

# MEDICAL ASSISTANCE BULLETIN

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| <b>ISSUE DATE</b><br><br>May 28, 2024                                                 | <b>EFFECTIVE DATE</b><br><br>May 28, 2024 | <b>NUMBER</b><br><br>01-24-06, 08-24-07, 09-24-06, 10-24-06,<br>24-24-04, 25-24-02, 28-24-01, 31-24-07,<br>33-24-06                                                                     |
| <b>SUBJECT</b><br><br>Updates to the Family Planning Services<br>Program Fee Schedule |                                           | <b>BY</b><br><br><br><br>Sally A. Kozak,<br>Deputy Secretary<br>Office of Medical Assistance Programs |

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

## **PURPOSE:**

The purpose of this bulletin is to advise providers of the updates to the Family Planning Services Program Fee Schedule as a result of the 2024 Healthcare Common Procedure Coding System (HCPCS) updates, to issue an updated Family Planning Services: Covered Services Chart and to issue an updated Family Planning Covered Drug and Devices Chart.

## **SCOPE:**

This bulletin applies to Medical Assistance (MA) enrolled family planning providers including family planning clinics, outpatient hospital clinics, physicians, certified registered nurse practitioners, certified nurse midwives, physician assistants, federally qualified health centers, rural health clinics, laboratories, pharmacies, medical suppliers, and independent medical/surgical clinics who render services to MA beneficiaries in the MA Fee-for-Service delivery system.

## **BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) has a Family Planning State Plan option, known as Family Planning Services, which provides coverage of family planning and certain family planning-related services, pharmaceuticals and supplies for men and women who are not otherwise eligible for MA and have income at or below 215% of the Federal Poverty Level.

## **COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

The Department issued MA Bulletin 99-24-03, “2024 Healthcare Common Procedure Coding System (HCPCS) Updates and Other Procedure Code Changes,” to announce changes to the MA Program Fee Schedule, including changes resulting from the implementation of the 2024 HCPCS procedure code updates, effective May 28, 2024. The changes include the addition of procedure code G0136 (Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes) for Family Planning Services.

### Procedure Codes Added

The Department added procedure code G0136 with the FP (family planning) modifier for the following Provider Type (PT)/Specialty (Spec) combinations, based on clinical review, in Place of Service (POS) 02 (Telehealth Provided Other than in a Patient’s Home), 10 (Telehealth Provided in a Patient’s Home), 11 (Office), 12 (Home), 22 (Outpatient Hospital), 27 (Outreach Site/Street), and/or 49 (Independent Clinic) as indicated below:

| Procedure Code and Modifier | PT/Spec                                                     | POS                |
|-----------------------------|-------------------------------------------------------------|--------------------|
| G0136 (FP)                  | 01 (Inpatient Facility)/183 (Hospital Based Medical Clinic) | 02, 10, 22         |
|                             | 08 (Clinic)/082 (Independent Medical/Surgical Clinic)       | 02, 10, 49         |
|                             | 08/083 (Family Planning Clinic)                             | 02, 10, 22, 49     |
|                             | 09 (Certified Registered Nurse Practitioner)/All            | 02, 10, 11, 12, 27 |
|                             | 10 (Mid-level Practitioner)/100 (Physician Assistant)       | 02, 10, 11, 12, 27 |
|                             | 31 (Physician)/All                                          | 02, 10, 11, 12, 27 |
|                             | 33 (Certified Nurse Midwife)/335 (Certified Nurse Midwife)  | 02, 10, 11, 12, 27 |

NOTE: Provider type 10, specialty 100 is included because physician assistants can be listed as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled “Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants.”

<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2022010701.pdf>.

### PROCEDURE:

Providers should refer to the updated “Family Planning Services: Covered Services Chart” and the “Family Planning Covered Drugs and Devices Chart” attached to this bulletin for services rendered on and after May 28, 2024.

### ATTACHMENT:

Family Planning Services: Covered Services Chart  
Family Planning Covered Drugs and Devices Chart

FAMILY PLANNING SERVICES  
COVERED SERVICES CHART  
Effective May 28, 2024

| FAMILY PLANNING SERVICES |                                                                                        |               |           |                  |                  |               |          |                                     |               |                        |              |                                                                                               |
|--------------------------|----------------------------------------------------------------------------------------|---------------|-----------|------------------|------------------|---------------|----------|-------------------------------------|---------------|------------------------|--------------|-----------------------------------------------------------------------------------------------|
| Code                     | Code Description                                                                       | Provider Type | Specialty | Place of Service | Pricing Modifier | Info Modifier | MA Fee   | Prior Auth                          | MA units      | Limits                 | Post op days | Comments                                                                                      |
| 11976                    | Removal, implantable contraceptive capsules                                            | 01            | 183       | 22               |                  | FP            | \$118.05 | No                                  | per procedure | 1 per 3 calendar years | 0 days       | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11976                    | Removal, implantable contraceptive capsules                                            | 08            | 082       | 49               |                  | FP            | \$118.05 | No                                  | per procedure | 1 per 3 calendar years | 0 days       | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11976                    | Removal, implantable contraceptive capsules                                            | 08            | 083       | 22, 49           |                  | FP            | \$118.05 | No                                  | per procedure | 1 per 3 calendar years | 0 days       |                                                                                               |
| 11976                    | Removal, implantable contraceptive capsules                                            | 31            | All       | 11, 21, 24, 99   |                  | FP            | \$118.05 | No, but AUR and PSR process applies | per procedure | 1 per 3 calendar years | 0 days       | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11976                    | Removal, implantable contraceptive capsules                                            | 33            | 335       | 11, 21, 99       |                  | FP            | \$118.05 | No, but AUR and PSR process applies | per procedure | 1 per 3 calendar years | 0 days       | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11981                    | Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) | 01            | 021       | 24               | SG               |               | \$776.00 | No, but AUR and PSR process applies |               | N/A                    | N/A          | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11981                    | Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) | 02            | 020       | 24               | SG               |               | \$776.00 | No, but AUR and PSR process applies |               | N/A                    | N/A          | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11981                    | Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) | 01            | 183       | 22               |                  | FP            | \$103.91 | No                                  | per procedure | once per day           | 0 days       | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11981                    | Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) | 08            | 082       | 49               |                  | FP            | \$103.91 | No                                  | per procedure | once per day           | 0 days       | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11981                    | Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) | 08            | 083       | 22, 49           |                  | FP            | \$103.91 | No                                  | per procedure | once per day           | 0 days       |                                                                                               |
| 11981                    | Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) | 31            | All       | 11, 21, 24       |                  | FP            | \$103.91 | No, but AUR and PSR process applies | per procedure | once per day           | 0 days       | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|-------------------------------------------------------------------|----|-----|------------|----|----|----------|-------------------------------------|---------------|--------------|--------|-----------------------------------------------------------------------------------------------|
| 11982 | Removal, non-biodegradable drug delivery implant                  | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11982 | Removal, non-biodegradable drug delivery implant                  | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11982 | Removal, non-biodegradable drug delivery implant                  | 01 | 183 | 22         |    | FP | \$126.20 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11982 | Removal, non-biodegradable drug delivery implant                  | 08 | 082 | 49         |    | FP | \$126.20 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11982 | Removal, non-biodegradable drug delivery implant                  | 08 | 083 | 22, 49     |    | FP | \$126.20 | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 11982 | Removal, non-biodegradable drug delivery implant                  | 31 | All | 11, 21, 24 |    | FP | \$126.20 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant | 01 | 021 | 24         | SG |    | \$200.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant | 02 | 020 | 24         | SG |    | \$200.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant | 01 | 183 | 22         |    | FP | \$219.10 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant | 08 | 082 | 49         |    | FP | \$219.10 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant | 08 | 083 | 22, 49     |    | FP | \$219.10 | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant | 31 | All | 11, 21, 24 |    | FP | \$219.10 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 55200 | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) | 01 | 021 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 55200 | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) | 02 | 020 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 55200 | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) | 01 | 183 | 22             |    | FP | \$115.00 | No                                  | per procedure | once per day      | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 55200 | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) | 08 | 82  | 49             |    | FP | \$115.00 | No                                  | per procedure | once per day      | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 55200 | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) | 08 | 083 | 22             |    | FP | \$115.00 | No                                  | per procedure | once per day      | 90 days |                                                                                               |
| 55200 | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) | 31 | All | 11, 21, 24, 99 |    | FP | \$115.00 | No, but AUR and PSR process applies | per procedure | once per day      | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | 01 | 021 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | 02 | 020 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | 01 | 183 | 22             |    | FP | \$282.79 | No                                  | per procedure | once per lifetime | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | 08 | 082 | 49             |    | FP | \$282.79 | No                                  | per procedure | once per lifetime | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | 08 | 083 | 22, 49         |    | FP | \$282.79 | No                                  | per procedure | once per lifetime | 90 days |                                                                                               |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | 31 | All | 11, 21, 24, 99 |    | FP | \$282.79 | No, but AUR and PSR process applies | per procedure | once per lifetime | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | 31 | All | 11         | SU | FP | \$417.84 | No                                  | per procedure | once per lifetime      | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57170 | Diaphragm or cervical cap fitting with instructions                                                   | 01 | 183 | 22         |    | FP | \$60.55  | No                                  | per procedure | once per day           | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57170 | Diaphragm or cervical cap fitting with instructions                                                   | 08 | 082 | 49         |    | FP | \$60.55  | No                                  | per procedure | once per day           | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57170 | Diaphragm or cervical cap fitting with instructions                                                   | 08 | 083 | 22, 49     |    | FP | \$60.55  | No                                  | per procedure | once per day           | 0 days  |                                                                                               |
| 57170 | Diaphragm or cervical cap fitting with instructions                                                   | 31 | All | 11, 21, 99 |    | FP | \$60.55  | No, but AUR and PSR process applies | per procedure | once per day           | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57170 | Diaphragm or cervical cap fitting with instructions                                                   | 33 | 335 | 11, 21, 99 |    | FP | \$60.55  | No, but AUR and PSR process applies | per procedure | once per day           | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58300 | Insertion of intrauterine device (IUD)                                                                | 01 | 183 | 22         |    | FP | \$67.60  | No                                  | per procedure | 1 per 3 calendar years | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58300 | Insertion of intrauterine device (IUD)                                                                | 08 | 082 | 49         |    | FP | \$67.60  | No                                  | per procedure | 1 per 3 calendar years | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58300 | Insertion of intrauterine device (IUD)                                                                | 08 | 083 | 22, 49     |    | FP | \$67.60  | No                                  | per procedure | 1 per 3 calendar years | 0 days  |                                                                                               |
| 58300 | Insertion of intrauterine device (IUD)                                                                | 31 | All | 11, 21, 99 |    | FP | \$67.60  | No, but AUR and PSR process applies | per procedure | 1 per 3 calendar years | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58300 | Insertion of intrauterine device (IUD)                                                                | 33 | 335 | 11, 21, 99 |    | FP | \$67.60  | No, but AUR and PSR process applies | per procedure | 1 per 3 calendar years | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58301 | Removal of intrauterine device (IUD)                                                                  | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A                    | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |



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| 58301 | Removal of intrauterine device (IUD)                                                                                                 | 02 | 020 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A                    | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58301 | Removal of intrauterine device (IUD)                                                                                                 | 01 | 183 | 22             |    | FP | \$84.25  | No                                  | per procedure | 1 per 3 calendar years | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58301 | Removal of intrauterine device (IUD)                                                                                                 | 08 | 082 | 49             |    | FP | \$84.25  | No                                  | per procedure | 1 per 3 calendar years | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58301 | Removal of intrauterine device (IUD)                                                                                                 | 08 | 083 | 22, 49         |    | FP | \$84.25  | No                                  | per procedure | 1 per 3 calendar years | 0 days |                                                                                               |
| 58301 | Removal of intrauterine device (IUD)                                                                                                 | 31 | All | 11, 21, 24, 99 |    | FP | \$84.25  | No, but AUR and PSR process applies | per procedure | 1 per 3 calendar years | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58301 | Removal of intrauterine device (IUD)                                                                                                 | 33 | 335 | 11, 21, 99     |    | FP | \$84.25  | No, but AUR and PSR process applies | per procedure | 1 per 3 calendar years | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | 01 | 021 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A                    | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | 02 | 020 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A                    | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | 01 | 183 | 22             |    | FP | \$52.00  | No                                  | per procedure | once per day           | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | 08 | 082 | 49             |    | FP | \$52.00  | No                                  | per procedure | once per day           | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | 08 | 083 | 22, 49         |    | FP | \$52.00  | No                                  | per procedure | once per day           | 0 days |                                                                                               |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | 31 | All | 11, 21, 24     |    | FP | \$52.00  | No, but AUR and PSR process applies | per procedure | once per day           | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | 01 | 021 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | 02 | 020 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | 01 | 183 | 22             |    | FP | \$405.57 | No                                  | per procedure | once per lifetime | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | 08 | 082 | 49             |    | FP | \$405.57 | No                                  | per procedure | once per lifetime | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | 08 | 083 | 22, 49         |    | FP | \$405.57 | No                                  | per procedure | once per lifetime | 90 days |                                                                                               |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | 31 | All | 11, 21, 24, 99 |    | FP | \$405.57 | No, but AUR and PSR process applies | per procedure | once per lifetime | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral                     | 01 | 021 | 24             | SG |    | \$736.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral                     | 02 | 020 | 24             | SG |    | \$736.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral                     | 31 | All | 21, 24         |    | FP | \$306.50 | No, but AUR and PSR process applies | per procedure | two per lifetime  | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral                     | 31 | All | 21, 24         | 80 | FP | \$61.50  | No, but AUR and PSR process applies | per procedure | two per lifetime  | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58615 | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach                    | 01 | 021 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58615 | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach                    | 02 | 020 | 24             | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |



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| 58615 | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach | 31 | All | 21, 24 |    | FP | \$230.31 | No, but AUR and PSR process applies | per procedure | once per day      | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection)                     | 01 | 021 | 24     | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection)                     | 02 | 020 | 24     | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection)                     | 31 | All | 21, 24 |    | FP | \$316.82 | No, but AUR and PSR process applies | per procedure | once per day      | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)          | 01 | 021 | 24     | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)          | 02 | 020 | 24     | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A               | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)          | 31 | All | 21, 24 |    | FP | \$326.39 | No, but AUR and PSR process applies | per procedure | once per lifetime | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 74740 | Hysterosalpingography, radiological supervision and interpretation                                    | 01 | 183 | 22     | TC | FP | \$26.50  | No                                  | per procedure | once per day      | N/A     | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 74740 | Hysterosalpingography, radiological supervision and interpretation                                    | 08 | 082 | 49     | TC | FP | \$26.50  | No                                  | per procedure | once per day      | N/A     | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 74740 | Hysterosalpingography, radiological supervision and interpretation                                    | 08 | 083 | 22, 49 | TC | FP | \$26.50  | No                                  | per procedure | once per day      | N/A     |                                                                                               |
| 81025 | Urine pregnancy test, by visual color comparison methods                                              | 01 | 183 | 22     |    | FP | \$10.76  | No                                  | per test      | once per day      | N/A     | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 81025 | Urine pregnancy test, by visual color comparison methods                                              | 08 | 082 | 49     |    | FP | \$10.76  | No                                  | per test      | once per day      | N/A     | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|----------------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 81025 | Urine pregnancy test, by visual color comparison methods | 08 | 083 | 22, 49 |  | FP     | \$10.76 | No | per test | once per day | N/A |                                                                                               |
| 81025 | Urine pregnancy test, by visual color comparison methods | 09 | All | 11     |  | FP     | \$10.76 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 81025 | Urine pregnancy test, by visual color comparison methods | 10 | 100 | 11     |  | FP     | \$10.76 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 81025 | Urine pregnancy test, by visual color comparison methods | 28 | 280 | 81     |  | FP     | \$10.76 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 81025 | Urine pregnancy test, by visual color comparison methods | 31 | All | 11     |  | FP     | \$10.76 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 81025 | Urine pregnancy test, by visual color comparison methods | 33 | 335 | 11     |  | FP     | \$10.76 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84703 | Gonadotropin, chorionic (hCG); qualitative               | 01 | 183 | 22     |  | FP     | \$10.26 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84703 | Gonadotropin, chorionic (hCG); qualitative               | 01 | 183 | 22     |  | QW, FP | \$10.26 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84703 | Gonadotropin, chorionic (hCG); qualitative               | 08 | 083 | 22, 49 |  | FP     | \$10.26 | No | per test | once per day | N/A |                                                                                               |
| 84703 | Gonadotropin, chorionic (hCG); qualitative               | 08 | 083 | 22, 49 |  | QW, FP | \$10.26 | No | per test | once per day | N/A |                                                                                               |
| 84703 | Gonadotropin, chorionic (hCG); qualitative               | 28 | 280 | 81     |  | FP     | \$10.26 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84703 | Gonadotropin, chorionic (hCG); qualitative               | 28 | 280 | 81     |  | QW, FP | \$10.26 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|--------------------------------------------------------------------------------------------------------------|----|-----|--------|--|----|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 87480 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Candida species, direct probe technique          | 01 | 183 | 22     |  | FP | \$22.72 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87480 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Candida species, direct probe technique          | 08 | 083 | 22, 49 |  | FP | \$22.72 | No | per test | once per day | N/A |                                                                                               |
| 87480 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Candida species, direct probe technique          | 28 | 280 | 81     |  | FP | \$22.72 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87510 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Gardnerella vaginalis, direct probe technique    | 01 | 183 | 22     |  | FP | \$16.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87510 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Gardnerella vaginalis, direct probe technique    | 08 | 083 | 22, 49 |  | FP | \$16.04 | No | per test | once per day | N/A |                                                                                               |
| 87510 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Gardnerella vaginalis, direct probe technique    | 28 | 280 | 81     |  | FP | \$16.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87660 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Trichomonas vaginalis, direct probe technique    | 01 | 183 | 22     |  | FP | \$22.42 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87660 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Trichomonas vaginalis, direct probe technique    | 08 | 083 | 22, 49 |  | FP | \$22.42 | No | per test | once per day | N/A |                                                                                               |
| 87660 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Trichomonas vaginalis, direct probe technique    | 28 | 280 | 81     |  | FP | \$22.42 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87661 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Trichomonas vaginalis, amplified probe technique | 01 | 183 | 22     |  | FP | \$38.30 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87661 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Trichomonas vaginalis, amplified probe technique | 08 | 083 | 22, 49 |  | FP | \$38.30 | No | per test | once per day | N/A |                                                                                               |
| 87661 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Trichomonas vaginalis, amplified probe technique | 28 | 280 | 81     |  | FP | \$38.30 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                                                                                                                                                                                                                                            |    |     |                |  |    |         |    |           |              |     |                                                                                               |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----------------|--|----|---------|----|-----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. | 08 | 083 | 02, 10, 22, 49 |  | FP | \$62.20 | No | per visit | once per day | N/A |                                                                                               |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. | 09 | All | 02, 10, 11, 99 |  | FP | \$62.20 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. | 10 | 100 | 02, 10, 11, 99 |  | FP | \$62.20 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. | 31 | All | 02, 10, 11, 99 |  | FP | \$62.20 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. | 33 | 335 | 02, 10, 11, 99 |  | FP | \$62.20 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.    | 08 | 083 | 02, 10, 22, 49 |  | FP | \$95.13 | No | per visit | once per day | N/A |                                                                                               |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.    | 09 | All | 02, 10, 11, 99 |  | FP | \$95.13 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.    | 10 | 100 | 02, 10, 11, 99 |  | FP | \$95.13 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----------------|--|----|----------|----|-----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.      | 31 | All | 02, 10, 11, 99 |  | FP | \$95.13  | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.      | 33 | 335 | 02, 10, 11, 99 |  | FP | \$95.13  | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. | 09 | All | 02, 10, 11, 99 |  | FP | \$160.89 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. | 10 | 100 | 02, 10, 11, 99 |  | FP | \$160.89 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. | 31 | All | 02, 10, 11, 99 |  | FP | \$160.89 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. | 33 | 335 | 02, 10, 11, 99 |  | FP | \$160.89 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.     | 09 | All | 02, 10, 11, 99 |  | FP | \$209.15 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.     | 10 | 100 | 02, 10, 11, 99 |  | FP | \$209.15 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----------------|----|----|----------|----|-----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.            | 31 | All | 02, 10, 11, 99 |    | FP | \$209.15 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.            | 33 | 335 | 02, 10, 11, 99 |    | FP | \$209.15 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.                                                                                                                         | 08 | 083 | 02, 10, 22, 49 |    | FP | \$20.00  | No | per visit | one per year | N/A |                                                                                               |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.                                                                                                                         | 09 | All | 02, 10, 11, 99 |    | FP | \$20.00  | No | per visit | one per year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.                                                                                                                         | 10 | 100 | 02, 10, 11, 99 |    | FP | \$20.00  | No | per visit | one per year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.                                                                                                                         | 31 | All | 02, 10, 11, 99 |    | FP | \$20.00  | No | per visit | one per year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.                                                                                                                         | 33 | 335 | 02, 10, 11, 99 |    | FP | \$20.00  | No | per visit | one per year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. | 08 | 083 | 02, 10, 22, 49 | U7 | FP | \$31.15  | No | per visit | once per day | N/A |                                                                                               |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. | 09 | All | 02, 10, 11, 99 |    | FP | \$31.15  | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. | 10 | 100 | 02, 10, 11, 99 |    | FP | \$31.15  | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----------------|--|----|---------|----|-----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.  | 31 | All | 02, 10, 11, 99 |  | FP | \$31.15 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.  | 33 | 335 | 02, 10, 11, 99 |  | FP | \$31.15 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.     | 08 | 083 | 02, 10, 22, 49 |  | FP | \$63.14 | No | per visit | once per day | N/A |                                                                                               |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.     | 09 | All | 02, 10, 11, 99 |  | FP | \$63.14 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.     | 10 | 100 | 02, 10, 11, 99 |  | FP | \$63.14 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.     | 31 | All | 02, 10, 11, 99 |  | FP | \$63.14 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.     | 33 | 335 | 02, 10, 11, 99 |  | FP | \$63.14 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter | 08 | 083 | 02, 10, 22, 49 |  | FP | \$96.91 | No | per visit | once per day | N/A |                                                                                               |

