

1st VISIT	APPT TIME	TIME IN	PROVIDER TIME	TIME OUT
YES				
NO				

OFFICE VISIT		PRIMARY DX CODE REQUIRED FOR EVERY CLAIM		Procedure		
<b>New Client E&amp;M</b>		<b>S-CODE</b>	<b>LABS BY S-CODE</b>	<b>Procedure Use Surgical Modifier -AG</b>		
<input type="checkbox"/> 99201.01	10 min M/F	<input type="checkbox"/> S10.1	OC, patch, ring eval/initiate	<input type="checkbox"/> 11975 Implant insertion		
<input type="checkbox"/> 99202.01	20 min M/F	<input type="checkbox"/> S10.2	OC, patch, ring maint	<input type="checkbox"/> 11975 Implant insertion supplies		
<input type="checkbox"/> 99203.01	30 min M/F	<input type="checkbox"/> S10.3	Complication/TAR	<input type="checkbox"/> 11976 Implant removal		
<input type="checkbox"/> 99204.01	45 min F	<input type="checkbox"/> S20.1	Injection eval/initiate	<input type="checkbox"/> 57170 Diaphragm fitting		
<b>Established Client E&amp;M</b>		<input type="checkbox"/> S20.2	Injection maintain	<input type="checkbox"/> 58300 Insert IUC		
<input type="checkbox"/> 99211.01	5 min M/F	<input type="checkbox"/> S20.3	Complication/TAR	<input type="checkbox"/> 58301 Remove IUC		
<input type="checkbox"/> 99212.01	10 min M/F	<input type="checkbox"/> S30.1	Implant eval/initiate	<b>Surgical Supply Tray</b>		
<input type="checkbox"/> 99213.01	15 min M/F	<input type="checkbox"/> S30.2	Implant maintain	<input type="checkbox"/> 11976 ZM Implant removal supplies		
<input type="checkbox"/> 99214.01	25 min F	<input type="checkbox"/> S30.3	Complication/TAR	<input type="checkbox"/> 55250 ZM/ZN Vasectomy supplies		
<b>Education &amp; Counseling</b>		<input type="checkbox"/> S40.1	IUC eval/initiate	<input type="checkbox"/> 58300 ZM IUC insertion supplies		
<input type="checkbox"/> Z9750	Group M/F (or) ♦	<input type="checkbox"/> S40.2	IUC maintain	<input type="checkbox"/> 58301 ZM IUC removal supplies		
<input type="checkbox"/> Z9751	Indiv 10 min M/F ♦	<input type="checkbox"/> S40.3	Complication/TAR	<i>Use modifier ZM for local or ZN for general anesthesia supplies</i>		
♦ One time only codes		<input type="checkbox"/> S50.1	Barrier eval/initiate	<b>Screening Mammogram Referral</b>		
<input type="checkbox"/> Z9752	15 min M/F †	FAM, NFP, LAM	Barrier maintain	<i>(Females ages 40-55; once/year)</i>		
<input type="checkbox"/> Z9753	30 min M/F †	<input type="checkbox"/> S50.2	Barrier maintain	<input type="checkbox"/> 76092 Mammogram		
<input type="checkbox"/> Z9754	45 min M/F †	FAM, NFP, LAM	Complication/TAR	<b>Drugs/Contraceptive Supplies/Devices</b>		
† No more than one per day and two visits, in any combination, in rolling 30 days. See PPBI for details.		<input type="checkbox"/> S50.3	Complication/TAR	<input type="checkbox"/> J7307 Implanon		
Note: E&C codes reflect total face-to-face time and may be used by all trained staff.		<input type="checkbox"/> S60.1	Preg test ONLY	<input type="checkbox"/> X1500.01 Condoms		
<b>Labs: Screening Tests (All S-Codes except S60)</b>		<input type="checkbox"/> S60.2	Preg confirmation	<input type="checkbox"/> X1500.02 Spermicide		
Use for symptomatic or asymptomatic clients as clinically indicated based on individual assessment.		<input type="checkbox"/> S70.1	F sterilization eval/initiate	<input type="checkbox"/> X1500.08 Basal Body Thermometer		
