

# Presumptive Eligibility for Pregnant Women: Billing Codes

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This section includes the billing codes for the Presumptive Eligibility for Pregnant Women (PE4PW) program. Providers should also view important information in the following provider manual sections:

- *Presumptive Eligibility for Pregnant Women*
- *Presumptive Eligibility for Pregnant Women Program Process*
- *Presumptive Eligibility for Pregnant Women Provider Enrollment Instructions*
- *Presumptive Eligibility for Pregnant Women Provider Enrollment Checklist*

## Code List of Benefits for PE for Pregnant Women

PE for Pregnant Women (PE4PW) services are billed with the following CPT®, HCPCS «and PLA» codes. PE4PW services follow Medi-Cal policy. Prescription drugs for conditions related to pregnancy also are reimbursable.

## Reimbursable CPT Codes

CPT Code	Description
01965 *, 01966 *	Anesthesia for abortion procedures
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)
58301	Removal of intrauterine device (IUD)
59000 *	Amniocentesis
59012	Cordocentesis
59020	Fetal contraction stress test
59025	Fetal non-stress test
59812	Treatment of spontaneous abortion
59820, 59821	Treatment of missed abortion
59830	Treatment of septic abortion
59840 thru 59857 †	Induced abortion

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation
76801 *, 76802 *, 76805 *, 76810 *, 76811 *, 76812 *, 76813 *, 76814 *, 76815 *, 76816 *, 76817 *	Ultrasound
76819	Fetal biophysical profile; without non-stress testing
76825 *	Fetal echocardiography
80055	Obstetric panel
80081	Obstetric panel (includes HIV testing)
<<80143	Acetaminophen>>
<<80151	Amiodarone>>
<<80161	Carbamazepine; -10,11-epoxide>>
80163	Digoxin; free
80165	Valproic acid; free
<<80167	Felbamate>>
<<80179	Salicylate>>
<<80181	Flecainide>>
<<80189	Itraconazole>>
<<80193	Leflunomide>>
<<80204	Methotrexate>>
<<80210	Rufinamide>>

## «Reimbursable CPT Codes (continued)»

CPT Code	Description
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation, includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers, chromatography, and mass spectrometry either with or without chromatography, includes sample validation when performed, per date of service
81025	Pregnancy test (urine)
81220 ‡	CFTR (cystic fibrosis transmembrane conductance regulator) gene analysis; common variants (e.g., ACMG/ACOG guidelines)
81221 ☉	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants
81222 ☉	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants
81223 ☉	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence
81329 ☉	SMN1 (survival of motor neuron 1, telomeric) gene analysis; dosage/deletion analysis, includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
81508 §	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-a, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
81511 §	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score
«82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)»
«82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)»
82731 **	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82950	Glucose; quantitative post glucose dose
82951	Glucose; tolerance test (GTT), three specimens (includes glucose)
82952	Glucose; tolerance test, each additional beyond three specimens
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021	Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)
84702 §	Quantitative chorionic gonadotropin
84703 §	Qualitative chorionic gonadotropin
85004	Blood count; automated differential WBC count
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85009	Blood count; manual differential WBC count, buffy coat
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count)

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease (COVID-19)]; screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease (COVID-19)]; titer
«86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative»
86592	Syphilis test; qualitative (e.g., VRDL, RPR, ART)
86689	HTLV or HIV antibody, confirmatory test
86701	HIV-1
86702	HIV-2
86703	Antibody, HIV-1 and HIV-2, single assay
86762	Antibody; rubella
86780 §	Antibody; treponema pallidum
86794 §	Antibody; Zika virus, IgM
86803	Hepatitis C antibody
86804	Hepatitis C antibody, confirmatory test (eg, immunoblot)
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, serologic; ABO
86901	Blood typing, serologic; Rh(D)
87077	Blood typing, serologic; aerobic isolate, additional methods required for definitive identification, each isolate

