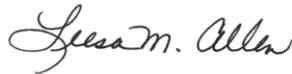




<b>ISSUE DATE</b>  June 29, 2015	<b>EFFECTIVE DATE</b>  July 1, 2015	<b>NUMBER</b> 01-15-15, 08-15-15, 09-15-15, 24-15-13, 25-15-01, 28-15-01, 31-15-15, 33-15-14
<b>SUBJECT</b>  Family Planning Services		<b>BY</b>   Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to inform providers of the July 1, 2015, implementation of the Family Planning State Plan option, known as Family Planning Services, and to issue a covered services chart.

**SCOPE:**

This bulletin applies to Medical Assistance (MA) enrolled family planning providers, including family planning clinics, outpatient hospital clinics, certified registered nurse practitioners, certified nurse midwives, federally qualified health centers, rural health clinics, laboratories, pharmacies, medical supplies, independent medical/surgical clinics and physicians who render services under the MA fee for service delivery system.

**BACKGROUND:**

Since February 1, 2008, the Commonwealth has been offering family planning services and supplies to women under a Section 1115 Demonstration Waiver of the State Plan, known as SelectPlan for Women (SelectPlan). SelectPlan currently provides coverage for certain family planning services, pharmaceuticals and supplies for eligible women 18 years of age or older, but under 45 years of age, who are not otherwise eligible for Medicaid and are at or below 214% of the Federal Poverty Level (FPL).

Since the implementation of SelectPlan, the Department of Human Services (Department) has seen an overall decrease in the rate of births within the MA population, resulting in lower MA Program costs for maternity and newborn services.

**DISCUSSION:**

Section 2303 of the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) gave States the option, under State Plan authority, to provide family planning coverage for individuals who were previously ineligible for Medicaid. Family Planning Services will provide

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

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm>

family planning and certain family planning-related services, pharmaceuticals and supplies to men and women, who are not otherwise eligible for MA and meet both of the following:

- Income at or below 215% of the Federal Poverty Limit.
- Who are not pregnant.

Family planning-related services are medical diagnosis and treatment services provided in a family planning setting as part of, or as follow-up to, a family planning visit and includes services for the prevention and treatment of sexually transmitted diseases.

All general MA eligibility requirements applicable to the MA Program will apply to Family Planning Services benefits, including rules relating to residence, citizenship or satisfactory immigration status and third-party insurance.

### **PROCEDURE:**

Effective July 1, 2015, the Department will begin offering Family Planning Services to men and women who are not pregnant, who have income at or below 215% of the Federal Poverty Level, and are not otherwise eligible for MA.

Providers are reminded to access the Eligibility Verification System (EVS) to verify beneficiary eligibility prior to rendering services. Individuals enrolled in Family Planning Services will be identified as MA category "PSF" under Health Care Benefit Package 15 and will receive their services in the fee for service delivery system.

Services provided to individuals eligible for Family Planning Services are limited to family planning and certain family planning-related services identified in the attached *Family Planning Services Chart*. This chart identifies the procedure code/description, provider type and specialty, place of service, modifier, units of service, limitations, post-op days and any prior authorization requirements associated with the services. Providers are reminded to use the appropriate modifier and/or diagnosis code on the claim, as well as the correct place of service, as set forth in the attached chart. Failure to do so will result in claim denial.

More information about Family Planning Services for providers can be found at: [www.dhs.state.pa.us/foradults/familyplanning](http://www.dhs.state.pa.us/foradults/familyplanning) beginning July 1, 2015.

