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## Laboratory Services

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This section includes the “Family PACT Laboratory Services Grid,” which is provided as a quick reference to assist laboratory personnel with claims submission.

### **Laboratory Benefits**

Only the clinical laboratory tests performed to detect the specific pathogens listed in this manual, including cytopathology (Pap smears) and histopathology evaluations (biopsy specimens), are included in the “Family PACT Laboratory Services Grid.”

Laboratory tests that require a *Treatment Authorization Request (TAR)* are indicated in the laboratory services grid. Providers generally should request authorization before rendering service. For more information, see the *Treatment Authorization Request (TAR)* section in this manual.

### **Laboratory Claims**

Claims for laboratory services must include an ICD-10-CM code that identifies the contraceptive method for which the client is being seen. These codes are found in the “ICD-10-CM Diagnosis Code” column of the laboratory services grid. For a number of laboratory tests, this is the only diagnosis required for reimbursement. If no additional diagnosis code is required, an “N/A” is listed in the column “Additional ICD-10-CM Diagnosis Code.”

The majority of laboratory tests require an additional diagnosis for reimbursement, which provides the medical necessity for performing the tests. Additional diagnosis codes are required when billing for covered family planning-related services, such as management of specified sexually transmitted infections, urinary tract infection and cervical abnormalities. For these claims, the contraceptive method diagnosis code may be entered in either the first or second diagnosis field on the claim form, depending on the focus of the encounter.

When a laboratory test is for the management of a complication resulting from the use of a particular contraceptive method or from the treatment of family planning-related services identified in this manual, 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.

Some laboratory tests have additional documentation requirements and other restrictions for reimbursement as noted in this section. For more information, refer to the *Benefits: Family Planning* and *Benefits: Family Planning-Related Services* sections in this manual.

## **Laboratory Services Reservation System**

Laboratory services are subject to frequency limits. These limits are set per recipient, per service, per month via the Laboratory Services Reservation System (LSRS). Failure to make a laboratory service reservation prior to performing the laboratory service may result in denial of the claim. Prior to performing the procedure, laboratory providers may use the LSRS to make reservations, or verify if a frequency limit has been reached for a specific recipient and specific laboratory service. When a reservation is made, the claim must be billed with the provider number that was used to make the reservation.

Providers are reminded that laboratory service claims that are denied because of frequency limitations may be appealed with medical justification. Frequency limits may be overridden on a case-by-case basis when the provider submits medical justification to support a recipient's laboratory service frequency. Medical staff reviews the medical justification for final approval.

For more information, refer to the *Pathology: An Overview of Enrollment and Proficiency Testing Requirements* section in the appropriate Part 2 Medi-Cal manual.

## «Family PACT Laboratory Services Grid»

HCPCS Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<p><b>Q0111</b> Wet mount, including prep of vaginal, cervical or skin specimens (including urethral) Provider-performed microscopy procedure. Appropriate CLIA certification required.</p> <p><b>Note:</b> Does not require LSRS</p>	<p>Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51</p>	<p>A59.01, A59.03, B37.3, N76.0, Z20.2</p>	<p>No</p>	<p><b>Female</b></p>
<p><b>Q0111</b> Wet mount, including prep of vaginal, cervical or skin specimens (including urethral) Provider-performed microscopy procedure. Appropriate CLIA certification required</p> <p><b>Note:</b> Does not require LSRS</p>	<p>Z30.018, Z30.02, Z30.49, Z98.52</p>	<p>A59.03, N34.2, Z20.2</p>	<p>No</p>	<p><b>Male</b></p>

## «Family PACT Laboratory Services Grid (continued)»

CPT® Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>81000</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	Z01.812	Z30.09	No	<b>Female Sterilization</b> (Asymptomatic) Preoperative testing only
<b>81000</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N30.00, N30.01, R10.30, R30.0, R30.9, R31.0, R35.0	No	<b>Female</b> Limited to evaluation of documented symptom(s) suggestive of Urinary Tract Infection (UTI)

## «Family PACT Laboratory Services Grid (continued)»

CPT® Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>81000</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	Z01.812	Z30.09	No	<b>Male Sterilization</b> Preoperative testing only
<b>81001</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	Z01.812	Z30.09	No	<b>Female Sterilization</b> (Asymptomatic) Preoperative testing only

