Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
July 28, 2026	July 28, 2026	01-26-67, 08-26-67, 09-26-67, 10-26-16, 24-26-66, 25-26-15, 28-26-01, 31-26-68, 33-26-56

SUBJECT	BY
Updates to the Family Planning Services Program Fee Schedule	Sally A. Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents

PURPOSE:

The purpose of this bulletin is to advise providers of the updates to the Family Planning Services Fee Schedule as a result of procedure code updates and to issue an updated Family Planning Services: Covered Services Chart and an updated Family Planning Covered Drug and Devices Chart.

SCOPE:

This bulletin applies to Medical Assistance (MA) enrolled family planning providers including physicians, certified registered nurse practitioners, certified nurse midwives, physician assistants, family planning clinics, outpatient hospital clinics, federally qualified health centers (FQHC), rural health clinics (RHC), laboratories, pharmacies, medical suppliers, and independent medical/surgical clinics who render 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:

The Department of Human Services (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.

On July 10, 2026, the Department issued MA Bulletin 99-26-04 titled, "2026 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments and Other Procedure Code Changes" to announce changes to the MA Program Fee Schedule, including changes resulting from the implementation of the 2026 HCPCS procedure code updates, effective August 1, 2026 (https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/mab2026071001.pdf). The 2026 HCPCS updates included a new laboratory procedure code for detecting both gonorrhea and chlamydia.

With this bulletin, the Department is issuing an updated "Family Planning Service Program: Covered Services Chart" and an updated "Family Planning Covered Drugs and Devices Chart." These charts replace the "Family Planning Services: Covered Services Chart" and the "Family Planning Covered Drugs and Devices Chart" attached to MA Bulletin 01-25-42, titled "Updates to the Family Planning Services Program Fee Schedule."

DISCUSSION:

The Department added procedure code 87494 with the FP (Family Planning) modifier and with and without the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) modifier for the following Provider Type (PT)/Specialty (Spec) combinations, based on clinical review, in Place of Service (POS) 11 (Office), 22 (Outpatient Hospital), 27 (Outreach site/street), 49 (Independent Clinic), and/or 81 (Independent Laboratory), effective August 1, 2026, as indicated below:

Procedure Code and Modifiers	PT/Spec	POS
87494 (FP) 87494 (QW)(FP)	01 (Inpatient facility)/183 (Hospital Based Medical Clinic)	22
	08 (Clinic)/082 (Independent Medical/Surgical Clinic)	49
	08/083 (Family Planning Clinic)	22, 49
	09 (Certified Registered Nurse Practitioner)/All	11, 27
	10 (Mid-level Practitioner)/100 (Physician Assistant)	11, 27
	28 (Laboratory)/ 280 (Independent Laboratory)	81
	31 (Physician)/All	11, 27
	33 (Certified Nurse Midwife)/ 335 (Certified Nurse Midwife)	11, 27

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

These procedure code updates do not apply to services provided in FQHC or RHC. The Department will continue to pay FQHCs and RHCs their provider-specific Prospective

Payment System rate or the Alternative Payment Methodology fee as indicated in the attachment for services when the FQHC or RHC submits claims following instructions in their PROMISe™ Billing Guide.

PROCEDURE:

Providers rendering services to MA beneficiaries in the Family Planning Services Program should refer to the updated "Family Planning Services Program: Covered Services Chart" attached to this bulletin. Providers may also access the online version of the Family Planning Services Fee Schedule on the Department's website at: https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.

ATTACHMENTS:

Attachment 1 - Family Planning Services Program: Covered Services Chart, Effective August 1, 2026

Attachment 2 - Family Planning Covered Drugs and Devices Chart, Effective April 24, 2026

FAMILY PLANNING SERVICES PROGRAM
COVERED SERVICES CHART,
Effective August 1, 2026

