



Montana Healthcare Programs Provider Notice

October 11, 2024

Effective October 1, 2024

Montana Plan First

ASC, CAH, Family Planning Clinic, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Pharmacy, Physician, Public Health Clinic, and RHC Providers

COVID-19 Vaccine Codes Removed from Plan First Covered Codes List

The following COVID-19 related codes are no longer active billing codes and are no longer part of the Plan First Covered Code List, effective October 1, 2024. An updated version of the Plan First Procedures and Service Codes table is attached to this notice.

- Code 0001A - ADM SARSCOV2 30MCG/0.3ML 1ST
- Code 0002A - ADM SARSCOV2 30MCG/0.3ML 2ND
- Code 0003A - ADM SARSCOV2 30MCG/0.3ML 3RD
- Code 0004A - ADM SARSCOV2 30MCG/0.3ML BST
- Code 0011A - ADM SARSCOV2 100MCG/0.5ML 1ST
- Code 0012A - ADM SARSCOV2 100MCG/0.5ML 2ND
- Code 0013A - ADM SARSCOV2 100MCG/0.5ML 3RD
- Code 0021A - ADM SARSCOV2 5X10~10VP/.5ML 1
- Code 0022A - ADM SARSCOV2 5X10~10VP/.5ML 2
- Code 0031A - ADM SARSCOV2 VAC AD26 .5ML
- Code 0034A - ADM SARSCOV2 VAC AD26 .5ML B
- Code 0051A - FEE COVID-19 VAC 6 DOSE 1
- Code 0052A - FEE COVID-19 VAC 6 DOSE 2
- Code 0053A - FEE COVID-19 VAC 6 BOOSTER
- Code 0054A - FEE COVID-19 VAC 6 RES
- Code 0064A - ADM SARSCOV2 50MCG/0.25ML BST
- Code 0071A - ADM SARSCV2 10MCG TRS-SUCR 1
- Code 0072A - ADM SARSCV2 10MCG TRS-SUCR 2
- Code 0073A - ADM SARSCV2 10MCG TRS-SUCR 3
- Code 91300 - SARSCOV2 VAC 30MCG/0.3ML IM
- Code 91301 - SARSCOV2 VAC 100MCG/0.5ML IM
- Code 91302 - SARSCOV2 VAC 5X10~10VP/.5ML IM
- Code 91303 - SARSCOV2 VAC AD26 .5ML IM
- Code 91305 - CORONAVIRUS VACCINE 6
- Code 91306 - SARSCOV2 VAC 50MCG/0.25ML IM
- Code 91307 - SARSCOV2 VAC 10MCG TRS-SUCR

Contact and Website Information

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.

Montana Plan First

Procedures and Service Codes

Effective October 1, 2024

***Codes in the "May be family planning or family planning-related service" category must be billed with either an FP modifier or a Z30.XXX diagnosis to receive reimbursement.**

| ICD-10-CM, HCPCS, CPT Code, or Drug Class | Description | Always family planning service | May be family planning or family planning-related service* |
|---|--|--------------------------------|--|
| 0U2DXHZ | CHANGE CONTRACEPTIVE DEVICE IN UTERUS AND CERVIX, EXT | Y | N/A |
| 0U500ZZ | DESTRUCTION OF RIGHT OVARY, OPEN APPROACH | N/A | Y |
| 0U503ZZ | DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS APPROACH | N/A | Y |
| 0U504ZZ | DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS ENDOS APPROACH | N/A | Y |
| 0U510ZZ | DESTRUCTION OF LEFT OVARY, OPEN APPROACH | N/A | Y |
| 0U513ZZ | DESTRUCTION OF LEFT OVARY, PERCUTANEOUS APPROACH | N/A | Y |
| 0U514ZZ | DESTRUCTION OF LEFT OVARY, PERCUTANEOUS ENDOS APPROACH | N/A | Y |
| 0U520ZZ | DESTRUCTION OF BILATERAL OVARIES, OPEN APPROACH | N/A | Y |
| 0U523ZZ | DESTRUCTION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH | N/A | Y |
| 0U524ZZ | DESTRUCTION OF BILATERAL OVARIES, PERC ENDO APPROACH | N/A | Y |
| 0U550ZZ | DESTRUCTION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH | Y | N/A |
| 0U553ZZ | DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH | Y | N/A |
| 0U554ZZ | DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH | Y | N/A |
| 0U557ZZ | DESTRUCTION OF RIGHT FALLOPIAN TUBE, VIA OPENING | Y | N/A |
| 0U558ZZ | DESTRUCTION OF RIGHT FALLOPIAN TUBE, ENDO | Y | N/A |
| 0U560ZZ | DESTRUCTION OF LEFT FALLOPIAN TUBE, OPEN APPROACH | Y | N/A |
| 0U563ZZ | DESTRUCTION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH | Y | N/A |
| 0U564ZZ | DESTRUCTION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH | Y | N/A |
| 0U567ZZ | DESTRUCTION OF LEFT FALLOPIAN TUBE, VIA OPENING | Y | N/A |
| 0U568ZZ | DESTRUCTION OF LEFT FALLOPIAN TUBE, ENDO | Y | N/A |
| 0U570ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH | Y | N/A |
| 0U573ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH | Y | N/A |
| 0U574ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO | Y | N/A |

