

Family PACT Sample

Client Name: _____ DOB: _____ Service Date: _____

Telephone: _____ Alt.Contact: _____ M.R. # _____

HAP #: _____ Exp. Date: _____ Return: _____

FAMILY PLANNING SERVICES

Family Planning Diagnosis Codes		STI Risk Factor ICD-10 Codes:	
ICD-10-CM Codes		GC/CT Screening	
<input type="checkbox"/>	Z30.012 EC counseling and prescription	Codes are required by Laboratory Providers	
<input type="checkbox"/>	Z30.09 Contraceptive counseling & advice (without initiating method)		
<input type="checkbox"/>	Z30.011 OC initial prescription	<input type="checkbox"/>	Z20.2 Contact with/exposure to STI(s)
<input type="checkbox"/>	Z30.41 OC surveillance	<input type="checkbox"/>	Z22.4 Carrier of STI (s)
<input type="checkbox"/>	Z30.013 Injectable initial prescription	<input type="checkbox"/>	Z72.51 High risk heterosexual behavior
<input type="checkbox"/>	Z30.42 Injectable surveillance	<input type="checkbox"/>	Z72.52 High risk homosexual behavior
<input type="checkbox"/>	Z30.015 Vaginal ring initial prescription	<input type="checkbox"/>	Z72.53 High risk bisexual behavior
<input type="checkbox"/>	Z30.44 Vaginal ring surveillance	<input type="checkbox"/>	Z86.19 Retest 3 month post treatment
<input type="checkbox"/>	Z30.016 Transdermal patch initial prescription	<input type="checkbox"/>	Z11.3 High prevalence locality (GC >1%)
<input type="checkbox"/>	Z30.45 Transdermal patch surveillance	<input type="checkbox"/>	Z11.8 High prevalence locality (CT >3%)
<input type="checkbox"/>	Z30.017 Subdermal implant initial prescription	Office Procedures See Medi-Cal Part 2 for surgical & supplies modifiers	
<input type="checkbox"/>	Z30.46 Subdermal implant surveillance		
<input type="checkbox"/>	Z30.018 Barrier/spermicide (M/F) initial prescription	<input type="checkbox"/>	11981 Implant insertion
<input type="checkbox"/>	Z30.49 Barrier/spermicide (M/F) surveillance	<input type="checkbox"/>	11976 Implant removal
<input type="checkbox"/>	Z30.430 IUC insertion	<input type="checkbox"/>	58300 Insert IUC
<input type="checkbox"/>	Z30.431 IUC surveillance	<input type="checkbox"/>	58301 Remove IUC
<input type="checkbox"/>	Z30.432 IUC removal	<input type="checkbox"/>	55250 Vasectomy
<input type="checkbox"/>	Z30.433 IUC removal and reinsertion	<input type="checkbox"/>	57170 Diaphragm fitting
<input type="checkbox"/>	Z30.02 Counsel NFP to avoid pregnancy	<input type="checkbox"/>	58565 Hysteroscopic sterilization (Essure)
<input type="checkbox"/>	Z31.61 Procreative counseling, NFP	Diagnostic STI Services See PPBI ben fam rel for covered lab tests, services and restrictions. Use back of Superbill.	
<input type="checkbox"/>	Z30.09 Counseling on sterilization (M/F)		
<input type="checkbox"/>	Z30.2 Sterilization surgery (M/F)		
<input type="checkbox"/>	Z01.812 Preprocedure labs (M/F) (bill with Z30.09)		
<input type="checkbox"/>	Z01.818 Preprocedure exam (F) (bill with Z30.09)		
<input type="checkbox"/>	Z98.51 Tubal ligation status		
<input type="checkbox"/>	Z98.52 Vasectomy status		

