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## **Benefits: Clinical Services Overview**

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This section is an overview of the clinical services available to clients in the Family PACT (Planning, Access, Care and Treatment) Program. Family PACT services are designed to support contraceptive methods for women and men, as gender appropriate, by assisting individuals who have a medical necessity for family planning services.

Secondarily, Family PACT includes assistance with family planning-related services to achieve and maintain optimal reproductive health.

There are two categories of services available in the program: Family planning services and family planning-related services for specified reproductive health conditions.

### **Family Planning Services**

Family planning services are those relevant to the use of contraceptive methods and include specified reproductive health screening tests. These include the Food and Drug Administration (FDA)-approved contraceptive methods, emergency contraceptives, office visits and interventions for the management of complications that arise from the use of covered contraceptive methods. Some services have restrictions associated with gender and age. Refer to the Benefits: Family Planning section in this manual for a complete listing of services and associated restrictions.

### **ICD-10-CM Diagnosis Codes**

An ICD-10-CM diagnosis code related to the items in the preceding paragraph is required for billing. ICD-10-CM codes that relate to family planning services are listed in the *Benefits: Family Planning* section of this manual.

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## Laboratory

Family planning services include laboratory tests specific to each contraceptive method. These tests may be indicated on a case-by-case basis to determine whether a client can safely use a particular contraceptive method and are not intended to be routinely ordered for all clients. Certain restrictions may apply and are noted. In accordance with program standards, tests performed when “medically indicated in the context of provision of contraceptive services or required by an outpatient facility” require justification for ordering to be documented in the client’s medical record. For more information, refer to the *Benefits: Family Planning* section in this manual.

Laboratory tests performed in a provider’s office or clinical laboratory for Family PACT clients are billed using standard CPT® codes and modifiers. For more information, refer to the *Modifiers: Approved List* and *Pathology: Billing and Modifiers* sections in the appropriate Part 2 Medi-Cal manual.

While the definition of certain CPT codes includes testing for multiple pathogens, only the laboratory tests to detect the specific pathogens listed in this manual are considered Family PACT benefits.

For a comprehensive listing of reimbursable laboratory tests, descriptions and restrictions, refer to the Laboratory Services section in this manual. Unless otherwise specified in this manual, Medi-Cal Laboratory Service Reservation System requirements apply. For more information, refer to the *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* section in the appropriate Part 2 Medi-Cal manual.

Providers must have the appropriate Clinical Laboratory Improvement Amendment (CLIA) certification on file with the Department of Health Care Services Provider Enrollment Division for the tests performed in the office. For more information, refer to the *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* section in the appropriate Part 2 Medi-Cal manual.

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## **Family Planning-Related Services**

The Family PACT Program covers the diagnosis and treatment of specified sexually transmitted infections (STIs). In addition, the program covers urinary tract infections (UTIs) and screening for cervical cancer and treatment of pre-invasive cervical lesions for women when the care is provided coincident to a visit for the management of a family planning method.

Family planning-related services for male and female clients are pre-selected by the program. Refer to the *Benefits: Family Planning-Related Services* section in this manual for a complete listing of services and associated restrictions.

### **ICD-10-CM Codes for Family**

An ICD-10-CM code for the family planning-related condition being Planning-Related Services treated is required on the claim form. Services for the diagnosis and treatment of specified STIs, management of UTIs and pre-invasive cervical lesions must be billed with the diagnosis code for these conditions, together with the diagnosis code that identifies the contraceptive method for which the client is being seen.

For more information, refer to the *Benefits: Family Planning-Related Services and Drugs: Onsite Dispensing Billing Instructions* sections in this manual.

### **Laboratory Tests, Procedures and Drugs**

Family planning-related services include tests for UTIs in women and specified STI diagnostic laboratory tests. Pre-selected office and outpatient procedures to treat specific STIs and cervical abnormalities are also covered. Prescription drugs are reimbursed when they are an appropriate treatment regimen and are listed in the *Pharmacy Formulary* and *Clinic Formulary* sections in this manual. For a listing of covered services, refer to the *Benefits: Family Planning-Related Services and Drugs: Onsite Dispensing Billing Instructions* sections in this manual.

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## **Complications**

Complications may arise as a result of the use of a contraceptive method as well as from the treatment of a family planning-related condition. Management of complications requires a *Treatment Authorization Request* (TAR).