## «Family PACT Laboratory Services Grid (continued)»

CPT® Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>81001</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N30.00, N30.01, R10.30, R30.0, R30.9, R31.0, R35.0	No	<b>Female</b> Limited to evaluation of documented symptom(s) suggestive of UTI
<b>81001</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	Z01.812	Z30.09	No	<b>Male Sterilization</b> Preoperative testing only

## «Family PACT Laboratory Services Grid (continued)»

CPT® Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>81002</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	Z01.812	Z30.09	No	<b>Female Sterilization</b> (Asymptomatic) Preoperative testing only
<b>81002</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N30.00, N30.01, R10.30, R30.0, R30.9, R31.0, R35.0	No	<b>Female</b> (Asymptomatic) Preoperative testing only

## «Family PACT Laboratory Services Grid (continued)»

CPT® Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>81002</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	Z01.812	Z30.09	No	<b>Male Sterilization</b> Preoperative testing only
<b>81003</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	Z01.812	Z30.09	No	<b>Female Sterilization</b> (Asymptomatic) Preoperative testing only

## «Family PACT Laboratory Services Grid (continued)»

CPT® Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>81003</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N30.00, N30.01, R10.30, R30.0, R30.9, R31.0, R35.0	No	<b>Female</b> Limited to evaluation of documented symptom(s) suggestive of UTI
<b>81003</b> Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	Z01.812	Z30.09	No	<b>Male Sterilization</b> Preoperative testing only

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>81005</b> Urinalysis; Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; qualitative or semiquantitative, except immunoassays	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N30.00, N30.01, R10.30, R30.0, R30.9, R31.0, R35.0	No	<b>Female</b> Limited to evaluation of documented symptom(s) suggestive of UTI
<b>81015</b> Urinalysis; Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; microscopic only	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N30.00, N30.01, R10.30, R30.0, R30.9, R31.0, R35.0	No	<b>Female</b> Limited to evaluation of documented symptom(s) suggestive of UTI

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>81025</b> Urine pregnancy test, by visual color comparison methods	Z30.011 thru Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z31.61, Z98.51	Not Applicable	No	<b>Female</b> Limited to evaluation of documented symptom(s) or other history suggestive of pregnancy
<b>81025</b> Urine pregnancy test, by visual color comparison methods	Z30.09	Not Applicable	No	When clinically indicated to rule out pregnancy prior to initiation of contraceptive method, but no contraceptive method is initiated during the visit
<b>81025</b> Urine pregnancy test, by visual color comparison methods	Z01.812	Z30.09	No	<b>Female</b> <b>Sterilization</b> Preoperative testing

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>82803</b> Gases, blood any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation); (Use 82803 for two or more of the above listed analytes)	I26.99, I82.401 thru I82.403, I82.409, I82.411 thru I82.413, I82.419, I82.421 thru I82.423, I82.429, I82.431 thru I82.433, I82.439, I82.441 thru I82.443, I82.449, I82.491 thru I82.493, I82.499, I82.4Y1 thru I82.4Y3, I82.4Y9, I82.4Z1 thru I82.4Z3, I82.4Z9	Z30.41, Z30.44, Z30.45	Yes	<b>Female</b>
<b>82805</b> Gases, blood any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation); with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry	I26.99, I82.401 thru I82.403, I82.409, I82.411 thru I82.413, I82.419, I82.421 thru I82.423, I82.429, I82.431 thru I82.433, I82.439, I82.441 thru I82.443, I82.449, I82.491 thru I82.493, I82.499, I82.4Y1 thru I82.4Y3, I82.4Y9, I82.4Z1 thru I82.4Z3, I82.4Z9	Z30.41, Z30.44, Z30.45	Yes	<b>Female</b>

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>82810</b> Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry analytes)	I26.99, I82.401 thru I82.403, I82.409, I82.411 thru I82.413, I82.419, I82.421 thru I82.423, I82.429, I82.431 thru I82.433, I82.439, I82.441 thru I82.443, I82.449, I82.491 thru I82.493, I82.499, I82.4Y1 thru I82.4Y3, I82.4Y9, I82.4Z1 thru I82.4Z3, I82.4Z9	Z30.41	Yes	<b>Female</b>
<b>83986</b> pH, body fluid, not otherwise specified	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	A59.01, A59.03, B37.3, N76.0, Z20.2	No	<b>Female</b>
<b>85002</b> Bleeding time	Z01.812	Z30.09	Yes	<b>Female Sterilization</b> Preoperative testing only