|       |                                                                                                                                                                                                                                                                                                                      |    |     |                |  |    |          |    |           |              |     |                                                                                               |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----------------|--|----|----------|----|-----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter | 09 | All | 02, 10, 11, 99 |  | FP | \$96.91  | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter | 10 | 100 | 02, 10, 11, 99 |  | FP | \$96.91  | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter | 31 | All | 02, 10, 11, 99 |  | FP | \$96.91  | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter | 33 | 335 | 02, 10, 11, 99 |  | FP | \$96.91  | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.    | 09 | All | 02, 10, 11, 99 |  | FP | \$137.24 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.    | 10 | 100 | 02, 10, 11, 99 |  | FP | \$137.24 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.    | 31 | All | 02, 10, 11, 99 |  | FP | \$137.24 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.    | 33 | 335 | 02, 10, 11, 99 |  | FP | \$137.24 | No | per visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|----|----------|----|-----------|-----------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------|
| 99384 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years) | 08 | 083 | 22, 49 |  | FP | \$126.41 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A |                                                                                               |
| 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years                          | 08 | 083 | 22, 49 |  | FP | \$121.14 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A |                                                                                               |
| 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years                          | 09 | All | 11     |  | FP | \$121.14 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years                          | 10 | 100 | 11     |  | FP | \$121.14 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years                          | 31 | All | 11     |  | FP | \$121.14 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years | 33 | 335 | 11     |  | FP | \$121.14 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years | 08 | 083 | 22, 49 |  | FP | \$147.46 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A |                                                                                               |
| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years | 09 | All | 11     |  | FP | \$147.46 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years | 10 | 100 | 11     |  | FP | \$147.46 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years | 31 | All | 11     |  | FP | \$147.46 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years                                     | 33 | 335 | 11     |  | FP | \$147.46 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99394 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years) | 08 | 083 | 22, 49 |  | FP | \$107.53 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A |                                                                                               |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years                          | 08 | 083 | 22, 49 |  | FP | \$110.60 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A |                                                                                               |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years                          | 09 | All | 11     |  | FP | \$110.60 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years                          | 10 | 100 | 11     |  | FP | \$110.60 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years | 31 | All | 11     |  | FP | \$110.60 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years | 33 | 335 | 11     |  | FP | \$110.60 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years | 08 | 083 | 22, 49 |  | FP | \$120.25 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A |                                                                                               |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years | 09 | All | 11     |  | FP | \$120.25 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years | 10 | 100 | 11     |  | FP | \$120.25 | No | per visit | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------|----------------|--|----|------------|-----|----------------|-----------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------|
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years | 31 | All                     | 11             |  | FP | \$120.25   | No  | per visit      | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years | 33 | 335                     | 11             |  | FP | \$120.25   | No  | per visit      | Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396. | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes                                                                                                                                                               | 08 | 083                     | 02, 10, 22, 49 |  | FP | \$10.00    | No  | per 15 minutes | once per lifetime                                                                                                           | N/A |                                                                                               |
| A4264 | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system                                                                                                                                                                                                                             | 24 | 240, 241, 242, 243, 245 | 11, 12         |  | FP | \$1,300.00 | Yes | each device(s) | once per lifetime                                                                                                           | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| A4264 | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system                                                                                                                                                                                                                             | 25 | 250                     | 11, 12         |  | FP | \$1,300.00 | Yes | each device(s) | once per lifetime                                                                                                           | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| A4266 | Diaphragm for contraceptive use                                                                                                                                                                                                                                                                                    | 01 | 183                     | 22             |  | FP | \$22.86    | No  | each           | two per 365 days                                                                                                            | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| A4266 | Diaphragm for contraceptive use                                                                                                                                                                                                                                                                                    | 08 | 082                     | 49             |  | FP | \$22.86    | No  | each           | two per 365 days                                                                                                            | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| A4266 | Diaphragm for contraceptive use                                                                                                                                                                                                                                                                                    | 08 | 083                     | 22, 49         |  | FP | \$22.86    | No  | each           | two per 365 days                                                                                                            | N/A |                                                                                               |
| A4266 | Diaphragm for contraceptive use                                                                                                                                                                                                                                                                                    | 31 | All                     | 11             |  | FP | \$22.86    | No  | each           | two per 365 days                                                                                                            | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| A4267 | Contraceptive supply, condom, male, each                                                                                                                                                                                                                                                                           | 08 | 083                     | 12, 22, 49     |  | FP | \$0.35     | No  | each           | 144 per 30 days                                                                                                             | N/A |                                                                                               |



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|-------|---------------------------------------------------------------------------------------------|----|------------------------------------|------------|----|----|---------------------------|----|---------------------|-----------------|-----|-----------------------------------------------------------------------------------------------|
| A4267 | Contraceptive supply, condom, male, each                                                    | 24 | 240, 241,<br>242, 243,<br>244, 245 | 11, 12     |    | FP | \$0.35                    | No | each                | 144 per 30 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| A4267 | Contraceptive supply, condom, male, each                                                    | 25 | 250                                | 11, 12     |    | FP | \$0.35                    | No | each                | 144 per 30 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| A4268 | Contraceptive supply, condom, female, each                                                  | 08 | 083                                | 22, 49     |    | FP | \$2.25                    | No | each                | 144 per 30 days | N/A |                                                                                               |
| A4268 | Contraceptive supply, condom, female, each                                                  | 24 | 240, 241,<br>242, 243,<br>245      | 11, 12     |    | FP | \$2.25                    | No | each                | 144 per 30 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| A4268 | Contraceptive supply, condom, female, each                                                  | 25 | 250                                | 11, 12     |    | FP | \$2.25                    | No | each                | 144 per 30 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| J7296 | Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg              | 01 | 010                                | 22         |    | FP | \$938.06                  | No | each                | once per day    | N/A | This provider type must bill with the FP modifier                                             |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg                 | 01 | 010                                | 22         |    | FP | \$645.00                  | No | each                | once per day    | N/A | This provider type must bill with the FP modifier                                             |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg                  | 01 | 010                                | 22         |    | FP | \$885.80                  | No | each                | once per day    | N/A | This provider type must bill with the FP modifier                                             |
| J7300 | Intrauterine copper contraceptive                                                           | 01 | 010                                | 22         |    | FP | \$762.65                  | No | each                | once per day    | N/A | This provider type must bill with the FP modifier                                             |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg                 | 01 | 010                                | 22         |    | FP | \$737.57                  | No | each                | once per day    | N/A | This provider type must bill with the FP modifier                                             |
| J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies                 | 01 | 010                                | 22         |    | FP | \$796.20                  | No | each                | once per day    | N/A | This provider type must bill with the FP modifier                                             |
| S4989 | Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies | 01 | 010                                | 22         |    | FP | \$800.00                  | No | each                | once per day    | N/A | This provider type must bill with the FP modifier                                             |
| T1015 | Clinic visit/encounter, all-inclusive                                                       | 01 | 183                                | 02, 10, 22 | U4 | FP | Provider<br>Specific Rate | No | per clinic<br>visit | once per day    | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| T1015                            | Clinic visit/encounter, all-inclusive                                                                                          | 01 | 183 | 02, 10, 22     | U5 | FP | Provider Specific Rate                                              | No                                  | per clinic visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| T1015                            | Clinic visit/encounter, all-inclusive                                                                                          | 08 | 080 | 02, 10, 12, 50 |    | FP | Provider Specific Rate                                              | No                                  | per clinic visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| T1015                            | Clinic visit/encounter, all-inclusive                                                                                          | 08 | 081 | 02, 10, 12, 72 |    | FP | Provider Specific Rate                                              | No                                  | per clinic visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| T1015                            | Clinic visit/encounter, all-inclusive                                                                                          | 08 | 082 | 02, 10, 49     | U7 | FP | \$35.00                                                             | No                                  | per clinic visit | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| FAMILY PLANNING-RELATED SERVICES |                                                                                                                                |    |     |                |    |    |                                                                     |                                     |                  |              |     |                                                                                               |
| 00400                            | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified | 31 | 311 | 21, 24         |    | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |                  |              | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00400                            | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified | 32 | 320 | 21, 24         |    | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |                  |              | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00851                            | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection                   | 31 | 311 | 21, 24         |    | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |                  |              | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00851                            | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection                   | 32 | 320 | 21, 24         |    | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |                  |              | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00902                            | Anesthesia for; anorectal procedure                                                                                            | 31 | 311 | 24             |    | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |                  |              | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|-----------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|----|---------------------------------------------------------------------|-------------------------------------|--|--|-----|-----------------------------------------------------------------------------------------------|
| 00902 | Anesthesia for; anorectal procedure                                                                                                     | 32 | 320 | 24     |  | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |  |  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00920 | Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified                               | 31 | 311 | 21, 24 |  | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |  |  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00920 | Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified                               | 32 | 320 | 21, 24 |  | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |  |  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00921 | Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral                    | 31 | 311 | 21, 24 |  | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |  |  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00921 | Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral                    | 32 | 320 | 21, 24 |  | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |  |  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00940 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified                   | 31 | 311 | 21, 24 |  | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |  |  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00940 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified                   | 32 | 320 | 21, 24 |  | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |  |  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 00952 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography | 31 | 311 | 21, 24 |  | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |  |  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|------------|----|----|---------------------------------------------------------------------|-------------------------------------|---------------|---------------|---------|-----------------------------------------------------------------------------------------------|
| 00952 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography                    | 32 | 320 | 21, 24     |    | FP | (base units x conversion factor) + (time units x conversion factor) | No, but AUR and PSR process applies |               |               | N/A     | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11420 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | 01 | 021 | 24         | SG |    | \$572.00                                                            | No, but AUR and PSR process applies |               | N/A           | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11420 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | 02 | 020 | 24         | SG |    | \$572.00                                                            | No, but AUR and PSR process applies |               | N/A           | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11420 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | 01 | 183 | 22         |    | FP | \$40.00                                                             | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11420 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | 08 | 082 | 49         |    | FP | \$40.00                                                             | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11420 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | 08 | 083 | 22, 49     |    | FP | \$40.00                                                             | No                                  | per procedure | twice per day | 10 days |                                                                                               |
| 11420 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | 31 | All | 11, 24, 99 |    | FP | \$40.00                                                             | No, but AUR and PSR process applies | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11421 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm  | 01 | 021 | 24         | SG |    | \$678.00                                                            | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11421 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm  | 02 | 020 | 24         | SG |    | \$678.00                                                            | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11421 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm  | 01 | 183 | 22         |    | FP | \$42.50                                                             | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11421 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm  | 08 | 082 | 49         |    | FP | \$42.50                                                             | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11421 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm  | 08 | 083 | 22, 49     |    | FP | \$42.50                                                             | No                                  | per procedure | twice per day | 10 days |                                                                                               |

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| 11421 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm | 31 | All | 11, 24, 99 |    | FP | \$42.50  | No, but AUR and PSR process applies | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | 01 | 021 | 24         | SG |    | \$741.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | 02 | 020 | 24         | SG |    | \$741.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | 01 | 183 | 22         |    | FP | \$37.50  | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | 08 | 082 | 49         |    | FP | \$37.50  | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | 08 | 083 | 22, 49     |    | FP | \$37.50  | No                                  | per procedure | twice per day | 10 days |                                                                                               |
| 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | 31 | All | 11, 24, 99 |    | FP | \$37.50  | No, but AUR and PSR process applies | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | 01 | 021 | 24         | SG |    | \$691.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | 02 | 020 | 24         | SG |    | \$691.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | 01 | 183 | 22         |    | FP | \$36.00  | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | 08 | 082 | 49         |    | FP | \$36.00  | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | 08 | 083 | 22, 49     |    | FP | \$36.00  | No                                  | per procedure | twice per day | 10 days |                                                                                               |

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| 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | 31 | All | 11, 24, 99 |    | FP | \$36.00  | No, but AUR and PSR process applies | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | 01 | 183 | 22         |    | FP | \$86.50  | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | 08 | 082 | 49         |    | FP | \$86.50  | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | 08 | 083 | 22, 49     |    | FP | \$86.50  | No                                  | per procedure | twice per day | 10 days |                                                                                               |
| 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | 31 | All | 11, 24, 99 |    | FP | \$86.50  | No, but AUR and PSR process applies | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm   | 01 | 021 | 24         | SG |    | \$846.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm   | 02 | 020 | 24         | SG |    | \$846.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm   | 01 | 183 | 22         |    | FP | \$121.00 | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm   | 08 | 082 | 49         |    | FP | \$121.00 | No                                  | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm   | 08 | 083 | 22, 49     |    | FP | \$121.00 | No                                  | per procedure | twice per day | 10 days |                                                                                               |

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| 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm                                                                                | 31 | All | 11, 24, 99 |    | FP | \$121.00 | No, but AUR and PSR process applies | per procedure | twice per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion                                                                           | 01 | 021 | 24         | SG |    | \$923.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion                                                                           | 02 | 020 | 24         | SG |    | \$923.00 | No, but AUR and PSR process applies |               | N/A           | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion                                                                           | 01 | 183 | 22         |    | FP | \$20.00  | No                                  | per procedure | once per day  | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion                                                                           | 08 | 082 | 49         |    | FP | \$20.00  | No                                  | per procedure | once per day  | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion                                                                           | 08 | 083 | 22, 49     |    | FP | \$20.00  | No                                  | per procedure | once per day  | 10 days |                                                                                               |
| 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion                                                                           | 31 | All | 11, 24, 99 |    | FP | \$20.00  | No, but AUR and PSR process applies | per procedure | once per day  | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17003 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) | 01 | 183 | 22         |    | FP | \$4.25   | No                                  | per procedure | once per day  | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17003 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) | 08 | 082 | 49         |    | FP | \$4.25   | No                                  | per procedure | once per day  | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17003 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) | 08 | 083 | 22, 49     |    | FP | \$4.25   | No                                  | per procedure | once per day  | 0 days  |                                                                                               |
| 17003 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) | 31 | All | 11, 24, 99 |    | FP | \$4.25   | No, but AUR and PSR process applies | per procedure | once per day  | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 17004 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions                                       | 01 | 183 | 22         |    | FP | \$116.39 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17004 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions                                       | 08 | 082 | 49         |    | FP | \$116.39 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17004 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions                                       | 08 | 083 | 22, 49     |    | FP | \$116.39 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 17004 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions                                       | 31 | All | 11         |    | FP | \$116.39 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions   | 01 | 021 | 24         | SG |    | \$645.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions   | 02 | 020 | 24         | SG |    | \$645.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions   | 01 | 183 | 22         |    | FP | \$85.20  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions   | 08 | 082 | 49         |    | FP | \$85.20  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions   | 08 | 083 | 22, 49     |    | FP | \$85.20  | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions   | 31 | All | 11, 24, 99 |    | FP | \$85.20  | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |



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| 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions | 01 | 183 | 22         |    | FP | \$105.29 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions | 08 | 082 | 49         |    | FP | \$105.29 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions | 08 | 083 | 22, 49     |    | FP | \$105.29 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions | 31 | All | 11, 24     |    | FP | \$105.29 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46900 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                                                     | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46900 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                                                     | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46900 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                                                     | 01 | 183 | 22         |    | FP | \$171.03 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46900 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                                                     | 08 | 082 | 49         |    | FP | \$171.03 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46900 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                                                     | 08 | 083 | 22, 49     |    | FP | \$171.03 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 46900 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                                                     | 31 | All | 11, 24, 99 |    | FP | \$171.03 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46910 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation                                                                           | 01 | 021 | 24         | SG |    | \$773.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |

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| 46910 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 02 | 020 | 24         | SG |    | \$773.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46910 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 01 | 183 | 22         |    | FP | \$107.44 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46910 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 08 | 082 | 49         |    | FP | \$107.44 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46910 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 08 | 083 | 22, 49     |    | FP | \$107.44 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 46910 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 31 | All | 11, 24, 99 |    | FP | \$107.44 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46916 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 01 | 183 | 22         |    | FP | \$178.05 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46916 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 08 | 082 | 49         |    | FP | \$178.05 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46916 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 08 | 083 | 22, 49     |    | FP | \$178.05 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 46916 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 31 | All | 11, 99     |    | FP | \$178.05 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46917 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery      | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46917 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery      | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46917 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery      | 01 | 183 | 22         |    | FP | \$109.41 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 46917 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery                                                    | 08 | 082 | 49         |    | FP | \$109.41 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46917 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery                                                    | 08 | 083 | 22, 49     |    | FP | \$109.41 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 46917 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery                                                    | 31 | All | 11, 24, 99 |    | FP | \$109.41 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 01 | 183 | 22         |    | FP | \$108.34 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 08 | 082 | 49         |    | FP | \$108.34 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 08 | 083 | 22, 49     |    | FP | \$108.34 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 31 | All | 11, 24, 99 |    | FP | \$108.34 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 021 | 24         | SG |    | \$752.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 02 | 020 | 24         | SG |    | \$752.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 183 | 22         |    | FP | \$230.08 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 08 | 082 | 49         |    | FP | \$230.08 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 08 | 083 | 22, 49     |    | FP | \$230.08 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 31 | All | 11, 24, 99 |    | FP | \$230.08 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54050 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                        | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54050 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                        | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54050 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                        | 01 | 183 | 22         |    | FP | \$129.69 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54050 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                        | 08 | 082 | 49         |    | FP | \$129.69 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54050 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                        | 08 | 083 | 22, 49     |    | FP | \$129.69 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 54050 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical                                                        | 31 | All | 11, 24, 99 |    | FP | \$129.69 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54055 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation                                              | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54055 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation                                              | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54055 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation                                              | 01 | 183 | 22         |    | FP | \$38.50  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 54055 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 08 | 082 | 49         |    | FP | \$38.50  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54055 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 08 | 083 | 22, 49     |    | FP | \$38.50  | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 54055 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 31 | All | 11, 24, 99 |    | FP | \$38.50  | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54056 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54056 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54056 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 01 | 183 | 22         |    | FP | \$136.79 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54056 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 08 | 082 | 49         |    | FP | \$136.79 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54056 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 08 | 083 | 22, 49     |    | FP | \$136.79 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 54056 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery        | 31 | All | 11, 24, 99 |    | FP | \$136.79 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54057 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery      | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54057 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery      | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54057 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery      | 01 | 183 | 22         |    | FP | \$28.00  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 54057 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery                                                    | 08 | 082 | 49         |    | FP | \$28.00  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54057 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery                                                    | 08 | 083 | 22, 49     |    | FP | \$28.00  | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 54057 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery                                                    | 31 | All | 11, 24, 99 |    | FP | \$28.00  | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54060 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54060 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54060 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 01 | 183 | 22         |    | FP | \$64.50  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54060 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 08 | 082 | 49         |    | FP | \$64.50  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54060 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 08 | 083 | 22, 49     |    | FP | \$64.50  | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 54060 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision                                                | 31 | All | 11, 24, 99 |    | FP | \$64.50  | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54065 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 021 | 24         | SG |    | \$769.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54065 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 02 | 020 | 24         | SG |    | \$769.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 54065 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 183 | 22         |    | FP | \$215.35 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 54065 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 08 | 082 | 49         |    | FP | \$215.35 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 54065 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 08 | 083 | 22, 49     |    | FP | \$215.35 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 54065 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 31 | All | 11, 24, 99 |    | FP | \$215.35 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56405 | Incision and drainage of vulva or perineal abscess                                                                                                                            | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56405 | Incision and drainage of vulva or perineal abscess                                                                                                                            | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56405 | Incision and drainage of vulva or perineal abscess                                                                                                                            | 01 | 183 | 22         |    | FP | \$93.81  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56405 | Incision and drainage of vulva or perineal abscess                                                                                                                            | 08 | 082 | 49         |    | FP | \$93.81  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56405 | Incision and drainage of vulva or perineal abscess                                                                                                                            | 08 | 083 | 22, 49     |    | FP | \$93.81  | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 56405 | Incision and drainage of vulva or perineal abscess                                                                                                                            | 31 | All | 11, 24, 99 |    | FP | \$93.81  | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56420 | Incision and drainage of Bartholin's gland abscess                                                                                                                            | 01 | 021 | 24         | SG |    | \$675.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56420 | Incision and drainage of Bartholin's gland abscess                                                                                                                            | 02 | 020 | 24         | SG |    | \$675.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56420 | Incision and drainage of Bartholin's gland abscess                                                                                                                            | 01 | 183 | 22         |    | FP | \$112.73 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 56420 | Incision and drainage of Bartholin's gland abscess                                                     | 08 | 082 | 49         |    | FP | \$112.73 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56420 | Incision and drainage of Bartholin's gland abscess                                                     | 08 | 083 | 22, 49     |    | FP | \$112.73 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 56420 | Incision and drainage of Bartholin's gland abscess                                                     | 31 | All | 11, 24, 99 |    | FP | \$112.73 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56440 | Marsupialization of Bartholin's gland cyst                                                             | 01 | 021 | 24         | SG |    | \$748.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56440 | Marsupialization of Bartholin's gland cyst                                                             | 02 | 020 | 24         | SG |    | \$748.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56440 | Marsupialization of Bartholin's gland cyst                                                             | 01 | 183 | 22         |    | FP | \$225.08 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56440 | Marsupialization of Bartholin's gland cyst                                                             | 08 | 082 | 49         |    | FP | \$225.08 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56440 | Marsupialization of Bartholin's gland cyst                                                             | 08 | 083 | 22, 49     |    | FP | \$225.08 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 56440 | Marsupialization of Bartholin's gland cyst                                                             | 31 | All | 11, 24, 99 |    | FP | \$225.08 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56501 | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 021 | 24         | SG |    | \$552.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56501 | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 02 | 020 | 24         | SG |    | \$552.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56501 | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 183 | 22         |    | FP | \$141.09 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 56501 | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 08 | 082 | 49         |    | FP | \$141.09 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56501 | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 08 | 083 | 22, 49     |    | FP | \$141.09 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 56501 | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 31 | All | 11, 24, 99 |    | FP | \$141.09 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56501 | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 33 | 335 | 11, 99     |    | FP | \$141.09 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 021 | 24         | SG |    | \$804.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 02 | 020 | 24         | SG |    | \$804.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 183 | 22         |    | FP | \$249.18 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 08 | 082 | 49         |    | FP | \$249.18 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 08 | 083 | 22, 49     |    | FP | \$249.18 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 31 | All | 11, 24, 99 |    | FP | \$249.18 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 33 | 335 | 11, 99     |    | FP | \$249.18 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56605 | Biopsy of vulva or perineum (separate procedure); 1 lesion                                                | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |

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| 56605 | Biopsy of vulva or perineum (separate procedure); 1 lesion                                                                                    | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56605 | Biopsy of vulva or perineum (separate procedure); 1 lesion                                                                                    | 01 | 183 | 22         |    | FP | \$75.38  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56605 | Biopsy of vulva or perineum (separate procedure); 1 lesion                                                                                    | 08 | 082 | 49         |    | FP | \$75.38  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56605 | Biopsy of vulva or perineum (separate procedure); 1 lesion                                                                                    | 08 | 083 | 22, 49     |    | FP | \$75.38  | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 56605 | Biopsy of vulva or perineum (separate procedure); 1 lesion                                                                                    | 31 | All | 11, 24, 99 |    | FP | \$75.38  | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56606 | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure) | 01 | 183 | 22         |    | FP | \$37.30  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56606 | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure) | 08 | 082 | 49         |    | FP | \$37.30  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56606 | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure) | 08 | 083 | 22, 49     |    | FP | \$37.30  | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 56606 | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure) | 31 | All | 11, 24, 99 |    | FP | \$37.30  | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56820 | Colposcopy of the vulva;                                                                                                                      | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56820 | Colposcopy of the vulva;                                                                                                                      | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56820 | Colposcopy of the vulva;                                                                                                                      | 01 | 183 | 22         |    | FP | \$77.24  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 56820 | Colposcopy of the vulva;                | 08 | 082 | 49         |    | FP | \$77.24  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56820 | Colposcopy of the vulva;                | 08 | 083 | 22, 49     |    | FP | \$77.24  | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 56820 | Colposcopy of the vulva;                | 09 | All | 11         |    | FP | \$77.24  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56820 | Colposcopy of the vulva;                | 10 | 100 | 11         |    | FP | \$77.24  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56820 | Colposcopy of the vulva;                | 31 | All | 11, 24, 99 |    | FP | \$77.24  | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56820 | Colposcopy of the vulva;                | 33 | 335 | 11, 99     |    | FP | \$77.24  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56821 | Colposcopy of the vulva; with biopsy(s) | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56821 | Colposcopy of the vulva; with biopsy(s) | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 56821 | Colposcopy of the vulva; with biopsy(s) | 01 | 183 | 22         |    | FP | \$105.72 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56821 | Colposcopy of the vulva; with biopsy(s) | 08 | 082 | 49         |    | FP | \$105.72 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56821 | Colposcopy of the vulva; with biopsy(s) | 08 | 083 | 22, 49     |    | FP | \$105.72 | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 56821 | Colposcopy of the vulva; with biopsy(s) | 09 | All | 11         |    | FP | \$105.72 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 56821 | Colposcopy of the vulva; with biopsy(s)                                                                    | 10 | 100 | 11         |    | FP | \$105.72 | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56821 | Colposcopy of the vulva; with biopsy(s)                                                                    | 31 | All | 11, 24, 99 |    | FP | \$105.72 | No, but AUR and PSR process applies | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 56821 | Colposcopy of the vulva; with biopsy(s)                                                                    | 33 | 335 | 11, 99     |    | FP | \$105.72 | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 01 | 021 | 24         | SG |    | \$607.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 02 | 020 | 24         | SG |    | \$607.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 01 | 183 | 22         |    | FP | \$120.58 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 08 | 082 | 49         |    | FP | \$120.58 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 08 | 083 | 22, 49     |    | FP | \$120.58 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 31 | All | 11, 24, 99 |    | FP | \$120.58 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)    | 33 | 335 | 11, 99     |    | FP | \$120.58 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57065 | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57065 | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |

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| 57065 | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 01 | 183 | 22         |    | FP | \$216.16 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57065 | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 08 | 082 | 49         |    | FP | \$216.16 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57065 | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 08 | 083 | 22, 49     |    | FP | \$216.16 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 57065 | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | 31 | All | 11, 24, 99 |    | FP | \$216.16 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57100 | Biopsy of vaginal mucosa; simple (separate procedure)                                                      | 01 | 021 | 24         | SG |    | \$607.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57100 | Biopsy of vaginal mucosa; simple (separate procedure)                                                      | 02 | 020 | 24         | SG |    | \$607.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57100 | Biopsy of vaginal mucosa; simple (separate procedure)                                                      | 01 | 183 | 22         |    | FP | \$59.99  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57100 | Biopsy of vaginal mucosa; simple (separate procedure)                                                      | 08 | 082 | 49         |    | FP | \$59.99  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57100 | Biopsy of vaginal mucosa; simple (separate procedure)                                                      | 08 | 083 | 22, 49     |    | FP | \$59.99  | No                                  | per procedure | once per day | 0 days  |                                                                                               |
| 57100 | Biopsy of vaginal mucosa; simple (separate procedure)                                                      | 31 | All | 11, 24, 99 |    | FP | \$59.99  | No, but AUR and PSR process applies | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57105 | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)                                    | 01 | 021 | 24         | SG |    | \$607.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57105 | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)                                    | 02 | 020 | 24         | SG |    | \$607.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |

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| 57105 | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)                                         | 01 | 183 | 22         |    | FP | \$70.00  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57105 | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)                                         | 08 | 082 | 49         |    | FP | \$70.00  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57105 | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)                                         | 08 | 083 | 22, 49     |    | FP | \$70.00  | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 57105 | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)                                         | 31 | All | 11, 24, 99 |    | FP | \$70.00  | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57150 | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease | 01 | 183 | 22         |    | FP | \$27.05  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57150 | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease | 08 | 082 | 49         |    | FP | \$27.05  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57150 | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease | 08 | 083 | 22, 49     |    | FP | \$27.05  | No                                  | per procedure | once per day | 0 days  |                                                                                               |
| 57150 | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease | 31 | All | 11, 99     |    | FP | \$27.05  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57150 | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease | 33 | 335 | 11         |    | FP | \$27.05  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57420 | Colposcopy of the entire vagina, with cervix if present;                                                        | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57420 | Colposcopy of the entire vagina, with cervix if present;                                                        | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57420 | Colposcopy of the entire vagina, with cervix if present;                                                        | 01 | 183 | 22         |    | FP | \$81.73  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 57420 | Colposcopy of the entire vagina, with cervix if present;                                 | 08 | 082 | 49         |    | FP | \$81.73  | No                                  | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57420 | Colposcopy of the entire vagina, with cervix if present;                                 | 08 | 083 | 22, 49     |    | FP | \$81.73  | No                                  | per procedure | once per day    | 0 days |                                                                                               |
| 57420 | Colposcopy of the entire vagina, with cervix if present;                                 | 09 | All | 11         |    | FP | \$81.73  | No                                  | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57420 | Colposcopy of the entire vagina, with cervix if present;                                 | 10 | 100 | 11         |    | FP | \$81.73  | No                                  | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57420 | Colposcopy of the entire vagina, with cervix if present;                                 | 31 | All | 11, 24, 99 |    | FP | \$81.73  | No, but AUR and PSR process applies | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57420 | Colposcopy of the entire vagina, with cervix if present;                                 | 33 | 335 | 11, 99     |    | FP | \$81.73  | No                                  | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A             | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A             | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 01 | 183 | 22         |    | FP | \$155.89 | No                                  | per procedure | one per 90 days | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 08 | 082 | 49         |    | FP | \$155.89 | No                                  | per procedure | one per 90 days | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 08 | 083 | 22, 49     |    | FP | \$155.89 | No                                  | per procedure | one per 90 days | 0 days |                                                                                               |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 09 | All | 11         |    | FP | \$155.89 | No                                  | per procedure | one per 90 days | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 10 | 100 | 11                 |    | FP | \$155.89 | No                                  | per procedure | one per 90 days | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 31 | All | 11, 21, 23, 24, 99 |    | FP | \$155.89 | No, but AUR and PSR process applies | per procedure | one per 90 days | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | 33 | 335 | 11, 21, 23, 99     |    | FP | \$155.89 | No                                  | per procedure | one per 90 days | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                | 01 | 021 | 24                 | SG |    | \$584.00 | No, but AUR and PSR process applies |               | N/A             | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                | 02 | 020 | 24                 | SG |    | \$584.00 | No, but AUR and PSR process applies |               | N/A             | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                | 01 | 183 | 22                 |    | FP | \$114.64 | No                                  | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                | 08 | 082 | 49                 |    | FP | \$114.64 | No                                  | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                | 08 | 083 | 22, 49             |    | FP | \$114.64 | No                                  | per procedure | once per day    | 0 days |                                                                                               |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                | 09 | All | 11                 |    | FP | \$114.64 | No                                  | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                | 10 | 100 | 11                 |    | FP | \$114.64 | No                                  | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                | 31 | All | 11, 24             |    | FP | \$114.64 | No, but AUR and PSR process applies | per procedure | once per day    | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 57452 | Colposcopy of the cervix including upper/adjacent vagina;                                                         | 33 | 335 | 11         |    | FP | \$114.64 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | 01 | 183 | 22         |    | FP | \$168.63 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | 08 | 082 | 49         |    | FP | \$168.63 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | 08 | 083 | 22, 49     |    | FP | \$168.63 | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | 31 | All | 11, 24, 99 |    | FP | \$168.63 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | 33 | 335 | 11, 99     |    | FP | \$168.63 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix                            | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix                            | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix                            | 01 | 183 | 22         |    | FP | \$137.94 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|----------------------------------------------------------------------------------------|----|-----|------------|----|----|----------|-------------------------------------|---------------|--------------|--------|-----------------------------------------------------------------------------------------------|
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | 08 | 082 | 49         |    | FP | \$137.94 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | 08 | 083 | 22, 49     |    | FP | \$137.94 | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | 09 | All | 11         |    | FP | \$137.94 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | 10 | 100 | 11         |    | FP | \$137.94 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | 31 | All | 11, 24, 99 |    | FP | \$137.94 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | 33 | 335 | 11, 99     |    | FP | \$137.94 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage  | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage  | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage  | 01 | 183 | 22         |    | FP | \$128.30 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage  | 08 | 082 | 49         |    | FP | \$128.30 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage  | 08 | 083 | 22, 49     |    | FP | \$128.30 | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage  | 09 | All | 11         |    | FP | \$128.30 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage                  | 10 | 100 | 11         |    | FP | \$128.30 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage                  | 31 | All | 11, 24, 99 |    | FP | \$128.30 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage                  | 33 | 335 | 11, 99     |    | FP | \$128.30 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix  | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix  | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix  | 01 | 183 | 22         |    | FP | \$202.40 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix  | 08 | 082 | 49         |    | FP | \$202.40 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix  | 08 | 083 | 22, 49     |    | FP | \$202.40 | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix  | 31 | All | 11, 24, 99 |    | FP | \$202.40 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix | 01 | 183 | 22         |    | FP | \$234.04 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix              | 08 | 082 | 49         |    | FP | \$234.04 | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix              | 08 | 083 | 22, 49     |    | FP | \$234.04 | No                                  | per procedure | once per day | 0 days  |                                                                                               |
| 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix              | 31 | All | 11, 24, 99 |    | FP | \$234.04 | No, but AUR and PSR process applies | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) | 01 | 021 | 24         | SG |    | \$779.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) | 02 | 020 | 24         | SG |    | \$779.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) | 01 | 183 | 22         |    | FP | \$94.01  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) | 08 | 082 | 49         |    | FP | \$94.01  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) | 08 | 083 | 22, 49     |    | FP | \$94.01  | No                                  | per procedure | once per day | 0 days  |                                                                                               |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) | 31 | All | 11, 24, 99 |    | FP | \$94.01  | No, but AUR and PSR process applies | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage)                                               | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage)                                               | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage)                                               | 01 | 183 | 22         |    | FP | \$113.13 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 57505 | Endocervical curettage (not done as part of a dilation and curettage) | 08 | 082 | 49         |    | FP | \$113.13 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage) | 08 | 083 | 22, 49     |    | FP | \$113.13 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage) | 31 | All | 11, 24, 99 |    | FP | \$113.13 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57510 | Cautery of cervix; electro or thermal                                 | 01 | 021 | 24         | SG |    | \$738.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57510 | Cautery of cervix; electro or thermal                                 | 02 | 020 | 24         | SG |    | \$738.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57510 | Cautery of cervix; electro or thermal                                 | 01 | 183 | 22         |    | FP | \$32.00  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57510 | Cautery of cervix; electro or thermal                                 | 08 | 082 | 49         |    | FP | \$32.00  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57510 | Cautery of cervix; electro or thermal                                 | 08 | 083 | 22, 49     |    | FP | \$32.00  | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 57510 | Cautery of cervix; electro or thermal                                 | 31 | All | 11, 24, 99 |    | FP | \$32.00  | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57511 | Cautery of cervix; cryocautery, initial or repeat                     | 01 | 021 | 24         | SG |    | \$785.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57511 | Cautery of cervix; cryocautery, initial or repeat                     | 02 | 020 | 24         | SG |    | \$785.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57511 | Cautery of cervix; cryocautery, initial or repeat                     | 01 | 183 | 22         |    | FP | \$162.30 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 57511 | Cautery of cervix; cryocautery, initial or repeat                                                                                      | 08 | 082 | 49         |    | FP | \$162.30 | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57511 | Cautery of cervix; cryocautery, initial or repeat                                                                                      | 08 | 083 | 22, 49     |    | FP | \$162.30 | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 57511 | Cautery of cervix; cryocautery, initial or repeat                                                                                      | 31 | All | 11, 24, 99 |    | FP | \$162.30 | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57513 | Cautery of cervix; laser ablation                                                                                                      | 01 | 021 | 24         | SG |    | \$785.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57513 | Cautery of cervix; laser ablation                                                                                                      | 02 | 020 | 24         | SG |    | \$785.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57513 | Cautery of cervix; laser ablation                                                                                                      | 01 | 183 | 22         |    | FP | \$51.50  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57513 | Cautery of cervix; laser ablation                                                                                                      | 08 | 082 | 49         |    | FP | \$51.50  | No                                  | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57513 | Cautery of cervix; laser ablation                                                                                                      | 08 | 083 | 22, 49     |    | FP | \$51.50  | No                                  | per procedure | once per day | 10 days |                                                                                               |
| 57513 | Cautery of cervix; laser ablation                                                                                                      | 31 | All | 11, 24, 99 |    | FP | \$51.50  | No, but AUR and PSR process applies | per procedure | once per day | 10 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser | 01 | 021 | 24         | SG |    | \$796.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser | 02 | 020 | 24         | SG |    | \$796.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser | 01 | 183 | 22         |    | FP | \$211.50 | No                                  | per procedure | once per day | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser     | 08 | 082 | 49         |    | FP | \$211.50 | No                                  | per procedure | once per day | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser     | 08 | 083 | 22, 49     |    | FP | \$211.50 | No                                  | per procedure | once per day | 90 days |                                                                                               |
| 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser     | 31 | All | 11, 24, 99 |    | FP | \$211.50 | No, but AUR and PSR process applies | per procedure | once per day | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | n/a     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision | 01 | 183 | 22         |    | FP | \$217.95 | No                                  | per procedure | once per day | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision | 08 | 082 | 49         |    | FP | \$217.95 | No                                  | per procedure | once per day | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision | 08 | 083 | 22, 49     |    | FP | \$217.95 | No                                  | per procedure | once per day | 90 days |                                                                                               |
| 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision | 31 | All | 11, 24, 99 |    | FP | \$217.95 | No, but AUR and PSR process applies | per procedure | once per day | 90 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57800 | Dilation of cervical canal, instrumental (separate procedure)                                                                              | 01 | 021 | 24         | SG |    | \$817.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57800 | Dilation of cervical canal, instrumental (separate procedure)                                                                              | 02 | 020 | 24         | SG |    | \$817.00 | No, but AUR and PSR process applies |               | N/A          | N/A     | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 57800 | Dilation of cervical canal, instrumental (separate procedure)                                                                              | 01 | 183 | 22         |    | FP | \$60.09  | No                                  | per procedure | once per day | 0 days  | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                                                                          |    |     |            |    |    |          |                                     |               |              |        |                                                                                               |
|-------|------------------------------------------------------------------------------------------------------------------------------------------|----|-----|------------|----|----|----------|-------------------------------------|---------------|--------------|--------|-----------------------------------------------------------------------------------------------|
| 57800 | Dilation of cervical canal, instrumental (separate procedure)                                                                            | 08 | 082 | 49         |    | FP | \$60.09  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 57800 | Dilation of cervical canal, instrumental (separate procedure)                                                                            | 08 | 083 | 22, 49     |    | FP | \$60.09  | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 57800 | Dilation of cervical canal, instrumental (separate procedure)                                                                            | 31 | All | 11, 24, 99 |    | FP | \$60.09  | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) | 01 | 021 | 24         | SG |    | \$730.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) | 02 | 020 | 24         | SG |    | \$730.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) | 01 | 183 | 22         |    | FP | \$108.89 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) | 08 | 082 | 49         |    | FP | \$108.89 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) | 08 | 083 | 22, 49     |    | FP | \$108.89 | No                                  | per procedure | once per day | 0 days |                                                                                               |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) | 31 | All | 11, 24, 99 |    | FP | \$108.89 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)       | 01 | 183 | 22         |    | FP | \$32.05  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)       | 08 | 082 | 49         |    | FP | \$32.05  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)       | 08 | 083 | 22, 49     |    | FP | \$32.05  | No                                  | per procedure | once per day | 0 days |                                                                                               |



|       |                                                                                                                                    |    |     |            |    |    |          |                                     |               |              |        |                                                                                               |
|-------|------------------------------------------------------------------------------------------------------------------------------------|----|-----|------------|----|----|----------|-------------------------------------|---------------|--------------|--------|-----------------------------------------------------------------------------------------------|
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) | 09 | All | 11         |    | FP | \$32.05  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) | 10 | 100 | 11         |    | FP | \$32.05  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) | 31 | All | 11, 24, 99 |    | FP | \$32.05  | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) | 33 | 335 | 11, 99     |    | FP | \$32.05  | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 58562 | Hysteroscopy, surgical; with removal of impacted foreign body                                                                      | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58562 | Hysteroscopy, surgical; with removal of impacted foreign body                                                                      | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 58562 | Hysteroscopy, surgical; with removal of impacted foreign body                                                                      | 31 | All | 24         |    | FP | \$359.51 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 64435 | Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve                                                     | 01 | 021 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 64435 | Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve                                                     | 02 | 020 | 24         | SG |    | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    | This provider type must bill with the ICD-10 DX Z30.011 through Z30.9                         |
| 64435 | Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve                                                     | 01 | 183 | 22         |    | FP | \$104.43 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 64435 | Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve                                                     | 08 | 082 | 49         |    | FP | \$104.43 | No                                  | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 64435 | Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve                                                     | 08 | 083 | 22, 49     |    | FP | \$104.43 | No                                  | per procedure | once per day | 0 days |                                                                                               |