### **Complication Restrictions for Family Planning Services**

Services are available for management of complications that arise from the use of a particular contraceptive method. Only those complications that can be reasonably managed on an outpatient basis are reimbursable.

### **ICD-10-CM Codes for Complications of Family Planning Services**

When a procedure, laboratory test or drug is for the management of a complication resulting from the use of a particular contraceptive method, an ICD-10-CM code for the complication is required on the claim. This code must be billed with the diagnosis code that identifies the contraceptive method for which the client is being seen. For more information, see the *Benefits: Family Planning* section in this manual.

### **Complications for Family Planning Related Services**

Complications that may arise from the treatment of an STI or UTI include severe skin ulcerations/infections and allergic reactions to drugs or topical applications prescribed. Complications from procedures to treat cervical abnormalities and pre-invasive lesions include hemorrhage and pelvic infection secondary to surgical intervention.

### **Complication Restrictions for Family Planning-Related Services**

Services for management of complications from the treatment of family planning-related services are pre-selected and identified in this manual. Only those complications that can be reasonably managed on an outpatient basis are reimbursable. Services are limited to the appropriate gender.

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## **ICD-10-CM Codes for Complications of Family Planning Related Services**

When a procedure, lab test or prescription drug is for the management of a complication from the treatment of a family planning-related service, an ICD-10-CM diagnosis code is required on the claim form. This code must be billed with the diagnosis code that identifies the contraceptive method for which the client is being seen. For additional information, see the Benefits: *Family Planning-Related Services* and *Drugs: Onsite Dispensing Billing* Instructions sections in this manual.

## **Treatment Authorization Request (TAR)**

A TAR is required for complication services for both enrolled Family PACT providers and Medi-Cal providers who deliver services upon referral from an enrolled Family PACT provider. TAR requirements apply to medical, anesthesia, laboratory, pharmacy, radiology and hospital providers. For more information, refer to the *Treatment Authorization Request (TAR)* section in this manual. For information about completing a TAR, refer to the *TAR Completion* section in the Part 2 Medi-Cal manual.

## **Comparable Services for Males and Females**

Family PACT clinical services are comparable for both male and female clients, except for appropriate gender differences, which are noted. Services shall be provided to eligible clients in accordance with the *Program Standards* section in this manual.

## **Transgender Services**

In all sections of this manual, regardless of the gender stated, the benefit or policy applies to individuals of all gender identities as long as the procedure/benefit is medically necessary and meets all other limitations.

## **Gender Override**

For instructions on overriding gender limitations for procedures, refer to the *Transgender Services* section in the appropriate Part 2 Medi-Cal manual.

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## **Telehealth**

Policy related to telehealth is established pursuant to Assembly Bill 415 (Logue, Chapter 547, Statutes of 2011), known as the Telehealth Advancement Act of 2011. To use the telehealth modality and applicable billing codes for covered Family PACT services, providers may refer to the *Medicine: Telehealth* section in the appropriate Part 2 Medi-Cal manual. Family PACT services rendered by the use of the telehealth modality must follow ICD-10-CM diagnosis code billing policy as noted in this section.

## **Determination of Client Eligibility**

An enrolled Family PACT provider must determine client eligibility at the site of clinical service delivery. For more information, refer to the *Client Eligibility* section in this manual.

## **Medical Justification**

Medical record documentation must reflect the clinical rationale for providing, ordering or deferring services rendered to clients according to the *Program Standards* section, including, but not limited to, client assessment, diagnosis, treatment and follow-up. Medical record documentation must include justification to support claims for reimbursement. For more information, refer to the *Program Standards* section in this manual.

## **Excluded Services**

Procedures, lab tests, drugs and/or contraceptive supplies used for purposes other than family planning or family planning-related services, as defined by the Family PACT Program, are not reimbursable by the program. Family PACT has a limited scope of benefits and is not a primary care program.

Drugs and/or supplies ordered by a provider who is not enrolled in the Family PACT Program, without a referral by an enrolled Family PACT provider, are not reimbursable. For more information, refer to "Family PACT Referrals" in the Provider Responsibilities section in this manual.

If a non-covered service is recommended for a Family PACT client, the client must be informed of the medical necessity of the service and that it is not reimbursed by the program. The provider should inform the client that services can be rendered, but it may be an out-of-pocket expense.

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## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.