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>85013</b> Blood count; spun microhematocrit	Z30.430 thru Z30.433	Not Applicable	No	<b>Female</b>
<b>85013</b> Blood count; spun microhematocrit	Z01.812	Z30.09	No	<b>Female Sterilization</b> Preoperative testing
<b>85013</b> Blood count; spun microhematocrit	Z98.51	Not Applicable	No	<b>Female Sterilization</b> Postoperative testing
<b>85013</b> Blood count; spun microhematocrit	Z01.812	Z30.09	No	<b>Male Sterilization</b> Preoperative testing only
<b>85014</b> Blood count; hematocrit (Hct)	Z30.430 thru Z30.433	N/A	No	<b>Female</b>
<b>85014</b> Blood count; hematocrit (Hct)	Z01.812	Z30.09	No	<b>Female Sterilization</b> Preoperative testing
<b>85014</b> Blood count; hematocrit (Hct)	Z98.51	Not Applicable	No	<b>Female Sterilization</b> Preoperative testing

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>85014</b> <b>Complications</b> Blood count; hematocrit (Hct)	N92.0	Z30.42	Yes	<b>Female</b> When clinically indicated for management of complications of heavy vaginal bleeding
<b>85014</b> <b>Complications</b> Blood count; hematocrit (Hct)	N99.820	Z30.2	Yes	<b>Male</b> When clinically indicated for postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure, within 30 days postoperative

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>85018</b> Blood count; hemoglobin (Hgb)	Z30.430 thru Z30.433	N/A	No	<b>Female</b>
<b>85018</b> Blood count; hemoglobin (Hgb)	Z01.812	Z30.09	No	<b>Female Sterilization</b> Preoperative testing
<b>85018</b> Blood count; hemoglobin (Hgb)	Z98.51	Not applicable	No	<b>Female Sterilization</b> Preoperative testing
<b>85018</b> Blood count; hemoglobin (Hgb)	Z01.812	Z30.09	No	<b>Male Sterilization</b> Preoperative testing only

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>85018 Complications</b> Blood count; hemoglobin (Hgb)	N92.0	Z30.42, Z30.46	Yes	<b>Female</b> When clinically indicated for management of heavy vaginal bleeding
<b>85018 Complications</b> Blood count; hemoglobin (Hgb)	N99.820	Z30.2	Yes	<b>Male</b> When clinically indicated for postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure, within 30 days postoperative
<b>85018 Complications</b> Blood count; hemoglobin (Hgb)	N99.840	Z30.2	No	<b>Male</b> When clinically indicated for management of postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>85025</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N70.03, N70.93, N94.10 thru N94.12, N94.19, N94.89	No	<b>Female</b>  When clinically indicated for management of Pelvic Inflammatory Disease (PID) (uncomplicated outpatient only)
<b>85025</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z01.812	Z30.09	No	<b>Female Sterilization</b>  Preoperative testing
<b>85025</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z98.51	Not applicable	No	<b>Female Sterilization</b>  Postoperative testing

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>85025</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z01.812	Z30.09	No	<b>Male Sterilization</b> Preoperative testing only
<b>85025</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z98.52	Not applicable	No	<b>Male Sterilization</b> Evaluation for postoperative infection

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>85025 Complications</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	N92.0, T85.79XA, T85.79XD, T85.79XS	Z30.42, Z30.46	Yes	<b>Female</b> When clinically indicated for management of heavy vaginal bleeding or infection at insertion site
<b>85025 Complications</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	N99.820	Z30.2	Yes	<b>Male</b> When clinically indicated for postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure, within 30 days postoperative
<b>85025</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	N99.840	Z30.2	No	<b>Male</b> When clinically indicated for management of postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>85027</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Z01.812	Z30.09	No	<b>Female Sterilization</b> Preoperative testing
<b>85027</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Z98.51	N/A	No	<b>Female Sterilization</b> Postoperative testing
<b>85027</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Z01.812	Z30.09	No	<b>Male Sterilization</b> Preoperative testing only
<b>85027 Complications</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	N92.0	Z30.42, Z30.46	Yes	<b>Female</b> When clinically indicated for management of heavy vaginal bleeding
<b>85610 Complications</b> Prothrombin time	Z01.812	Z30.09	Yes	<b>Female Sterilization</b> Preoperative evaluation only

