Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
September 9, 2024	July 1, 2024	01-24-13, 08-24-14, 09-24-13, 10-24-07, 24-24-11, 25-24-03, 28-24-02, 31-24-14, 33-24-13

SUBJECT

MA Program Fee Schedule Updates
For Certain Family Planning Procedure Codes

BY

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Deputy Secretary
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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.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html.

PURPOSE:

The purpose of this bulletin is to advise providers of the updates to the Medical Assistance (MA) Program Fee Schedule for certain family planning and family planning-related services. These changes also apply to the Family Planning Services Program Fee Schedule. The updates to the fees are effective for dates of service on or after July 1, 2024.

SCOPE:

This bulletin applies to MA enrolled family planning services 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 family planning services to MA beneficiaries in the MA Fee-for-Service delivery system. Providers rendering services in the MA Managed Care delivery system should address any coding or billing questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) updated the fees for certain family planning and family planning-related procedure codes on the MA Program Fee Schedule, effective with dates of service on an after July 1, 2024.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

The Department has a program, which is optional under federal law, that 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. This program is known as the Family Planning Services Program. The updates to the fees also apply to the Family Planning Services Program.

The Department issued MA Bulletin 01-24-06, entitled "Updates to the Family Planning Services Program Fee Schedule," on May 28, 2024, to advise providers of updates to the Family Planning Services Program as a result of the 2024 Healthcare Common Procedure Coding System updates. This included an updated Family Planning Services: Covered Services Chart and an updated Family Planning Covered Drugs and Devices Chart.

The Department is issuing with this bulletin an updated Family Planning Service Program: Covered Services Chart. This chart also includes updates announced in MA Bulletin 99-24-07, entitled "Medical Assistance Program Fee Schedule Revisions," effective September 9, 2024, to procedure codes covered in the Family Planning Services Program. This chart replaces the Family Planning Services: Covered Services Chart that is attached to MA Bulletin 01-24-06.

No changes have been made to the Family Planning Covered Drugs and Devices Chart issued with MA Bulletin 01-24-06. Providers can access the Family Planning Covered Drugs and Devices Chart on the Department's website at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/providers/documents/family-planning/Covered%20Drugs%20and%20Devices.pdf.

Fee Adjustments to Procedure Codes Currently on the MA Program Fee Schedule

The Department is adjusting the fees for the following family planning and family planning-related procedure codes. These procedure codes may include the modifiers FP (family planning) or U7 (pricing).

Procedure Code	National Code Description	Modifier	Former MA Fee	New MA Fee
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	FP	$103.91	$358.81
11982	Removal, non-biodegradable drug delivery implant	FP	$126.20	$126.75
11983	Removal with reinsertion, non-biodegradable drug delivery implant	FP	$219.10	$382.51
58300	Insertion of intrauterine device (IUD)	FP	$67.60	$366.78
58301	Removal of intrauterine device (IUD)	FP	$84.25	$174.03

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 total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	FP	$62.20	$92.07
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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	FP	$95.13	$174.72
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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	FP	$31.15	$70.58
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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	U7, FP	$31.15	$70.58
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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	FP	$63.14	$116.48
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 total time on	FP	$96.91	$141.33

	the date of the encounter for code selection, 30 minutes must be met or exceeded.			
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	FP	$121.14	$144.58
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	FP	$147.46	$167.09

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 Updated for Certified Registered Nurse Practitioners and Physician Assistants. https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2022010701.pdf.

PROCEDURE:

The Department updated the MA Program Fee Schedule to reflect the changes noted above. Providers may access the on-line version of the fee schedule on the Department's website at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html.

Providers serving beneficiaries in the Family Planning Services Program should refer to the updated "Family Planning Services Program: Covered Services Chart" attached to this bulletin for services rendered on and after July 1, 2024.

The Department will reprocess claims for dates of service on or after July 1, 2024, that were processed prior to the issuance of this bulletin.