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
87081	Culture, presumptive, pathogenic organisms, screening only
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87147	Culture typing; immunologic method, other than immunofluorescence (e.g., agglutination grouping), per antiserum
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution
87340	Infectious agent antigen detection by immunoassay technique, qualitative or semi-quantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
87389	Infectious agent antigen detection by immunoassay technique, qualitative or semi-quantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])
<<87428>>	<<Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B>>
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
87535	HIV-1, amplified probe technique, includes reverse transcription when performed
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87624 ∞	Human papillomavirus, high-risk types
87625 ∞	Human papillomavirus, types 16 and 18 only, includes type 45, if performed
87634 ∞	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
<<87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique>>
<<87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique>>
87661	Trichomonas vaginalis, amplified probe technique
87662 ∞	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
87806	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
<<87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])>>
88141	Cytopathology, cervical or vaginal, requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision (Thinprep)
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88174	Cytopathology cervical or vaginal, collected in preservation fluid, automated thin layer preparation, screening by automated system, under physician supervision
88175	Cytopathology cervical or vaginal, collected in preservation fluid, automated thin layer preparation, screening by automated system, under physician supervision and manual rescreening or review, under physician supervision
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells



**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6 to 12 colonies, one karyotype, with banding
88300 §	Level I – Surgical pathology, gross examination only
88304 §	Level III – Surgical pathology, gross, and microscopic examination
88305 §	Level IV – Surgical pathology, gross, and microscopic examination
90630	Influenza virus vaccine, quadrivalent, split virus, preservative free, for intradermal use
90632 †	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
90636 †	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, intramuscular use
90654	Influenza virus vaccine, split virus, preservative-free, for intradermal use
90656	Influenza virus vaccine, trivalent, split virus, preservative free, 0.5 ml dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent, split virus, 0.5 ml dosage, for intramuscular use

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
90661 †	Influenza virus vaccine, trivalent, derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA, hemagglutinin protein only, preservative and antibiotic free, for intramuscular use
90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use
90682 †	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage, for intramuscular use
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 ml dosage, for intramuscular use
90694	Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 ml dosage, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90746 ‡	Hepatitis B vaccine (HepB), adult dosage; 3 dose schedule, for intramuscular use
90756 †	Influenza virus vaccine quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use
«92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral»

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
92228	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization)
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (e.g., sensory, motor, language, or visual cortex localization)

**Reimbursable CPT Codes (continued)**

<b>CPT Code</b>	<b>Description</b>
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour
96374	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug
99000	Handling and/or conveyance of specimen
99202	Office visit – new patient (for confirmation of pregnancy; see the Pregnancy: Early Care and Diagnostic Services section in the appropriate Part 2 manual)
99211	Office visit – established patient (for confirmation of pregnancy; see the Pregnancy: Early Care and Diagnostic Services section in the appropriate Part 2 manual)
99281	Emergency department visit; self-limited or minor
99282	Emergency department visit; low to moderate severity
99283	Emergency department visit; moderate severity
99284	Emergency department visit; high severity
99285	Emergency department visit; high severity with immediate threat to life or physiologic function

**Note:** When the patient's pregnancy test is negative, use CPT code 99202 or 99211 for the office visit and code 81025 for the pregnancy test. These are the only reimbursable codes when the pregnancy test is negative.

## **Reimbursable HCPCS Codes**

<b>HCPCS Code</b>	<b>Description</b>
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0390	ALS mileage (per mile)
A4224	Supplies for maintenance of insulin infusion catheter, per week
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
A4649 †	Surgical supply; miscellaneous
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening

**Reimbursable HCPCS Codes (continued)**

<b>HCPCS Code</b>	<b>Description</b>
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)
G0475 €	HIV antigen/antibody, combination assay, screening
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods), (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matrix-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day, 1 thru 7 drug class(es), including metabolite(s) if performed
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods), (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matrix-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day, 8 thru 14 drug class(es), including metabolite(s) if performed
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods), (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matrix-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day, 15 thru 21 drug class(es), including metabolite(s) if performed

**Reimbursable HCPCS Codes (continued)**

<b>HCPCS Code</b>	<b>Description</b>
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays and enzymatic methods), (2) stable isotope or other universally recognized internal standards in all samples, and (3) method or drug-specific calibration and matrix-matched quality control material; qualitative or quantitative, all sources, includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays and enzymatic methods, performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes
G1020	Clinical decision support mechanism curbside clinical augmented workflow, as defined by the medicare appropriate use criteria program
G1021	Clinical decision support mechanism ehealthline clinical decision support mechanism, as defined by the medicare appropriate use criteria program
G1022	Clinical decision support mechanism intermountain clinical decision support mechanism, as defined by the medicare appropriate use criteria program
G1023	Clinical decision support mechanism persivia clinical decision support, as defined by the medicare appropriate use criteria program

