other urethritis (M) <input type="checkbox"/> N34.3 Urethral syndrome, unspec. <input type="checkbox"/> N45.1 Epididymitis (M) <input type="checkbox"/> N45.3 Epididymo-orchitis (M) <input type="checkbox"/> N50.811 Right testicular pain (M) <input type="checkbox"/> N50.812 Left testicular pain (M) <input type="checkbox"/> N50.819 Testicular pain unspec. (M) <input type="checkbox"/> N70.03 Acute salpingitis and oophoritis (F) <input type="checkbox"/> N70.93 Salpingitis and oophoritis, unspec. (F) <input type="checkbox"/> N72 Cervicitis (F)
Trichomoniasis (TV) <input type="checkbox"/> A59.01 Trichomonal vulvovaginitis (F) <input type="checkbox"/> A59.03 Trich. cystitis & urethritis (M/F) <input type="checkbox"/> N76.0 Acute vaginitis (F) <input type="checkbox"/> N34.2 Other urethritis (M) <input type="checkbox"/> Z20.2 TV-exposed partner (M/F)	Bacterial Vaginosis (BV) <input type="checkbox"/> N76.0 Acute vaginitis Labs@ <input type="checkbox"/> 83986 pH (females only) <input type="checkbox"/> Q0111 Wet mount Drugs* NDC: _____ <input type="checkbox"/> _____ Metronidazole 500 mg tabs #14** <input type="checkbox"/> _____ Metronidazole 0.75% vaginal gel** <input type="checkbox"/> _____ Clindamycin 2% cream**	Labs@ <input type="checkbox"/> 87563 Mgen NAAT Drugs* NDC: _____ <input type="checkbox"/> _____ Doxycycline 100 mg tabs #14** <input type="checkbox"/> _____ 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*.