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	080	50, 99		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	081	72, 99		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, 27, 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, 27, 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	080	50, 99		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	081	72, 99		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, 27		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	080	50, 99		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	081	72, 99		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, 27		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	080	50, 99		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	081	72, 99		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, 27		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	082	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, 27, 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, 27, 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	080	50, 99		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	081	72, 99		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	080	50, 99		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	081	72, 99		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, 27		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, 27		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, 27		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, 27		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	082	49		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	082	49		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	09	All	11, 27		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	09	All	11, 27		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	10	100	11, 27		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	10	100	11, 27		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	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
84703	Gonadotropin, chorionic (hCG); qualitative	31	All	11, 27		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	31	All	11, 27		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	33	335	11, 27		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	33	335	11, 27		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
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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27,99		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, 27, 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, 27, 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, 27, 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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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 visit	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, 27		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	$1,002.80	No	each	once per day	N/A	This provider type must bill with the FP modifier
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	08	080	50, 99		FP	$1,002.80	No	each	once per day	N/A	This provider type must bill with the FP modifier
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	08	081	72, 99		FP	$1,002.80	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	$769.24	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	08	080	50, 99		FP	$769.24	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	08	081	72, 99		FP	$769.24	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	$1,002.80	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	08	080	50, 99		FP	$1,002.80	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	08	081	72, 99		FP	$1,002.80	No	each	once per day	N/A	This provider type must bill with the FP modifier
J7300	Intrauterine copper contraceptive	01	010	22		FP	$940.36	No	each	once per day	N/A	This provider type must bill with the FP modifier
J7300	Intrauterine copper contraceptive	08	080	50, 99		FP	$940.36	No	each	once per day	N/A	This provider type must bill with the FP modifier
J7300	Intrauterine copper contraceptive	08	081	72, 99		FP	$940.36	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	$834.99	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	08	080	50, 99		FP	$834.99	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	08	081	72, 99		FP	$834.99	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	$1,002.80	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	08	080	50, 99		FP	$1,002.80	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	08	081	72, 99		FP	$1,002.80	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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27, 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, 27		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, 27		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, 27	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, 27, 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, 27		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, 27	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, 27, 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, 27		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, 27	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, 27, 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)	08	082	49		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)	08	082	49		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)	09	All	11, 27		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)	09	All	11, 27		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)	10	100	11, 27		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)	10	100	11, 27		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
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)	31	All	11, 27		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)	31	All	11, 27		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)	33	335	11, 27		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)	33	335	11, 27		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)	08	082	49		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)	08	082	49		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)	09	ALL	11, 27		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)	09	ALL	11, 27		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)	10	100	11, 27		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)	10	100	11, 27		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
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)	31	All	11, 27		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)	31	All	11, 27		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)	33	335	11, 27		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)	33	335	11, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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	082	49		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	082	49		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)	09	All	11, 27		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)	09	All	11, 27		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)	10	100	11, 27		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)	10	100	11, 27		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)	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

82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	31	All	11, 27		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)	31	All	11, 27		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)	33	335	11, 27		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)	33	335	11, 27		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)	08	082	49		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)	08	082	49		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)	09	All	11, 27		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)	09	All	11, 27		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)	10	100	11, 27		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)	10	100	11, 27		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

84443	Thyroid stimulating hormone (TSH)	31	All	11, 27		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)	31	All	11, 27		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)	33	335	11, 27		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)	33	335	11, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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	08	082	49		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	08	082	49		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	08	083	22, 49		FP	$7.10	No	per test	once per day	N/A	
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	08	083	22, 49		QW, FP	$7.10	No	per test	once per day	N/A	
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	09	All	11, 27		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	09	All	11, 27		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	10	100	11, 27		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	10	100	11, 27		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
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	31	All	11, 27		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	31	All	11, 27		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	33	335	11, 27		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	33	335	11, 27		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	three 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	three 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	three 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	082	49		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	082	49		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)	09	All	11, 27		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)	09	All	11, 27		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)	10	100	11, 27		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)	10	100	11, 27		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)	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

87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	31	All	11, 27		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)	31	All	11, 27		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)	33	335	11, 27		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)	33	335	11, 27		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
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
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, 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
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, 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
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	01	183	22		QW, 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	082	49		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	082	49		QW, 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	08	083	22, 49		QW, 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	09	ALL	11, 27		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	09	ALL	11, 27		QW, 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	10	100	11, 27		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	10	100	11, 27		QW, 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	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