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>85651</b> Sedimentation rate, erythrocyte; non-automated	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N70.03, N70.93, N94.10 thru N94.12, N94.19, N94.89	No	<b>Female</b>
<b>85651 Complications</b> Sedimentation rate, erythrocyte; non-automated	T85.79XA, T85.79XD, T85.79XS	Z30.46	Yes	<b>Female</b> When clinically indicated for management of infection at insertion site
<b>85652</b> Sedimentation rate, automated	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N70.03, N70.93, N94.10 thru N94.12, N94.19, N94.89	No	<b>Female</b>
<b>85652 Complications</b> Sedimentation rate, automated	T85.79XA, T85.79XD, T85.79XS	Z30.42, Z30.46	Yes	<b>Female</b> When clinically indicated for management of infection at insertion site

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>85730</b> Thromboplastin time, partial (PTT); plasma or whole blood	Z01.812	Z30.09	Yes	<b>Female Sterilization</b> Preoperative evaluation only
<b>86592</b> Syphilis test, non- treponemal antibody; qualitative (eg, VDRL, RPR and ART)	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b>
<b>86592</b> Syphilis test, non- treponemal antibody; qualitative (eg, VDRL, RPR and ART)	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	<b>Male</b>
<b>86593</b> Syphilis test, non- treponemal antibody; quantitative	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	A51.0, A51.31, A51.39, A51.5, A52.8, A53.0	No	<b>Female</b> Reflex from positive 86592, 86780. Use secondary diagnosis code when ordered separately to assess response to syphilis treatment.

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>86593</b> Syphilis test, non- treponemal antibody; quantitative	Z30.018, Z30.02, Z30.49, Z98.52	A51.0, A51.31, A51.39, A51.5, A52.8, A53.0	No	<b>Male</b> Reflex from positive 86592, 86780. Use secondary diagnosis code when ordered separately to assess response to syphilis treatment
<b>86689</b> HTLV or HIV antibody, confirmatory test (eg, Western Blot	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Reflex from positive 86701, 86702 or 86703 or as a confirmatory test following a preliminary positive result with a point-of-care kit test. Limited to HIV
<b>86689</b> HTLV or HIV antibody, confirmatory test (eg, Western Blot	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	<b>Male</b> Reflex from positive 86701, 86702 or 86703 or as a confirmatory test following a preliminary positive result with a point-of-care kit test. Limited to HIV

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>86701</b> HIV-1	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b>
<b>86701</b> HIV-1	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	<b>Male</b>
<b>86702</b> HIV-2	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b>
<b>86702</b> HIV-2	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	<b>Male</b>
<b>86703</b> HIV-1 and HIV-2, single result	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N/A	No	<b>Female</b>

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>86703</b> HIV-1 and HIV-2, single result	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	<b>Male</b>
<b>86780</b> Antibody; Treponema pallidum	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Reflex from positive 86592
<b>86780</b> Antibody; Treponema pallidum	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	<b>Male</b> Reflex from positive 86592; if positive result, 86593 is required

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87081 Complications</b> Culture, presumptive, pathogenic organisms, screening only	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS, T85.79XA, T85.79XD, T85.79XS	Z30.2, Z30.46	Yes	<b>Female</b> When clinically indicated for management of implant insertion/removal or surgical site infection
<b>87081 Complications</b> Culture, presumptive, pathogenic organisms, screening only	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS	Z30.2	Yes	<b>Male</b> When clinically indicated for management of surgical site infection ( <u>less than 30 days</u> postoperative)

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87181 Complications</b> Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g. antibiotic gradient strip)	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS, T85.79XA, T85.79XD, T85.79XS	Z30.2, Z30.46	Yes	<b>Female</b>  Reflex from positive 87081 when clinically indicated for management of implant insertion/removal or surgical site infection
<b>87181 Complications</b> Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g. antibiotic gradient strip)	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS	Z30.2	Yes	<b>Male</b>  Reflex from positive 87081 when clinically indicated for management of surgical site infection ( <u>less than 30 days</u> postoperative)

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87184 Complications</b> Susceptibility studies, antimicrobial agent; disc method, per plate (12 or fewer agents)	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS, T85.79XA, T857.9XD, T857.9XS	Z30.2, Z30.46	Yes	<b>Female</b> Reflex from positive 87081 when clinically indicated for management of implant insertion/removal site infection, operative site or PID (within 30 days postoperative).
<b>87184 Complications</b> Susceptibility studies, antimicrobial agent; disc method, per plate (12 or fewer agents)	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS	Z30.2	Yes	<b>Male</b> Reflex from positive 87081 when clinically indicated for management of surgical site infection. ( <u>less than 30 days</u> postoperative).

