
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.

Family PACT Laboratory Services Grid

HCPCS Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
Q0111 Wet mount, including prep of vaginal, cervical or skin specimens (including urethral) Provider-performed microscopy procedure. Appropriate CLIA certification required.	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, B37.31, B37.32 «N34.1, N34.2, N34.3,» N76.0, Z20.2	No	Female
Q0111 Wet mount, including prep of vaginal, cervical or skin specimens (including urethral) Provider-performed microscopy procedure. Appropriate CLIA certification required	Z30.018, Z30.02, Z30.49, Z98.52	A59.03, N34.1, N34.2, «N34.3,» Z20.2	No	Male

Family PACT Laboratory Services Grid (continued)

CPT® Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
81000 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	Female Sterilization (Asymptomatic) Preoperative testing only
81000 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	Female 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
81000 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	Male Sterilization Preoperative testing only
81000 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	Z30.018, Z30.02, Z30.49, Z98.52	N34.1, ‹‹N45.1, N45.3, N50.811, N50.812, N50.819››	No	Male
81001 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	Female Sterilization (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
81001 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	Female Limited to evaluation of documented symptom(s) suggestive of UTI
81001 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	Male Sterilization Preoperative testing only
« 81001 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	Z30.018, Z30.02, Z30.49, Z98.52	N34.1	No	Male»»

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
81002 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	Female Sterilization (Asymptomatic) Preoperative testing only
81002 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	Female (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
81002 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	Male Sterilization Preoperative testing only
« 81002 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	Z30.018, Z30.02, Z30.49, Z98.52	N34.1	No	Male»
81003 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	Female Sterilization (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
81003 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	Female Limited to evaluation of documented symptom(s) suggestive of UTI
81003 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	Male Sterilization Preoperative testing only
« 81003 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	Z30.018, Z30.02, Z30.49, Z98.52	N34.1	No	Male»»

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
81005 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	Female Limited to evaluation of documented symptom(s) suggestive of UTI
<<81005 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	Z30.018, Z30.02, Z30.49, Z98.52	N34.1	No	Male>>

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
81015 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	Female Limited to evaluation of documented symptom(s) suggestive of UTI
81015 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	Z30.018, Z30.02, Z30.49, Z98.52	N34.1, ‹‹N45.1, N45.3, N50.811, N50.812, N50.819››	No	Male

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
81025 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	Female Limited to evaluation of documented symptom(s) or other history suggestive of pregnancy
81025 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
81025 Urine pregnancy test, by visual color comparison methods	Z01.812	Z30.09	No	Female Sterilization 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
82803 Gases, blood any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ 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	Female
82805 Gases, blood any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ 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	Female