### **ATTACHMENT:**

Family Planning Services: Covered Services Chart

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
<b>FAMILY PLANNING SERVICES</b>												
11976	Removal, implantable contraceptive capsules	01	183	22		FP	\$30.50	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
11976	Removal, implantable contraceptive capsules	08	082	49		FP	\$30.50	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
11976	Removal, implantable contraceptive capsules	08	083	22, 49		FP	\$30.50	No	per procedure	1 per 3 calendar years	0 days	
11976	Removal, implantable contraceptive capsules	31	All	11, 21, 99		FP	\$30.50	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 DX V25.01 through V25.9
11976	Removal, implantable contraceptive capsules	33	335	11, 21, 99		FP	\$30.50	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 DX V25.01 through V25.9
11981	Insertion, 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 DX V25.01 through V25.9
11981	Insertion, 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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
11981	Insertion, non-biodegradable drug delivery implant	01	183	22		FP	\$75.73	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
11981	Insertion, non-biodegradable drug delivery implant	08	082	49		FP	\$75.73	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
11981	Insertion, non-biodegradable drug delivery implant	08	083	22, 49		FP	\$75.73	No	per procedure	once per day	0 days	
11981	Insertion, non-biodegradable drug delivery implant	31	All	11, 21, 24		FP	\$75.73	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
11982	Removal, non-biodegradable drug delivery implant	01	183	22		FP	\$92.33	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
11982	Removal, non-biodegradable drug delivery implant	08	082	49		FP	\$92.33	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
11982	Removal, non-biodegradable drug delivery implant	08	083	22, 49		FP	\$92.33	No	per procedure	once per day	0 days	
11982	Removal, non-biodegradable drug delivery implant	31	All	11, 21, 24		FP	\$92.33	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
11983	Removal with reinsertion, non-biodegradable drug delivery implant	01	183	22		FP	\$165.98	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
11983	Removal with reinsertion, non-biodegradable drug delivery implant	08	082	49		FP	\$165.98	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
11983	Removal with reinsertion, non-biodegradable drug delivery implant	08	083	22, 49		FP	\$165.98	No	per procedure	once per day	0 days	

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
11983	Removal with reinsertion, non-biodegradable drug delivery implant	31	All	11, 21, 24		FP	\$165.98	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	08	083	22, 49		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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	01	183	22		FP	\$148.50	No	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	08	082	49		FP	\$148.50	No	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	08	083	22, 49		FP	\$148.50	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	\$148.50	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
55450	Ligation (percutaneous) of vas deferens, 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 DX V25.01 through V25.9
55450	Ligation (percutaneous) of vas deferens, 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 DX V25.01 through V25.9
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	01	183	22		FP	\$51.00	No	per procedure	two per lifetime	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	08	082	49		FP	\$51.00	No	per procedure	two per lifetime	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	08	083	22, 49		FP	\$51.00	No	per procedure	two per lifetime	10 days	
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	31	All	11, 21, 24, 99		FP	\$51.00	No, but AUR and PSR process applies	per procedure	two per lifetime	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
58300	Insertion of intrauterine device (IUD)	01	183	22		FP	\$17.25	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
58300	Insertion of intrauterine device (IUD)	08	082	49		FP	\$17.25	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
58300	Insertion of intrauterine device (IUD)	08	083	22, 49		FP	\$17.25	No	per procedure	1 per 3 calendar years	0 days	
58300	Insertion of intrauterine device (IUD)	31	All	11, 21, 99		FP	\$17.25	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
58300	Insertion of intrauterine device (IUD)	33	335	11, 21, 99		FP	\$17.25	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
58301	Removal of intrauterine device (IUD)	01	183	22		FP	\$17.25	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
58301	Removal of intrauterine device (IUD)	08	082	49		FP	\$17.25	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
58301	Removal of intrauterine device (IUD)	08	083	22, 49		FP	\$17.25	No	per procedure	1 per 3 calendar years	0 days	
58301	Removal of intrauterine device (IUD)	31	All	11, 21, 24, 99		FP	\$17.25	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
58301	Removal of intrauterine device (IUD)	33	335	11, 21, 99		FP	\$17.25	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	01	021	24	SG		\$776.00	No		N/A	N/A	This provider type must bill with the DX V25.01 through V25.9
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	02	020	24	SG		\$776.00	No		N/A	N/A	This provider type must bill with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	\$4.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
81025	Urine pregnancy test, by visual color comparison methods	08	082	49		FP	\$4.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
81025	Urine pregnancy test, by visual color comparison methods	08	083	22, 49		FP	\$4.00	No	per test	once per day	N/A	