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|-------|---------------------------------------------------------------------------------|----|-----|------------|----|----|----------|-------------------------------------|---------------|--------------|--------|-----------------------------------------------------------------------------------------------|
| 64435 | Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve  | 31 | All | 11, 24, 99 |    | FP | \$104.43 | No, but AUR and PSR process applies | per procedure | once per day | 0 days | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76830 | Ultrasound, transvaginal                                                        | 01 | 183 | 22         |    | FP | \$76.50  | No                                  | per procedure | once per day | N/A    | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76830 | Ultrasound, transvaginal                                                        | 01 | 183 | 22         | TC | FP | \$46.50  | No                                  | per procedure | once per day | N/A    | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76830 | Ultrasound, transvaginal                                                        | 08 | 082 | 49         |    | FP | \$76.50  | No                                  | per procedure | once per day | N/A    | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76830 | Ultrasound, transvaginal                                                        | 08 | 082 | 49         | TC | FP | \$46.50  | No                                  | per procedure | once per day | N/A    | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76830 | Ultrasound, transvaginal                                                        | 08 | 083 | 22, 49     |    | FP | \$76.50  | No                                  | per procedure | once per day | N/A    |                                                                                               |
| 76830 | Ultrasound, transvaginal                                                        | 08 | 083 | 22, 49     | TC | FP | \$46.50  | No                                  | per procedure | once per day | N/A    |                                                                                               |
| 76830 | Ultrasound, transvaginal                                                        | 31 | All | 11         |    | FP | \$76.50  | No                                  | per procedure | once per day | N/A    | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76830 | Ultrasound, transvaginal                                                        | 31 | All | 11         | TC | FP | \$46.50  | No                                  | per procedure | once per day | N/A    | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76830 | Ultrasound, transvaginal                                                        | 31 | All | 11, 22, 49 | 26 | FP | \$30.00  | No                                  | per procedure | once per day | N/A    | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete | 01 | 183 | 22         |    | FP | \$131.63 | No                                  | per procedure | once per day | N/A    | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete                                 | 01 | 183 | 22         | TC | FP | \$88.59  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete                                 | 08 | 082 | 49         |    | FP | \$131.63 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete                                 | 08 | 082 | 49         | TC | FP | \$88.59  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete                                 | 08 | 083 | 22, 49     |    | FP | \$131.63 | No | per procedure | once per day | N/A |                                                                                               |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete                                 | 08 | 083 | 22, 49     | TC | FP | \$88.59  | No | per procedure | once per day | N/A |                                                                                               |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete                                 | 31 | All | 11         |    | FP | \$131.63 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete                                 | 31 | All | 11         | TC | FP | \$88.59  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete                                 | 31 | All | 11, 22, 49 | 26 | FP | \$43.04  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) | 01 | 183 | 22         |    | FP | \$57.83  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) | 01 | 183 | 22         | TC | FP | \$26.64  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) | 08 | 082 | 49         |    | FP | \$57.83  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |     |            |    |        |         |    |               |              |     |                                                                                               |
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| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)                                                                                                                                                                                                                                                                                                                                   | 08 | 082 | 49         | TC | FP     | \$26.64 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)                                                                                                                                                                                                                                                                                                                                   | 08 | 083 | 22, 49     |    | FP     | \$57.83 | No | per procedure | once per day | N/A |                                                                                               |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)                                                                                                                                                                                                                                                                                                                                   | 08 | 083 | 22, 49     | TC | FP     | \$26.64 | No | per procedure | once per day | N/A |                                                                                               |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)                                                                                                                                                                                                                                                                                                                                   | 31 | All | 11         |    | FP     | \$57.83 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)                                                                                                                                                                                                                                                                                                                                   | 31 | All | 11         | TC | FP     | \$26.64 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)                                                                                                                                                                                                                                                                                                                                   | 31 | All | 11, 22, 49 | 26 | FP     | \$31.19 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80048 | Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)                                                                                                                                                                                        | 01 | 183 | 22         |    | FP     | \$9.36  | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80048 | Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)                                                                                                                                                                                        | 01 | 183 | 22         |    | QW, FP | \$9.36  | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80048 | Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)                                                                                                                                                                                        | 28 | 280 | 81         |    | FP     | \$9.36  | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80048 | Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)                                                                                                                                                                                        | 28 | 280 | 81         |    | QW, FP | \$9.36  | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80053 | Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520) | 01 | 183 | 22         |    | FP     | \$11.69 | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 80053 | Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520) | 01 | 183 | 22     |  | QW, FP | \$11.69 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80053 | Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520) | 28 | 280 | 81     |  | FP     | \$11.69 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80053 | Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520) | 28 | 280 | 81     |  | QW, FP | \$11.69 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)                                                                                                                                                                                                                                                    | 01 | 183 | 22     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)                                                                                                                                                                                                                                                    | 01 | 183 | 22     |  | QW, FP | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)                                                                                                                                                                                                                                                    | 08 | 082 | 49     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)                                                                                                                                                                                                                                                    | 08 | 082 | 49     |  | QW, FP | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)                                                                                                                                                                                                                                                    | 08 | 083 | 22, 49 |  | FP     | \$14.00 | No | per test | once per day | N/A |                                                                                               |

|       |                                                                                                                                                                                                   |    |     |        |  |        |         |    |          |              |     |                                                                                               |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 08 | 083 | 22, 49 |  | QW, FP | \$14.00 | No | per test | once per day | N/A |                                                                                               |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 09 | All | 11     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 09 | All | 11     |  | QW, FP | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 10 | 100 | 11     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 10 | 100 | 11     |  | QW, FP | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 28 | 280 | 81     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 28 | 280 | 81     |  | QW, FP | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 31 | All | 11     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 31 | All | 11     |  | QW, FP | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | 33 | 335 | 11     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                                                                                                                                                                                                                            |    |     |        |  |        |         |    |          |              |     |                                                                                               |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 80061 | Lipid panel This panel must include the following:<br>Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)                                                                                          | 33 | 335 | 11     |  | QW, FP | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80076 | Hepatic function panel This panel must include the following:<br>Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) | 01 | 183 | 22     |  | FP     | \$9.03  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 80076 | Hepatic function panel This panel must include the following:<br>Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) | 28 | 280 | 81     |  | FP     | \$9.03  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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                                                                 | 01 | 183 | 22     |  | FP     | \$4.32  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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                                                                 | 08 | 082 | 49     |  | FP     | \$4.32  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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                                                                 | 08 | 083 | 22, 49 |  | FP     | \$4.32  | No | per test | once per day | N/A |                                                                                               |
| 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                                                                 | 09 | All | 11     |  | FP     | \$4.32  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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                                                                 | 10 | 100 | 11     |  | FP     | \$4.32  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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                                                                 | 28 | 280 | 81     |  | FP     | \$4.32  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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                                                                 | 31 | All | 11     |  | FP     | \$4.32  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                                                                                                                                                               |    |     |        |    |    |        |    |          |              |     |                                                                                               |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|----|----|--------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 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    | 33 | 335 | 11     |    | FP | \$4.32 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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        | 01 | 183 | 22     |    | FP | \$3.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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        | 08 | 082 | 49     |    | FP | \$3.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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        | 08 | 083 | 22, 49 | U7 | FP | \$4.37 | No | per test | once per day | N/A |                                                                                               |
| 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        | 09 | All | 11     |    | FP | \$3.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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        | 10 | 100 | 11     |    | FP | \$3.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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        | 28 | 280 | 81     |    | FP | \$3.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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        | 31 | All | 11     |    | FP | \$3.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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        | 33 | 335 | 11     |    | FP | \$3.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 01 | 183 | 22     |    | FP | \$4.35 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



|       |                                                                                                                                                                                                                               |    |     |        |  |        |        |    |          |              |     |                                                                                               |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|--------|--------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 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 | 08 | 082 | 49     |  | FP     | \$4.35 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 08 | 083 | 22, 49 |  | FP     | \$4.35 | No | per test | once per day | N/A |                                                                                               |
| 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 | 09 | All | 11     |  | FP     | \$4.35 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 10 | 100 | 11     |  | FP     | \$4.35 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 28 | 280 | 81     |  | FP     | \$4.35 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 31 | All | 11     |  | FP     | \$4.35 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 33 | 335 | 11     |  | FP     | \$4.35 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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     | 01 | 183 | 22     |  | FP     | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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     | 01 | 183 | 22     |  | QW, FP | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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     | 08 | 082 | 49     |  | FP     | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|--------|--------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 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 | 08 | 082 | 49     |  | QW, FP | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 08 | 083 | 22, 49 |  | FP     | \$3.10 | No | per test | once per day | N/A |                                                                                               |
| 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 | 08 | 083 | 22, 49 |  | QW, FP | \$3.10 | No | per test | once per day | N/A |                                                                                               |
| 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 | 09 | All | 11     |  | FP     | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 09 | All | 11     |  | QW, FP | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 10 | 100 | 11     |  | FP     | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 10 | 100 | 11     |  | QW, FP | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 28 | 280 | 81     |  | FP     | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 28 | 280 | 81     |  | QW, FP | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 31 | All | 11     |  | FP     | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 31 | All | 11     |  | QW, FP | \$3.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                                                                                                                                                           |    |     |        |  |        |         |    |          |              |     |                                                                                               |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 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 | 33 | 335 | 11     |  | FP     | \$3.10  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 33 | 335 | 11     |  | QW, FP | \$3.10  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82105 | Alpha-fetoprotein (AFP); serum                                                                                                                                                                                            | 01 | 183 | 22     |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82105 | Alpha-fetoprotein (AFP); serum                                                                                                                                                                                            | 08 | 083 | 22, 49 |  | FP     | \$20.00 | No | per test | once per day | N/A |                                                                                               |
| 82105 | Alpha-fetoprotein (AFP); serum                                                                                                                                                                                            | 28 | 280 | 81     |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82465 | Cholesterol, serum or whole blood, total                                                                                                                                                                                  | 01 | 183 | 22     |  | FP     | \$6.01  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82465 | Cholesterol, serum or whole blood, total                                                                                                                                                                                  | 01 | 183 | 22     |  | QW, FP | \$6.01  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82465 | Cholesterol, serum or whole blood, total                                                                                                                                                                                  | 08 | 083 | 22, 49 |  | FP     | \$6.01  | No | per test | once per day | N/A |                                                                                               |
| 82465 | Cholesterol, serum or whole blood, total                                                                                                                                                                                  | 08 | 083 | 22, 49 |  | QW, FP | \$6.01  | No | per test | once per day | N/A |                                                                                               |
| 82465 | Cholesterol, serum or whole blood, total                                                                                                                                                                                  | 28 | 280 | 81     |  | FP     | \$6.01  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82465 | Cholesterol, serum or whole blood, total                                                                                                                                                                                  | 28 | 280 | 81     |  | QW, FP | \$6.01  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82533 | Cortisol; total                                                                                                                                                                                                           | 01 | 183 | 22     |  | FP     | \$12.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82533 | Cortisol; total                                                                                                                                                                                                           | 08 | 083 | 22, 49 |  | FP     | \$12.00 | No | per test | once per day | N/A |                                                                                               |



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|-------|-----------------------------------------|----|-----|--------|--|----|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 82533 | Cortisol; total                         | 28 | 280 | 81     |  | FP | \$12.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82626 | Dehydroepiandrosterone (DHEA)           | 01 | 183 | 22     |  | FP | \$21.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82626 | Dehydroepiandrosterone (DHEA)           | 08 | 083 | 22, 49 |  | FP | \$21.00 | No | per test | once per day | N/A |                                                                                               |
| 82626 | Dehydroepiandrosterone (DHEA)           | 28 | 280 | 81     |  | FP | \$21.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82627 | Dehydroepiandrosterone-sulfate (DHEA-S) | 01 | 183 | 22     |  | FP | \$21.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82627 | Dehydroepiandrosterone-sulfate (DHEA-S) | 28 | 280 | 81     |  | FP | \$21.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82670 | Estradiol; total                        | 01 | 183 | 22     |  | FP | \$21.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82670 | Estradiol; total                        | 28 | 280 | 81     |  | FP | \$21.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82671 | Estrogens; fractionated                 | 01 | 183 | 22     |  | FP | \$22.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82671 | Estrogens; fractionated                 | 08 | 083 | 22, 49 |  | FP | \$22.00 | No | per test | once per day | N/A |                                                                                               |
| 82671 | Estrogens; fractionated                 | 28 | 280 | 81     |  | FP | \$22.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82672 | Estrogens; total                        | 01 | 183 | 22     |  | FP | \$13.92 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|---------------------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 82672 | Estrogens; total                                              | 28 | 280 | 81     |  | FP     | \$13.92 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82948 | Glucose; blood, reagent strip                                 | 01 | 183 | 22     |  | FP     | \$2.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82948 | Glucose; blood, reagent strip                                 | 08 | 083 | 22, 49 |  | FP     | \$2.00  | No | per test | once per day | N/A |                                                                                               |
| 82948 | Glucose; blood, reagent strip                                 | 28 | 280 | 81     |  | FP     | \$2.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) | 01 | 183 | 22     |  | FP     | \$12.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) | 01 | 183 | 22     |  | QW, FP | \$12.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) | 08 | 083 | 22, 49 |  | FP     | \$12.50 | No | per test | once per day | N/A |                                                                                               |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) | 08 | 083 | 22, 49 |  | QW, FP | \$12.50 | No | per test | once per day | N/A |                                                                                               |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) | 28 | 280 | 81     |  | FP     | \$12.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) | 28 | 280 | 81     |  | QW, FP | \$12.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83001 | Gonadotropin; follicle stimulating hormone (FSH)              | 01 | 183 | 22     |  | FP     | \$17.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83001 | Gonadotropin; follicle stimulating hormone (FSH)              | 01 | 183 | 22     |  | QW, FP | \$17.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83001 | Gonadotropin; follicle stimulating hormone (FSH)              | 08 | 083 | 22, 49 |  | FP     | \$17.50 | No | per test | once per day | N/A |                                                                                               |
| 83001 | Gonadotropin; follicle stimulating hormone (FSH)              | 08 | 083 | 22, 49 |  | QW, FP | \$17.50 | No | per test | once per day | N/A |                                                                                               |

|       |                                                  |    |     |        |  |        |         |    |          |              |     |                                                                                               |
|-------|--------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 83001 | Gonadotropin; follicle stimulating hormone (FSH) | 28 | 280 | 81     |  | FP     | \$17.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83001 | Gonadotropin; follicle stimulating hormone (FSH) | 28 | 280 | 81     |  | QW, FP | \$17.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83002 | Gonadotropin; luteinizing hormone (LH)           | 01 | 183 | 22     |  | FP     | \$17.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83002 | Gonadotropin; luteinizing hormone (LH)           | 01 | 183 | 22     |  | QW, FP | \$17.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83002 | Gonadotropin; luteinizing hormone (LH)           | 08 | 083 | 22, 49 |  | FP     | \$17.00 | No | per test | once per day | N/A |                                                                                               |
| 83002 | Gonadotropin; luteinizing hormone (LH)           | 08 | 083 | 22, 49 |  | QW, FP | \$17.00 | No | per test | once per day | N/A |                                                                                               |
| 83002 | Gonadotropin; luteinizing hormone (LH)           | 28 | 280 | 81     |  | FP     | \$17.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83002 | Gonadotropin; luteinizing hormone (LH)           | 28 | 280 | 81     |  | QW, FP | \$17.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83491 | Hydroxycorticosteroids, 17- (17-OHCS)            | 01 | 183 | 22     |  | FP     | \$7.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83491 | Hydroxycorticosteroids, 17- (17-OHCS)            | 08 | 083 | 22, 49 |  | FP     | \$7.00  | No | per test | once per day | N/A |                                                                                               |
| 83491 | Hydroxycorticosteroids, 17- (17-OHCS)            | 28 | 280 | 81     |  | FP     | \$7.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83586 | Ketosteroids, 17- (17-KS); total                 | 01 | 183 | 22     |  | FP     | \$17.69 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83586 | Ketosteroids, 17- (17-KS); total                 | 08 | 083 | 22, 49 |  | FP     | \$17.69 | No | per test | once per day | N/A |                                                                                               |