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
82810 Gases, blood, O ₂ 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	Female
83986 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, B37.31, B37.32, N76.0, Z20.2»	No	Female
85002 Bleeding time	Z01.812	Z30.09	Yes	Female Sterilization 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
85013 Blood count; spun microhematocrit	Z30.430 thru Z30.433	Not Applicable	No	Female
85013 Blood count; spun microhematocrit	Z01.812	Z30.09	No	Female Sterilization Preoperative testing
85013 Blood count; spun microhematocrit	Z98.51	Not Applicable	No	Female Sterilization Postoperative testing
85013 Blood count; spun microhematocrit	Z01.812	Z30.09	No	Male Sterilization Preoperative testing only
85014 Blood count; hematocrit (Hct)	Z30.430 thru Z30.433	N/A	No	Female
85014 Blood count; hematocrit (Hct)	Z01.812	Z30.09	No	Female Sterilization Preoperative testing
85014 Blood count; hematocrit (Hct)	Z98.51	Not Applicable	No	Female Sterilization «Postoperative» testing
« 85014 Blood count; hematocrit (Hct)	Z01.812	Z30.09	No	Male Sterilization 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
85014 Blood count; hematocrit (Hct)	N92.0	Z30.42	Yes	« Female, Complication » When clinically indicated for management of complications of heavy vaginal bleeding
85014 Blood count; hematocrit (Hct)	N99.820	Z30.2	Yes	« Male, Complication » When clinically indicated for postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure, within 30 days postoperative
85018 Blood count; hemoglobin (Hgb)	Z30.430 thru Z30.433	N/A	No	Female
85018 Blood count; hemoglobin (Hgb)	Z01.812	Z30.09	No	Female Sterilization Preoperative testing
85018 Blood count; hemoglobin (Hgb)	Z98.51	Not applicable	No	Female Sterilization Preoperative testing
85018 Blood count; hemoglobin (Hgb)	Z01.812	Z30.09	No	Male Sterilization 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
85018 Blood count; hemoglobin (Hgb)	N92.0	Z30.42, Z30.46	Yes	« Female, Complication » When clinically indicated for management of heavy vaginal bleeding
85018 Blood count; hemoglobin (Hgb)	N99.820	Z30.2	Yes	« Male, Complication » When clinically indicated for postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure, within 30 days postoperative
85018 Blood count; hemoglobin (Hgb)	N99.840	Z30.2	No	« Male, Complication » 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)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
85025 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	Female When clinically indicated for management of Pelvic Inflammatory Disease (PID) (uncomplicated outpatient only)
85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z01.812	Z30.09	No	Female Sterilization Preoperative testing
85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z98.51	Not applicable	No	Female Sterilization 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
85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z01.812	Z30.09	No	Male Sterilization Preoperative testing only
85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Z98.52	Not applicable	No	Male Sterilization 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
85025 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	« Female, Complication » When clinically indicated for management of heavy vaginal bleeding or infection at insertion site
85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	N99.820	Z30.2	Yes	« Male, Complication » When clinically indicated for postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure, within 30 days postoperative
85025 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	N99.840	Z30.2	No	Male 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)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Z01.812	Z30.09	No	Female Sterilization Preoperative testing
85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Z98.51	N/A	No	Female Sterilization Postoperative testing
85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Z01.812	Z30.09	No	Male Sterilization Preoperative testing only
85027 Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	N92.0	Z30.42, Z30.46	Yes	« Female, Complication » When clinically indicated for management of heavy vaginal bleeding
85610 Prothrombin time	Z01.812	Z30.09	Yes	Female Sterilization Preoperative evaluation 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
85651 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	Female
85651 Sedimentation rate, erythrocyte; non-automated	T85.79XA, T85.79XD, T85.79XS	Z30.46	Yes	« Female, Complication » When clinically indicated for management of infection at insertion site
85652 Sedimentation rate, erythrocyte 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	Female
85652 Sedimentation rate, erythrocyte automated	T85.79XA, T85.79XD, T85.79XS	Z30.42, Z30.46	Yes	Female When clinically indicated for management of infection at insertion site

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
85730 Thromboplastin time, partial (PTT); plasma or whole blood	Z01.812	Z30.09	Yes	Female Sterilization Preoperative evaluation only
86592 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	Female
86592 Syphilis test, non- treponemal antibody; qualitative (eg, VDRL, RPR and ART)	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	Male
86593 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	Female 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
86593 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	Male Reflex from positive 86592, 86780. Use secondary diagnosis code when ordered separately to assess response to syphilis treatment
86689 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	Female 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
86689 HTLV or HIV antibody, confirmatory test (eg, Western Blot)	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	Male 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)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
86701 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	Female
86701 HIV-1	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	Male
86702 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	Female
86702 HIV-2	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	Male
86703 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	Female

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
86703 HIV-1 and HIV-2, single result	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	Male
86780 Antibody; Treponema pallidum <<(syphilis)>>	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	Female
86780 Antibody; Treponema pallidum <<(syphilis)>>	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	Male

