**FAMILY SUPERBILL**

**WHEN CUSTOMIZING, INCLUDE ONLY LABS, DRUGS, & PROCEDURES PROVIDED ONSITE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name: | | DOB: | | Service Date: |
|  |  |  |  |  |
| Telephone: |  | Alt. Contact: | | M.R. # |
| HAP #: |  | Exp. Date: |  | Return: |

**FAMILY PLANNING SERVICES**

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

S9446

S9445

99401 U6

99402 U6

99403 U6

**FAMILY PLANNING SERVICES**

**Office Visit**

**New Client Education & Management**

99201 Problem Focused or 10 mins† (M/F)

99202 Expanded Problem Focused or

20 mins† (M/F)

99203 Detailed or 30 mins† (M/F)

99204 Comprehensive or 45 mins† (F)

Complications Only (M)

**Established Client Education & Management**

99211 Minimal or 5 mins† (M/F)

99212 Problem Focused or 10 mins† (M/F)

99213 Expanded Problem Focused or

15 mins† (M/F)

 99214 Comprehensive or 25 mins† (F) Complications Only (M)

**Education & Counseling**

Group (M/F)**** **or**

Individual 10 mins (M/F)****

15 mins**††** counseling time (M/F)

30 mins**††** counseling time (M/F)

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.

**Office Procedures**

See Medi-Cal Part 2 for surgical & supplies

|  |  |  |
| --- | --- | --- |
| modifiers | |  |
|  | 11981 | Implant insertion |
|  | 11976 | Implant removal |
|  | 58300 | Insert IUC |
|  | 58301 | Remove IUC |
|  | 55250 | Vasectomy |
|  | 57170 | Diaphragm fitting |
|  | 58565 | Hysteroscopic sterilization |
|  |  | (Essure) |

**Additional Procedures (no TAR required)**

Z30.431 IUC surveillance

Indication: missing IUC strings/malpositioned IUC

74000 X-ray exam abdomen; single AP

76830 Ultrasound, transvaginal

76857 Ultrasound, pelvic (non-Ob); limited strings/malpositioned IUC

Z30.8 Subdermal implant surveillance Indication: Impalpable subdermal implant

73060 X-ray exam, humerus, two views

76882 Ultrasound, extremity; limited

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**FAMILY PLANNING SERVICES**

**Drugs/Contraceptive Supplies/Devices**

Provider administered drugs & onsite dispensing must include NDC.

|  |  |  |
| --- | --- | --- |
|  | A4264 | Intratubal microinsert (Essure) |
|  |  | (modifier -50 or -52) |
|  | A4267 | Male condoms |
|  | A4268 | Female condoms |
|  | A4269 U1 | Spermicide 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 |
|  | J7297 | Levonorgestrel IUD 52mg, 3 yrs |
|  | J7298 | Levonorgestrel IUD 52mg, 5 yrs |
|  | J7300 | Copper IUD |
|  | J7301 | Levonorgestrel IUD 13.5 mg |
|  | J7303 | Ring |
|  | J7304 | Patch |
|  | J7307 | Etonogestrel Implant |
|  | S4993 | OCs |
|  | S5000\*\* | or Estradiol (with code N92.1) |
|  | S5001\*\* |  |

**Labs ─ Provider Performed**

**(with CLIA Certification)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 81025 | Urine pregnancy test | |
|  | 85013 | HCT, spun | |
|  |  | (see PPBI for restrictions) | |
|  | 85014 | Hematocrit | |
|  |  | (see PPBI for restrictions) | |
|  | 85018 | Hemoglobin | |
|  |  | (see PPBI for restrictions) | |
|  | 86701 | HIV-1 |  |
|  | 86703 | HIV-1 | & HIV-2 single result |
|  | 87806 | HIV-1 | Ag w/HIV-1 & HIV-2 Ab |

See back for additional provider performed lab tests.