ATTACHMENT:

Family Planning Services Program: Covered Services Chart, Effective July 1, 2024

FAMILY PLANNING SERVICES PROGRAM
COVERED SERVICES CHART
Effective July 1, 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	$358.81	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	$358.81	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	$358.81	No	per procedure	once per day	0 days	
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	31	All	11, 21, 24,		FP	$358.81	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

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	$126.75	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	$126.75	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	$126.75	No	per procedure	once per day	0 days	
11982	Removal, non-biodegradable drug delivery implant	31	All	11, 21, 24,		FP	$126.75	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	$382.51	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	$382.51	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	$382.51	No	per procedure	once per day	0 days	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	31	All	11, 21, 24,		FP	$382.51	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

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

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	$366.78	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	$366.78	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	$366.78	No	per procedure	1 per 3 calendar years	0 days	
58300	Insertion of intrauterine device (IUD)	31	All	11, 21, 99		FP	$366.78	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	$366.78	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

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	$174.03	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	$174.03	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	$174.03	No	per procedure	1 per 3 calendar years	0 days	
58301	Removal of intrauterine device (IUD)	31	All	11, 21, 24, 99		FP	$174.03	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	$174.03	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

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

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

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

87480	Infectious agent detection by nucleic acid (DNA or RNA); 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); 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); 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); 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); 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); 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); 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); 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

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 total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	08	083	02, 10, 22,49		FP	$92.07	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 total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	09	All	02, 10, 11, 99		FP	$92.07	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 straight forward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	10	100	02, 10, 11, 99		FP	$92.07	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 straight forward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	31	All	02, 10, 11, 99		FP	$92.07	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 straight forward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	33	335	02, 10, 11 ,99		FP	$92.07	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	08	083	02, 10, 22, 49		FP	$174.72	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	09	All	02, 10, 11 ,99		FP	$174.72	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	10	100	02, 10, 11 ,99		FP	$174.72	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	31	All	02, 10, 11 ,99		FP	$174.72	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	33	335	02, 10, 11, 99		FP	$174.72	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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	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

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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	08	083	02, 10, 22, 49	U7	FP	$70.58	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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	09	All	02, 10, 11, 99		FP	$70.58	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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	10	100	02, 10, 11, 99		FP	$70.58	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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	31	All	02, 10, 11, 99		FP	$70.58	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 total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	33	335	02, 10, 11, 99		FP	$70.58	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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	08	083	02, 10, 22, 49		FP	$116.48	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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	09	All	02, 10, 11 ,99		FP	$116.48	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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	10	100	02, 10, 11, 99		FP	$116.48	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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	31	All	02, 10, 11, 99		FP	$116.48	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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	33	335	02, 10, 11, 99		FP	$116.48	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	08	083	02, 10, 22, 49		FP	$141.33	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	09	All	02, 10, 11, 99		FP	$141.33	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	10	100	02, 10, 11, 99		FP	$141.33	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	31	All	02, 10, 11, 99		FP	$141.33	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	33	335	02, 10, 11, 99		FP	$141.33	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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	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 total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	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

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	$144.58	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	$144.58	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	$144.58	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	$144.58	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	33	335	11		FP	$144.58	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	$167.09	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	$167.09	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	$167.09	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	$167.09	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	33	335	11		FP	$167.09	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

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

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	

A4267	Contraceptive supply, condom, male, each	24	240, 241, 242, 243, 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, 242, 243, 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 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	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

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

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	

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	

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	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	

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

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

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

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: 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: 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: 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: 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: 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: 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: 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: 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: 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: 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: 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: 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: 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

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	

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

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

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	

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	

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

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

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

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

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

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

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

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	

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

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	

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

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

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

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

87591	Infectious agent detection by nucleic acid (DNA or RNA); 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); 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); 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); 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); 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); 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); 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); 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); 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); 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); 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); 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); 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

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

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

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

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

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

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 Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal 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 Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal 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 Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal 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 Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal 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

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 Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele 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 Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele 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

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 Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization 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 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 Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization 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

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

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

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	

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	

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

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	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	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		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

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

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

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

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

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

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

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

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

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 to15 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