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
87081 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	« Female, Complication » When clinically indicated for management of implant insertion/removal or surgical site infection
87081 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	« Male, Complication » 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
87181 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	« Female, Complication » Reflex from positive 87081 when clinically indicated for management of implant insertion/removal or surgical site infection
87181 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	« Male, Complication » 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
87184 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	« Female, Complication » Reflex from positive 87081 when clinically indicated for management of implant insertion/removal site infection, operative site or PID (within 30 days postoperative).
87184 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	« Male, Complication » Reflex from positive 87081 when clinically indicated for management of surgical site infection (<u>less than</u> 30 days 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
87186 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	« Female, Complication » Reflex from positive 87081 when clinically indicated for management of implant insertion/removal or surgical site infection.
87186 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	« Male, Complication » 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
87205 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, N34.1, N34.2, N45.1, N45.3, N50.811, N50.812, N50.819»	No	Male «CT, GC, NGU and Epididymitis, 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
87210 Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps) Reimbursed to CLIA certified laboratories	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	A54.01, A54.22, A54.5, A54.6, A56.01, A56.3, B37.31, B37.32, «N34.1,» N34.2, «N34.3,» N45.3, «N76.0»	No	Female
87210 Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps) Reimbursed to CLIA certified laboratories	Z30.018, Z30.02, Z30.49, Z98.52	A59.03, N34.1, N34.2, «N34.3,» Z20.2	No	Male

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
87255 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	Female Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is <u>not</u> covered; limited to Herpes
87255 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	Male 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
87389 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	Female
87389 HIV-1 antigen(s), with HIV-2 and HIV-2 antibodies, single result	Z30.018, Z30.02, Z30.49, Z98.52	Not applicable	No	Male
87491 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	Female 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

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
87491 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, <<N34.1, N34.2, N34.3>> N70.03, N70.93, N72, N89.8, N94.10 thru N94.12, N94.19, N94.89, R30.0, R30.9	Not applicable	Female Any age: Additional ICD-10-CM code required
87491 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, N34.1, N34.2, <<N34.3,>> N45.1, N45.3, R30.0, R30.9, N50.811, N50.812, N50.819	No	Male 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
87529 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	Female Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is <u>not</u> covered; limited to Herpes
87529 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	Male Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is <u>not</u> covered; limited to Herpes
87535 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	Female 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
87535 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	Male Only when HIV-1/HIV-2 differentiation assay results are negative or indeterminate
87563 Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, 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	«N34.1, N34.2, N34.3,» N70.03, N70.93, N72	No	Female This test is intended for use as a diagnostic test for recurrent urethritis, cervicitis, and in some cases of PID. It is not a covered benefit when used and billed as a screening test in asymptomatic persons
87563 Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	Z30.018, Z30.02, Z30.49, Z98.52	N34.1, N34.2, N34.3, N45.1, N45.3, N50.811, N50.812, N50.819	No	Male This test is intended for use as a diagnostic test for recurrent urethritis and cervicitis, and epididymitis. It is not a covered benefit when used and billed as a screening test in asymptomatic persons

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
87591 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	Female 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
87591 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, <<N34.1,>> N34.2, <<N34.3,>> N70.03, N70.93, N72, N89.8, N94.10 thru N94.12, N94.19, N94.89, R30.0, R30.9	Not applicable	Female 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
87591 Neisseria gonorrhoeae, 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: A54.01, A54.22, A54.5, A54.6, N34.1, N34.2, «N34.3,» N45.1, N45.3, R30.0, R30.9, N50.811, N50.812, N50.819	No	Male 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
87624 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	Not applicable	No	Females 30 thru 65 years of age, for HPV-based cervical cancer screening, once every five years, any provider. See the <i>Benefits: Family Planning-Related Services</i> section in this manual.
87624 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	D06.0, D06.1, D06.9, N87.0, N87.1, R87.610 thru R87.613, R87.615, R87.616, R87.619, R87.810, Z01.42, Z87.410	No	Females 21 thru 65 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
87625 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	Females 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.
87661 Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, 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: A59.01, A59.03, «N34.1, N34.2, N34.3», N76.0, Z20.2 Screening: Z11.6, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19	No	Female For screening guidelines, see the <i>Benefits: Family Planning</i> section in this manual.
« 87661 Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique	Z30.018, Z30.02, Z30.49, Z98.52	Diagnostic: N34.1, N34.2, N34.3	No	Male For the evaluation of persistent or recurrent NGU»

