

Family PACT Billing Guidelines

Gender: Female



March 2024

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.

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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
85014	Hematocrit	Z30.430 – Z30.433	N/A	Postoperative testing
		Z01.812	Z30.09	Preoperative testing
		Z98.51	N/A	Preoperative testing
		N92.0	Z30.42	When clinically indicated for management of complications of heavy vaginal bleeding
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 – N94.12, N94.19, N94.89	When clinically indicated for management of Pelvic Inflammatory Disease (PID) (uncomplicated outpatient only)
		Z01.812	Z30.09	Preoperative testing only
		N92.0, T85.79XA, T85.79XD, T85.79XS	Z30.42, Z30.46	When clinically indicated for management of heavy vaginal bleeding or infection at insertion site
		Z98.51	N/A	Postoperative testing
85027	CBC w/out diff	Z01.812	Z30.09	Preoperative testing
		Z98.51	N/A	Postoperative testing
		N92.0	Z30.42, Z30.46	When clinically indicated for management of heavy vaginal bleeding
85652	Sedimentation rate, automated	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 – N94.12, N94.19, N94.89	
		T85.79XA, T85.79XD, T85.79XS	Z30.42, Z30.46	When clinically indicated for management of infection at insertion site
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	NA	
86593	Syphilis Test	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	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.
86780	Antibody; Treponema pallidum	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	
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	

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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
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, N34.1, N34.2, N34.3, 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
87563	Mycoplasma genitalium	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	N34.1, N34.2, N34.3, N70.03, N70.93, N72	Not covered as screening test in asymptomatic persons
87661	Trichomonas vaginalis, RNA, TMA	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	Diagnostic: A59.01, A59.03, N34.1, N34.2, N34.3, N76.0, Z20.2 Screening: Z11.6, Z20.2, Z22.4, Z72.51 – Z72.53, Z86.19	
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	N/A D06.0, D06.1, D06.9, N87.0, N87.1, R87.610 – R87.613, R87.615, R87.616, R87.619, R87.810, Z01.42, Z87.410	30 thru 65 years of age, for HPV-based cervical cancer screening, once every five years, any provider 21 thru 65 years of age, once per 365 days, any provider.
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
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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81000, 81001, 81002, 81003, 81005, 81015,	Urinalysis	Z01.812	Z30.09	Preoperative testing only
		Z30.018, Z30.02, Z30.49, Z98.52	N34.1, N45.1, N45.3, N50.811, N50.812, N50.819	
85014	Hematocrit	Z01.812	Z30.09	Preoperative testing only
		N99.820	Z30.2	When clinically indicated for postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure, within 30 days postoperative
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
		N99.820	Z30.2	When clinically indicated for postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure, within 30 days postoperative
		N99.840	Z30.2	When clinically indicated for management of postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure
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, N34.1, N34.2, N45.1, N45.3, N50.811, N50.812, N50.819	CT, GC, NGU and Epididymitis, symptomatic
87210	Wet mount	Z30.018, Z30.02, Z30.49, Z98.52	A59.03, N34.1, 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

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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, N34.1, N34.2, N45.1, N45.3, R30.0, R30.9, N50.811, N50.812, N50.819	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, N34.1, N34.2, N45.1, N45.3, R30.0, R30.9, N50.811, N50.812, N50.819	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
87563	Mycoplasma genitalium	Z30.018, Z30.02, Z30.49, Z98.52	N34.1, N34.2, N34.3, N45.1, N45.3, N50.811, N50.812, N50.819	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
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	For the evaluation of persistent or recurrent NGU»

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