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
81025	Urine pregnancy test, by visual color comparison methods	09	All	11		FP	\$4.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
81025	Urine pregnancy test, by visual color comparison methods	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 DX V25.01 through V25.9
81025	Urine pregnancy test, by visual color comparison methods	31	All	11		FP	\$4.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
81025	Urine pregnancy test, by visual color comparison methods	33	335	11		FP	\$4.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
84703	Gonadotropin, chorionic (hCG); qualitative	08	083	22, 49		FP	\$10.26	No	per test	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
84703	Gonadotropin, chorionic (hCG); qualitative	08	083	22, 49		QW, FP	\$10.26	No	per test	once per day	N/A	
84703	Gonadotropin, chorionic (hCG); qualitative	28	280	81		FP	\$10.26	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	08	083	22, 49		FP	\$20.00	No	per visit	once per day	0 days	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$20.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$20.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$20.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	08	083	22, 49		FP	\$35.33	No	per visit	once per day	0 days	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$35.33	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$35.33	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$35.33	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	08	083	22, 49		FP	\$54.25	No	per visit	once per day	0 days	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$54.25	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$54.25	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$54.25	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$90.37	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$90.37	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$90.37	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$117.54	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$117.54	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$117.54	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	08	083	22, 49		FP	\$20.00	No	per visit	one per year	0 days	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	09	All	11, 99		FP	\$20.00	No	per visit	one per year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	31	All	11, 99		FP	\$20.00	No	per visit	one per year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	33	335	11, 99		FP	\$20.00	No	per visit	one per year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	08	083	22, 49	U7	FP	\$20.00	No	per visit	once per day	0 days	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$26.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$26.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$26.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	083	22, 49		FP	\$35.00	No	per visit	once per day	0 days	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$35.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$35.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$35.00	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	08	083	22, 49		FP	\$54.42	No	per visit	once per day	0 days	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$54.42	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$54.42	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$54.42	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	09	All	11, 99		FP	\$78.05	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	31	All	11, 99		FP	\$78.05	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99		FP	\$78.05	No	per visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	
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	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	09	All	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	31	All	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	33	335	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	09	All	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	31	All	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	33	335	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	
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	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	09	All	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	31	All	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	33	335	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	09	All	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	31	All	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	33	335	11		FP	\$20.00	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	08	083	22, 49		FP	\$10.00	No	per 15 minutes	once per lifetime	0 days	
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
A4266	Diaphragm for contraceptive use	08	083	22, 49		FP	\$22.86	No	each	two per 365 days	N/A	
A4266	Diaphragm for contraceptive use	31	All	11		FP	\$22.86	No	each	two per 365 days	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
A4267	Contraceptive supply, condom, male, each	08	083	22, 49		FP	\$0.35	No	each	144 per 30 days	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
A4267	Contraceptive supply, condom, male, each	24	240, 241, 242, 243, 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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
T1015	Clinic visit/encounter, all-inclusive	01	183	22	U4	FP	Provider Specific Rate	No	per clinic visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
T1015	Clinic visit/encounter, all-inclusive	01	183	22	U5	FP	Provider Specific Rate	No	per clinic visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
T1015	Clinic visit/encounter, all-inclusive	08	080	50		FP	Provider Specific Rate	No	per clinic visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
T1015	Clinic visit/encounter, all-inclusive	08	081	72		FP	Provider Specific Rate	No	per clinic visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
T1015	Clinic visit/encounter, all-inclusive	08	082	49	U7	FP	\$35.00	No	per clinic visit	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
<b>FAMILY PLANNING-RELATED SERVICES</b>												
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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	\$49.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$49.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$49.00	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	\$49.00	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	\$51.37	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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	\$51.37	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$51.37	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	\$51.37	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	01	183	22		FP	\$47.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	08	082	49		FP	\$47.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	08	083	22, 49		FP	\$47.00	No	per procedure	once per day	10 days	
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	31	All	11, 24, 99		FP	\$47.00	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 DX V25.01 through V25.9
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	01	183	22		FP	\$117.03	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	08	082	49		FP	\$117.03	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	08	083	22, 49		FP	\$117.03	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	\$117.03	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$115.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$115.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$115.00	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	\$115.00	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	01	183	22		FP	\$20.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	08	082	49		FP	\$20.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	08	083	22, 49		FP	\$20.50	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	\$20.50	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	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 DX V25.01 through V25.9
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	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 DX V25.01 through V25.9
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	08	083	22, 49		FP	\$28.00	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	\$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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$135.89	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$135.89	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$135.89	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	\$135.89	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
56420	Incision and drainage of Bartholin's gland abscess	01	183	22		FP	\$50.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
56420	Incision and drainage of Bartholin's gland abscess	08	082	49		FP	\$50.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56420	Incision and drainage of Bartholin's gland abscess	08	083	22, 49		FP	\$50.50	No	per procedure	once per day	10 days	
56420	Incision and drainage of Bartholin's gland abscess	31	All	11, 24, 99		FP	\$50.50	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
56440	Marsupialization of Bartholin's gland cyst	01	183	22		FP	\$163.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56440	Marsupialization of Bartholin's gland cyst	08	082	49		FP	\$163.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56440	Marsupialization of Bartholin's gland cyst	08	083	22, 49		FP	\$163.00	No	per procedure	once per day	10 days	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
56440	Marsupialization of Bartholin's gland cyst	31	All	11, 24, 99		FP	\$163.00	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$63.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$63.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$63.50	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	\$63.50	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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	33	335	11, 99		FP	\$63.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$116.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$116.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$116.50	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	\$116.50	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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	33	335	11, 99		FP	\$116.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	01	183	22		FP	\$55.51	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	08	082	49		FP	\$55.51	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	08	083	22, 49		FP	\$55.51	No	per procedure	once per day	0 days	
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	31	All	11, 24, 99		FP	\$55.51	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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	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 DX V25.01 through V25.9
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	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 DX V25.01 through V25.9
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$70.00	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	\$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 DX V25.01 through V25.9
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	33	335	11, 99		FP	\$70.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57100	Biopsy of vaginal mucosa; simple (separate procedure)	08	083	22, 49		FP	\$59.99	No	per procedure	once per day	0 days	
57100	Biopsy of vaginal mucosa; simple (separate procedure)	31	All	11, 24, 99		FP	\$59.99	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	01	183	22		FP	\$112.78	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	08	082	49		FP	\$112.78	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	08	083	22, 49		FP	\$112.78	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	093	11		FP	\$112.78	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	31	All	11, 24, 99		FP	\$112.78	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 DX V25.01 through V25.9
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	33	335	11, 99		FP	\$112.78	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	01	183	22		FP	\$39.50	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	08	082	49		FP	\$39.50	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	08	083	22, 49		FP	\$39.50	No	per procedure	once per day	0 days	
57452	Colposcopy of the cervix including upper/adjacent vagina;	09	All	11		FP	\$39.50	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	31	All	11, 24		FP	\$39.50	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 DX V25.01 through V25.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	33	335	11		FP	\$39.50	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	01	183	22		FP	\$105.94	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	08	082	49		FP	\$105.94	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	08	083	22, 49		FP	\$105.94	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	\$105.94	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 DX V25.01 through V25.9
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	33	335	11, 99		FP	\$105.94	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	01	183	22		FP	\$101.68	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	08	082	49		FP	\$101.68	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	08	083	22, 49		FP	\$101.68	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	\$101.68	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	31	All	11, 24, 99		FP	\$101.68	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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	33	335	11, 99		FP	\$101.68	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	01	183	22		FP	\$95.01	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	08	082	49		FP	\$95.01	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	08	083	22, 49		FP	\$95.01	No	per procedure	once per day	0 days	
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	09	All	11		FP	\$95.01	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	31	All	11, 24, 99		FP	\$95.01	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 DX V25.01 through V25.9
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	33	335	11, 99		FP	\$95.01	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	01	183	22		FP	\$149.80	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	08	082	49		FP	\$149.80	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	08	083	22, 49		FP	\$149.80	No	per procedure	once per day	0 days	