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87186 Complications</b> Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, per plate	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS, T85.79XA, T857.9XD, T857.9XS	Z30.2, Z30.46	Yes	<b>Female</b>  Reflex from positive 87081 when clinically indicated for management of implant insertion/removal or surgical site infection.
<b>87186 Complications</b> Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, per plate	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS	Z30.2	Yes	<b>Male</b>  Reflex from positive 87081 when clinically indicated for management of surgical site infection ( <u>less than 30 days</u> postoperative).

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87205</b> Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	Z30.018, Z30.02, Z30.49, Z98.52	A54.01, A54.22, A54.5, A54.6, A56.01, A56.3, N34.2, N45.3	No	<b>Male</b> CT and GC symptomatic

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<p><b>87210</b> Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)</p> <p>Reimbursed to CLIA certified laboratories</p>	<p>Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51</p>	<p>A54.01, A54.22, A54.5, A54.6, A56.01, A56.3, N34.2, N45.3</p>	<p>No</p>	<p><b>Female</b></p>
<p><b>87210</b> Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)</p> <p>Reimbursed to CLIA certified laboratories</p>	<p>Z30.018, Z30.02, Z30.49, Z98.52</p>	<p>A59.03, N34.2, Z20.2</p>	<p>No</p>	<p><b>Male</b></p>

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87255</b> Smear, primary source with interpretation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N76.6	No	<b>Female</b> Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is <u>not</u> covered; limited to Herpes
<b>87255</b> Smear, primary source with interpretation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	Z30.018, Z30.02, Z30.49, Z98.52	N48.5	No	<b>Male</b> Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is <u>not</u> covered; limited to Herpes

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87529</b> Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	N76.6	No	<b>Female</b> Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is <u>not</u> covered; limited to Herpes
<b>87529</b> Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	Z30.018, Z30.02, Z30.49, Z98.52	N48.5	No	<b>Male</b> Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is <u>not</u> covered; limited to Herpes

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87389</b> HIV-1 antigen(s), with HIV-2 and HIV-2 antibodies, single result	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b>
<b>87389</b> HIV-1 antigen(s), with HIV-2 and HIV-2 antibodies, single result	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	<b>Male</b>

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87491</b> Chlamydia trachomatis, amplified probe technique	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Screening: Z11.3, Z11.8, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19	No	<b>Female</b>  Less than 25 years: Routine annual screening, any provider. No additional ICD-10-CM code required  Less than 25 years: Screening more than 1x per year, same provider, additional ICD-10-CM code required  Greater than or equal to 25 years: Additional ICD-10-CM code required
<b>87491</b> Chlamydia trachomatis, amplified probe technique	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Diagnostic: A56.01, A56.09, A56.3, A56.4, N70.03, N70.93, N72, N89.8, N94.10 thru N94.12, N94.19, N94.89, R30.0, R30.9	Not applicable	<b>Female</b> Any age: Additional ICD-10-CM code required

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87491</b> Chlamydia trachomatis, amplified probe technique	Z30.018, Z30.02, Z30.49, Z98.52	Screening: Z11.3, Z11.8, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19  Diagnostic: A56.01, A56.3, A56.4, N34.2, N45.3, R30.0, R30.9	No	<b>Male</b>  Any age: Additional ICD-10-CM code required
<b>87535</b> Infectious agent detection by nucleic acid [DNA or RNA]; HIV-1, amplified probe technique, includes reverse transcription when performed	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b>  Only when HIV-1/HIV-2 differentiation assay results are negative or indeterminate
<b>87535</b> Infectious agent detection by nucleic acid [DNA or RNA]; HIV-1, amplified probe technique, includes reverse transcription when performed	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	<b>Male</b>  Only when HIV-1/HIV-2 differentiation assay results are negative or indeterminate

«Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87591</b> Neisseria gonorrhoeae, amplified probe technique	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Screening: Z11.3, Z11.8, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19	No	<b>Female</b> Less than 25 years: Routine annual screening, any provider. No additional ICD-10-CM code required  Less than 25 years: Screening more than 1x per year, same provider, additional ICD-10-CM code required  Greater than or equal to 25 years: Additional ICD-10-CM code required
<b>87591</b> Neisseria gonorrhoeae, amplified probe technique	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Diagnostic: A54.01, A54.03, A54.5, A54.6, N34.2, N70.03, N70.93, N72, N89.8, N94.10 thru N94.12, N94.19, N94.89, R30.0, R30.9	Not applicable	<b>Female</b> Any age: Additional ICD-10-CM code required

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87591</b> Neisseria gonorrhoeae, amplified probe technique	Z30.018, Z30.02, Z30.49, Z98.52	Screening: Z11.3, Z11.8, Z20.2, Z22.4, Z72.51 – Z72.53, Z86.19  Diagnostic: A54.01, A54.22, A54.5, A54.6, N34.2, N45.3, R30.0, R30.9	No	<b>Male</b> Any age: Additional ICD-10-CM code required
<b>87624</b> Human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	D06.9, N87.1, R87.610, R87.619, Z01.42, Z87.410	No	<b>Females</b> 21 thru 99 years of age, once per 365 days, any provider. See the <i>Benefits: Family Planning-Related Services</i> section in this manual.
<b>87624</b> Human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	D06.9, N87.0, N87.1, R87.610 thru R87.613, R87.619, R87.810, Z01.42, Z87.410	No	<b>Females</b> 25 thru 99 years of age, once per 365 days, any provider. See the <i>Benefits: Family Planning-Related Services</i> section in this manual.

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87624</b> Human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	D06.9, N87.0, N87.1, R87.610 thru R87.613, R87.616, R87.619, N87.619, R87.810, Z01.42, Z87.410	No	<b>Females</b> 30 thru 99 years of age, once per 365 days, any provider. See the <i>Benefits: Family Planning-Related Services</i> section in this manual.
<b>87624</b> Human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Z11.51	No	<b>Females</b> 30 thru 65 years of age, in combination with cervical cytology or as primary, for cervical cancer screening, once every five years, any provider. See the <i>Benefits: Family Planning-Related Services</i> section in this manual.

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87624</b> Human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	R87.810	No	<b>Females</b> 30 thru 65 years of age, in combination with cervical cytology for cervical cancer screening, at one-year and three-year follow-up of an initial screening result of negative cytology with a positive HPV. See the <i>Benefits: Family Planning-Related Services</i> section in this manual.
<b>87625</b> Human papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	R87.810	No	<b>Females</b> 30 thru 65 years of age, for management of positive hrHPV result. See the <i>Benefits: Family Planning-Related Services</i> section in this manual.

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>87661</b> Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	A59.01, A59.03, N76.0, Z20.2	No	<b>Female</b>
<b>87806</b> Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV- 1 and HIV-2 antibodies	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b>
<b>87806</b> Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV- 1 and HIV-2 antibodies	Z30.02, Z30.018, Z98.52	Not applicable	No	<b>Male</b>

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>87808</b> Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	A59.01, A59.03, N76.0, Z20.2	Not appli cable	<b>Female</b>
<b>88141</b> Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	R87.610 thru R87.619, R87.810	No	<b>Female</b>

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD- 10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>88142</b> Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *
<b>88143</b> Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD-10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>88147</b> Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *
<b>88148</b> Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *
<b>88164</b> Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD- 10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>88165</b> Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *
<b>88165</b> Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *
<b>88167</b> Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD- 10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>88174</b> Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *
<b>88175</b> Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	Not applicable	No	<b>Female</b> Restricted to women ages 21 through 65 regardless of sexual history *

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD- 10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>88300</b> Complication <b>Level I</b> – Surgical pathology, gross examination only	Z30.46	T85.628A T85.628D T85.628S	Yes	<b>Female</b>  When clinically indicated for procedures with collection of specimen for complication due to displacement of contraceptive implant
<b>88302</b>  <b>Level II</b> - Surgical pathology, gross and microscopic examination	Z30.2, Z98.51	Not applicable	No	<b>Female</b>  Two specimens <u>only</u>
<b>88302</b>  <b>Level II</b> - Surgical pathology, gross and microscopic examination	Z30.2, Z98.52	Not applicable	No	<b>Female</b>  Two specimens <u>only</u>