87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	28	280	81		QW, 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	31	ALL	11, 27		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	31	ALL	11, 27		QW, 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	33	335	11, 27		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	33	335	11, 27		QW, 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	once 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	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	01	183	22		FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	01	183	22		QW FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	08	082	49		FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	08	082	49		QW FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	08	083	22, 49		FP	$56.14	No	per test	once per day	N/A	

87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	08	083	22, 49		QW FP	$56.14	No	per test	once per day	N/A	
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	09	All	11, 27		FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	09	All	11, 27		QW FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	10	100	11, 27		FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	10	100	11, 27		QW FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	28	280	81		FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	28	280	81		QW FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	31	All	11, 27		FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	31	All	11, 27		QW FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	33	335	11, 27		FP	$56.14	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87494	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	33	335	11, 27		QW FP	$56.14	No	per test	once 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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	01	183	22		QW, 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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	082	49		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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	082	49		QW, 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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	083	22, 49		FP	$38.21	No	per test	once per day	N/A	
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	083	22, 49		QW, FP	$38.21	No	per test	once per day	N/A	
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	09	All	11, 27		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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	09	All	11, 27		QW, 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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	10	100	11, 27		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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	10	100	11, 27		QW, 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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	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

87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	28	280	81		QW, 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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	31	All	11, 27		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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	31	All	11, 27		QW, 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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	33	335	11, 27		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
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	33	335	11, 27		QW, 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
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	01	183	22		QW, 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	082	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	08	082	49		QW, 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	
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	08	083	22, 49		QW, FP	$28.07	No	per test	once per day	N/A	
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	09	ALL	11, 27		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	09	ALL	11, 27		QW, 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	10	100	11, 27		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	10	100	11, 27		QW, 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
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	28	280	81		QW, 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	31	ALL	11,27		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	31	ALL	11, 27		QW, 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	33	335	11, 27		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	33	335	11, 27		QW, 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	01	183	22		QW, 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	082	49		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	082	49		QW, 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	08	083	22, 49		QW, 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	09	ALL	11, 27		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	09	ALL	11, 27		QW, 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	10	100	11, 27		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	10	100	11, 27		QW, 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	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
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	28	280	81		QW, 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	31	ALL	11,27		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	31	ALL	11, 27		QW, 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	33	335	11, 27		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	33	335	11, 27		QW, 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
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	01	183	22		FP	$56.16	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	08	083	22, 49		FP	$56.16	No	per test	once per day	N/A	
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	28	280	81		FP	$56.16	No	per test	once 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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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 Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary	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 Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary	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 Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary	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 Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary	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 Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary	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 Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary	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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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	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, 27, 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, 27, 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, 27, 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	33	370	02, 10, 11, 27, 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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	01	183	22		FP	$690.00	No	each	per pregnancy	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	08	082	49		FP	$690.00	No	each	per pregnancy	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	08	083	22, 49		FP	$690.00	No	each	per pregnancy	N/A	
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	09	All	11		FP	$690.00	No	each	per pregnancy	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	10	100	11		FP	$690.00	No	each	per pregnancy	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	31	All	11		FP	$690.00	No	each	per pregnancy	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	33	335	11		FP	$690.00	No	each	per pregnancy	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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		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, 27		QW, FP	$20.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

AMINOGLYCOSIDE ANTIBIOTICS

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

ANTIBIOTICS, GI AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Metronidazole 250 mg, 500 mg Tablet Tinidazole Tablet[QL]	Likmez *(metronidazole)* Suspension[QL] Metronidazole Capsule Metronidazole 125 mg Tablet Solosec *(secnidazole)* Granule Packet	Link to PA Guidelines Link to Quantity Limits List

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Fluconazole Suspension[QL] Fluconazole Tablet[QL] Terbinafine Tablet[QL]	Diflucan Suspension[QL] Vivjoa Capsule	Link to PA Guidelines Link to Quantity Limits List