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	31	All	11, 24, 99		FP	\$149.80	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	01	183	22		FP	\$173.53	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	08	082	49		FP	\$173.53	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	08	083	22, 49		FP	\$173.53	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	\$173.53	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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	01	183	22		FP	\$66.12	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	08	082	49		FP	\$66.12	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	08	083	22, 49		FP	\$66.12	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	\$66.12	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
57505	Endocervical curettage (not done as part of a dilation and curettage)	01	183	22		FP	\$22.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57505	Endocervical curettage (not done as part of a dilation and curettage)	08	082	49		FP	\$22.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57505	Endocervical curettage (not done as part of a dilation and curettage)	08	083	22, 49		FP	\$22.00	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	\$22.00	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57511	Cautery of cervix; cryocautery, initial or repeat	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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
57511	Cautery of cervix; cryocautery, initial or repeat	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 DX V25.01 through V25.9
57511	Cautery of cervix; cryocautery, initial or repeat	08	083	22, 49		FP	\$51.50	No	per procedure	once per day	10 days	
57511	Cautery of cervix; cryocautery, initial or repeat	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57513	Cautery of cervix; laser ablation	08	083	22, 49		FP	\$51.50	No	per procedure	once per day	10 days	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
57800	Dilation of cervical canal, instrumental (separate procedure)	01	183	22		FP	\$41.50	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57800	Dilation of cervical canal, instrumental (separate procedure)	08	082	49		FP	\$41.50	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
57800	Dilation of cervical canal, instrumental (separate procedure)	08	083	22, 49		FP	\$41.50	No	per procedure	once per day	0 days	
57800	Dilation of cervical canal, instrumental (separate procedure)	31	All	11, 24, 99		FP	\$41.50	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 DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	01	183	22		FP	\$51.00	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	08	082	49		FP	\$51.00	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	08	083	22, 49		FP	\$51.00	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	\$51.00	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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
58562	Hysteroscopy, surgical; with removal of impacted foreign body	31	All	24		FP	\$237.08	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 DX V25.01 through V25.9
64435	Injection, anesthetic agent; 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 DX V25.01 through V25.9
64435	Injection, anesthetic agent; 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 DX V25.01 through V25.9
64435	Injection, anesthetic agent; paracervical (uterine) nerve	01	183	22		FP	\$32.00	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
64435	Injection, anesthetic agent; paracervical (uterine) nerve	08	082	49		FP	\$32.00	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
64435	Injection, anesthetic agent; paracervical (uterine) nerve	08	083	22, 49		FP	\$32.00	No	per procedure	once per day	0 days	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
64435	Injection, anesthetic agent; paracervical (uterine) nerve	31	All	11, 24, 99		FP	\$32.00	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 DX V25.01 through V25.9
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	01	183	22		FP	\$32.00	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	01	183	22	TC	FP	\$19.00	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	08	082	49		FP	\$32.00	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	08	082	49	TC	FP	\$19.00	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	08	083	22, 49		FP	\$32.00	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	\$19.00	No	per procedure	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	31	All	11		FP	\$32.00	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	31	All	11	TC	FP	\$19.00	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	31	All	11, 22, 49	26	FP	\$13.00	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	08	083	22, 49		FP	\$14.00	No	per test	once per day	N/A	
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	08	083	22, 49		QW, FP	\$14.00	No	per test	once per day	N/A	
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	09	All	11		FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	09	All	11		QW, FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	31	All	11		FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	31	All	11		QW, FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	33	335	11		FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	33	335	11		QW, FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	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 DX V25.01 through V25.9
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	\$3.57	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$3.57	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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	\$3.57	No	per test	once per day	N/A	
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	09	All	11		FP	\$3.57	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$3.57	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	31	All	11		FP	\$3.57	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	33	335	11		FP	\$3.57	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	08	083	22, 49		FP	\$3.10	No	per test	once per day	N/A	
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	08	083	22, 49		QW, FP	\$3.10	No	per test	once per day	N/A	
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	09	All	11		FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	09	All	11		QW, FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	31	All	11		FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	31	All	11		QW, FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	33	335	11		FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	33	335	11		QW, FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
82626	Dehydroepiandrosterone (DHEA)	08	083	22, 49		FP	\$21.00	No	per test	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	08	083	22, 49		FP	\$12.50	No	per test	once per day	N/A	
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	08	083	22, 49		QW, FP	\$12.50	No	per test	once per day	N/A	
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	28	280	81		FP	\$12.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
83586	Ketosteroids, 17- (17-KS); total	08	083	22, 49		FP	\$17.69	No	per test	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
84233	Receptor assay; estrogen	08	083	22, 49		FP	\$48.00	No	per test	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
84481	Triiodothyronine T3; free	08	083	22, 49		FP	\$23.41	No	per test	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
85014	Blood count; hematocrit (Hct)	08	083	22, 49		FP	\$3.23	No	per test	once per day	N/A	
85014	Blood count; hematocrit (Hct)	08	083	22, 49		QW, FP	\$3.23	No	per test	once per day	N/A	
85014	Blood count; hematocrit (Hct)	09	All	11		FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
85014	Blood count; hematocrit (Hct)	09	All	11		QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
85014	Blood count; hematocrit (Hct)	31	All	11		FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
85014	Blood count; hematocrit (Hct)	31	All	11		QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
85014	Blood count; hematocrit (Hct)	33	335	11		FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
85014	Blood count; hematocrit (Hct)	33	335	11		QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	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 DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	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 DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	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 DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	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 DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	08	083	22, 49		FP	\$3.23	No	per test	once per day	N/A	
85018	Blood count; hemoglobin (Hgb)	08	083	22, 49		QW, FP	\$3.23	No	per test	once per day	N/A	

