Client Bulletin

Quest Diagnostics™

Reviewed January 2019

Presumptive Eligibility for Pregnant Women (PE4PW)

The Medi-Cal Provider Manual outlines benefits of the Presumptive Eligibility for Pregnant Women program. As an added value, we have included the Quest Diagnostics laboratory test codes which correspond to the covered laboratory benefits for eligible patients. For a complete code list of PE4PW benefits, please refer to pages 1-15 of the Presumptive Eligibility for Pregnant Women section in the Medi-Cal Provider Manual (presum bill). The complete policy as of October 2018 can be accessed at Medi-cal.CA.gov

TEST CODE/NAME	CPT DESCRIPTION	CPT CODE
20210 – Obstetric Panel 93802 – Obstetric Panel with HIV	Obstetric panel Obstetric panel (includes HIV)	80055 80081
10458 – Cystic Fibrosis Screen (32 mutations, including the 23 ACMG/ACOG recommended mutations) 92068 – CFVantage® Cystic Fibrosis Expanded Screen (165 mutations, including the 23 ACMG/ACOG recommended mutations and a higher percentage of CF-causing mutations across ethnicities)	CFTR (cystic fibrosis transmembrane conductance regulator) gene analysis; common variants (e.g., ACMG/ACOG guidelines) **Additional ICD-10-CM code required – Z31.430**	81220[1]
38226 – Fetal Fibronectin	Fetal fibronectin, cervicovaginal secretions, semi-quantitative **Additional ICD-10-CM code required – O60.02-O60.03**	82731
8477 – Glucose, gestational screen (135 cutoff) 19833 – Glucose, gestational screen (140 cutoff)	Glucose, quantitative post glucose dose	82950
18927 – Glucose Tolerance Test (GTT), Gestational, (75g) 3 specimens (fasting, 1-hour, 2-hour)	Glucose Tolerance Test (GTT), three specimens	82951
6745 – Glucose Tolerance Test (GTT), Gestational, (100g) 4 specimens (fasting, 1-hour, 2-hour, 3-hour)	Glucose Tolerance Test (GTT), three specimens; each additional beyond three specimens	82951 86952
31852 – Hemoglobin S, Quantitative 511 – Hemoglobin A2, Quantitative 513 – Fetal Hemoglobin	Hemoglobin fractionation and quantitation; chromatography (e.g. A2, S, C, and/or F)	83021
8396 – HCG, Quantitative 19485 – HCG, Quantitative w/gest. table	Quantitative chorionic gonadotropin	84702[2]
8435 – HCG, Qualitative	Qualitative chorionic gonadotropin	84703[2]
6399 – CBC, includes Diff/Plate*	Blood Count, complete, automated with platelet count and differential	85025
36126 – RPR w/reflex to titer and confirmation*	Syphilis Test, qualitative	86592
91431 – HIV 1/2 Antigen and Antibodies, Fourth Generation, with reflexes	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	87389
16185 – HIV 1 RNA, Qualitative, TMA	HIV-1, amplified probe technique, includes reverse transcription when performed	87535
802 – Rubella*	Antibody; rubella	86762
4112 – FTA-ABS	Antibody, Treponema pallidum	86780
795 – Antibody Screen*	Antibody screen, RBC, each serum technique	86850
7788 – ABO group and Rh Type*	Blood typing, serologic; ABO and Rh (D)	86900, 86901
5617 – Streptococcus, Group B Culture	Culture, presumptive, pathogenic organisms, screening only	87081

Continued

***This test is a component of the Obstetric Panel.

Presumptive Eligibility for Pregnant Women program information – continued

TEST CODE/NAME	CPT DESCRIPTION	CPT CODE
395, 3021 – Culture, urine Organism identification and susceptibility studies performed on all relevant positive cultures	Culture, bacterial; quantitative colony count, urine Culture, bacterial; with isolation and presumptive identification of each isolate, urine Aerobic isolate, additional methods required for definitive identification, each isolate Culture typing; immunologic method, per antiserum Susceptibility studies, antimicrobial agent; disk method Susceptibility studies, micro dilution or agar dilution	87086 87088 87077 87147 87184 87186
498 – Hepatitis B Surface Antigen with Confirmation*	Infectious agent detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	87340
11361 – CT, RNA, TMA	Chlamydia trachomatis, amplified probe	87491
11362 – NG, RNA, TMA	Neisseria gonorrhaeae, amplified probe	87591
31532 – HPV DNA (High Risk) 90887 – HPV mRNA E6/E7	Papillomavirus, human, amplified probe technique	87624[3]
91826 – HPV Genotypes 16, 18/45	Human papillomavirus, types 16 and 18 only, includes type 45, if performed	87625[3]
19550 – Trichomonas vaginalis RNA, qualitative, TMA 90521 – Trichomonas vaginalis RNA, qualitative, TMA, Pap Vial	Trichomonas vaginalis, amplified probe technique	87661
16047 - Respiratory Syncytial Virus (RSV) RNA, Qualitative Real-Time PCR	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	87634
94264 - Zika Virus Antibody (IgM)	Zika Virus (IgM)	86794
93870 - Zika Virus RNA, Qualitative, Real-Time RT-PCR	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	87662
14471, 14499, 92238 – Sure Path ® Pap	Cytopathology, cervical or vaginal (any reporting system), collected in preservative solution, automated thin layer preparation; manual screening under physician supervision	88142
3526 – Pap, conventional	Cytopathology, slides, cervical or vaginal (the Bethesda system); manual screening under physician supervision	88164
18810, 18811, 92240 – Sure Path ® Imaging Pap 58315, 92087, 90934 – Thin Prep ® Imaging System Pap	Cytopathology cervical or vaginal, collected in preservative solution, automated thin layer preparation, screening by automated system, under physician supervision and manual rescreening or review, under physician supervision	88175
3542 – Tissue Pathology	Level I – Surgical Pathology, gross examination Level III – Surgical Pathology, gross and microscopic examination Level IV – Surgical Pathology, gross and microscopic examination	88300[4] 88304[4] 88305[4]
23704 – Drug Abuse Panel 2180 – Drug Abuse Panel w/alcohol 92466 – Drug Monitoring, Panel 1, urine	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	80307

[1]Refer to the *Genetic Counseling and Screening* section in the appropriate Part 2 manual for applicable policy and billing information.
[2]Refer to the *Pathology: Chemistry* section in the appropriate Part 2 manual for specific billing information.
[3]Refer to the *Pathology: Microbiology* section in the appropriate Part 2 manual for specific billing information.
[4]Refer to the *Pathology: Surgical* section in the appropriate Part 2 manual for specific billing information.
*****This test is a component of the Obstetric Panel.

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

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. Diagnoses must always be documented in the patient's medical record. The ultimate responsibility belongs to the ordering physician to correctly assign the patient's diagnosis based on the patient's history, symptoms, and medical conditions.