

## Medi-Cal ICD-10 Coverage Policy

### Prolactin

Prolactin level testing (CPT-4 code 84146) should only be ordered when medically indicated, based on patient evaluation. Tests for Prolactin levels ordered for screening or non-indicated disease processes, such as infertility, are not reimbursable. Code 84146 is reimbursable by Medi-Cal only when billed in conjunction with one of the following ICD-10-CM diagnosis codes documenting the medical necessity of the test.

#### Prolactin approved ICD-10-CM codes

E01.8	E05.90	E22.0-E23.7	I13.0-I13.2	O92.011-O92.79
E02	E05.91	E24.1	I15.0-I15.9	Z33.1
E03.2	E06.0-E06.9	E34.4	N26.2	Z34.00-Z34.93
E03.3	E10.21-E10.29	E89.0	N89.7	
E03.8	E11.21-E11.29	E89.3	N91.0-N93.9	
E03.9	E13.21-E13.29	I12.0-I12.9	O09.00-O09.93	

For additional information on Medi-Cal's coverage policies, please refer to the Medi-Cal Provider Manual Pathology: Chemistry (path chem) available at [medi-cal.ca.gov/publications](http://medi-cal.ca.gov/publications).

**If you have any questions, please contact your Quest Diagnostics sales representative.**

The above information serves as a reference tool for laboratory services and is not comprehensive. 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.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.