**FAMILY PLANNING SERVICES  
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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
85018	Blood count; hemoglobin (Hgb)	09	All	11		FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	09	All	11		QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	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 DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	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 DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	31	All	11		FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	31	All	11		QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
85018	Blood count; hemoglobin (Hgb)	33	335	11		FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
85018	Blood count; hemoglobin (Hgb)	33	335	11		QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	once per day	N/A	
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	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
85652	Sedimentation rate, erythrocyte; automated	08	083	22, 49		FP	\$3.00	No	per test	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
86702	Antibody; HIV-2	08	083	22, 49		FP	\$13.83	No	per test	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
86703	Antibody; HIV-1 and HIV-2, single result	01	183	22		FP	\$18.70	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
86703	Antibody; HIV-1 and HIV-2, single result	08	082	49		FP	\$18.70	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
86703	Antibody; HIV-1 and HIV-2, single result	08	083	22, 49		FP	\$18.70	No	per test	once per day	N/A	
86703	Antibody; HIV-1 and HIV-2, single result	09	All	11		FP	\$18.70	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
86703	Antibody; HIV-1 and HIV-2, single result	28	280	81		FP	\$18.70	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
86703	Antibody; HIV-1 and HIV-2, single result	31	All	11		FP	\$18.70	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
86703	Antibody; HIV-1 and HIV-2, single result	33	335	11		FP	\$18.70	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
86780	Antibody; Treponema pallidum	08	083	22, 49		FP	\$15.18	No	per test	once per day	N/A	
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
87086	Culture, bacterial; quantitative colony count, 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 DX V25.01 through V25.9
87086	Culture, bacterial; quantitative colony count, urine	08	083	22, 49		FP	\$8.00	No	per test	once per day	N/A	
87086	Culture, bacterial; quantitative colony count, 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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	01	183	22		FP	\$4.50	No	per test	five per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	08	083	22, 49		FP	\$4.50	No	per test	five per day	N/A	
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	28	280	81		FP	\$4.50	No	per test	five per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	01	183	22		FP	\$4.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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	\$4.50	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	\$4.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	\$15.21	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	01	183	22		FP	\$5.82	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	01	183	22		QW, FP	\$5.82	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	08	083	22, 49		FP	\$5.82	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	\$5.82	No	per test	once per day	N/A	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	28	280	81		FP	\$5.82	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	28	280	81		QW, FP	\$5.82	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	08	083	22, 49		FP	\$23.19	No	per test	once per day	N/A	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	28	280	81		FP	\$23.19	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	08	083	22, 49		FP	\$23.19	No	per test	once per day	N/A	
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	28	280	81		FP	\$23.19	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	01	183	22		FP	\$47.87	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	08	083	22, 49		FP	\$47.87	No	per test	once per day	N/A	
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	28	280	81		FP	\$47.87	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	36 per calendar year	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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	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	36 per calendar year	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
87808	Infectious agent antigen detection by immunoassay with direct optical 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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
87808	Infectious agent antigen detection by immunoassay with direct optical 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 DX V25.01 through V25.9
87808	Infectious agent antigen detection by immunoassay with direct optical 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 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 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 DX V25.01 through V25.9
87808	Infectious agent antigen detection by immunoassay with direct optical 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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	31	All	11		FP	\$6.53	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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	