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| ICD-10-CM, HCPCS, CPT Code, or Drug Class | Description | Always family planning service | May be family planning or family planning- related service* |
|--|--|---|---|
| | APPROACH | | |
| 0U577ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING | Y | N/A |
| 0U578ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, ENDO | Y | N/A |
| 0U590ZZ | DESTRUCTION OF UTERUS, OPEN APPROACH | N/A | Y |
| 0U593ZZ | DESTRUCTION OF UTERUS, PERCUTANEOUS APPROACH | N/A | Y |
| 0U594ZZ | DESTRUCTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0U597ZZ | DESTRUCTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0U598ZZ | DESTRUCTION OF UTERUS, ENDO | N/A | Y |
| 0U5B0ZZ | DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH | N/A | Y |
| 0U5B3ZZ | DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH | N/A | Y |
| 0U5B4ZZ | DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS ENDO APPROACH | N/A | Y |
| 0U5B7ZZ | DESTRUCTION OF ENDOMETRIUM, VIA OPENING | N/A | Y |
| 0U5B8ZZ | DESTRUCTION OF ENDOMETRIUM, ENDO | N/A | Y |
| 0UB00ZZ | EXCISION OF RIGHT OVARY, OPEN APPROACH | N/A | Y |
| 0UB03ZZ | EXCISION OF RIGHT OVARY, PERCUTANEOUS APPROACH | N/A | Y |
| 0UB04ZX | EXCISION OF RIGHT OVARY, PERC ENDO APPROACH, DIAGN | N/A | Y |
| 0UB04ZZ | EXCISION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0UB07ZZ | EXCISION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0U568ZZ | DESTRUCTION OF LEFT FALLOPIAN TUBE, ENDO | Y | N/A |
| 0U570ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH | Y | N/A |
| 0U573ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH | Y | N/A |
| 0U574ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH | Y | N/A |
| 0U577ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING | Y | N/A |
| 0U578ZZ | DESTRUCTION OF BILATERAL FALLOPIAN TUBES, ENDO | Y | N/A |

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Procedures and Service Codes

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| ICD-10-CM, HCPCS, CPT Code, or Drug Class | Description | Always family planning service | May be family planning or family planning-related service* |
|---|--|--------------------------------|--|
| 0U590ZZ | DESTRUCTION OF UTERUS, OPEN APPROACH | N/A | Y |
| 0U593ZZ | DESTRUCTION OF UTERUS, PERCUTANEOUS APPROACH | N/A | Y |
| 0U594ZZ | DESTRUCTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0U597ZZ | DESTRUCTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0U598ZZ | DESTRUCTION OF UTERUS, ENDO | N/A | Y |
| 0U5B0ZZ | DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH | N/A | Y |
| 0U5B3ZZ | DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH | N/A | Y |
| 0U5B4ZZ | DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS ENDO APPROACH | N/A | Y |
| 0U5B7ZZ | DESTRUCTION OF ENDOMETRIUM, VIA OPENING | N/A | Y |
| 0U5B8ZZ | DESTRUCTION OF ENDOMETRIUM, ENDO | N/A | Y |
| 0UB00ZZ | EXCISION OF RIGHT OVARY, OPEN APPROACH | N/A | Y |
| 0UB03ZZ | EXCISION OF RIGHT OVARY, PERCUTANEOUS APPROACH | N/A | Y |
| 0UB04ZX | EXCISION OF RIGHT OVARY, PERC ENDO APPROACH, DIAGN | N/A | Y |
| 0UB04ZZ | EXCISION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0UB07ZZ | EXCISION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0UB08ZZ | EXCISION OF RIGHT OVARY, ENDO | N/A | Y |
| 0UB10ZZ | EXCISION OF LEFT OVARY, OPEN APPROACH | N/A | Y |
| 0UB13ZZ | EXCISION OF LEFT OVARY, PERCUTANEOUS APPROACH | N/A | Y |
| 0UB14ZX | EXCISION OF LEFT OVARY, PERC ENDO APPROACH, DIAGN | N/A | Y |
| 0UB14ZZ | EXCISION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0UB17ZZ | EXCISION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0UB18ZZ | EXCISION OF LEFT OVARY, ENDO | N/A | Y |
| 0UB20ZZ | EXCISION OF BILATERAL OVARIES, OPEN APPROACH | N/A | Y |
| 0UB23ZZ | EXCISION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH | N/A | Y |