|       |                                    |    |     |        |  |    |         |    |          |              |     |                                                                                               |
|-------|------------------------------------|----|-----|--------|--|----|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 83586 | Ketosteroids, 17- (17-KS); total   | 28 | 280 | 81     |  | FP | \$17.69 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83727 | Luteinizing releasing factor (LRH) | 01 | 183 | 22     |  | FP | \$23.76 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 83727 | Luteinizing releasing factor (LRH) | 08 | 083 | 22, 49 |  | FP | \$23.76 | No | per test | once per day | N/A |                                                                                               |
| 83727 | Luteinizing releasing factor (LRH) | 28 | 280 | 81     |  | FP | \$23.76 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84138 | Pregnanetriol                      | 01 | 183 | 22     |  | FP | \$23.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84138 | Pregnanetriol                      | 08 | 083 | 22, 49 |  | FP | \$23.00 | No | per test | once per day | N/A |                                                                                               |
| 84138 | Pregnanetriol                      | 28 | 280 | 81     |  | FP | \$23.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84144 | Progesterone                       | 01 | 183 | 22     |  | FP | \$17.00 | No | per test | 2 per 7 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84144 | Progesterone                       | 08 | 083 | 22, 49 |  | FP | \$17.00 | No | per test | 2 per 7 days | N/A |                                                                                               |
| 84144 | Progesterone                       | 28 | 280 | 81     |  | FP | \$17.00 | No | per test | 2 per 7 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84146 | Prolactin                          | 01 | 183 | 22     |  | FP | \$24.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84146 | Prolactin                          | 08 | 083 | 22, 49 |  | FP | \$24.00 | No | per test | once per day | N/A |                                                                                               |
| 84146 | Prolactin                          | 28 | 280 | 81     |  | FP | \$24.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|----------------------------------------------------------------------------------|----|-----|--------|--|----|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 84233 | Receptor assay; estrogen                                                         | 01 | 183 | 22     |  | FP | \$48.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84233 | Receptor assay; estrogen                                                         | 08 | 083 | 22, 49 |  | FP | \$48.00 | No | per test | once per day | N/A |                                                                                               |
| 84233 | Receptor assay; estrogen                                                         | 28 | 280 | 81     |  | FP | \$48.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84234 | Receptor assay; progesterone                                                     | 01 | 183 | 22     |  | FP | \$82.32 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84234 | Receptor assay; progesterone                                                     | 08 | 083 | 22, 49 |  | FP | \$82.32 | No | per test | once per day | N/A |                                                                                               |
| 84234 | Receptor assay; progesterone                                                     | 28 | 280 | 81     |  | FP | \$82.32 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84235 | Receptor assay; endocrine, other than estrogen or progesterone (specify hormone) | 01 | 183 | 22     |  | FP | \$72.31 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84235 | Receptor assay; endocrine, other than estrogen or progesterone (specify hormone) | 08 | 083 | 22, 49 |  | FP | \$72.31 | No | per test | once per day | N/A |                                                                                               |
| 84235 | Receptor assay; endocrine, other than estrogen or progesterone (specify hormone) | 28 | 280 | 81     |  | FP | \$72.31 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84270 | Sex hormone binding globulin (SHBG)                                              | 01 | 183 | 22     |  | FP | \$25.82 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84270 | Sex hormone binding globulin (SHBG)                                              | 08 | 083 | 22, 49 |  | FP | \$25.82 | No | per test | once per day | N/A |                                                                                               |
| 84270 | Sex hormone binding globulin (SHBG)                                              | 28 | 280 | 81     |  | FP | \$25.82 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84402 | Testosterone; free                                                               | 01 | 183 | 22     |  | FP | \$27.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



|       |                                                                                 |    |     |        |  |        |         |    |          |              |     |                                                                                               |
|-------|---------------------------------------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 84402 | Testosterone; free                                                              | 28 | 280 | 81     |  | FP     | \$27.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84403 | Testosterone; total                                                             | 01 | 183 | 22     |  | FP     | \$27.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84403 | Testosterone; total                                                             | 28 | 280 | 81     |  | FP     | \$27.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84410 | Testosterone; bioavailable, direct measurement (eg, differential precipitation) | 01 | 183 | 22     |  | FP     | \$58.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84410 | Testosterone; bioavailable, direct measurement (eg, differential precipitation) | 28 | 280 | 81     |  | FP     | \$58.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84443 | Thyroid stimulating hormone (TSH)                                               | 01 | 183 | 22     |  | FP     | \$23.21 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84443 | Thyroid stimulating hormone (TSH)                                               | 01 | 183 | 22     |  | QW, FP | \$23.21 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84443 | Thyroid stimulating hormone (TSH)                                               | 28 | 280 | 81     |  | FP     | \$23.21 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84443 | Thyroid stimulating hormone (TSH)                                               | 28 | 280 | 81     |  | QW, FP | \$23.21 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84481 | Triiodothyronine T3; free                                                       | 01 | 183 | 22     |  | FP     | \$23.41 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84481 | Triiodothyronine T3; free                                                       | 08 | 083 | 22, 49 |  | FP     | \$23.41 | No | per test | once per day | N/A |                                                                                               |

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|-------|------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 84481 | Triiodothyronine T3; free                      | 28 | 280 | 81     |  | FP     | \$23.41 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84702 | Gonadotropin, chorionic (hCG); quantitative    | 01 | 183 | 22     |  | FP     | \$16.42 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84702 | Gonadotropin, chorionic (hCG); quantitative    | 08 | 083 | 22, 49 |  | FP     | \$16.42 | No | per test | once per day | N/A |                                                                                               |
| 84702 | Gonadotropin, chorionic (hCG); quantitative    | 28 | 280 | 81     |  | FP     | \$16.42 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84704 | Gonadotropin, chorionic (hCG); free beta chain | 01 | 183 | 22     |  | FP     | \$16.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 84704 | Gonadotropin, chorionic (hCG); free beta chain | 08 | 083 | 22, 49 |  | FP     | \$16.22 | No | per test | once per day | N/A |                                                                                               |
| 84704 | Gonadotropin, chorionic (hCG); free beta chain | 28 | 280 | 81     |  | FP     | \$16.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct)                  | 01 | 183 | 22     |  | FP     | \$3.23  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct)                  | 01 | 183 | 22     |  | QW, FP | \$3.23  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct)                  | 08 | 082 | 49     |  | FP     | \$3.23  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct)                  | 08 | 082 | 49     |  | QW, FP | \$3.23  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct)                  | 08 | 083 | 22, 49 |  | FP     | \$3.23  | No | per test | once per day | N/A |                                                                                               |
| 85014 | Blood count; hematocrit (Hct)                  | 08 | 083 | 22, 49 |  | QW, FP | \$3.23  | No | per test | once per day | N/A |                                                                                               |

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|-------|-------------------------------|----|-----|----|--|--------|--------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 85014 | Blood count; hematocrit (Hct) | 09 | All | 11 |  | FP     | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 09 | All | 11 |  | QW, FP | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 10 | 100 | 11 |  | FP     | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 10 | 100 | 11 |  | QW, FP | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 28 | 280 | 81 |  | FP     | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 28 | 280 | 81 |  | QW, FP | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 31 | All | 11 |  | FP     | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 31 | All | 11 |  | QW, FP | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 33 | 335 | 11 |  | FP     | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85014 | Blood count; hematocrit (Hct) | 33 | 335 | 11 |  | QW, FP | \$3.23 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



|       |                               |    |     |        |  |        |        |    |          |              |     |                                                                                               |
|-------|-------------------------------|----|-----|--------|--|--------|--------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 85018 | Blood count; hemoglobin (Hgb) | 01 | 183 | 22     |  | FP     | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 01 | 183 | 22     |  | QW, FP | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 08 | 082 | 49     |  | FP     | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 08 | 082 | 49     |  | QW, FP | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 08 | 083 | 22, 49 |  | FP     | \$4.04 | No | per test | once per day | N/A |                                                                                               |
| 85018 | Blood count; hemoglobin (Hgb) | 08 | 083 | 22, 49 |  | QW, FP | \$4.04 | No | per test | once per day | N/A |                                                                                               |
| 85018 | Blood count; hemoglobin (Hgb) | 09 | All | 11     |  | FP     | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 09 | All | 11     |  | QW, FP | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 10 | 100 | 11     |  | FP     | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 10 | 100 | 11     |  | QW, FP | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 28 | 280 | 81     |  | FP     | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb) | 28 | 280 | 81     |  | QW, FP | \$4.04 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|---------------------------------------------------------------------------------------------------------------------|----|-----|----|--|------------|--------|----|----------|----------------------------|-----|-----------------------------------------------------------------------------------------------|
| 85018 | Blood count; hemoglobin (Hgb)                                                                                       | 31 | All | 11 |  | FP         | \$4.04 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb)                                                                                       | 31 | All | 11 |  | QW, FP     | \$4.04 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb)                                                                                       | 33 | 335 | 11 |  | FP         | \$4.04 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85018 | Blood count; hemoglobin (Hgb)                                                                                       | 33 | 335 | 11 |  | QW, FP     | \$4.04 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 01 | 183 | 22 |  | FP         | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 01 | 183 | 22 |  | QW, FP     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 01 | 183 | 22 |  | FP, 91     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 01 | 183 | 22 |  | QW, FP, 91 | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 08 | 082 | 49 |  | FP         | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 08 | 082 | 49 |  | FP, 91     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                                                     |    |     |        |  |            |        |    |          |                            |     |                                                                                               |
|-------|---------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|------------|--------|----|----------|----------------------------|-----|-----------------------------------------------------------------------------------------------|
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 08 | 082 | 49     |  | QW, FP     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 08 | 082 | 49     |  | QW, FP, 91 | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 08 | 083 | 22, 49 |  | FP         | \$6.00 | No | per test | total of two tests per day | N/A |                                                                                               |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 08 | 083 | 22, 49 |  | QW, FP     | \$6.00 | No | per test | total of two tests per day | N/A |                                                                                               |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 08 | 083 | 22, 49 |  | FP, 91     | \$6.00 | No | per test | total of two tests per day | N/A |                                                                                               |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 08 | 083 | 22, 49 |  | QW, FP, 91 | \$6.00 | No | per test | total of two tests per day | N/A |                                                                                               |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 09 | All | 11     |  | FP         | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 09 | All | 11     |  | FP, 91     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 09 | All | 11     |  | QW, FP     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 09 | All | 11     |  | QW, FP, 91 | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 10 | 100 | 11     |  | FP         | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 10 | 100 | 11     |  | FP, 91     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                                                     |    |     |    |  |            |        |    |          |                            |     |                                                                                               |
|-------|---------------------------------------------------------------------------------------------------------------------|----|-----|----|--|------------|--------|----|----------|----------------------------|-----|-----------------------------------------------------------------------------------------------|
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 10 | 100 | 11 |  | QW, FP     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 10 | 100 | 11 |  | QW, FP, 91 | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 28 | 280 | 81 |  | FP         | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 28 | 280 | 81 |  | QW, FP     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 28 | 280 | 81 |  | FP, 91     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 28 | 280 | 81 |  | QW, FP, 91 | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 31 | All | 11 |  | FP         | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 31 | All | 11 |  | FP, 91     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 31 | All | 11 |  | QW, FP     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 31 | All | 11 |  | QW, FP, 91 | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|---------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|------------|--------|----|----------|----------------------------|-----|-----------------------------------------------------------------------------------------------|
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 33 | 335 | 11     |  | FP         | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 33 | 335 | 11     |  | FP, 91     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 33 | 335 | 11     |  | QW, FP     | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | 33 | 335 | 11     |  | QW, FP, 91 | \$6.00 | No | per test | total of two tests per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85027 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)                                      | 01 | 183 | 22     |  | FP         | \$7.52 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85027 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)                                      | 28 | 280 | 81     |  | FP         | \$7.52 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85652 | Sedimentation rate, erythrocyte; automated                                                                          | 01 | 183 | 22     |  | FP         | \$3.00 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85652 | Sedimentation rate, erythrocyte; automated                                                                          | 08 | 083 | 22, 49 |  | FP         | \$3.00 | No | per test | once per day               | N/A |                                                                                               |
| 85652 | Sedimentation rate, erythrocyte; automated                                                                          | 28 | 280 | 81     |  | FP         | \$3.00 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85660 | Sickling of RBC, reduction                                                                                          | 01 | 183 | 22     |  | FP         | \$3.00 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 85660 | Sickling of RBC, reduction                                                                                          | 08 | 083 | 22, 49 |  | FP         | \$3.00 | No | per test | once per day               | N/A |                                                                                               |
| 85660 | Sickling of RBC, reduction                                                                                          | 28 | 280 | 81     |  | FP         | \$3.00 | No | per test | once per day               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



|       |                                                                                  |    |     |        |    |    |         |    |          |               |     |                                                                                               |
|-------|----------------------------------------------------------------------------------|----|-----|--------|----|----|---------|----|----------|---------------|-----|-----------------------------------------------------------------------------------------------|
| 86255 | Fluorescent noninfectious agent antibody; screen, each antibody                  | 01 | 183 | 22     |    | FP | \$16.44 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86255 | Fluorescent noninfectious agent antibody; screen, each antibody                  | 08 | 083 | 22, 49 |    | FP | \$16.44 | No | per test | once per day  | N/A |                                                                                               |
| 86255 | Fluorescent noninfectious agent antibody; screen, each antibody                  | 28 | 280 | 81     |    | FP | \$16.44 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86255 | Fluorescent noninfectious agent antibody; screen, each antibody                  | 31 | 333 | 22, 49 | 26 | FP | \$15.21 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86317 | Immunoassay for infectious agent antibody, quantitative, not otherwise specified | 01 | 183 | 22     |    | FP | \$20.49 | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86317 | Immunoassay for infectious agent antibody, quantitative, not otherwise specified | 08 | 083 | 22, 49 |    | FP | \$20.49 | No | per test | twice per day | N/A |                                                                                               |
| 86317 | Immunoassay for infectious agent antibody, quantitative, not otherwise specified | 28 | 280 | 81     |    | FP | \$20.49 | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86592 | Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)         | 01 | 183 | 22     |    | FP | \$4.00  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86592 | Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)         | 08 | 083 | 22, 49 |    | FP | \$4.00  | No | per test | once per day  | N/A |                                                                                               |
| 86592 | Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)         | 28 | 280 | 81     |    | FP | \$4.00  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86593 | Syphilis test, non-treponemal antibody; quantitative                             | 01 | 183 | 22     |    | FP | \$6.09  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86593 | Syphilis test, non-treponemal antibody; quantitative                             | 28 | 280 | 81     |    | FP | \$6.09  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|----------------------------------------------------------------------|----|-----|----|--|----|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 86631 | Antibody; Chlamydia                                                  | 01 | 183 | 22 |  | FP | \$9.88  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86631 | Antibody; Chlamydia                                                  | 28 | 280 | 81 |  | FP | \$9.88  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86632 | Antibody; Chlamydia, IgM                                             | 01 | 183 | 22 |  | FP | \$17.55 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86632 | Antibody; Chlamydia, IgM                                             | 28 | 280 | 81 |  | FP | \$17.55 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86689 | Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot) | 01 | 183 | 22 |  | FP | \$26.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86689 | Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot) | 28 | 280 | 81 |  | FP | \$26.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86694 | Antibody; herpes simplex, non-specific type test                     | 01 | 183 | 22 |  | FP | \$19.83 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86694 | Antibody; herpes simplex, non-specific type test                     | 28 | 280 | 81 |  | FP | \$19.83 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86695 | Antibody; herpes simplex, type 1                                     | 01 | 183 | 22 |  | FP | \$18.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86695 | Antibody; herpes simplex, type 1                                     | 28 | 280 | 81 |  | FP | \$18.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 86696 | Antibody; herpes simplex, type 2         | 01 | 183 | 22     |  | FP     | \$21.40 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86696 | Antibody; herpes simplex, type 2         | 28 | 280 | 81     |  | FP     | \$21.40 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86701 | Antibody; HIV-1                          | 01 | 183 | 22     |  | FP     | \$12.12 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86701 | Antibody; HIV-1                          | 01 | 183 | 22     |  | QW, FP | \$12.12 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86701 | Antibody; HIV-1                          | 08 | 083 | 22, 49 |  | FP     | \$12.12 | No | per test | once per day | N/A |                                                                                               |
| 86701 | Antibody; HIV-1                          | 08 | 083 | 22, 49 |  | QW, FP | \$12.12 | No | per test | once per day | N/A |                                                                                               |
| 86701 | Antibody; HIV-1                          | 28 | 280 | 81     |  | FP     | \$12.12 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86701 | Antibody; HIV-1                          | 28 | 280 | 81     |  | QW, FP | \$12.12 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86702 | Antibody; HIV-2                          | 01 | 183 | 22     |  | FP     | \$13.83 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86702 | Antibody; HIV-2                          | 08 | 083 | 22, 49 |  | FP     | \$13.83 | No | per test | once per day | N/A |                                                                                               |
| 86702 | Antibody; HIV-2                          | 28 | 280 | 81     |  | FP     | \$13.83 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86703 | Antibody; HIV-1 and HIV-2, single result | 01 | 183 | 22     |  | FP     | \$23.34 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86703 | Antibody; HIV-1 and HIV-2, single result | 08 | 082 | 49     |  | FP     | \$23.34 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



|       |                                                 |    |     |        |  |    |         |    |          |              |     |                                                                                               |
|-------|-------------------------------------------------|----|-----|--------|--|----|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 86703 | Antibody; HIV-1 and HIV-2, single result        | 08 | 083 | 22, 49 |  | FP | \$23.34 | No | per test | once per day | N/A |                                                                                               |
| 86703 | Antibody; HIV-1 and HIV-2, single result        | 09 | All | 11     |  | FP | \$23.34 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86703 | Antibody; HIV-1 and HIV-2, single result        | 10 | 100 | 11     |  | FP | \$23.34 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86703 | Antibody; HIV-1 and HIV-2, single result        | 28 | 280 | 81     |  | FP | \$23.34 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86703 | Antibody; HIV-1 and HIV-2, single result        | 31 | All | 11     |  | FP | \$23.34 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86703 | Antibody; HIV-1 and HIV-2, single result        | 33 | 335 | 11     |  | FP | \$23.34 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86704 | Hepatitis B core antibody (HBcAb); total        | 01 | 183 | 22     |  | FP | \$15.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86704 | Hepatitis B core antibody (HBcAb); total        | 28 | 280 | 81     |  | FP | \$15.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86705 | Hepatitis B core antibody (HBcAb); IgM antibody | 01 | 183 | 22     |  | FP | \$16.25 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86705 | Hepatitis B core antibody (HBcAb); IgM antibody | 28 | 280 | 81     |  | FP | \$16.25 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86706 | Hepatitis B surface antibody (HBsAb)            | 01 | 183 | 22     |  | FP | \$13.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                      |    |     |        |  |        |         |    |          |              |     |                                                                                               |
|-------|--------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 86706 | Hepatitis B surface antibody (HBsAb) | 28 | 280 | 81     |  | FP     | \$13.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86762 | Antibody; rubella                    | 01 | 183 | 22     |  | FP     | \$19.64 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86762 | Antibody; rubella                    | 08 | 083 | 22, 49 |  | FP     | \$19.64 | No | per test | once per day | N/A |                                                                                               |
| 86762 | Antibody; rubella                    | 28 | 280 | 81     |  | FP     | \$19.64 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum         | 01 | 183 | 22     |  | FP     | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum         | 01 | 183 | 22     |  | QW, FP | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum         | 08 | 082 | 49     |  | FP     | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum         | 08 | 082 | 49     |  | QW, FP | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum         | 08 | 083 | 22, 49 |  | FP     | \$15.18 | No | per test | once per day | N/A |                                                                                               |
| 86780 | Antibody; Treponema pallidum         | 08 | 083 | 22, 49 |  | QW, FP | \$15.18 | No | per test | once per day | N/A |                                                                                               |
| 86780 | Antibody; Treponema pallidum         | 09 | All | 11     |  | FP     | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum         | 09 | All | 11     |  | QW, FP | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum         | 10 | 100 | 11     |  | FP     | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                              |    |     |    |  |        |         |    |          |              |     |                                                                                               |
|-------|------------------------------|----|-----|----|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 86780 | Antibody; Treponema pallidum | 10 | 100 | 11 |  | QW, FP | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum | 28 | 280 | 81 |  | FP     | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum | 28 | 280 | 81 |  | QW, FP | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum | 31 | All | 11 |  | FP     | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum | 31 | All | 11 |  | QW, FP | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum | 33 | 335 | 11 |  | FP     | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86780 | Antibody; Treponema pallidum | 33 | 335 | 11 |  | QW, FP | \$15.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody;        | 01 | 183 | 22 |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody;        | 01 | 183 | 22 |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody;        | 08 | 082 | 49 |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|-----------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 86803 | Hepatitis C antibody; | 08 | 082 | 49     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 08 | 083 | 22, 49 |  | FP     | \$19.00 | No | per test | once per day | N/A |                                                                                               |
| 86803 | Hepatitis C antibody; | 08 | 083 | 22, 49 |  | QW, FP | \$19.00 | No | per test | once per day | N/A |                                                                                               |
| 86803 | Hepatitis C antibody; | 09 | All | 11     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 09 | All | 11     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 10 | 100 | 11     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 10 | 100 | 11     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 28 | 280 | 81     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 28 | 280 | 81     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 31 | All | 11     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 31 | All | 11     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86803 | Hepatitis C antibody; | 33 | 335 | 11     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 86803 | Hepatitis C antibody;                                                                                                                      | 33 | 335 | 11     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86804 | Hepatitis C antibody; confirmatory test (eg, immunoblot)                                                                                   | 01 | 183 | 22     |  | FP     | \$21.40 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 86804 | Hepatitis C antibody; confirmatory test (eg, immunoblot)                                                                                   | 28 | 280 | 81     |  | FP     | \$21.40 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87040 | Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate) | 01 | 183 | 22     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87040 | Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate) | 28 | 280 | 81     |  | FP     | \$14.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87070 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates      | 01 | 183 | 22     |  | FP     | \$6.90  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87070 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates      | 08 | 083 | 22, 49 |  | FP     | \$6.90  | No | per test | once per day | N/A |                                                                                               |
| 87070 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates      | 28 | 280 | 81     |  | FP     | \$6.90  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87075 | Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates                          | 01 | 183 | 22     |  | FP     | \$10.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87075 | Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates                          | 08 | 083 | 22, 49 |  | FP     | \$10.00 | No | per test | once per day | N/A |                                                                                               |
| 87075 | Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates                          | 28 | 280 | 81     |  | FP     | \$10.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 87076 | Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate | 01 | 183 | 22     |  | FP     | \$8.75  | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87076 | Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate | 08 | 083 | 22, 49 |  | FP     | \$8.75  | No | per test | twice per day | N/A |                                                                                               |
| 87076 | Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate | 28 | 280 | 81     |  | FP     | \$8.75  | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87077 | Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate   | 01 | 183 | 22     |  | FP     | \$7.10  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87077 | Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate   | 01 | 183 | 22     |  | QW, FP | \$7.10  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87077 | Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate   | 28 | 280 | 81     |  | FP     | \$7.10  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87077 | Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate   | 28 | 280 | 81     |  | QW, FP | \$7.10  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87081 | Culture, presumptive, pathogenic organisms, screening only;                                                    | 01 | 183 | 22     |  | FP     | \$5.20  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87081 | Culture, presumptive, pathogenic organisms, screening only;                                                    | 28 | 280 | 81     |  | FP     | \$5.20  | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87086 | Culture, bacterial; quantitative colony count, urine                                                           | 01 | 183 | 22     |  | FP     | \$13.75 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87086 | Culture, bacterial; quantitative colony count, urine                                                           | 08 | 083 | 22, 49 |  | FP     | \$13.75 | No | per test | once per day  | N/A |                                                                                               |