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
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 DX V25.01 through V25.9
88305	Level IV - Surgical pathology, gross and microscopic examination (full code description is at the bottom of this chart)	01	183	22		FP	\$34.00	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
88305	Level IV - Surgical pathology, gross and microscopic examination (full code description is at the bottom of this chart)	01	183	22	TC	FP	\$9.00	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
88305	Level IV - Surgical pathology, gross and microscopic examination (full code description is at the bottom of this chart)	08	083	22, 49		FP	\$34.00	No	per test	twice per day	N/A	
88305	Level IV - Surgical pathology, gross and microscopic examination (full code description is at the bottom of this chart)	08	083	22, 49	TC	FP	\$9.00	No	per test	twice per day	N/A	
88305	Level IV - Surgical pathology, gross and microscopic examination (full code description is at the bottom of this chart)	28	280	81		FP	\$34.00	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
88305	Level IV - Surgical pathology, gross and microscopic examination (full code description is at the bottom of this chart)	31	All	11, 22, 49	26	FP	\$25.00	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	01	183	22		FP	\$10.00	No	per administration	three per lifetime	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	08	082	49		FP	\$10.00	No	per administration	three per lifetime	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	08	083	22, 49		FP	\$10.00	No	per administration	three per lifetime	0 days	
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	09	All	11		FP	\$10.00	No	per administration	three per lifetime	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	31	All	11		FP	\$10.00	No	per administration	three per lifetime	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