Office Visit	Additional Procedures (no TAR required)
New Client E&M <input type="checkbox"/> 99201 Problem Focused or 10 mins† (M/F) <input type="checkbox"/> 99202 Expanded Problem Focused or 20 mins† (M/F) <input type="checkbox"/> 99203 Detailed or 30 mins† (M/F) <input type="checkbox"/> 99204 Comprehensive or 45 mins† (F) Complications Only (M)	<input type="checkbox"/> Z30.431 IUC surveillance Indication: missing IUC strings/ malpositioned IUC <input type="checkbox"/> 74000 X-ray exam abdomen; single AP <input type="checkbox"/> 76830 Ultrasound, transvaginal <input type="checkbox"/> 76857 Ultrasound, pelvic (non-Ob); limited <input type="checkbox"/> Z30.46 Subdermal implant surveillance Indication: Impalpable subdermal implant
Established Client E&M <input type="checkbox"/> 99211 Minimal or 5 mins† (M/F) <input type="checkbox"/> 99212 Problem Focused or 10 mins† (M/F) <input type="checkbox"/> 99213 Expanded Problem Focused or 15 mins† (M/F) <input type="checkbox"/> 99214 Comprehensive or 25 mins† (F) Complications Only (M)	<input type="checkbox"/> 73060 X-ray exam, humerus, two views <input type="checkbox"/> 76882 Ultrasound, extremity; limited Labs with CLIA Certification <input type="checkbox"/> 81025 Urine pregnancy test <input type="checkbox"/> 85013 HCT, spun (see PPBI for restrictions) <input type="checkbox"/> 85014 Hematocrit (see PPBI for restrictions) <input type="checkbox"/> 85018 Hemoglobin (see PPBI for restrictions) <input type="checkbox"/> 85025 CBC (see PPBI for restrictions) <input type="checkbox"/> 86701 HIV-1 <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.
Additional Codes <input type="checkbox"/> 99451 E-Consults <input type="checkbox"/> Q3014 Originating Site Facility Fee <input type="checkbox"/> T1014 Transmission Fee	
Education & Counseling <input type="checkbox"/> S9446 Group (M/F)♦ <u>or</u> <input type="checkbox"/> S9445 Individual 10 mins (M/F)♦ <input type="checkbox"/> 99401 U6 15 mins ^{††} counseling time (M/F) <input type="checkbox"/> 99402 U6 30 mins ^{††} counseling time (M/F) <input type="checkbox"/> 99403 U6 45 mins ^{††} counseling time (M/F) ♦ One time only codes. See PPBI office. † Time interval if more than 50% was spent on counseling. See PPBI office. †† No more than one per day and two visits, in any combination, in rolling 30 days. See PPBI office.	 Blood Draw & Handling <input type="checkbox"/> 99000 Blood specimen handling and/or conveyance to unaffiliated lab Contraceptive-related Laboratory Tests See PPBI ben fam and lab for covered tests and restrictions.

Drugs/Contraceptive Supplies/Devices

Provider administered drugs & onsite dispensing must include NDC.

- A4261 Cervical cap
- A4264 Intratubal microinsert (Essure)
(modifier -50 or -52)
- 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
- S5199 Lubricant
- J3490 U5 EC - ulipristal acetate*
- J3490 U6 EC - levonorgestrel*
- J3490 U8 DMPA injection
- J7296 LNG IUS 19.5 mg (kyleena)
- J7297 LNG IUS 52 mg (liletta)
- J7298 LNG IUS 52 mg (mirena)
- J7300 Copper IUD

Drugs/Contraceptive Supplies/Devices (cont)

- J7301 LNG IUS 13.5 mg (skyla)
- J7303 Ring
- J7304 Patch
- J7307 Etonogestrel Implant
- S4993 OCs
- S5000** or Estradiol
(with code N92.1)
- S5001**

* One (1) pack per dispensing, with a combined (ulipristal acetate and levonorgestrel) maximum of six (6) packs in any 12-month period.

** See reverse for additional use of S5000/S5001.
See PPBI ben grid and drug for contraceptive maximum quantity and earliest refill.

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): _____

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

Supplies/Code(s): _____

Acknowledgement

By signing below, I acknowledge that I have received the services noted on this form including products/prescriptions, drugs/devices given onsite or by written order, and/or that I have given a specimen for the performance of a laboratory test or examination.