<input type="checkbox"/> 86592.01	VDRL, RPR	<input type="checkbox"/> S70.2	F sterilization surgery	<input type="checkbox"/> X1500.03 Diaphragm		
<input type="checkbox"/> 86701.01	HIV-I	<input type="checkbox"/> S70.3	Complication/TAR	<input type="checkbox"/> X1500 Lea's Shield or FemCap		
<input type="checkbox"/> 86702.01	HIV-II	<input type="checkbox"/> S80.1	Vasectomy eval	<input type="checkbox"/> X6051 DMPA		
<input type="checkbox"/> 86703.01	HIV-I & HIV-II single assay	<input type="checkbox"/> S80.2	Vasectomy surgery	<input type="checkbox"/> X7706 OCs		
<input type="checkbox"/> 87081.01	GC culture	<input type="checkbox"/> S80.3	Complication/TAR	<input type="checkbox"/> X7730 Ring		
<input type="checkbox"/> 87491.01	Chlamydia NAAT	(a) Only if elevated cholesterol or cardiovascular risk		<input type="checkbox"/> X7722 Plan B (max 2 pkts/visit & 6 pkts/yr)		
<input type="checkbox"/> 87591.01	GC NAAT	(b) Only if history of abnormal fasting blood screen		<input type="checkbox"/> X1522 ParaGard		
<input type="checkbox"/> 87800.01	Inf agent antigen detection (direct probe)	(c) Limited to one every six months per client		<input type="checkbox"/> X1532 Mirena IUS		
<b>LABS: Screening Tests -- Reflex Tests</b>		(d) Limited to one per year per client		<i>* See reverse for additional use of Z7610</i>		
Based on a positive Screening Test above		(e) Pre-operative testing only		<i>Biller: Itemize dose, quantity, cost, &amp; disp fee of Drugs/Supplies in REMARKS on claim</i>		
(All S-codes except S60)		<b>Labs - Specific to S-Code Diagnosis</b>		<b>Complication Management (TAR Req'd)</b>		
<input type="checkbox"/> 86781.01	TP-conf test; if positive, 86593 is req'd	<input type="checkbox"/> 1. 80061.01	Lipid profile	Complication S___3___ Description: _____		
<input type="checkbox"/> 86593.01	Syphilis test, quantitative	<input type="checkbox"/> 2. 80076.01	LFTs	Secondary Dx _____		
<input type="checkbox"/> 86689.01	HIV confirmation	<input type="checkbox"/> 3. 81000.01	UA dipstick w/micro	Procedure/Code(s): _____		
<input type="checkbox"/> 87490.01	Chlamydia direct probe	<input type="checkbox"/> 4. 81001.01	UA auto w/micro	Supplies/Code(s): _____		
<input type="checkbox"/> 87590	GC direct probe	<input type="checkbox"/> 5. 81002.01	UA dipstick w/o micro			
<b>BLOOD DRAW &amp; HANDLING</b>		<input type="checkbox"/> 6. 81003.01	UA auto w/o micro			
<input type="checkbox"/> Z5220	Blood specimen handling and/or conveyance to unaffiliated lab	<input type="checkbox"/> 7. 81025.01	Urine preg test			
Patient's Signature _____		<input type="checkbox"/> 8. 82465.01	Cholesterol			
X _____		<input type="checkbox"/> 9. 82948.01	Glucose			
Follow-Up ___ Days ___ Weeks ___ Months		<input type="checkbox"/> 10. 82951.01	2hr GTT			
___ Months ___ PRN		<input type="checkbox"/> 13. 85018.01	Hemoglobin			
Time Req'd _____		<input type="checkbox"/> 14. 85025.01	CBC w/diff			
Purpose: _____		<b>Cytology Orders for lab:</b>				
Provider's Signature _____		<input type="checkbox"/> 16. 88175.01	Pap	<input type="checkbox"/> Cash Initial		
X _____		See Cervical Abn for reflex tests and HPV test		<input type="checkbox"/> Credit Cd		
		<input type="checkbox"/> 17. 88302.01	Surgical pathology	<input type="checkbox"/> Check # _____		
DATE LAST PAID	PREV PT BALANCE	TODAY'S CHARGE	DISCOUNT AMOUNT	AMOUNT DUE	AMOUNT PAID	BALANCE DUE