ANTIPARASITICS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Permethrin 1% Creme Rinse (*Lice Killing 1% Crème Rinse, Lice Treatment 1% Crème Rinse*) Permethrin 5% Cream Piperonyl Butoxide-Pyrethrins 4%-0.33% Shampoo *(Lice Killing Shampoo, Lice Treatment Shampoo)* Piperonyl Butoxide-Pyrethrins 4%-0.33% Shampoo + Permethrin 0.5% Spray Kit (*Complete Lice Treatment Kit*)	Elimite Cream Malathion Lotion Pruradik *(crotamiton)* Lotion Vanalice (*piperonyl butoxide-pyrethrins 3.5%-0.3%)* Gel	Link to PA Guidelines

ANTIVIRALS, HERPES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Acyclovir Capsule[QL] Acyclovir Suspension[QL] Acyclovir Tablet[QL] Famciclovir Tablet[QL] Valacyclovir Tablet[QL]	Valtrex Tablet[QL]	Link to PA Guidelines Link to Quantity Limits List

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

CEPHALOSPORINS, INJECTABLE

Preferred Agents	Non-Preferred Agents	Prior Authorization
Avycaz Vial		
Cefazolin IV Solution		
Cefazolin Vial		
Cefotaxime Sodium Vial		
Cefotetan IV Solution		
Cefoxitin IV Solution		
Cefoxitin Vial		
Ceftazidime IV Solution		
Ceftriaxone Vial		
Cefuroxime Vial		
Tazicef Vial		

CEPHALOSPORINS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cefadroxil Capsule	Cefaclor Capsule	Link to PA Guidelines
Cefixime Capsule	Cefaclor ER Tablet	
Cefpodoxime Tablet	Cefadroxil Suspension	
Cefuroxime Tablet	Cefadroxil Tablet	
Cephalexin 250 mg, 500 mg Capsule	Cefixime Suspension	
Cephalexin Suspension	Cefpodoxime Suspension	
	Cephalexin 750 mg Capsule	
	Cephalexin Tablet	

CONTRACEPTIVES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Monophasic	**Monophasic**	Link to PA Guidelines
Altavera	Balcoltra	
Alyacen-28 1-35	Drospirenone-Ethinyl Estradiol-Levomefolate	
Apri	3-0.03-0.451 mg *(generic Safyral)*	
Aubra EQ	Femlyv 1 mg-0.02 mg ODT	
Aurovela-21	Joyeaux	
Aurovela Fe-28	Minzoya-28	
Aviane	Levonorgestrel-Ethinyl Estradiol-Ferrous	
Ayuna	Bisglycinate 0.1-0.02-36 *(generic Balcoltra)*	
Balziva	Loestrin-21	
Blisovi Fe-28	Loestrin Fe-28	
Briellyn	Safyral	
Chateal EQ	Tydemy	
Cryselle		
Cyred EQ		
Dasetta-28 1-35		
Drospirenone-Ethinyl Estradiol 3-0.03 mg *(generic Yasmin)*		
Elinest		
Enskyce		
Estarylla		

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

Ethynodiol-Ethinyl Estradiol		
Falmina		
Feirza-28		
Hailey-21		
Hailey Fe-28		
Isibloom		
Juleber		
Junel-21		
Junel Fe-28		
Kalliga		
Kelnor-28 1-35		
Kurvelo		
Larin-21		
Larin Fe-28		
Lessina		
Levonorgestrel-Ethinyl Estradiol-28 0.1 mg-20 mcg *(generic Alesse, Levlite)*		
Levonorgestrel-Ethinyl Estradiol-28 0.15 mg-30 mcg *(generic Nordette, Levlen)*		
Low-Ogestrel		
Luizza-21		
Lutera		
Marlissa		
Microgestin-21		
Microgestin Fe-28		
Mili		
Mono-Linyah		
Necon-28		
Norethindrone-Ethinyl Estradiol-21 *(generic Loestrin-21)*		
Norethindrone-Ethinyl Estradiol Fe-28 *(generic Loestrin Fe-28)*		
Norethindrone-Ethinyl Estradiol Fe 0.4-0.035 (21)-75 Chewable *(generic Femcon Fe, Ovcon Fe)*		
Norgestimate-Ethinyl Estradiol-28 0.25-0.35 mg *(generic Ortho-Cyclen)*		
Nortrel-21 1-35		
Nortrel-28 0.5-35		
Nortrel-28 1-35		
Nylia-28 1-35		
Nymyo		
Ocella		
Philith		
Pirmella-28 1-35		
Portia		
Reclipsen		
Sprintec		
Sronyx		
Syeda		
Tarina Fe		