Date: _____ Print Name: _____

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 Sample

FAMILY PLANNING - RELATED SERVICES

Chlamydia		Gonorrhea	
<input type="checkbox"/>	A56.01 CT cystitis/urethritis (M/F)	<input type="checkbox"/>	A54.01 GC cystitis/urethritis, unspec (M/F)
<input type="checkbox"/>	A56.09 CT lower GU, cervix (F)	<input type="checkbox"/>	A54.03 GC cervicitis, unspec (F)
<input type="checkbox"/>	A56.3 CT anus and rectum (M/F)	<input type="checkbox"/>	A54.22 GC prostatitis (M)
<input type="checkbox"/>	A56.4 CT pharynx (M/F)	<input type="checkbox"/>	A54.5 GC pharyngitis (M/F)
<input type="checkbox"/>	N34.2 Other urethritis (M)	<input type="checkbox"/>	A54.6 GC infection anus/rectum (M/F)
<input type="checkbox"/>	N45.3 Epididymo-orchitis (M)	<input type="checkbox"/>	N34.2 Other urethritis (M)
<input type="checkbox"/>	N72 Cervicitis (F)	<input type="checkbox"/>	N45.3 Epididymo-orchitis (M)
<input type="checkbox"/>	N89.8 Indication: Leukorrhea NOS (F)	<input type="checkbox"/>	N72 Cervicitis (F)
<input type="checkbox"/>	N94.10 Unspecified dyspareunia (F)	<input type="checkbox"/>	N89.8 Indication: Leukorrhea NOS (F)
<input type="checkbox"/>	N94.11 Superficial (introital) dyspareunia (F)	<input type="checkbox"/>	N94.10 Unspecified dyspareunia (F)
<input type="checkbox"/>	N94.12 Deep dyspareunia (F)	<input type="checkbox"/>	N94.11 Superficial (introital) dyspareunia (F)
<input type="checkbox"/>	N94.19 Other specified dyspareunia (F)	<input type="checkbox"/>	N94.12 Deep dyspareunia (F)
<input type="checkbox"/>	N94.89 Oth cond assoc with female genital organs & menstrual cycle	<input type="checkbox"/>	N94.19 Other specified dyspareunia (F)
<input type="checkbox"/>	R30.0 Dysuria (M/F)	<input type="checkbox"/>	N94.89 Oth cond assoc with female genital organs & menstrual cycle
<input type="checkbox"/>	R30.9 Painful micturition, unspec (M/F)	<input type="checkbox"/>	R30.0 Dysuria (M/F)
<input type="checkbox"/>	Z20.2 CT exposed partner (M/F)	<input type="checkbox"/>	R30.9 Painful micturition, unspec (M/F)
<input type="checkbox"/>		<input type="checkbox"/>	Z20.2 GC exposed partner (M/F)
Labs		Labs	
<input type="checkbox"/>	87205 Gram stain (symptomatic males only)	<input type="checkbox"/>	87205 Gram stain (symptomatic males only)
Drugs Quantity/NDC: _____		Drugs Quantity/NDC: _____	
<input type="checkbox"/>	Q0144 Azithromycin 500 mg tabs/1 gm pkt	<input type="checkbox"/>	Cefixime 400 mg tabs/caps**
<input type="checkbox"/>	Doxycycline 100 mg tabs**	<input type="checkbox"/>	J0696 Ceftriaxone 250 mg IM
For alternative regimens, see PPBI ben grid.		<input type="checkbox"/>	Q0144 Azithromycin 500 mg tabs/1 gm pkt
		<input type="checkbox"/>	Doxycycline 100 mg tabs**
		For alternative regimens, see PPBI ben grid.	
Warts, Genital Only		Syphilis	
<input type="checkbox"/>	A63.0 Anogenital warts (M/F)	<input type="checkbox"/>	A51.0 Primary (M/F)
<input type="checkbox"/>	B07.9 Viral warts, unspec (M/F)	<input type="checkbox"/>	A51.31 Condyloma latum (M/F)
<input type="checkbox"/>	B08.1 Molluscum contagiosum (M/F)	<input type="checkbox"/>	A51.39 Other secondary syphilis of skin (M/F)
Procedures See Medi-Cal Part 2 for surgical and supplies modifiers.		<input type="checkbox"/>	A51.5 Early syphilis, latent (M/F)
<input type="checkbox"/>	54050 Chem destr, penile lesion	<input type="checkbox"/>	A52.8 Late syphilis, latent (M/F)
<input type="checkbox"/>	54056 Cryo destr, penile lesion	<input type="checkbox"/>	A53.0 Latent syphilis, unspec (M/F)
<input type="checkbox"/>	54100 Biopsy, penis	<input type="checkbox"/>	N48.5 Ulcer of penis (M)
<input type="checkbox"/>	56501 Destruction vulvar lesion	<input type="checkbox"/>	N76.6 Ulceration of vulva, unspec (F)
<input type="checkbox"/>	57061 Destruction vaginal lesion	<input type="checkbox"/>	Z20.2 Syphilis exposed partner (M/F)
<input type="checkbox"/>	56605 Biopsy, vulva	Drugs Quantity/NDC: _____	
Drugs Quantity/NDC: _____		<input type="checkbox"/>	J0561 Benzathine PCN 100,000 units/cc
<input type="checkbox"/>	Imiquimod 5% cream**	For alternative regimens, see PPBI ben grid.	
<input type="checkbox"/>	Podofilox 0.5% solution/gel**		

