
Family PACT Program Overview

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This section includes an overview of the Family PACT (Planning, Access, Care and Treatment) Program.

Comprehensive Family Planning Services

Family PACT is a comprehensive family planning services program. It is comprehensive because it includes contraceptive methods and family planning-related services, together with client-centered health education and counseling.

Family PACT Program Standards

The Program Standards section in this manual defines the scope, type and quality of this program, and the terms and conditions under which the services will be reimbursed. The seven standards address the following:

- Informed consent
- Confidentiality
- Cultural and linguistic competency
- Access to care
- Availability of covered services
- Clinical and preventive services
- Education and counseling services

Scope of Services

«All services for Family PACT, as identified in this manual, are eligible for reimbursement by the program.» Services that exceed the limitations noted, but are related to the services of the Family PACT program, may be covered with an approved *Treatment Authorization Request* (TAR) documenting the medical necessity. For more information, refer to the *Treatment Authorization Request* (TAR) section in this manual. There is client-centered health education and counseling throughout all of these services.

Family planning services include all contraceptive methods, fertility awareness, female and male sterilization and include specified reproductive health screening tests.

Family planning-related services include 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.

Lastly, there are benefits for managing complications of contraceptive methods and complications arising from treatment of covered family planning-related services.

Clinical and Preventive Services

Family PACT services are for specific contraceptive methods and family planning-related services. Clinical and preventive services include office visits, procedures, drugs and contraceptive supplies.

- Family planning services (refer to the *Benefits: Family Planning* section)
- Family planning-related services (refer to the *Benefits: Family Planning-Related Services* section)
- Interventions for management of complications of contraceptive methods or treatment of covered family planning-related services (refer to the *Benefits: Family Planning* and *Benefits: Family Planning-Related Services* sections)

Education and Counseling

Client-centered health education and counseling is considered integral to Family PACT and must be incorporated throughout the family planning visit. Regardless of the type of visit, provision of reproductive health education and counseling is required for all Family PACT clients, including the following:

- A practice setting that is appropriate for discussion of sensitive topics
- Ongoing individualized client assessment and focused communication
- Topics and behaviors that promote personal choice, risk reduction and optimal reproductive health practices

Excluded Services

Family PACT does not cover the following services:

- «Pregnancy care, other than the diagnosis of pregnancy and the required counseling about options: prenatal, perinatal care, or any services for pregnant clients»
- Infertility diagnosis and treatment, except fertility awareness
- HIV or hepatitis treatment
- Hepatitis B immunization and Hepatitis B laboratory testing
- Screening mammograms
- Services beyond the scope of Family PACT
- «Abortion services, or services ancillary to abortions. The global postoperative period for abortions has been defined as 21 days for Medi-Cal. Office visits are not covered by Family PACT during this period.

Contraceptive supplies, devices and intrauterine contraceptive (IUC) insertions, including devices and IUCs insertions provided inpatient, are Family PACT benefits when provided immediately after an abortion and are not considered services ancillary to abortion. Contraceptives are reimbursed by Family PACT as long as all eligibility criteria, including Other Health Coverage (OHC), are met and the client is certified as eligible after the abortion. A *Treatment Authorization Request* is not required.»

Fiscal Intermediary (FI)

The Fiscal Intermediary (FI) support for Family PACT providers doing business with Medi-Cal, includes the following:

- Telephone Service Center (TSC) at 1-800-541-5555 for program information, including billing questions, form requests, HAP card orders and referrals to regional representatives
- Regional representatives available for clarification of program policies and claims submission
- All existing Medi-Cal help lines (refer to the *Provider Relations Directory* section in the Part 1 Medi-Cal provider manual)
- Family PACT providers doing business with Medi-Cal Rx should refer to the [Medi-Cal Rx](#) website for a comprehensive list of support resources

Billing and Reimbursement

Unless otherwise stated in this manual, the Family PACT Program defers to Medi-Cal policies, codes and claim submission procedures. For onsite claim completion examples, refer to the *Claim Completion: CMS-1500* and *Claim Completion: UB-04* sections in this manual. For pharmacy claim completion examples, refer to the [Medi-Cal Rx](#) website. All providers, including Federally Qualified Health Centers (FQHCs), Indian Health Centers (IHCs) and Rural Health Clinics (RHCs), bill fee-for-service. Providers are reimbursed according to Medi-Cal policy, unless stated otherwise by the Family PACT Program. Claims are subject to all Medi-Cal timeliness guidelines.

Medi-Cal Forms Required for Billing and *Treatment Authorization Requests (TARs)*

Unless specified otherwise, standard Medi-Cal forms are used to bill Family PACT services or to seek authorization requests. These forms include the *CMS-1500* claim form, *UB-04* claim form, *Treatment Authorization Request (TAR)*, *Claims Inquiry Form (CIF)* and the *Appeal Form (90-1)*. Other forms must not be substituted by a provider.

For pharmacy claim forms and authorization requests, refer to the [Medi-Cal Rx](#) website.

Payer of Last Resort

Family PACT is considered the payer of last resort. That is, the provider generally must bill the client's OHC and any other source of reimbursement rather than enrolling the client in Family PACT. For more information, refer to the *Client Eligibility* section 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.