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

Tarina Fe EQ Turqoz Tyblume Chewable Valtya Vienva Vyfemla Vylibra Wera Wymzya Fe Chewable Xelria Fe Chewable Yasmin Zovia 1-35 Zumandimine		
Biphasic	**Biphasic**	Link to PA Guidelines
Azurette Desogestrel-Ethinyl Estradiol 21-2-5 *(generic Mircette)* Kariva Pimtrea Simliya Viorele Volnea	Mircette	
Triphasic	**Triphasic**	Link to PA Guidelines
Alyacen 7-7-7 Aranelle Dasetta 7-7-7 Enpresse Leena Levonest Levonorgestrel-Ethinyl Estradiol Triphasic *(generic TriPhasil, Tri-Levlen)* Norgestimate-Ethinyl Estradiol Triphasic *(generic Ortho Tri-Cyclen)* Nortrel 7-7-7 Nylia 7-7-7 Pirmella 7-7-7 Tri-Estarylla Tri-Linyah Tri-Lo-Estarylla Tri-Lo-Marzia Tri-Lo-Mili Tri-Lo-Sprintec Tri-Mili Tri-Nymyo Tri-Sprintec Trivora Tri-Vylibra Tri-Vylibra Lo Velivet	Norethindrone-Ethinyl Estradiol-Fe 1 mg/20-30-35 mcg (5-7-9-5) Tilia Fe Tri-Legest Fe Xarah Fe 1 mg/20-30-25 mcg	

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

Four-Phasic	**Four-Phasic**	Link to PA Guidelines
	Natazia	
28-Day Extended Cycle	**28-Day Extended Cycle**	Link to PA Guidelines
Aurovela 24 Fe Blisovi 24 Fe Charlotte 24 Fe Chewable Drospirenone-Ethinyl Estradiol 3-0.02 mg *(generic Yaz)* Finzala Chewable Hailey 24 Fe Jasmiel Junel Fe 24 Larin 24 Fe Lo Loestrin Fe Loryna Lo-Zumandimine Microgestin 24 Fe Nikki Norethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 Chewable *(generic Minastrin 24 Fe)* Tarina 24 Fe Vestura	Beyaz Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.02-0.451 mg *(generic Beyaz)* Gemmily Capsule Kaitlib Fe Chewable Layolis Fe Chewable Merzee Capsule Nextstellis Norethindrone-Ethinyl Estradiol-Fe 0.8-0.025(24) Chewable *(generic Generess Fe Chewable)* Norethindrone-Ethinyl Estradiol-Fe 1-0.02(24)-75 Capsule *(generic Taytulla Capsule)* Taytulla Capsule Yaz	
28-Day Continuous Cycle	**28-Day Continuous Cycle**	Link to PA Guidelines
Amethyst Dolishale Levonorgestrel-Ethinyl Estradiol-28 0.09-0.02 mg		
3-Month Extended Cycle	**3-Month Extended Cycle**	Link to PA Guidelines
Ashlyna (3-month) Camrese (3-month) Camrese Lo (3-month) Daysee (3-month) Introvale (3-month) Jaimiess (3-month) Jolessa (3-month) Levonorgestrel-Ethinyl Estradiol 0.15-0.03 mg (3-month) *(generic Seasonale-91)* Levonorgestrel-Ethinyl Estradiol + EE 0.10-0.02 mg + 0.01 mg (3-month) *(generic LoSeasonique-91)* Levonorgestrel-Ethinyl Estradiol + EE 0.15-0.03 mg + 0.01 mg (3-month) *(generic Seasonique-91)* Lojaimiess (3-month) Setlakin (3-month) Simpesse (3-month)	Levonorgestrel 0.15 mg-Ethinyl Estradiol + EE 20-25-30 mcg + 10 mcg (3-month) *(generic Quartette-91)* Rivelsa (3-month)	