Herpes, Genital		Urinary Tract Infections (Females Only)	
<input type="checkbox"/>	A60.01 Herpesviral infection of penis	<input type="checkbox"/>	N30.00 Acute cystitis without hematuria
<input type="checkbox"/>	A60.04 Herpesviral vulvovaginitis	<input type="checkbox"/>	N30.01 Acute cystitis with hematuria
<input type="checkbox"/>	N48.5 Ulcer of penis	<input type="checkbox"/>	R10.30 Lower abdominal pain, unspec
<input type="checkbox"/>	N76.6 Ulceration of vulva	<input type="checkbox"/>	R30.0 Dysuria
Drugs Quantity/NDC: _____		<input type="checkbox"/>	R30.9 Painful micturition, unspec
<input type="checkbox"/>	Acyclovir 200/400/800 mg**	<input type="checkbox"/>	R31.0 Gross hematuria
		<input type="checkbox"/>	R35.0 Frequency of micturition
Trichomoniasis		Labs <i>(symptomatic females only)</i>	
<input type="checkbox"/>	A59.01 Trichomonal vulvovaginitis (F)	<input type="checkbox"/>	81000 Urinalysis, dipstick with micro
<input type="checkbox"/>	A59.03 Trichomonal cystitis & urethritis (M/F)	<input type="checkbox"/>	81002 Urinalysis dipstick without micro
<input type="checkbox"/>	N34.2 Other urethritis (M)	<input type="checkbox"/>	81015 Urine microscopy
<input type="checkbox"/>	Z20.2 Trichomoniasis exposed partner (M/F)	Drugs Quantity/NDC: _____	
Labs		<input type="checkbox"/>	Cephalexin 250/500 mg tabs**
<input type="checkbox"/>	83986 pH (Females only)	<input type="checkbox"/>	Ciprofloxacin 250 mg tabs**
<input type="checkbox"/>	Q0111 Wet mount (provider performed)	<input type="checkbox"/>	TMP/SMX 80/400 mg tabs**
<input type="checkbox"/>	87808 T. vaginalis immunoassay (Females only)	<input type="checkbox"/>	TMP/SMX DS 160/800 mg tabs**
Drugs Quantity/NDC: _____		Cervical Cytology normal / HPV positive	
<input type="checkbox"/>	Metronidazole 500 mg tabs**	<input type="checkbox"/>	R87.810 Cervical high risk HPV positive
For alternative regimens, see PPBI ben grid.		<input type="checkbox"/>	R87.820 Cervical low risk HPV positive
Vulvovaginitis		PID (Females)	
<input type="checkbox"/>	B37.3 Candidiasis vulva/vagina	<input type="checkbox"/>	N70.03 Acute salpingitis & oophoritis
<input type="checkbox"/>	N76.0 Acute vaginitis	<input type="checkbox"/>	N70.93 Salpingitis & oophoritis, unspec
Labs		<input type="checkbox"/>	N94.10 Unspecified dyspareunia (F)
<input type="checkbox"/>	83986 pH (females only)	<input type="checkbox"/>	N94.11 Superficial (introital) dyspareunia (F)
<input type="checkbox"/>	Q0111 Wet mount (provider performed)	<input type="checkbox"/>	N94.12 Deep dyspareunia (F)
Drugs Quantity/NDC: _____		<input type="checkbox"/>	N94.19 Other specified dyspareunia (F)
Vaginal candidiasis:		<input type="checkbox"/>	N94.89 Oth cond assoc with female genital organs & menstrual cycle
<input type="checkbox"/>	Clotrimazole 1%/2% cream**	Drugs Quantity/NDC: _____	
<input type="checkbox"/>	Fluconazole 150 mg tab**	<input type="checkbox"/>	J0694 Cefoxitin 1 gm IM
<input type="checkbox"/>	Miconazole 2%/4% cream; 100/200mg vaginal suppository**	<input type="checkbox"/>	J0696 Ceftriaxone 250 mg IM
Drugs Quantity/NDC: _____		<input type="checkbox"/>	Doxycycline 100 mg tabs**
Bacterial vaginosis:		<input type="checkbox"/>	Probenecid 500 mg tabs**
<input type="checkbox"/>	Metronidazole 250/500 mg tabs; 0.75% vaginal gel**	<input type="checkbox"/>	Metronidazole 250/500 mg tabs**
<input type="checkbox"/>	Clindamycin 2% cream**	For alternative regimens, see PPBI ben grid.	
For alternative regimens, see PPBI ben grid.			