**Blood Draw & Handling**

 99000 Blood specimen handling and/or conveyance to unaffiliated lab

* 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

Additional ICD-10-CM Code

Procedure/Code(s):

Supplies/Code(s):

Other Services/Code(s):

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**Acknowledgement**

By signing below, I acknowledge that I have received the services noted on this form including products/presecriptions, 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.

Print Name:

Signature:

Date:

Print Clinician Name:

Clinician Signature:

Date:

Itemize dose, quantity, cost, and dispensing fee of Drugs/Supplies in ADDITIONAL CLAIM INFORMATION or REMARKS field on claim.

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J0696

Q0144

R30.0

R30.9

Z20.2

Labs 87205

Drugs

**Family PACT Sample**

**WHEN CUSTOMIZING, INCLUDE ONLY LABS, DRUGS, & PROCEDURES PROVIDED ONSITE**

**FAMILY PLANNING - RELATED SERVICES**

**Chlamydia**

A56.01 Ct, cystitis/urethritis (M/F)

A56.09 Ct, lower GU, cervix (F)

A56.3 Ct, anus and rectum (M/F)

N34.2 Other urethritis (M)

N45.3 Epididymo-orchitis (M)

N72 Cervicitis (F)

N89.8 *Indication:* Leukorrhea NOS (F)

N94.1 Dyspareunia (F)

N94.89 Oth cond assoc with female genital organs & menstrual cycle

R30.0 Dysuria (M/F)

R30.9 Painful micturition, unspec (M/F)

Z20.2 Ct exposed partner (M/F) Labs

 87205 Gram stain (symptomatic males only) Drugs Quantity/NDC:

Q0144 Azithromycin 500 mg tabs/1gm pkt

Doxycycline 100 mg tabs**\*\***

For alternative regimens, see PPBI ben grid.

**Gonorrhea**

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)

N94.1 Dyspareunia (F)

N94.89 Oth cond assoc with female

genital organs & menstrual cycle

Dysuria (M/F)

Painful micturition, unspec (M/F)

GC exposed partner (M/F)

Gram stain (symptomatic males only) Quantity/NDC:

Cefixime 400 mg tab**\*\***

Ceftriaxone 250 mg IM

Azithromycin 500 mg tabs/1 gm pkt

Doxycyline 100 mg tabs**\*\***

For alternative regimens, see PPBI ben grid.

**Herpes, Genital**

|  |  |  |
| --- | --- | --- |
|  | A60.01 | Herpesviral infection of penis |
|  | A60.04 | Herpesviral vulvovaginitis |
|  | N48.5 | Ulcer of penis |
|  | N76.6 | Ulceration of vulva |
| Drugs | | Quantity/NDC: |

Acyclovir 200/400/800 mg**\*\***

**Warts, Genital Only**

A63.0 Anogenital warts (M/F)

B07.9 Viral warts, unspec (M/F)

B08.1 Molluscum contagiosum (M/F) Procedures

See Medi-Cal Part 2 for surgical and supplies modifiers.

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 Quantity/NDC:

Imiquimod 5% cream**\*\*** Podofilox 0.5% solution/gel**\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Syphilis** | |  |  |  |
|  | A51.0 | Primary (M/F) | |  |
|  | A51.31 | Condyloma latum (M/F) | |  |
|  | A51.39 | Other secondary syphilis of skin | |  |
|  |  | (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) | |  |
| Drugs | | Quantity/NDC: | |  |
|  | J0561 | Benzathine PCN | 100,000 units/cc |  |

For alternative regimens, see PPBI ben grid.