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

Progestin Only	Progestin Only	Link to PA Guidelines
Camila	Slynd	
Deblitane		
Emzahh		
Errin		
Heather		
Incassia		
Jencycla		
Lyleq		
Meleya		
Nora-Be		
Norethindrone-28 0.35 mg		
Opill		
Sharobel		

CONTRACEPTIVES, OTHER

Preferred Agents	Non-Preferred Agents	Prior Authorization
Depo-Provera 150 mg/ml Vial[QL]	Annovera Vaginal Ring[QL]	Link to PA Guidelines
Depo-SubQ Provera 104 Injection[QL]	Depo-Provera 150 mg/ml Syringe[QL]	Link to Quantity Limits List
Eluryng Vaginal Ring[QL]	Norelgestromin-Ethinyl Estradiol Patch [QL]	
Enilloring Vaginal Ring [QL]	Twirla Patch[QL]	
Etonogestrel-Ethinyl Estradiol Vaginal Ring[QL]	Zafemy Patch[QL]	
Haloette Vaginal Ring[QL]		
Kyleena System[QL]		
Liletta System[QL]		
Medroxyprogesterone Acetate Syringe[QL]		
Medroxyprogesterone Acetate Vial[QL]		
Mirena System[QL]		
Nexplanon Implant[QL]		
Paragard T 380-A IUD[QL]		
Skyla System[QL]		
Xulane Patch[QL]		

EMERGENCY CONTRACEPTIVES

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

FLUOROQUINOLONES, INJECTABLE

Preferred Agents	Non-Preferred Agents	Prior Authorization
Ciprofloxacin IV Solution		
Levofloxacin IV Solution		

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

FLUOROQUINOLONES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cipro Suspension Ciprofloxacin Tablet Levofloxacin Tablet	Cipro Tablet Levofloxacin Solution	Link to PA Guidelines

HIV/AIDS ANTIRETROVIRALS

Preferred Agents	Non-Preferred Agents	Prior Authorization
INSTIs Apretude ER Vial[QL] Isentress Chewable Tablet[QL] Isentress Powder Pack[QL] Tivicay Tablet[QL] Tivicay PD Tablet for Suspension[QL]	**INSTIs** Isentress HD Tablet[QL]	Link to PA Guidelines Link to Quantity Limits List
Miscellaneous Yeztugo Tablet[QL] Yeztugo Vial[QL]	**Miscellaneous** Maraviroc Tablet[QL] Rukobia ER Tablet[QL] Selzentry Solution[QL] Selzentry Tablet[QL] Sunlenca Tablet[QL] Sunlenca Vial[QL] Trogarzo Vial[QL] Tybost Tablet[QL]	Link to PA Guidelines Link to Quantity Limits List
NNRTIs Edurant Tablet[QL] Efavirenz Tablet[QL] Nevirapine Tablet[QL]	**NNRTIs** Edurant Ped Tablet for Suspension Etravirine Tablet[QL] Intelence Tablet[QL] Nevirapine Suspension[QL] Nevirapine ER Tablet[QL] Pifeltro Tablet[QL]	Link to PA Guidelines Link to Quantity Limits List
NRTIs Abacavir Solution[QL] Abacavir Tablet[QL] Abacavir-Lamivudine Tablet[QL] Cimduo Tablet[QL] Descovy Tablet[QL] Emtricitabine Capsule[QL] Emtricitabine-Tenofovir Disproxil Fumarate Tablet[QL] Emtriva Solution[QL] Lamivudine Solution[QL] Lamivudine Tablet[QL] Lamivudine-Zidovudine Tablet[QL] Tenofovir Disoproxil Fumarate 300 mg Tablet[QL] Viread Powder[QL] Viread Tablet (all strengths except 300 mg)[QL]	**NRTIs** Emtriva Capsule[QL] Epivir Solution[QL] Epivir Tablet[QL] Retrovir Capsule[QL] Retrovir Syrup[QL] Truvada Tablet[QL] Viread 300 mgTablet[QL] Ziagen Solution[QL]	Link to PA Guidelines Link to Quantity Limits List