Cervical Abnormalities		Cervical Abnormalities (con't)	
<input type="checkbox"/>	N88.0 Leukoplakia, cervix	<input type="checkbox"/>	N87.0 Mild cervical dysplasia CIN 1
<input type="checkbox"/>	R87.610 ASC-US cervical smear	<input type="checkbox"/>	N87.1 Moderate cervical dysplasia CIN 2
<input type="checkbox"/>	R87.611 ASC-H cervical smear	<input type="checkbox"/>	D06.9 Carcinoma in situ of cervix CIN 3
<input type="checkbox"/>	R87.612 LGSIL cervical smear	Procedures	
<input type="checkbox"/>	R87.613 HGSIL cervical smear	See Medi-Cal Part 2 for surgical and supplies modifiers.	
<input type="checkbox"/>	R87.810 Cervical high risk HPV DNA positive	<input type="checkbox"/>	57452 Colposcopy
<input type="checkbox"/>	Z87.410 Personal history of cervical dysplasia	<input type="checkbox"/>	57454 Colpo with biopsy & ECC
Procedures		<input type="checkbox"/>	57455 Colpo with biopsy
See Medi-Cal Part 2 for surgical and supplies modifiers.		<input type="checkbox"/>	57456 Colpo with ECC
<input type="checkbox"/>	57452 Colposcopy	<input type="checkbox"/>	57460 LEEP
<input type="checkbox"/>	57454 Colpo with biopsy & ECC	<input type="checkbox"/>	57511 Cryocautery of cervix
<input type="checkbox"/>	57455 Colpo with biopsy	<input type="checkbox"/>	R87.618 Other abn findings of cervical smear
<input type="checkbox"/>	57456 Colpo with ECC	Procedures	
<input type="checkbox"/>	R87.619 Unspec abn findings of cervical smear	See Medi-Cal Part 2 for surgical and supplies modifiers.	
Procedures		<input type="checkbox"/>	58100 Endometrial biopsy (ages ≥40)
See Medi-Cal Part 2 for surgical and supplies modifiers.			
<input type="checkbox"/>	57452 Colposcopy		
<input type="checkbox"/>	57454 Colpo with biopsy & ECC		
<input type="checkbox"/>	57455 Colpo with biopsy		
<input type="checkbox"/>	57456 Colpo with ECC		
<input type="checkbox"/>	58110 Endometrial biopsy + Colpo		
<p>** 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.</p>			