**FAMILY PLANNING SERVICES  
COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	01	370	22		FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	08	370	22, 49		FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	09	370	11, 99		FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	31	370	11, 99		FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes	01	370	22		FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes	08	370	22, 49		FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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COVERED SERVICES CHART**

Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes	09	370	11, 99		FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 10 minutes	31	370	11, 99		FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	0 days	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
S3645	HIV-1 antibody testing of oral mucosal transudate	08	083	22, 49		FP	\$20.00	No	per test	once per day	N/A	
S3645	HIV-1 antibody testing of oral mucosal transudate	08	083	22, 49		QW, FP	\$20.00	No	per test	once per day	N/A	
S3645	HIV-1 antibody testing of oral mucosal transudate	09	All	11		FP	\$20.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
S3645	HIV-1 antibody testing of oral mucosal transudate	09	All	11		QW, FP	\$20.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
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 DX V25.01 through V25.9
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 DX V25.01 through V25.9
S3645	HIV-1 antibody testing of oral mucosal transudate	31	All	11		FP	\$20.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
S3645	HIV-1 antibody testing of oral mucosal transudate	31	All	11		QW, FP	\$20.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
S3645	HIV-1 antibody testing of oral mucosal transudate	33	335	11		FP	\$20.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9
S3645	HIV-1 antibody testing of oral mucosal transudate	33	335	11		QW, FP	\$20.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the DX V25.01 through V25.9