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

Zidovudine Capsule[QL] Zidovudine Syrup[QL] Zidovudine Tablet[QL]		
PIs Atazanavir Capsule[QL] Darunavir Tablet[QL] Evotaz Tablet[QL] Kaletra Solution[QL] Lopinavir-Ritonavir Tablet[QL] Norvir Powder Packet[QL] Prezcobix Tablet[QL] Prezista Suspension[QL] Reyataz Powder Packet[QL] Ritonavir Tablet[QL]	**PIs** Aptivus Capsule[QL] Fosamprenavir Tablet[QL] Kaletra Tablet[QL] Norvir Tablet[QL] Prezista Tablet[QL] Reyataz Capsule[QL] Viracept Tablet[QL]	Link to PA Guidelines Link to Quantity Limits List
Single Product Regimens Biktarvy Tablet[QL] Cabenuva Vial[QL] Complera Tablet[QL] Delstrigo Tablet[QL] Dovato Tablet[QL] Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate Tablet[QL] Juluca Tablet[QL] Odefsey Tablet[QL] Symfi Tablet[QL] Triumeq Tablet[QL]	**Single Product Regimens** Atripla Tablet[QL] Efavirenz-Lamivudine-Tenofovir Disoproxil Fumarate Tablet[QL] Emtricitabine-Rilpivirine-Tenofovir Disoproxil Fumarate Tablet[QL] Stribild Tablet[QL] Symtuza Tablet[QL] Triumeq PD Tablet for Suspension[QL]	Link to PA Guidelines Link to Quantity Limits List

IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Imiquimod Cream 5% Packet	Imiquimod Cream 3.75% Packet Imiquimod Cream 3.75% Pump	Link to PA Guidelines

LINCOSAMIDE ANTIBIOTICS

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

MACROLIDES, INJECTABLE

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azithromycin Vial Erythrocin Vial Erythromycin Vial		

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

MACROLIDES, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Azithromycin Packet	Clarithromycin ER Tablet	Link to PA Guidelines
Azithromycin Suspension	E.E.S. 400 Filmtab	
Azithromycin Tablet	E.E.S. 200 Suspension	
Clarithromycin Suspension	EryPed Suspension	
Clarithromycin Tablet	Ery-Tab DR Tablet	
	Erythromycin Base DR Capsule	
	Erythromycin Base DR Tablet	
	Erythromycin Base Filmtab	
	Erythromycin Ethylsuccinate Suspension	
	Erythromycin Ethylsuccinate Tablet	
	Zithromax Packet	
	Zithromax Suspension	
	Zithromax Tablet	
	Zithromax Tri-Pak	

MISCELLANEOUS PRODUCTS

Preferred Agents	Non-Preferred Agents	Prior Authorization
Condylox Gel		
Gardasil 9 Syringe		
Gardasil 9 Vial		
Phenazopyridine Tablet		
Podocon-25 Liquid		
Podofilox Gel		
Podofilox Solution		
Probenecid Tablet		
Veregen Ointment		

PENICILLINS, INJECTABLE

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

PENICILLINS, ORAL

Preferred Agents	Non-Preferred Agents	Prior Authorization
Amoxicillin Capsule	Amoxicillin-Clavulanate Chewable Tablet	Link to PA Guidelines
Amoxicillin Chewable Tablet	Amoxicillin-Clavulanate 250-62.5 mg/5 ml Suspension	
Amoxicillin Suspension	Amoxicillin-Clavulanate ER Tablet	
Amoxicillin Tablet	Augmentin Suspension	
Amoxicillin-Clavulanate 200-28.5 mg/5 ml Suspension	Augmentin ES-600 Suspension	
Amoxicillin-Clavulanate 400-57 mg/5 ml Suspension		

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

Amoxicillin-Clavulanate 600-42.9 mg/5 ml Suspension		
Amoxicillin-Clavulanate Tablet		
Ampicillin Capsule		
Dicloxacillin Capsule		
Penicillin VK Solution		
Penicillin VK Tablet		

