Radiology Services

Radiology services are covered by the Family PACT (Planning, Access, Care and Treatment) Program when the services are ordered during a family planning visit and are medically appropriate for preoperative evaluation, method surveillance and complication management. For a list of covered radiology services and restrictions that may apply, refer to the *Benefits: Family Planning* and *Benefits: Family Planning-Related Services* sections in this manual.

Referral Required

Providers may bill for radiology procedures if the procedures are ordered by a Family PACT provider, a Medi-Cal provider or their associated practitioners.

ICD-10-CM Code Required on Claims

Claims for radiology services must include an ICD-10-CM code for family planning services. A second diagnosis code is required when billing for a complication of a covered family planning method and follow-up testing for hysteroscopic sterilization. For additional information, refer to the *Benefits: Family Planning* section in this manual. Ordering clinicians are instructed to include applicable ICD-10-CM codes on the radiology requisition form. Radiologists should contact the referring clinician if this information is missing.

Claim Form Completion

Family PACT is a state program, separate from Medi-Cal; however, Family PACT providers submit claims using the Medi-Cal claims processing system. The same claim types used to submit Medi-Cal claims, such as the *CMS-1500*, *UB-04* or electronic transactions are used to bill Family PACT claims. For more information, refer to the *Claim Completion: CMS-1500* or *Claim Completion: UB-04* sections in this manual.

‹‹Legend››

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

Symbol	Description
‹‹	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.