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
87806 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	Female
87806 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	Male
87808 Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	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: A59.01, A59.03, «N34.1, N34.2, N34.3,» N76.0, Z20.2 Screening: Z11.6, Z20.2, Z22.4, Z72.51 thru Z72.53, Z86.19	No	Female For screening guidelines, see the <i>Benefits: Family Planning</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
<<87808 Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	Z30.018, Z30.02, Z30.49, Z98.52	Diagnostic: N34.1, N34.2, N34.3	No	Male For the evaluation of persistent or recurrent NGU>>
88141 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	Female
88142 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	Female 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
88143 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	Female Restricted to women ages 21 through 65 regardless of sexual history *
88147 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	Female Restricted to women ages 21 through 65 regardless of sexual history *
88148 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	Female 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
88164 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	Female Restricted to women ages 21 through 65 regardless of sexual history *
88165 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	Female Restricted to women ages 21 through 65 regardless of sexual history *
88167 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	Female 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
88174 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	Female Restricted to women ages 21 through 65 regardless of sexual history *
88175 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	Female 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
88300 Level I – Surgical pathology, gross examination only	Z30.46	T85.628A T85.628D T85.628S	Yes	Female, Complication When clinically indicated for procedures with collection of specimen for complication due to displacement of contraceptive implant
88302 Level II - Surgical pathology, gross and microscopic examination	Z30.2, Z98.51	Not applicable	No	Female Two specimens <u>only</u>
88302 Level II - Surgical pathology, gross and microscopic examination	Z30.2, Z98.52	Not applicable	No	Female 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
88305 Level IV - 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	Female Specify on the <i>UB-04</i> claim in the <i>Remarks</i> 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 57461); and endometrial biopsy (58100 and 58110).
88305 Level IV - 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	Female When clinically indicated to confirm genital warts in a wart treatment candidate, the CPT procedure is not required.
88305 Level IV - Surgical pathology, gross and microscopic examination	Z30.018, Z30.02, Z30.49, Z98.52	A63.0, B07.9, B08.1	No	Male When clinically indicated to confirm genital warts in a wart treatment candidate, the CPT procedure is not 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
88305 Level IV - Surgical pathology, gross and microscopic examination	N92.0	Z30.42, Z30.46	Yes	Female, Complication When clinically indicated for management of heavy vaginal bleeding due to depot medroxyprogesterone acetate (DMPA) or contraceptive implant
88305 Level IV - Surgical pathology, gross and microscopic examination	K91.72, N99.61, N99.71, N99.820, N99.840	Z30.2	Yes	Female, Complication When clinically indicated for procedures with collection of specimens for: injury to other intra-abdominal organs
88305 Level IV - Surgical pathology, gross and microscopic examination	T83.39XA, T83.39XD, T83.39XS	Not applicable	Yes	Female, Complication 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
88305 Level IV - 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	Female, Complication When clinically indicated for procedures with collection of specimens for: other postoperative infection
88307 Level V - 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	Female Specify on the <i>UB-04</i> claim in <i>Remarks</i> field (Box 80) that biopsy specimens collected by LEEP procedure (CPT code 57460 or 57461).

Family PACT Laboratory Services Grid (continued)

CPT Code	ICD-10-CM Diagnosis Code	Additional ICD-10-CM Diagnosis Code	TAR	Gender/Age/Usage Restrictions
88342 Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	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	D06.0, D06.1, D06.9, N87.0, N87.1, R87.611, R87.613, R87.619	No	Female Restricted to ages equal to or greater than 15, when clinically indicated.

CPT code 88342 is covered for women ages ≥ 15 years, based on *The Lower Anogenital Squamous Terminology (LAST) Standardization Project for HPV- Associated Lesions: Background and Consensus Recommendations* from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology 2012, under the following circumstances:

- To aid in differential diagnosis between CIN 2 and CIN 3 and a mimic of precancer (e.g. immature metaplasia, reparative epithelial changes, atrophy or tangential cutting)
- Anytime a morphologic CIN 2 diagnosis is considered
- As an adjudication tool for cases with professional disagreement
- As an adjunct to morphologic assessment for biopsy specimens interpreted as \leq CIN 1 that are high risk for missed high-grade disease.

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 <i>Remarks</i> field (Box 80)/<i>Additional Claim Information</i> 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"> • 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 25 years and requires screening after the initial post-treatment surveillance per the 2019 ASCCP Guidelines or any prior diagnosis of cervical cancer. • In utero exposure to diethylstilbestrol (DES). • Immunocompromised status (such as HIV positive or immune suppressed such as a transplant patient using steroids). • 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. • 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.