SULFONAMIDES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Bactrim DS Tablet		
Sulfadiazine Tablet		
Sulfamethoxazole-TMP Suspension		
Sulfamethoxazole-TMP DS Tablet		
Sulfamethoxazole-TMP SS Tablet		
Sulfamethoxazole-TMP Vial		

TETRACYCLINES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Doxycycline Hyclate 50 mg, 100 mg Capsule *(generic Vibramycin Capsule)*	Demeclocycline Tablet	Link to PA Guidelines
Doxycycline Hyclate 20 mg Tablet *(generic Periostat Tablet)*	Doryx MPC DR Tablet[QL]	Link to Quantity Limits List
Doxycycline Hyclate 100 mg Tablet *(generic Vibra-Tabs Tablet)*	Doxycycline Hyclate 50 mg Tablet *(generic Targadox)*	
Doxycycline Monohydrate 50 mg, 100 mg Capsule *(generic Monodox Capsule)*	Doxycycline Hyclate 75 mg, 150 mg Tablet *(generic Acticlate Tablet)*	
Doxycycline Monohydrate Suspension *(generic Vibramycin Suspension)*	Doxycycline Hyclate DR Tablet *(generic Doryx DR Tablet)*[QL]	
Doxycycline Monohydrate 50 mg, 75 mg, 100 mg Tablet *(generic Adoxa Tablet)*	Doxycycline IR-DR 40 mg Capsule *(generic Oracea Capsule)*[QL]	
Tetracycline Capsule	Doxycycline Monohydrate 75 mg Capsule *(generic Monodox Capsule)*	
	Doxycycline Monohydrate 150 mg Capsule *(generic Adoxa Capsule)*	
	Doxycycline Monohydrate 150 mg Tablet *(generic Adoxa Pak Tablet)*	
	Oracea Capsule[QL]	
	Tetracycline Tablet	

URINARY ANTI-INFECTIVES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Nitrofurantoin Capsule *(generic Macrodantin)*[QL]	Fosfomycin Sachet[QL]	Link to PA Guidelines
Nitrofurantoin Monohydrate-Macro Capsule *(generic Macrobid)*[QL]	Macrobid *(nitrofurantoin monohydrate-macrocrystals)* Capsule[QL]	Link to Quantity Limits List
	Macrodantin *(nitrofurantoin macrocrystals)* Capsule[QL]	
	Nitrofurantoin Suspension[QL]	

Pennsylvania Department of Human Services
Family Planning Covered Drugs and Devices
Effective April 24, 2026

VAGINAL ANTI-INFECTIVES

Preferred Agents	Non-Preferred Agents	Prior Authorization
Cleocin *(clindamycin)* Ovules	Cleocin *(clindamycin)* Vaginal Cream	Link to PA Guidelines
Clindamycin 2% Vaginal Cream	Gynazole 1 *(butoconazole)* Vaginal Cream	Link to Quantity Limits List
Clindesse *(clindamycin 2%)* Vaginal Cream	Metronidazole 1.3% Vaginal Gel *(generic Nuvessa)*	
Clotrimazole 3 *(2%)* Vaginal Cream	Miconazole 3 *(200 mg)* Vaginal Suppository	
Clotrimazole 7 *(1%)* Vaginal Cream	Nuvessa *(metronidazole 1.3%)* Vaginal Gel	
Metronidazole 250 mg, 500 mg Tablet	Solosec *(secnidazole)* Granule Packet	
Metronidazole 0.75% Vaginal Gel *(generic MetroGel)*	Terconazole Vaginal Cream	
Miconazole 1 *(1200 mg-2%)* Combination Pack	Terconazole Vaginal Suppository	
Miconazole 3 *(200 mg-2%)* Combination Pack	Vandazole *(metronidazole 0.75%)* Vaginal Gel	
Miconazole 3 *(4%-2%)* Combination Pack	Xaciato *(clindamycin)* Vaginal Gel	
Miconazole 3 *(4%)* Vaginal Cream		
Miconazole 7 *(2%)* Vaginal Cream		
Miconazole 7 *(100 mg)* Vaginal Suppository		
Tinidazole Tablet[QL]		
Tioconazole-1 *(6.5%)* Vaginal Ointment		