

Family PACT Billing Guidelines



Gender: Female

January 2020

Every FPACT laboratory order must include the ICD-10-CM code that identifies the contraceptive method for which the patient is being seen. The majority of laboratory tests require an additional diagnosis for reimbursement, which provides the medical necessity for performing the tests. The following information, taken from the Family PACT Clinical Services Benefit Grid, serves as a reference tool for laboratory test services and is not comprehensive. For comprehensive lists of diagnosis codes and procedures, please refer to the appropriate sections in the Family PACT Policies, Procedures, and Billing Instructions Manual.

The ordering provider is responsible for determining the appropriate diagnosis codes for each patient. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record.

Procedure Codes	Laboratory Services	Family Planning Method Code	Additional Diagnosis Code Required	Gender/Age/Usage Restrictions
81001, 81003, 81015	Urinalysis	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	N30.00, N30.01, R10.30, R30.0, R30.9, R31.0, R35.0	Limited to evaluation of documented symptom(s) suggestive of UTI
		Z01.812	Z30.09	Preoperative testing only
85025	CBC w/diff	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	N70.03, N70.93, N94.10, N94.11, N94.12, N94.19, N94.89	When clinically indicated for management of Pelvic Inflammatory Disease (PID) (uncomplicated outpatient only)
		Z01.812	Z30.09	Preoperative testing
		Z98.51	N/A	Postoperative testing
85027	CBC w/out diff	Z01.812	Z30.09	Preoperative testing
		Z98.51	N/A	Postoperative testing
86592	Syphilis Test, qualitative	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	N/A	
87661	Trichomonas vaginalis, RNA, TMA	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	A59.01, A59.03, N76.0, Z20.2	
86701, 86702, 87389	HIV Testing	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	N/A	
87210	Wet mount	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	A59.01, A59.03, B37.3, N76.0, Z20.2	
87255 / 87529	HSV Culture/ Herpes Simplex Virus, amplified probe	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	N76.6	Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is not covered; limited to Herpes
88305	Surgical Pathology	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	A63.0, B07.9, B08.1, D06.9, N87.0, N87.1, N88.0, R87.610 – R87.613, R87.616, R87.618, R87.619, R87.810	A63.0, B07.9, B08.1: When clinically indicated to confirm genital warts in a wart treatment candidate, the CPT-4 procedure is not required

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Procedure Codes	Laboratory Services	Family Planning Method Code	Additional Diagnosis Code Required	Gender/Age/Usage Restrictions
87491 / 87591	Chlamydia Trachomatis (CT) / Neisseria gonorrhoeae (NG)	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	Screening: Z11.3, Z11.8, Z20.2, Z22.4, Z72.51 – Z72.53, Z86.19 Diagnostic: A54.01, A54.03, A54.5, A54.6, A56.01, A56.09, A56.3, A56.4, N34.2, N70.03, N70.93, N72, N89.8, N94.10, N94.11, N94.12, N94.19, N94.89, R30.0, R30.9	<25 years: Routine annual screening, any provider. No additional ICD-10-CM code required <25 years: More than 1x per year, same provider, additional ICD-10-CM code required ≥25 years: Additional ICD-10-CM code required
87624	HPV, high-risk types	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	D06.9, N87.1, R87.610, R87.619, Z01.42, Z87.410	21 – 99 years of age, once per 365 days, any provider
			D06.9, N87.0, N87.1, R87.610 – R87.613, R87.619, R87.810, Z01.42, Z87.410	25 – 99 years of age, once per 365 days, any provider
			D06.9, N87.0, N87.1, R87.610 – R87.613, R87.616, R87.619, N87.619, R87.810, Z01.42, Z87.410	30 – 99 years of age, once per 365 days, any provider
			Z11.51	30 – 65 years of age, once every five years, any provider, in combination with cervical cytology for cervical cancer screening
			R87.810, R87.820	30 – 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.
88142 / 88175	Pap Smear	Z30.011, Z30.013, Z30.015 – Z30.018, Z30.02, Z30.41, Z30.42, Z30.430 – Z30.433, Z30.44 – Z30.46, Z30.49, Z98.51	N/A	Restricted to women ages 21 through 65 regardless of sexual history

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81001, 81003	Urinalysis	Z01.812	Z30.09	Preoperative testing only
85014	Hematocrit	Z01.812	Z30.09	Preoperative testing only
85018	Hemoglobin	Z01.812	Z30.09	Preoperative testing only
85025	CBC w/diff	Z01.812	Z30.09	Preoperative testing only
		Z98.52	N/A	Evaluation for postoperative infection
85027	CBC w/out diff	Z01.812	Z30.09	Preoperative testing only
86592	Syphilis Test, qualitative	Z30.018, Z30.02, Z30.49, Z98.52	N/A	
86593	Syphilis Test, quantitative	Z30.018, Z30.02, Z30.49, Z98.52	A51.0, A51.31, A51.39, A51.5, A52.8, A53.0	Reflex from positive 86592, 86780. Use secondary diagnosis code when ordered separately to assess response to syphilis treatment
86701, 86702, 87389	HIV Testing	Z30.018, Z30.02, Z30.49, Z98.52	N/A	
86780	Treponema pallidum Antibody	Z30.018, Z30.02, Z30.49, Z98.52	N/A	Reflex from positive 86592; if positive result, 86593 is required
87205	Gram Stain	Z30.018, Z30.02, Z30.49, Z98.52	A54.01, A54.22, A54.5, A54.6, A56.01, A56.3, N34.2, N45.3	CT and GC symptomatic
87210	Wet mount	Z30.018, Z30.02, Z30.49, Z98.52	A59.03, N34.2, Z20.2	
87255	HSV Culture	Z30.018, Z30.02, Z30.49, Z98.52	N48.5	Reflex typing is not covered; limited to herpes
87491	Chlamydia Trachomatis (CT)	Z30.018, Z30.02, Z30.49, Z98.52	Screening: Z11.3, Z11.8, Z20.2, Z22.4, Z72.51, Z72.52, Z72.53, Z86.19 Diagnostic: A56.01, A56.3, A56.4, N34.2, N45.3, R30.0, R30.9	Any age: Additional ICD-10-CM code required
87591	Neisseria gonorrhoeae (NG)	Z30.018, Z30.02, Z30.49, Z98.52	Screening: Z11.3, Z11.8, Z20.2, Z22.4, Z72.51, Z72.52, Z72.53, Z86.19 Diagnostic: A54.01, A54.22, A54.5, A54.6, N34.2, N45.3, R30.0, R30.9	Any age: Additional ICD-10-CM code required
87529	Herpes Simplex Virus, amplified probe	Z30.018, Z30.02, Z30.49, Z98.52	N48.5	Only as necessary to evaluate genital ulcers of unconfirmed etiology. Reflex typing is not covered; limited to Herpes

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