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>88305</b> <b>Level IV</b> - Surgical pathology, gross and microscopic examination	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	D06.9, N87.0, N87.1, N88.0, R87.610 thru R87.613, R87.616, R87.618, R87.619, R87.810	No	<b>Female</b> Specify on the UB-04 claim in the Remarks field (Box 80) the CPT procedure(s) used to obtain specimen for cervical biopsy only, limited to the following: colposcopy with biopsy (57454, 57455 and 57456); LEEP (57460); and endometrial biopsy (58100 and 58110).
<b>88305</b> <b>Level IV</b> - Surgical pathology, gross and microscopic examination	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	A63.0, B07.9, B08.1	No	<b>Female</b> When clinically indicated to confirm genital warts in a wart treatment candidate, the CPT procedure is not required.
<b>88305</b> <b>Level IV</b> - Surgical pathology, gross and microscopic examination	Z30.018, Z30.02, Z30.49, Z98.52	A63.0, B07.9, B08.1	No	<b>Male</b> When clinically indicated to confirm genital warts in a wart treatment candidate, the CPT procedure is not required.

## «Family PACT Laboratory Services Grid (continued)»

<b>CPT Code</b>	<b>ICD-10-CM Diagnosis Code</b>	<b>Additional ICD- 10-CM Diagnosis Code</b>	<b>TAR</b>	<b>Gender/Age/Usage Restrictions</b>
<b>88305 Complications</b>  <b>Level IV</b> - Surgical pathology, gross and microscopic examination	N92.0	Z30.42, Z30.46	Yes	<b>Female</b> When clinically indicated for management of heavy vaginal bleeding due to depot medroxyprogesterone acetate (DMPA) or contraceptive implant
<b>88305 Complications</b>  <b>Level IV</b> - Surgical pathology, gross and microscopic examination	K91.72, N99.61, N99.71, N99.820, N99.840	Z30.2	Yes	<b>Female</b> When clinically indicated for procedures with collection of specimens for: injury to other intra-abdominal organs
<b>88305 Complications</b>  <b>Level IV</b> - Surgical pathology, gross and microscopic examination	T83.39XA, T83.39XD, T83.39XS	Not applicable	Yes	<b>Female</b> When clinically indicated for procedures with collection of specimens for: mechanical complication due to intrauterine device (IUD)/intrauterine system (IUS)

## «Family PACT Laboratory Services Grid (continued)»

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
<b>88305</b> <b>Complications</b> <b>Level IV</b> - Surgical pathology, gross and microscopic examination	T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.49XA, T81.49XD, T81.49XS	Z30.2	Yes	<b>Female</b> When clinically indicated for procedures with collection of specimens for: other postoperative infection
<b>88307</b> <b>Level V</b> - Surgical pathology, gross and microscopic examination	Z30.011, Z30.013, Z30.015 thru Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 thru Z30.433, Z30.44 thru Z30.46, Z30.49, Z98.51	D06.9, N87.0, N87.1	No	<b>Female</b> Specify on the UB-04 claim in <i>Remarks</i> field (Box 80) that biopsy specimens collected by LEEP procedure (CPT code 57460).

**«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.
*	<p>Reimbursement may be made for services provided to women younger than 21 years or over the age of 65 who have a medical necessity for family planning services. However, the ordering provider must document on the laboratory order, and the laboratory provider must document in the Remarks field (Box 80)/Additional Claim Information field (Box 19) of the claim (or attached to the claim) that the woman meets one or more of the following:</p> <ul style="list-style-type: none"> <li>• Received a diagnosis of a high-grade precancerous cervical lesion (cervical intraepithelial neoplasia [CIN] 2, CIN 3, or adenocarcinoma in situ [AIS]) within the past 20 years and requires screening after the initial post-treatment surveillance per current American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP) and American Society for Clinical Pathology (ASCP) guidelines, or any prior diagnosis of cervical cancer.</li> <li>• In utero exposure to diethylstilbestrol (DES).</li> <li>• Immunocompromised status (such as HIV positive or immune suppressed such as a transplant patient using steroids).</li> <li>• Requires repeat cervical cytology to reevaluate prior atypical squamous cells of undetermined significance (ASC-US), low-grade squamous intraepithelial lesion (LSIL), or CIN 1 test result.</li> <li>• Over the age of 65 who did not have adequate negative prior screening. Adequate negative prior screening is defined as three consecutive negative cytology results or two consecutive negative co-tests within the 10 years before cessation of screening, with the most recent test occurring within the past five years.</li> </ul>