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|-------|---------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|----|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 87086 | Culture, bacterial; quantitative colony count, urine                                                                                        | 28 | 280 | 81     |  | FP | \$13.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87088 | Culture, bacterial; with isolation and presumptive identification of each isolate, urine                                                    | 01 | 183 | 22     |  | FP | \$8.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87088 | Culture, bacterial; with isolation and presumptive identification of each isolate, urine                                                    | 28 | 280 | 81     |  | FP | \$8.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87110 | Culture, chlamydia, any source                                                                                                              | 01 | 183 | 22     |  | FP | \$26.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87110 | Culture, chlamydia, any source                                                                                                              | 08 | 083 | 22, 49 |  | FP | \$26.10 | No | per test | once per day | N/A |                                                                                               |
| 87110 | Culture, chlamydia, any source                                                                                                              | 28 | 280 | 81     |  | FP | \$26.10 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87149 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed    | 01 | 183 | 22     |  | FP | \$22.17 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87149 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed    | 28 | 280 | 81     |  | FP | \$22.17 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87150 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed | 01 | 183 | 22     |  | FP | \$40.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87150 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed | 28 | 280 | 81     |  | FP | \$40.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87164 | Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection                                          | 01 | 183 | 22     |  | FP | \$8.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 87164 | Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection                                                              | 28 | 280 | 81     |    | FP | \$8.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87164 | Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection                                                              | 31 | 333 | 22     | 26 | FP | \$15.21 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87166 | Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection                                                                        | 01 | 183 | 22     |    | FP | \$8.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87166 | Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection                                                                        | 08 | 083 | 22, 49 |    | FP | \$8.00  | No | per test | once per day | N/A |                                                                                               |
| 87166 | Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection                                                                        | 28 | 280 | 81     |    | FP | \$8.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87205 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types                                                              | 01 | 183 | 22     |    | FP | \$4.50  | No | per test | five per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87205 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types                                                              | 08 | 083 | 22, 49 |    | FP | \$4.50  | No | per test | five per day | N/A |                                                                                               |
| 87205 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types                                                              | 28 | 280 | 81     |    | FP | \$4.50  | No | per test | five per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87206 | Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types                             | 01 | 183 | 22     |    | FP | \$3.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87206 | Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types                             | 28 | 280 | 81     |    | FP | \$3.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87207 | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses) | 01 | 183 | 22     |    | FP | \$10.20 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87207 | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses) | 08 | 083 | 22, 49 |    | FP | \$10.20 | No | per test | once per day | N/A |                                                                                               |



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|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|----|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 87207 | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses) | 28 | 280 | 81     |    | FP     | \$10.20 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87207 | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses) | 31 | 333 | 22, 49 | 26 | FP     | \$22.83 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)                                                   | 01 | 183 | 22     |    | FP     | \$7.28  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)                                                   | 01 | 183 | 22     |    | QW, FP | \$7.28  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)                                                   | 08 | 083 | 22, 49 |    | FP     | \$7.28  | No | per test | once per day | N/A |                                                                                               |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)                                                   | 08 | 083 | 22, 49 |    | QW, FP | \$7.28  | No | per test | once per day | N/A |                                                                                               |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)                                                   | 28 | 280 | 81     |    | FP     | \$7.28  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)                                                   | 28 | 280 | 81     |    | QW, FP | \$7.28  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87220 | Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)                                       | 01 | 183 | 22     |    | FP     | \$3.90  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87220 | Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)                                       | 28 | 280 | 81     |    | FP     | \$3.90  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87252 | Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect                                                   | 01 | 183 | 22     |    | FP     | \$36.02 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 87252 | Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect                                                                                                                                                                                                  | 28 | 280 | 81 |  | FP | \$36.02 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87253 | Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate                                                                                                                                                   | 01 | 183 | 22 |  | FP | \$26.48 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87253 | Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate                                                                                                                                                   | 28 | 280 | 81 |  | FP | \$26.48 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87254 | Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus                                                                                                                                                                                 | 01 | 183 | 22 |  | FP | \$5.41  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87254 | Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus                                                                                                                                                                                 | 28 | 280 | 81 |  | FP | \$5.41  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87255 | Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)                                                                                                                                                                   | 01 | 183 | 22 |  | FP | \$37.85 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87255 | Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)                                                                                                                                                                   | 28 | 280 | 81 |  | FP | \$37.85 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87273 | Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2                                                                                                                                                                                                                 | 01 | 183 | 22 |  | FP | \$12.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87273 | Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2                                                                                                                                                                                                                 | 28 | 280 | 81 |  | FP | \$12.18 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87389 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result | 01 | 183 | 22 |  | FP | \$27.30 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|----|---------|----|----------|---------------|-----|-----------------------------------------------------------------------------------------------|
| 87389 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result | 28 | 280 | 81     |  | FP | \$27.30 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87390 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1                                                            | 01 | 183 | 22     |  | FP | \$10.50 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87390 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1                                                            | 28 | 280 | 81     |  | FP | \$10.50 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87391 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2                                                            | 01 | 183 | 22     |  | FP | \$10.50 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87391 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2                                                            | 28 | 280 | 81     |  | FP | \$10.50 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87490 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique                                                                                                                                                                                                         | 01 | 183 | 22     |  | FP | \$22.72 | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87490 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique                                                                                                                                                                                                         | 28 | 280 | 81     |  | FP | \$22.72 | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87491 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique                                                                                                                                                                                                      | 01 | 183 | 22     |  | FP | \$23.19 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87491 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique                                                                                                                                                                                                      | 08 | 083 | 22, 49 |  | FP | \$23.19 | No | per test | once per day  | N/A |                                                                                               |
| 87491 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique                                                                                                                                                                                                      | 28 | 280 | 81     |  | FP | \$23.19 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 87492 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification                                      | 01 | 183 | 22     |  | FP | \$39.61  | No | per test | twice per day       | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87492 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification                                      | 28 | 280 | 81     |  | FP | \$39.61  | No | per test | twice per day       | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87522 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed | 01 | 183 | 22     |  | FP | \$39.65  | No | per test | once per day        | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87522 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed | 28 | 280 | 81     |  | FP | \$39.65  | No | per test | once per day        | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87536 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed       | 01 | 183 | 22     |  | FP | \$116.09 | No | per test | 6 per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87536 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed       | 08 | 083 | 22, 49 |  | FP | \$116.09 | No | per test | 6 per calendar year | N/A |                                                                                               |
| 87536 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed       | 28 | 280 | 81     |  | FP | \$116.09 | No | per test | 6 per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87563 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique                           | 01 | 183 | 22     |  | FP | \$28.07  | No | per test | once per day        | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87563 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique                           | 08 | 083 | 22, 49 |  | FP | \$28.07  | No | per test | once per day        | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87563 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique                           | 28 | 280 | 81     |  | FP | \$28.07  | No | per test | once per day        | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87591 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique                           | 01 | 183 | 22     |  | FP | \$23.19  | No | per test | once per day        | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 87591 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Neisseria gonorrhoeae, amplified probe technique                                                     | 08 | 083 | 22, 49 |  | FP | \$23.19 | No | per test | once per day | N/A |                                                                                               |
| 87591 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Neisseria gonorrhoeae, amplified probe technique                                                     | 28 | 280 | 81     |  | FP | \$23.19 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)                                   | 01 | 183 | 22     |  | FP | \$59.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)                                   | 08 | 083 | 22, 49 |  | FP | \$59.75 | No | per test | once per day | N/A |                                                                                               |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)                                   | 28 | 280 | 81     |  | FP | \$59.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) | 01 | 183 | 22     |  | FP | \$59.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) | 08 | 083 | 22, 49 |  | FP | \$59.75 | No | per test | once per day | N/A |                                                                                               |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) | 28 | 280 | 81     |  | FP | \$59.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 01 | 183 | 22     |  | FP | \$59.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 08 | 083 | 22, 49 |  | FP | \$59.75 | No | per test | once per day | N/A |                                                                                               |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 28 | 280 | 81     |  | FP | \$59.75 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87660 | Infectious agent detection by nucleic acid (DNA or RNA);<br>Trichomonas vaginalis, direct probe technique                                                        | 01 | 183 | 22     |  | FP | \$22.42 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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|-------|----------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|----|---------|----|----------|----------------------------------------|-----|-----------------------------------------------------------------------------------------------|
| 87660 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique                     | 08 | 083 | 22, 49 |  | FP | \$22.42 | No | per test | once per day                           | N/A |                                                                                               |
| 87660 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique                     | 28 | 280 | 81     |  | FP | \$22.42 | No | per test | once per day                           | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87661 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique                  | 01 | 183 | 22     |  | FP | \$38.30 | No | per test | once per day                           | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87661 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique                  | 08 | 083 | 22, 49 |  | FP | \$38.30 | No | per test | once per day                           | N/A |                                                                                               |
| 87661 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique                  | 28 | 280 | 81     |  | FP | \$38.30 | No | per test | once per day                           | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87797 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism    | 01 | 183 | 22     |  | FP | \$22.97 | No | per test | once per day                           | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87797 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism    | 08 | 083 | 22, 49 |  | FP | \$22.97 | No | per test | once per day                           | N/A |                                                                                               |
| 87797 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism    | 28 | 280 | 81     |  | FP | \$22.97 | No | per test | once per day                           | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87798 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism | 01 | 183 | 22     |  | FP | \$23.19 | No | per test | Up to 6 per day / 36 per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87798 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism | 08 | 083 | 22, 49 |  | FP | \$23.19 | No | per test | Up to 6 per day / 36 per calendar year | N/A |                                                                                               |
| 87798 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism | 28 | 280 | 81     |  | FP | \$23.19 | No | per test | Up to 6 per day / 36 per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 01 | 183 | 22     |  | FP     | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 01 | 183 | 22     |  | QW, FP | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 08 | 082 | 49     |  | FP     | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 08 | 082 | 49     |  | QW, FP | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 08 | 083 | 22, 49 |  | FP     | \$26.22 | No | per test | once per day | N/A |                                                                                               |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 08 | 083 | 22, 49 |  | QW, FP | \$26.22 | No | per test | once per day | N/A |                                                                                               |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 09 | All | 11     |  | FP     | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 09 | All | 11     |  | QW, FP | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 10 | 100 | 11     |  | FP     | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 10 | 100 | 11     |  | QW, FP | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 28 | 280 | 81     |  | FP     | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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|-------|---------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 28 | 280 | 81     |  | QW, FP | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 31 | All | 11     |  | FP     | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 31 | All | 11     |  | QW, FP | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 33 | 335 | 11     |  | FP     | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | 33 | 335 | 11     |  | QW, FP | \$26.22 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87808 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis                             | 01 | 183 | 22     |  | FP     | \$12.31 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87808 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis                             | 01 | 183 | 22     |  | QW, FP | \$12.31 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87808 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis                             | 08 | 083 | 22, 49 |  | FP     | \$12.31 | No | per test | once per day | N/A |                                                                                               |
| 87808 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis                             | 08 | 083 | 22, 49 |  | QW, FP | \$12.31 | No | per test | once per day | N/A |                                                                                               |
| 87808 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis                             | 28 | 280 | 81     |  | FP     | \$12.31 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 87808 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis                             | 28 | 280 | 81     |  | QW, FP | \$12.31 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 88141 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician                                                                           | 01 | 183 | 22             |    | FP | \$6.53  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88141 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician                                                                           | 08 | 083 | 22, 49         |    | FP | \$6.53  | No | per test | once per day | N/A |                                                                                               |
| 88141 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician                                                                           | 28 | 280 | 81             |    | FP | \$6.53  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88141 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician                                                                           | 31 | All | 11, 21, 22, 23 |    | FP | \$6.53  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88142 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | 01 | 183 | 22             |    | FP | \$16.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88142 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | 08 | 083 | 22, 49         |    | FP | \$16.00 | No | per test | once per day | N/A |                                                                                               |
| 88142 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | 28 | 280 | 81             |    | FP | \$16.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88160 | Cytopathology, smears, any other source; screening and interpretation                                                                                                      | 01 | 183 | 22             |    | FP | \$12.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88160 | Cytopathology, smears, any other source; screening and interpretation                                                                                                      | 01 | 183 | 22             | TC | FP | \$2.50  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88160 | Cytopathology, smears, any other source; screening and interpretation                                                                                                      | 28 | 280 | 81             |    | FP | \$12.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88160 | Cytopathology, smears, any other source; screening and interpretation                                                                                                      | 31 | All | 22             | 26 | FP | \$10.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 88161 | Cytopathology, smears, any other source; preparation, screening and interpretation                                                                    | 01 | 183 | 22     |    | FP | \$16.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88161 | Cytopathology, smears, any other source; preparation, screening and interpretation                                                                    | 01 | 183 | 22     | TC | FP | \$8.80  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88161 | Cytopathology, smears, any other source; preparation, screening and interpretation                                                                    | 08 | 083 | 22, 49 |    | FP | \$16.00 | No | per test | once per day | N/A |                                                                                               |
| 88161 | Cytopathology, smears, any other source; preparation, screening and interpretation                                                                    | 08 | 083 | 22, 49 | TC | FP | \$8.80  | No | per test | once per day | N/A |                                                                                               |
| 88161 | Cytopathology, smears, any other source; preparation, screening and interpretation                                                                    | 28 | 280 | 81     |    | FP | \$16.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88161 | Cytopathology, smears, any other source; preparation, screening and interpretation                                                                    | 31 | 333 | 22, 49 | 26 | FP | \$7.20  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88164 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision                                        | 01 | 183 | 22     |    | FP | \$7.15  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88164 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision                                        | 08 | 083 | 22, 49 |    | FP | \$7.15  | No | per test | once per day | N/A |                                                                                               |
| 88164 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision                                        | 28 | 280 | 81     |    | FP | \$7.15  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88165 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision                   | 01 | 183 | 22     |    | FP | \$5.72  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88165 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision                   | 28 | 280 | 81     |    | FP | \$5.72  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88166 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision | 01 | 183 | 22     |    | FP | \$5.72  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 88166 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision                                                                          | 28 | 280 | 81     |    | FP | \$5.72  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88167 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision                                          | 01 | 183 | 22     |    | FP | \$5.72  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88167 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision                                          | 28 | 280 | 81     |    | FP | \$5.72  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88174 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision                                       | 01 | 183 | 22     |    | FP | \$23.88 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88174 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision                                       | 28 | 280 | 81     |    | FP | \$23.88 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 01 | 183 | 22     |    | FP | \$29.55 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 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 | 08 | 083 | 22, 49 |    | FP | \$29.55 | No | per test | once per day | N/A |                                                                                               |
| 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 | 28 | 280 | 81     |    | FP | \$29.55 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88300 | Level I - Surgical pathology, gross examination only                                                                                                                                                                           | 01 | 183 | 22     |    | FP | \$5.48  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88300 | Level I - Surgical pathology, gross examination only                                                                                                                                                                           | 01 | 183 | 22     | TC | FP | \$1.50  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 88300 | Level I - Surgical pathology, gross examination only                                                                                                                                                                                                                                                                                                   | 28 | 280 | 81     |    | FP | \$5.48  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88300 | Level I - Surgical pathology, gross examination only                                                                                                                                                                                                                                                                                                   | 31 | All | 11, 22 | 26 | FP | \$3.98  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88302 | Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization<br>Fingers/toes, amputation, traumatic Foreskin, newborn<br>Hernia sac, any location Hydrocele sac Nerve Skin, plastic<br>repair Sympathetic ganglion Testis, castration Vaginal<br>mucosa, incidental Vas deferens, sterilization | 01 | 183 | 22     |    | FP | \$11.29 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88302 | Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization<br>Fingers/toes, amputation, traumatic Foreskin, newborn<br>Hernia sac, any location Hydrocele sac Nerve Skin, plastic<br>repair Sympathetic ganglion Testis, castration Vaginal<br>mucosa, incidental Vas deferens, sterilization | 01 | 183 | 22     | TC | FP | \$5.00  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88302 | Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization<br>Fingers/toes, amputation, traumatic Foreskin, newborn<br>Hernia sac, any location Hydrocele sac Nerve Skin, plastic<br>repair Sympathetic ganglion Testis, castration Vaginal<br>mucosa, incidental Vas deferens, sterilization | 28 | 280 | 81     |    | FP | \$11.29 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88302 | Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization<br>Fingers/toes, amputation, traumatic Foreskin, newborn<br>Hernia sac, any location Hydrocele sac Nerve Skin, plastic<br>repair Sympathetic ganglion Testis, castration Vaginal<br>mucosa, incidental Vas deferens, sterilization | 31 | All | 11, 22 | 26 | FP | \$6.29  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 88304 | Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocoele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity | 01 | 183 | 22 |    | FP | \$16.53 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88304 | Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocoele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity | 01 | 183 | 22 | TC | FP | \$6.50  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 88304 | Level III - Surgical pathology, gross and microscopic examination<br>Abortion, induced<br>Abscess<br>Aneurysm - arterial/ventricular<br>Anus, tag<br>Appendix, other than incidental<br>Artery, atheromatous plaque<br>Bartholin's gland cyst<br>Bone fragment(s), other than pathologic fracture<br>Bursa/synovial cyst<br>Carpal tunnel tissue<br>Cartilage, shavings<br>Cholesteatoma<br>Colon, colostomy stoma<br>Conjunctiva - biopsy/pterygium<br>Cornea<br>Diverticulum - esophagus/small intestine<br>Dupuytren's contracture tissue<br>Femoral head, other than fracture<br>Fissure/fistula<br>Foreskin, other than newborn<br>Gallbladder<br>Ganglion cyst<br>Hematoma<br>Hemorrhoids<br>Hydatid of Morgagni<br>Intervertebral disc<br>Joint, loose body<br>Meniscus<br>Mucocoele, salivary<br>Neuroma - Morton's/traumatic<br>Pilonidal cyst/sinus<br>Polyps, inflammatory - nasal/sinusoidal<br>Skin - cyst/tag/debridement<br>Soft tissue, debridement<br>Soft tissue, lipoma<br>Spermatocoele<br>Tendon/tendon sheath<br>Testicular appendage<br>Thrombus or embolus<br>Tonsil and/or adenoids<br>Varicocele<br>Vas deferens, other than sterilization<br>Vein, varicosity | 28 | 280 | 81     |    | FP | \$16.53 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88304 | Level III - Surgical pathology, gross and microscopic examination<br>Abortion, induced<br>Abscess<br>Aneurysm - arterial/ventricular<br>Anus, tag<br>Appendix, other than incidental<br>Artery, atheromatous plaque<br>Bartholin's gland cyst<br>Bone fragment(s), other than pathologic fracture<br>Bursa/synovial cyst<br>Carpal tunnel tissue<br>Cartilage, shavings<br>Cholesteatoma<br>Colon, colostomy stoma<br>Conjunctiva - biopsy/pterygium<br>Cornea<br>Diverticulum - esophagus/small intestine<br>Dupuytren's contracture tissue<br>Femoral head, other than fracture<br>Fissure/fistula<br>Foreskin, other than newborn<br>Gallbladder<br>Ganglion cyst<br>Hematoma<br>Hemorrhoids<br>Hydatid of Morgagni<br>Intervertebral disc<br>Joint, loose body<br>Meniscus<br>Mucocoele, salivary<br>Neuroma - Morton's/traumatic<br>Pilonidal cyst/sinus<br>Polyps, inflammatory - nasal/sinusoidal<br>Skin - cyst/tag/debridement<br>Soft tissue, debridement<br>Soft tissue, lipoma<br>Spermatocoele<br>Tendon/tendon sheath<br>Testicular appendage<br>Thrombus or embolus<br>Tonsil and/or adenoids<br>Varicocele<br>Vas deferens, other than sterilization<br>Vein, varicosity | 31 | All | 11, 22 | 26 | FP | \$10.03 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 88305 | Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration | 01 | 183 | 22 |  | FP | \$88.53 | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
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| 88305 | Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration | 01 | 183 | 22 | TC | FP | \$39.94 | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
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| 88305 | Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration | 08 | 083 | 22, 49 |  | FP | \$88.53 | No | per test | twice per day | N/A |  |
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| 88305 | Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration | 08 | 083 | 22, 49 | TC | FP | \$39.94 | No | per test | twice per day | N/A |  |
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| 88305 | Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration | 28 | 280 | 81 |  | FP | \$88.53 | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
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| 88305 | <p>Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration</p> | 31 | All | 11, 22, 49 | 26 | FP | \$48.59 | No | per test | twice per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88307 | <p>Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse</p>                                                                                                                                                                                                                                                                                                                                                                                          | 01 | 183 | 22         |    | FP | \$45.50 | No | per test | once per day  | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 88307 | Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse | 01 | 183 | 22 | TC | FP | \$11.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88307 | Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse | 28 | 280 | 81 |    | FP | \$45.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 88307 | Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse | 31 | All | 11, 22 | 26 | FP | \$34.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88309 | Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection                                                                                                                                                                                                                                                                                                                                                                                                                        | 01 | 183 | 22     |    | FP | \$67.60 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88309 | Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection                                                                                                                                                                                                                                                                                                                                                                                                                        | 01 | 183 | 22     | TC | FP | \$17.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 88309 | Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection | 28 | 280 | 81     |    | FP | \$67.60 | No | per test           | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 88309 | Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection | 31 | All | 11, 22 | 26 | FP | \$50.00 | No | per test           | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01 | 183 | 22     |    | FP | \$10.00 | No | per administration | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 08 | 082 | 49     |    | FP | \$10.00 | No | per administration | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 08 | 083 | 22, 49 |    | FP | \$10.00 | No | per administration | once per day | N/A |                                                                                               |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 09 | All | 11     |    | FP | \$10.00 | No | per administration | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10 | 100 | 11     |    | FP | \$10.00 | No | per administration | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use                                                                                                                                                                                                                                                                            | 31 | All | 11             |  | FP | \$10.00 | No | per administration | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use                                                                                                                                                                                                                                                                            | 33 | 335 | 11             |  | FP | \$10.00 | No | per administration | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument                                                                                                                                                                                                                                                    | 01 | 183 | 02, 10, 22     |  | FP | \$3.48  | No | per evaluation     | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument                                                                                                                                                                                                                                                    | 08 | 082 | 02, 10, 49     |  | FP | \$3.48  | No | per evaluation     | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument                                                                                                                                                                                                                                                    | 08 | 083 | 02, 10, 22, 49 |  | FP | \$3.48  | No | per evaluation     | once per day | N/A |                                                                                               |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument                                                                                                                                                                                                                                                    | 09 | All | 02, 10, 11     |  | FP | \$3.48  | No | per evaluation     | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument                                                                                                                                                                                                                                                    | 10 | 100 | 02, 10, 11     |  | FP | \$3.48  | No | per evaluation     | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument                                                                                                                                                                                                                                                    | 31 | All | 02, 10, 11     |  | FP | \$3.48  | No | per evaluation     | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument                                                                                                                                                                                                                                                    | 33 | 335 | 02, 10, 11     |  | FP | \$3.48  | No | per evaluation     | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | 01 | 183 | 22             |  | FP | \$9.90  | No | per procedure      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