Colposcopy

Colpo with biopsy & ECC

Colpo with biopsy

Colpo with ECC Endometrial biopsy + Colpo

**Trichomoniasis**

A59.01 Trichomonal vulvovaginitis (F)

A59.03 Trichomonal cystitis & urethritis

(M/F)

N34.2 Other urethritis (M)

Z20.2 Trichomoniasis exposed partner

(M/F)

|  |  |  |  |
| --- | --- | --- | --- |
| Labs | | pH (Females only) | |
|  | 83986 |
|  | Q0111 Wet mount (provider performed) | | |
| Drugs | | Quantity/NDC: | |
|  |  |  |  |
|  |  | Metronidazole 500 mg tabs**\*\*** | |
| For alternative | | regimens, see PPBI ben grid. | |
| **Vulvovaginitis** | | | |
|  | B37.3 | Candidiasis vulva/vagina | |
|  | N76.0 | Acute vaginitis | |
| Labs |  | pH (females only) | |
|  | 83986 |
|  | Q0111 | Wet mount (provider performed) | |
| Drugs | | Quantity/NDC: |  |
| Vaginal candidiasis: | | | |
|  |  | Clotrimazole 1%/2% cream**\*\*** | |
|  |  | Fluconazole 150 mg tab**\*\*** | |
|  |  | Miconazole 2%/4% cream; | |
|  |  | 100/200mg vaginal suppository\*\* | |
| Drugs | | Quantity/NDC: |  |
| Bacterial vaginosis: | | | |
|  |  | Metronidazole 250/500 mg tabs; | |
|  |  | 0.75% vaginal gel\*\* | |
|  |  | Clindamycin 2% cream**\*\*** | |
| For alternative | | regimens, see PBI ben grid. | |
| **PID (Females)** | | | |
|  | N70.03 | Acute salpingitis & oophoritis | |
|  | N70.93 | Salpingitis & oophoritis, unspec | |
|  | N94.1 | Dyspareunia | |
|  | N94.89 | Oth cond assoc with female | |
|  |  | genital organs & menstrual cycle | |
| Drugs | | Quantity/NDC: | |
|  | J0694 |  |  |
|  | Cefoxitin 1 gm IM | |
|  | J0696 | Ceftriaxone 250 mg IM | |
|  |  | Doxycycline 100 mg tabs**\*\*** | |
|  |  | Probenecid 500 mg tabs**\*\*** | |
|  |  | Metronidazole 250/500 mg tabs**\*\*** | |

**Urinary Tract Infections (Females Only)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 | | |
|  | 81002 Urinalysis dipstick without micro | | |
|  | 81015 | Urine microscopy | |
| Drugs | | Quantity/NDC: | |
|  |  |  |  |
|  |  | Cephalexin 250/500 mg tabs\*\* | |
|  |  | Ciprofloxacin 250 mg tabs\*\* | |
|  |  | TMP/SMX 80/400 mg tabs\*\* | |
|  |  | TMP/SMX DS 160/800 mg tabs\*\* | |

**Cervical Abnormalities**

N88.0 Leukoplakia, cervix

R87.610 ASC-US cervical smear

R87.611 ASC-H cervical smear

R87.612 LGSIL cervical smear

R87.613 HGSIL cervical smear

R87.810 Cervical high risk HPV DNA positive

 Z87.410 Personal history of cervical dysplasia

Procedures

See Medi-Cal Part 2 for surgical and supplies

modifiers.

57452

57454

57455

57456

58110

For alternative regimens, see PPBI ben grid.

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**Cervical Abnormalities (con't)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | N87.0 | Mild cervical dysplasia CIN 1 | |  |
|  | N87.1 | Moderate cervical dysplasia CIN 2 | |  |
|  | D06.9 | Carcinoma in situ of cervix CIN 3 | |  |
| Procedures | |  |  |  |
| See Medi-Cal Part 2 for surgical and supplies | | | | |
| modifiers. | | Colposcopy | | |
|  | 57452 |
|  | 57454 | Colpo with biopsy & ECC | | |
|  | 57455 | Colpo with biopsy | | |
|  | 57456 | Colpo with ECC | | |
|  | 57460 | LEEP | | |
|  | 57511 | Cryocautery of cervix | | |
|  |  |  |  |  |
|  | R87.618 | | Other abn findings of cervical smear | |
| Procedures | |  |  |  |

See Medi-Cal Part 2 for surgical and supplies modifiers.

 58100 Endometrial biopsy (ages ≥40)

* 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.

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