**Reimbursable HCPCS Codes (continued)**

<b>HCPCS Code</b>	<b>Description</b>
G8431 ±	Screening for depression is documented as being positive and a follow-up plan is documented
G8510 ±	Screening for depression is documented as negative, a follow-up plan is not required
J0696 μ	Injection, ceftriaxone sodium, per 250 mg
J1201	Injection, cetirizine hydrochloride, 0.5 mg
J1558	Injection, immune globulin (xembify), 100 mg
J1726 **	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
J1729 **	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
J2788	Injection, rho(d) immune globulin, human, minidose, 50 micrograms (250 i.u)
J2790	Injection, rho(d) immune globulin, human, full dose, 300 micrograms (1500 Ini.u)
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu
J2792	Injection, rho(d) immune globulin, intravenous human, solvent detergent, 100 iu
J7342 £	Installation, ciprofloxacin otic suspension, 6 mg
«M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses»
«M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence. This includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses»
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection and post administration monitoring
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency
P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit



**Reimbursable HCPCS Codes (continued)**

<b>HCPCS Code</b>	<b>Description</b>
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)
Q0144 £	Azithromycin dihydrate, oral, capsules/powder, 1 gram
Q9001	Assessment by department of veterans affairs chaplain services
Q9002	Counseling, individual, by department of veterans affairs chaplain services
Q9003	Counseling, group, by department of veterans affairs chaplain services
Q9991 µ	Injection, buprenorphine extended-release, (Sublocade), less than or equal to 100 mg
Q9992 µ	Injection, buprenorphine extended-release, (Sublocade), greater than 100 mg
S0190 †	Mifepristone, oral, 200 mg (RU-486)
S0191 †	Misoprostol, buccal, 200 mcg
S0197	Prenatal vitamins, 30-day supply
S0199 †	Medically induced abortion by oral ingestion of medication including all associated services and supplies except drugs
S8035	Magnetic source imaging
T2047	Habilitation, prevocational, waiver; per 15 minutes
U0003	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
Z1032	Initial antepartum office visit
Z1034	Antepartum follow-up office visit
Z6200 thru Z6500 (excluding Z6208, Z6308 and Z6414)	CPSP services (CPSP providers only)
Z7500	Treatment room
Z7502	Use of emergency room

**«Reimbursable Proprietary Laboratory Analyses (PLA) Codes»**

<b>«PLA Code</b>	<b>Description</b>
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected»

**Reimbursable PLA Codes (continued)**

<b>PLA Code</b>	<b>Description</b>
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
<<0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens>>

## 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.
*	Medical justification is required. See the <i>Pregnancy: Early Care and Diagnostic Services</i> section in the appropriate Part 2 manual for applicable policy and billing information.
†	Refer to the <i>Abortions</i> section in the appropriate Part 2 manual for specific billing information.
‡	Refer to the <i>Genetic Counseling and Screening</i> section in the appropriate Part 2 manual for applicable policy and billing information.
⌘	Refer to the <i>Pathology: Molecular Pathology</i> section in the Part 2 manual for applicable billing with an appropriate diagnosis code.
§	Refer to pathology sections in the appropriate Part 2 manual for specific billing information.
**	Refer to the <i>Pregnancy: Early Care and Diagnostic Services</i> section in the appropriate Part 2 manual for applicable diagnosis and frequency billing restrictions
∞	Refer to the <i>Pathology: Microbiology</i> section in the appropriate Part 2 manual for specific billing information
φ	Refer to the <i>Immunization</i> section in the appropriate Part 2 manual for specific billing information
¥	For use only in high-risk situations while pregnant
€	Frequency limited to once per month
±	Refer to the <i>Evaluation and Management (E&amp;M)</i> section of the appropriate Part 2 manual for specific billing information
μ	Refer to the <i>Injections: Drugs A-D Policy</i> section in the appropriate Part 2 manual for specific billing information
£	Refer to the <i>Non-Injectable Drugs</i> section in the appropriate Part 2 manual for specific billing information.