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| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | 08 | 082 | 49     |  | FP | \$9.90 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | 08 | 083 | 22, 49 |  | FP | \$9.90 | No | per procedure | once per day | N/A |                                                                                               |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | 09 | All | 11     |  | FP | \$9.90 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | 10 | 100 | 11     |  | FP | \$9.90 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | 31 | All | 11     |  | FP | \$9.90 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | 33 | 335 | 11     |  | FP | \$9.90 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 01 | 183 | 22     |  | FP | \$8.33 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 08 | 082 | 49     |  | FP | \$8.33 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 08 | 083 | 22, 49 |  | FP | \$8.33 | No | per procedure | once per day | N/A |                                                                                               |
| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 09 | All | 11     |  | FP | \$8.33 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 10 | 100 | 11     |  | FP | \$8.33 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 31 | All | 11     |  | FP | \$8.33  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 33 | 335 | 11     |  | FP | \$8.33  | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older                                                                                                                            | 01 | 183 | 22     |  | FP | \$61.10 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older                                                                                                                            | 08 | 082 | 49     |  | FP | \$61.10 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older                                                                                                                            | 08 | 083 | 22, 49 |  | FP | \$61.10 | No | per procedure | once per day | N/A |                                                                                               |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older                                                                                                                            | 09 | All | 11     |  | FP | \$61.10 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older                                                                                                                            | 10 | 100 | 11     |  | FP | \$61.10 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older                                                                                                                            | 31 | All | 11, 99 |  | FP | \$61.10 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older                                  | 33 | 335 | 11, 99 |  | FP | \$61.10 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 01 | 183 | 22     |  | FP | \$46.31 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 08 | 082 | 49     |  | FP | \$46.31 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 08 | 083 | 22, 49 |  | FP | \$46.31 | No | per procedure | once per day | N/A |                                                                                               |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 09 | All | 11     |  | FP | \$46.31 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 10 | 100 | 11     |  | FP | \$46.31 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 31 | All | 11, 99 |  | FP | \$46.31 | No | per procedure | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

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| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | 33 | 335 | 11, 99         |  | FP | \$46.31 | No | per procedure                                   | once per day                                   | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes                                                                                                                                                                                                                                                                  | 01 | 370 | 02, 10, 22     |  | FP | \$19.33 | No | greater than 10 minutes; face-to-face encounter | 1 unit per day, and 70 units per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes                                                                                                                                                                                                                                                                  | 08 | 370 | 02, 10, 22, 49 |  | FP | \$19.33 | No | greater than 10 minutes; face-to-face encounter | 1 unit per day, and 70 units per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes                                                                                                                                                                                                                                                                  | 09 | 370 | 02, 10, 11, 99 |  | FP | \$19.33 | No | greater than 10 minutes; face-to-face encounter | 1 unit per day, and 70 units per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes                                                                                                                                                                                                                                                                  | 10 | 370 | 02, 10, 11, 99 |  | FP | \$19.33 | No | greater than 10 minutes; face-to-face encounter | 1 unit per day, and 70 units per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes                                                                                                                                                                                                                                                                  | 31 | 370 | 02, 10, 11, 99 |  | FP | \$19.33 | No | greater than 10 minutes; face-to-face encounter | 1 unit per day, and 70 units per calendar year | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes                                                                                                                                                                                                                                    | 01 | 183 | 02, 10, 22     |  | FP | \$6.90  | No | per assessment                                  | one per 180 days                               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes                                                                                                                                                                                                                                    | 08 | 082 | 02, 10, 49     |  | FP | \$6.90  | No | per assessment                                  | one per 180 days                               | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes                                                                                                                                                                                                                                    | 08 | 083 | 02, 10, 22, 49 |  | FP | \$6.90  | No | per assessment                                  | one per 180 days                               | N/A |                                                                                               |



|       |                                                                                                                           |    |     |                    |  |        |         |    |                |                  |     |                                                                                               |
|-------|---------------------------------------------------------------------------------------------------------------------------|----|-----|--------------------|--|--------|---------|----|----------------|------------------|-----|-----------------------------------------------------------------------------------------------|
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes      | 09 | ALL | 02, 10, 11, 12, 27 |  | FP     | \$6.90  | No | per assessment | one per 180 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes      | 10 | 100 | 02, 10, 11, 12, 27 |  | FP     | \$6.90  | No | per assessment | one per 180 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes      | 31 | ALL | 02, 10, 11, 12, 27 |  | FP     | \$6.90  | No | per assessment | one per 180 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes      | 33 | 335 | 02, 10, 11, 12, 27 |  | FP     | \$6.90  | No | per assessment | one per 180 days | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 01 | 183 | 22                 |  | FP     | \$14.94 | No | per test       | once per day     | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 01 | 183 | 22                 |  | QW, FP | \$14.94 | No | per test       | once per day     | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 08 | 082 | 49                 |  | FP     | \$14.94 | No | per test       | once per day     | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 08 | 082 | 49                 |  | QW, FP | \$14.94 | No | per test       | once per day     | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 08 | 083 | 22, 49             |  | FP     | \$14.94 | No | per test       | once per day     | N/A |                                                                                               |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 08 | 083 | 22, 49             |  | QW, FP | \$14.94 | No | per test       | once per day     | N/A |                                                                                               |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 09 | All | 11                 |  | FP     | \$14.94 | No | per test       | once per day     | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                                                           |    |     |    |  |        |         |    |          |              |     |                                                                                               |
|-------|---------------------------------------------------------------------------------------------------------------------------|----|-----|----|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 09 | All | 11 |  | QW, FP | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 10 | 100 | 11 |  | FP     | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 10 | 100 | 11 |  | QW, FP | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 28 | 280 | 81 |  | FP     | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 28 | 280 | 81 |  | QW, FP | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 31 | All | 11 |  | FP     | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 31 | All | 11 |  | QW, FP | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 33 | 335 | 11 |  | FP     | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | 33 | 335 | 11 |  | QW, FP | \$14.94 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s)                                | 01 | 183 | 22 |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                                            |    |     |        |  |        |         |    |          |              |     |                                                                                               |
|-------|--------------------------------------------------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 01 | 183 | 22     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 08 | 082 | 49     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 08 | 082 | 49     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 08 | 083 | 22, 49 |  | FP     | \$19.00 | No | per test | once per day | N/A |                                                                                               |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 08 | 083 | 22, 49 |  | QW, FP | \$19.00 | No | per test | once per day | N/A |                                                                                               |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 09 | All | 11     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 09 | All | 11     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 10 | 100 | 11     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 10 | 100 | 11     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 28 | 280 | 81     |  | FP     | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | 28 | 280 | 81     |  | QW, FP | \$19.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |



|       |                                                                                                                                                                                                                                                                                                                 |    |     |        |  |        |         |    |               |              |     |                                                                                               |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--------|--|--------|---------|----|---------------|--------------|-----|-----------------------------------------------------------------------------------------------|
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s)                                                                                                                                                                                                                      | 31 | All | 11     |  | FP     | \$19.00 | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s)                                                                                                                                                                                                                      | 31 | All | 11     |  | QW, FP | \$19.00 | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s)                                                                                                                                                                                                                      | 33 | 335 | 11     |  | FP     | \$19.00 | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s)                                                                                                                                                                                                                      | 33 | 335 | 11     |  | QW, FP | \$19.00 | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0476 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test                                                                         | 01 | 183 | 22     |  | FP     | \$38.21 | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0476 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test                                                                         | 08 | 083 | 22, 49 |  | FP     | \$38.21 | No | per test      | once per day | N/A |                                                                                               |
| G0476 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test                                                                         | 28 | 280 | 81     |  | FP     | \$38.21 | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0499 | Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result | 01 | 183 | 22     |  | FP     | \$19.00 | No | per screening | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| G0499 | Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result | 28 | 280 | 81     |  | FP     | \$19.00 | No | per screening | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens                                                                                                                                                                                                                                       | 01 | 183 | 22     |  | FP     | \$5.96  | No | per test      | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                                           |    |     |        |  |    |        |    |          |              |     |                                                                                               |
|-------|---------------------------------------------------------------------------|----|-----|--------|--|----|--------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | 08 | 082 | 49     |  | FP | \$5.96 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | 08 | 083 | 49     |  | FP | \$5.96 | No | per test | once per day | N/A |                                                                                               |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | 09 | All | 11     |  | FP | \$5.96 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | 10 | 100 | 11     |  | FP | \$5.96 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | 28 | 280 | 81     |  | FP | \$5.96 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | 31 | All | 11     |  | FP | \$5.96 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | 33 | 335 | 11     |  | FP | \$5.96 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0112 | All potassium hydroxide (KOH) preparations                                | 01 | 183 | 22     |  | FP | \$4.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0112 | All potassium hydroxide (KOH) preparations                                | 08 | 082 | 49     |  | FP | \$4.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0112 | All potassium hydroxide (KOH) preparations                                | 08 | 083 | 22, 49 |  | FP | \$4.50 | No | per test | once per day | N/A |                                                                                               |
| Q0112 | All potassium hydroxide (KOH) preparations                                | 09 | All | 11     |  | FP | \$4.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0112 | All potassium hydroxide (KOH) preparations                                | 10 | 100 | 11     |  | FP | \$4.50 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                   |    |     |        |  |        |         |    |          |              |     |                                                                                               |
|-------|---------------------------------------------------|----|-----|--------|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| Q0112 | All potassium hydroxide (KOH) preparations        | 28 | 280 | 81     |  | FP     | \$4.50  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0112 | All potassium hydroxide (KOH) preparations        | 31 | All | 11     |  | FP     | \$4.50  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| Q0112 | All potassium hydroxide (KOH) preparations        | 33 | 335 | 11     |  | FP     | \$4.50  | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 01 | 183 | 22     |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 01 | 183 | 22     |  | QW, FP | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 08 | 082 | 49     |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 08 | 082 | 49     |  | QW, FP | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 08 | 083 | 22, 49 |  | FP     | \$20.00 | No | per test | once per day | N/A |                                                                                               |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 08 | 083 | 22, 49 |  | QW, FP | \$20.00 | No | per test | once per day | N/A |                                                                                               |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 09 | All | 11     |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 09 | All | 11     |  | QW, FP | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 10 | 100 | 11     |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

|       |                                                   |    |     |    |  |        |         |    |          |              |     |                                                                                               |
|-------|---------------------------------------------------|----|-----|----|--|--------|---------|----|----------|--------------|-----|-----------------------------------------------------------------------------------------------|
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 10 | 100 | 11 |  | QW, FP | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 28 | 280 | 81 |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 28 | 280 | 81 |  | QW, FP | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 31 | All | 11 |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 31 | All | 11 |  | QW, FP | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 33 | 335 | 11 |  | FP     | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | 33 | 335 | 11 |  | QW, FP | \$20.00 | No | per test | once per day | N/A | This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 |

# Pennsylvania Department of Human Services

## Family Planning Covered Drugs and Devices

Effective January 8, 2024

### AMINOGLYCOSIDE ANTIBIOTICS

| Preferred Agents                     | Non-Preferred Agents | Prior Authorization |
|--------------------------------------|----------------------|---------------------|
| Gentamicin Vial      Tobramycin Vial |                      |                     |

### ANTIBIOTICS, GI AND RELATED AGENTS

| Preferred Agents                                        | Non-Preferred Agents                                             | Prior Authorization                                                                   |
|---------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Metronidazole Tablet<br>Tinidazole Tablet <sup>QL</sup> | Flagyl ( <i>metronidazole</i> ) Capsule<br>Metronidazole Capsule | <a href="#">Link to PA Guidelines</a><br><a href="#">Link to Quantity Limits List</a> |

### ANTIFUNGALS, ORAL

| Preferred Agents                                                            | Non-Preferred Agents                                                                                   | Prior Authorization                                                                   |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Fluconazole<br>Suspension <sup>QL</sup><br>Fluconazole Tablet <sup>QL</sup> | Terbinafine Tablet <sup>QL</sup><br>Diflucan Suspension <sup>QL</sup><br>Diflucan Tablet <sup>QL</sup> | <a href="#">Link to PA Guidelines</a><br><a href="#">Link to Quantity Limits List</a> |

### ANTIPARASITICS, TOPICAL

| Preferred Agents    | Non-Preferred Agents | Prior Authorization                   |
|---------------------|----------------------|---------------------------------------|
| Permethrin 5% Cream | Lindane Shampoo      | <a href="#">Link to PA Guidelines</a> |

### ANTIVIRALS, HERPES

| Preferred Agents                                                                                           | Non-Preferred Agents                                                                                                                         | Prior Authorization                                                                   |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Acyclovir Capsule <sup>QL</sup><br>Acyclovir<br>Suspension <sup>QL</sup><br>Acyclovir Tablet <sup>QL</sup> | Famciclovir Tablet <sup>QL</sup><br>Valacyclovir Tablet <sup>QL</sup><br>Sitavig Buccal Tablet <sup>QL</sup><br>Valtrex Tablet <sup>QL</sup> | <a href="#">Link to PA Guidelines</a><br><a href="#">Link to Quantity Limits List</a> |

### CEPHALOSPORINS

| Preferred Agents                                                                                                                                | Non-Preferred Agents                                                                                                                                                                                                                                          | Prior Authorization                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Cefadroxil Capsule<br>Cefixime Capsule<br>Cefpodoxime Tablet<br>Cefuroxime Tablet<br>Cephalexin 250 mg, 500 mg Capsule<br>Cephalexin Suspension | Cefaclor Capsule<br>Cefaclor Suspension<br>Cefaclor ER Tablet<br>Cefadroxil Suspension<br>Cefadroxil Tablet<br>Cefixime Suspension<br>Cefpodoxime Suspension<br>Cephalexin 750 mg Capsule<br>Cephalexin Tablet<br>Suprax Chewable Tablet<br>Suprax Suspension | <a href="#">Link to PA Guidelines</a> |

Non-preferred medications require prior authorization  
QL = Quantity Limit Applies

# Pennsylvania Department of Human Services

## Family Planning Covered Drugs and Devices

Effective January 8, 2024

### CONTRACEPTIVES, ORAL – MONOPHASIC

| Preferred Agents                  |                                  | Non-Preferred Agents            | Prior Authorization                   |
|-----------------------------------|----------------------------------|---------------------------------|---------------------------------------|
| Afirmelle                         | Levora                           | Balcoltra                       | <a href="#">Link to PA Guidelines</a> |
| Altavera                          | Low-Ogestrel                     | Drospirenone-Ethinyl Estradiol- |                                       |
| Alyacen-28 1-35                   | Lutera                           | Levomefolate 3-0.03-0.451 mg    |                                       |
| Apri                              | Marlissa                         | (generic Safyral)               |                                       |
| Aubra                             | Microgestin-21                   | Loestrin-21                     |                                       |
| Aubra EQ                          | Microgestin Fe-28                | Loestrin Fe-28                  |                                       |
| Aurovela-21                       | Mili                             | Safyral                         |                                       |
| Aurovela Fe-28                    | Mono-Linyah                      | Tydemy                          |                                       |
| Aviane                            | Necon-28                         |                                 |                                       |
| Ayuna                             | Norethindrone-Ethinyl Estradiol- |                                 |                                       |
| Balziva                           | 21 (generic Loestrin-21)         |                                 |                                       |
| Blisovi Fe-28                     | Norethindrone-Ethinyl Estradiol  |                                 |                                       |
| Briellyn                          | Fe-28 (generic Loestrin Fe-28)   |                                 |                                       |
| Chateal                           | Norethindrone-Ethinyl Estradiol  |                                 |                                       |
| Chateal EQ                        | Fe 0.4-0.035 (21)-75             |                                 |                                       |
| Cryselle                          | Chewable (generic Femcon         |                                 |                                       |
| Cyred                             | Fe, Ovcon Fe)                    |                                 |                                       |
| Cyred EQ                          | Norgestimate-Ethinyl             |                                 |                                       |
| Dasetta-28 1-35                   | Estradiol-28 (generic Ortho-     |                                 |                                       |
| Drospirenone-Ethinyl Estradiol    | Cyclen)                          |                                 |                                       |
| ElinestEnskyce                    | Nortrel-21 1-35                  |                                 |                                       |
| Estarylla                         | Nortrel-28 0.5-35                |                                 |                                       |
| Ethynodiol-Ethinyl Estradiol      | Nortrel-28 1-35                  |                                 |                                       |
| Falmina                           | Nylia-28 1-35                    |                                 |                                       |
| Hailey-21                         | Nymyo                            |                                 |                                       |
| Hailey Fe-28                      | Ocella                           |                                 |                                       |
| Isibloom                          | Philith                          |                                 |                                       |
| Juleber                           | Pirmella-28 1-35                 |                                 |                                       |
| Junel-21                          | Portia                           |                                 |                                       |
| Junel Fe-28                       | Reclipsen                        |                                 |                                       |
| Kalliga                           | Sprintec                         |                                 |                                       |
| Kelnor-28 1-35                    | Sronyx                           |                                 |                                       |
| Kelnor-28 1-50                    | Syeda                            |                                 |                                       |
| Kurvelo                           | Tarina Fe                        |                                 |                                       |
| Larin-21                          | Tarina Fe EQ                     |                                 |                                       |
| Larin Fe-28                       | Tyblume Chewable                 |                                 |                                       |
| Lessina                           | Vienva                           |                                 |                                       |
| Levonorgestrel-Ethinyl Estradiol- | Vyfemla                          |                                 |                                       |
| 28 0.1 mg-20 mg (generic          | Vylibra                          |                                 |                                       |
| Alesse, Levlite)                  | Wera                             |                                 |                                       |
| Levonorgestrel-Ethinyl Estradiol- | Wymzya Fe Chewable               |                                 |                                       |
| 28 0.15 mg-30 mcg (generic        | Yasmin                           |                                 |                                       |
| Nordette, Levlen)                 | Zovia 1-35                       |                                 |                                       |
|                                   | Zumandimine                      |                                 |                                       |

Non-preferred medications require prior authorization

QL = Quantity Limit Applies

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### CONTRACEPTIVES, ORAL – BIPHASIC

| Preferred Agents                                                 |         | Non-Preferred Agents | Prior Authorization                   |
|------------------------------------------------------------------|---------|----------------------|---------------------------------------|
| Azurette                                                         | Pimtrea | Mircette             | <a href="#">Link to PA Guidelines</a> |
| Desogestrel-Ethinyl Estradiol 21-2-5 ( <i>generic Mircette</i> ) | Simliya |                      |                                       |
| Kariva                                                           | Viorele |                      |                                       |
|                                                                  | Volnea  |                      |                                       |

### CONTRACEPTIVES, ORAL – TRIPHASIC

| Preferred Agents                                                          |                  | Non-Preferred Agents                                             | Prior Authorization                   |
|---------------------------------------------------------------------------|------------------|------------------------------------------------------------------|---------------------------------------|
| Alyacen 7-7-7                                                             | Tri-Lo-Estarylla | Norethindrone-Ethinyl Estradiol-Fe 1 1 mg/20-30-35 mcg (5-7-9-5) | <a href="#">Link to PA Guidelines</a> |
| Aranelle                                                                  | Tri-Lo-Marzia    | Tilia Fe                                                         |                                       |
| Dasetta 7-7-7                                                             | Tri-Lo-Mili      | Tri-Legest Fe                                                    |                                       |
| Enpresse                                                                  | Tri-Lo-Sprintec  |                                                                  |                                       |
| Leena                                                                     | Tri-Mili         |                                                                  |                                       |
| Levonest                                                                  | Tri-Nymyo        |                                                                  |                                       |
| Levonorgestrel-Ethinyl Estradiol ( <i>generic TriPhasil, Tri-Levlen</i> ) | Tri-Sprintec     |                                                                  |                                       |
| Norgestimate-Ethinyl Estradiol-28 ( <i>generic Ortho Tri-Cyclen</i> )     | Trivora          |                                                                  |                                       |
| Nortrel 7-7-7                                                             | Tri-Vylibra      |                                                                  |                                       |
| Nylia 7-7-7                                                               | Tri-Vylibra Lo   |                                                                  |                                       |
| Primella 7-7-7                                                            | Velivet          |                                                                  |                                       |
| Tri-Estraylla                                                             |                  |                                                                  |                                       |
| Tri-Linyah                                                                |                  |                                                                  |                                       |

### CONTRACEPTIVES, ORAL – FOUR-PHASIC

| Preferred Agents | Non-Preferred Agents | Prior Authorization                   |
|------------------|----------------------|---------------------------------------|
|                  | Natazia              | <a href="#">Link to PA Guidelines</a> |

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### CONTRACEPTIVES, ORAL – 28-DAY EXTENDED CYCLE

| Preferred Agents                                 | Non-Preferred Agents    | Prior Authorization                   |
|--------------------------------------------------|-------------------------|---------------------------------------|
| Aurovela 24 Fe                                   | Beyaz                   | <a href="#">Link to PA Guidelines</a> |
| Blisolvi 24 Fe                                   | Drospirenone-Ethinyl    |                                       |
| Charlotte 24 Fe Chewable                         | Estradiol-Levomefolate  |                                       |
| Drospirenone-Ethinyl Estradiol 3-0.02 mg         | 3-0.02-0.451 mg         |                                       |
| Finzala Chewable                                 | (generic Beyaz)         |                                       |
| Hailey 24 Fe                                     | Gemmily Capsule         |                                       |
| Jasmiel                                          | Kaitlib Fe Chewable     |                                       |
| Junel 24 Fe                                      | Layolis Fe Chewable     |                                       |
| Larin 24 Fe                                      | Merzee Capsule          |                                       |
| Lo Loestrin Fe                                   | Minastrin 24 Fe         |                                       |
| Loryna                                           | Chewable                |                                       |
| Lo-Zumandimine                                   | Nextstellis             |                                       |
| Microgestin 24 Fe                                | Noethindrone-Ethinyl    |                                       |
| Nikki                                            | Estradiol-Fe 0.8-       |                                       |
| Norethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 | 0.025(24) Chewable      |                                       |
| Chewable (generic Minastrin 24 Fe)               | (generic Generess Fe    |                                       |
| Tarin 24 Fe                                      | Chewable)               |                                       |
| Vestura                                          | Norethindrone-Ethinyl   |                                       |
|                                                  | Estradiol-Fe 1-0.02(24) |                                       |
|                                                  | 75 Capsule (generic     |                                       |
|                                                  | Taytulla Capsule)       |                                       |

### CONTRACEPTIVES, ORAL – 28-DAY CONTINUOUS CYCLE

| Preferred Agents                    | Non-Preferred Agents | Prior Authorization                   |
|-------------------------------------|----------------------|---------------------------------------|
| Amethyst                            |                      | <a href="#">Link to PA Guidelines</a> |
| Dolishale                           |                      |                                       |
| Levonorgestrel-Ethinyl Estradiol-28 |                      |                                       |
| 0.09-0.02 mg                        |                      |                                       |

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### CONTRACEPTIVES, ORAL – 3-MONTH EXTENDED CYCLE

| Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Non-Preferred Agents                                                                                                                                                                             | Prior Authorization                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Amethia (3-month)<br>Ashlyna (3-month)<br>Camrese (3-month)<br>Camrese Lo (3-month)<br>Daysee (3-month)<br>Iclevia (3-month)<br>Introvale (3-month)<br>Jaimiess (3-month)<br>Jolessa (3-month)<br>Levonorgestrel-Ethinyl Estradiol 0.15-0.03 mg (3-month)<br><i>(generic Seasonale-91)</i><br>Levonorgestrel-Ethinyl Estradiol + EE 0.10-0.02 mg +<br>0.01 mg (3-month) <i>(generic LoSeasonique-91)</i><br>Levonorgestrel-Ethinyl Estradiol + EE 0.15-0.03 mg +<br>0.01 mg (3-month) <i>(generic Seasonique-91)</i><br>Lojaimiess (3-month)<br>Setlakin (3-month)<br>Simpesse (3-month) | Levonorgestrel 0.15 mg- Ethinyl Estradiol +<br>EE 20-25-30 (3-month) <i>(generic Quartette-91)</i><br>Loseasonique (3-month)<br>Quartette (3-month)<br>Rivelsa (3-month)<br>Seasonique (3-month) | <a href="#">Link to PA Guidelines</a> |

### CONTRACEPTIVES, ORAL – PROGESTIN-ONLY

| Preferred Agents                                                         | Non-Preferred Agents                                              | Prior Authorization                                                    |
|--------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|
| Camila<br>Deblitane<br>Errin<br>Heather<br>Incassia<br>Jencycla<br>Lyleq | Lyza<br>Nora-Be<br>Norethindrone-28 0.35 mg<br>Sharobel<br>Tulana | Slynd<br><br><br><br><br><br><br><a href="#">Link to PA Guidelines</a> |

### CONTRACEPTIVES, OTHER

| Preferred Agents                                                                                                                                                                                                                                                                                 | Non-Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Prior Authorization                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Depo-Provera 150 mg/ml Vial <sup>QL</sup><br>Depo-SubQ Provera 104 Injection <sup>QL</sup><br>Kyleena System <sup>QL</sup><br>Liletta System <sup>QL</sup><br>Medroxyprogesterone Acetate Syringe <sup>QL</sup><br>Medroxyprogesterone Acetate Vial <sup>QL</sup><br>Mirena System <sup>QL</sup> | Nexplanon Implant <sup>QL</sup><br>Nuvaring Vaginal Ring <sup>QL</sup><br>Paragard T 380-A IUD <sup>QL</sup><br>Skyla System <sup>QL</sup><br>Xulane Patch <sup>QL</sup><br>Annovera Vaginal Ring <sup>QL</sup><br>Depo-Provera 150 mg/ml Syringe <sup>QL</sup><br>Eluryng Vaginal Ring <sup>QL</sup><br>Etonogestrel-Ethinyl Estradiol Vaginal Ring <sup>QL</sup><br>Haloette Vaginal Ring <sup>QL</sup><br>Twirla Patch <sup>QL</sup><br>Zafemy Patch <sup>QL</sup> | <a href="#">Link to PA Guidelines</a><br><a href="#">Link to Quantity Limits List</a> |

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### EMERGENCY CONTRACEPTIVES

| Preferred Agents |                       | Non-Preferred Agents | Prior Authorization |
|------------------|-----------------------|----------------------|---------------------|
| Ella Tablet      | Levonorgestrel Tablet |                      |                     |

### FLUOROQUINOLONES, ORAL

| Preferred Agents     |                     | Non-Preferred Agents  | Prior Authorization                   |
|----------------------|---------------------|-----------------------|---------------------------------------|
| Cipro Suspension     | Levofloxacin Tablet | Cipro Tablet          | <a href="#">Link to PA Guidelines</a> |
| Ciprofloxacin Tablet |                     | Levofloxacin Solution |                                       |

### LINCOSAMIDE ANTIBIOTICS

| Preferred Agents |                     | Non-Preferred Agents | Prior Authorization |
|------------------|---------------------|----------------------|---------------------|
| Cleocin Capsule  | Clindamycin Capsule |                      |                     |
| Cleocin Vial     | Clindamycin Vial    |                      |                     |

### MACROLIDES

| Preferred Agents                                                                                                            |  | Non-Preferred Agents                          | Prior Authorization                   |
|-----------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|---------------------------------------|
| Azithromycin Packet<br>Azithromycin Suspension<br>Azithromycin Tablet<br>Clarithromycin Suspension<br>Clarithromycin Tablet |  | Clarithromycin ER Tablet                      | <a href="#">Link to PA Guidelines</a> |
|                                                                                                                             |  | Erythromycin Base Filmtab                     |                                       |
|                                                                                                                             |  | E.E.S. 400 Filmtab                            |                                       |
|                                                                                                                             |  | Erythromycin E.E.S. 200 Suspension            |                                       |
|                                                                                                                             |  | EryPed Suspension                             |                                       |
|                                                                                                                             |  | Ery-Tab DR Tablet                             |                                       |
|                                                                                                                             |  | Erythrocin (Stearate) Filmtab                 |                                       |
|                                                                                                                             |  | Erythromycin Base DR Capsule                  |                                       |
|                                                                                                                             |  | Erythromycin Base DR Tablet                   |                                       |
|                                                                                                                             |  | Erythromycin Base Zithromax Packet Suspension |                                       |
|                                                                                                                             |  | Zithromax Tablet                              |                                       |
|                                                                                                                             |  | Zithromax Tri-Pak                             |                                       |

### MISCELLANEOUS PRODUCTS

| Preferred Agents       |  | Non-Preferred Agents | Prior Authorization |
|------------------------|--|----------------------|---------------------|
| Gardasil 9 Syringe     |  |                      |                     |
| Gardasil 9 Vial        |  |                      |                     |
| Phenazopyridine Tablet |  |                      |                     |
| Podocon-25 Liquid      |  |                      |                     |
| Probenecid Tablet      |  |                      |                     |

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### PENICILLINS

| Preferred Agents                                    |                             | Non-Preferred Agents              |                             | Prior Authorization                   |
|-----------------------------------------------------|-----------------------------|-----------------------------------|-----------------------------|---------------------------------------|
| Amoxicillin Capsule                                 | Amoxicillin Clavulanate     | Amoxicillin-Clavulanate           | Augmentin Suspension        | <a href="#">Link to PA Guidelines</a> |
| Amoxicillin Chewable Tablet                         | 600-42.9 mg/5 ml Suspension | Chewable Tablet                   | Augmentin ES-600 Suspension |                                       |
| Amoxicillin Suspension                              | Amoxicillin-Clavulanate     | 250-62.5 mg/5 ml Suspension       |                             |                                       |
| Amoxicillin Tablet                                  | Tablet                      |                                   |                             |                                       |
| Amoxicillin-Clavulanate 200-28.5 mg/5 ml Suspension | Ampicillin Capsule          | Amoxicillin-Clavulanate ER Tablet |                             |                                       |
|                                                     | Penicillin VK Solution      |                                   |                             |                                       |
| Amoxicillin-Clavulanate 400-57 mg/5 ml Suspension   | Penicillin VK Tablet        |                                   |                             |                                       |

### PENICILLINS, INJECTABLE

| Preferred Agents        |                        | Non-Preferred Agents | Prior Authorization |
|-------------------------|------------------------|----------------------|---------------------|
| Ampicillin              | Penicillin G Sodium    |                      |                     |
| Ampicillin-Sulbactam    | Penicillin V Potassium |                      |                     |
| Bicillin C-R            | Piperacil-Tazobactam   |                      |                     |
| Bicillin LA             | Unasyn                 |                      |                     |
| Penicillin G Benzathine | Zosyn                  |                      |                     |
| Penicillin G Potassium  |                        |                      |                     |

### SULFONAMIDES

| Preferred Agents    | Non-Preferred Agents | Prior Authorization |
|---------------------|----------------------|---------------------|
| Sulfadiazine Tablet |                      |                     |

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### TETRACYCLINES

| Preferred Agents                                                                    | Non-Preferred Agents                                                            | Prior Authorization                          |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|
| Doxycycline Hyclate 50 mg, 100 mg Capsule ( <i>generic Vibramycin</i> )             | Demeclocycline Tablet                                                           | <a href="#">Link to PA Guidelines</a>        |
| Doxycycline Hyclate 20 mg Tablet ( <i>generic Periostat Tablet</i> )                | Doryx DR Tablet <sup>QL</sup>                                                   | <a href="#">Link to Quantity Limits List</a> |
| Doxycycline Hyclate 100 mg Tablet ( <i>generic Vibra-Tabs Tablet</i> )              | Doryx MPC DR Tablet <sup>QL</sup>                                               |                                              |
| Doxycycline Monohydrate 50 mg, 100 mg Capsule ( <i>generic Monodox Capsule</i> )    | Doxycycline Hyclate 50 mg Tablet ( <i>generic Targadox</i> )                    |                                              |
| Doxycycline Monohydrate Suspension ( <i>generic Vibramycin Suspension</i> )         | Doxycycline Hyclate 75 mg, 150 mg Tablet ( <i>generic Acticlate Tablet</i> )    |                                              |
| Doxycycline Monohydrate 50 mg, 75 mg, 100 mg Tablet ( <i>generic Adoxa Tablet</i> ) | Doxycycline Hyclate DR Tablet ( <i>generic Doryx DR Tablet</i> ) <sup>QL</sup>  |                                              |
|                                                                                     | Doxycycline IR-DR 40 mg Capsule ( <i>generic Oracea Capsule</i> ) <sup>QL</sup> |                                              |
|                                                                                     | Doxycycline Monohydrate 75 mg Capsule ( <i>generic Monodox Capsule</i> )        |                                              |
|                                                                                     | Doxycycline Monohydrate 150 mg Capsule ( <i>generic Adoxa Capsule</i> )         |                                              |
|                                                                                     | Doxycycline Monohydrate 150 mg Tablet ( <i>generic Adoxa Pak Tablet</i> )       |                                              |
|                                                                                     | Tetracycline Capsule                                                            |                                              |
|                                                                                     | Vibramycin Capsule                                                              |                                              |
|                                                                                     | Ximino ER Capsule <sup>QL</sup>                                                 |                                              |

### URINARY ANTI-INFECTIVES

| Preferred Agents                                                                           | Non-Preferred Agents                                                               | Prior Authorization                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|
| Nitrofurantoin Capsule ( <i>generic Macrochantin Capsule</i> ) <sup>QL</sup>               | Macrobid ( <i>nitrofurantoin monohydrate-Macrocrystals</i> ) Capsule <sup>QL</sup> | <a href="#">Link to PA Guidelines</a>        |
| Nitrofurantoin Monohydrate-Macro Capsule ( <i>generic Macrobid Capsule</i> ) <sup>QL</sup> | Macrochantin ( <i>nitrofurantoin macrocrystals</i> ) Capsule <sup>QL</sup>         | <a href="#">Link to Quantity Limits List</a> |
|                                                                                            | Nitrofurantoin Suspension <sup>QL</sup>                                            |                                              |

### VAGINAL ANTI-INFECTIVES

| Preferred Agents                           | Non-Preferred Agents                             | Prior Authorization                          |
|--------------------------------------------|--------------------------------------------------|----------------------------------------------|
| Cleocin ( <i>clindamycin</i> ) Ovules      | Cleocin ( <i>clindamycin</i> ) Vaginal Cream     | <a href="#">Link to PA Guidelines</a>        |
| Clindamycin Vaginal Cream                  | Gynazole 1 ( <i>butoconazole</i> ) Vaginal Cream | <a href="#">Link to Quantity Limits List</a> |
| Clindesse ( <i>clindamycin</i> ) Cream     | Miconazole 3 (200 mg) Vaginal Suppository        |                                              |
| Clotrimazole 3 (2%) Vaginal Cream          | Nuversa ( <i>metronidazole</i> ) Vaginal Gel     |                                              |
| Clotrimazole 7 (1%) Vaginal Cream          | Solosec ( <i>secnidazole</i> ) Granule Packet    |                                              |
| Metronidazole Tablet                       | Terconazole Vaginal Cream                        |                                              |
| Metronidazole Vaginal Gel                  | Terconazole Vaginal Suppository                  |                                              |
| Miconazole 1 (1200 mg-2%) Combination Pack |                                                  |                                              |

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