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|---|---|--------------------------------|--|
| 0UB24ZX | EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH, DIAGN | N/A | Y |
| 0UB24ZZ | EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH | N/A | Y |
| 0UB27ZZ | EXCISION OF BILATERAL OVARIES, VIA OPENING | N/A | Y |
| 0UB28ZZ | EXCISION OF BILATERAL OVARIES, ENDO | N/A | Y |
| 0UB50ZX | EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC | N/A | Y |
| 0UB50ZZ | EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH | N/A | Y |
| 0UB53ZX | EXCISION OF RIGHT FALLOPIAN TUBE, PERC APPROACH, DIAGN | N/A | Y |
| 0UB53ZZ | EXCISION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH | N/A | Y |
| 0UB54ZX | EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN | N/A | Y |
| 0UB54ZZ | EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH | N/A | Y |
| 0UB57ZX | EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING, DIAGN | N/A | Y |
| 0UB57ZZ | EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING | N/A | Y |
| 0UB58ZX | EXCISION OF RIGHT FALLOPIAN TUBE, ENDO, DIAGN | N/A | Y |
| 0UB58ZZ | EXCISION OF RIGHT FALLOPIAN TUBE, ENDO | N/A | Y |
| 0UB60ZX | EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC | N/A | Y |
| 0UB60ZZ | EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH | N/A | Y |
| 0UB63ZX | EXCISION OF LEFT FALLOPIAN TUBE, PERC APPROACH, DIAGN | N/A | Y |
| 0UB63ZZ | EXCISION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH | N/A | Y |
| 0UB64ZX | EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN | N/A | Y |
| 0UB64ZZ | EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH | N/A | Y |
| 0UB67ZX | EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING, DIAGN | N/A | Y |
| 0UB67ZZ | EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING | N/A | Y |
| 0UB68ZX | EXCISION OF LEFT FALLOPIAN TUBE, ENDO, DIAGN | N/A | Y |
| 0UB68ZZ | EXCISION OF LEFT FALLOPIAN TUBE, ENDO | N/A | Y |

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|---|--|--------------------------------|--|
| 0UB70ZX | EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH, DIAGN | N/A | Y |
| 0UB70ZZ | EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH | N/A | Y |
| 0UB73ZX | EXCISION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH, DIAGN | N/A | Y |
| 0UB73ZZ | EXCISION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH | N/A | Y |
| 0UB74ZX | EXCISION OF BI FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN | N/A | Y |
| 0UB74ZZ | EXCISION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH | N/A | Y |
| 0UB77ZX | EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING, DIAGN | N/A | Y |
| 0UB77ZZ | EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING | N/A | Y |
| 0UB78ZX | EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO, DIAGN | N/A | Y |
| 0UB78ZZ | EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO | N/A | Y |
| 0UB90ZX | EXCISION OF UTERUS, OPEN APPROACH, DIAGNOSTIC | N/A | Y |
| 0UB90ZZ | EXCISION OF UTERUS, OPEN APPROACH | N/A | Y |
| 0UB93ZX | EXCISION OF UTERUS, PERCUTANEOUS APPROACH, DIAGNOSTIC | N/A | Y |
| 0UB93ZZ | EXCISION OF UTERUS, PERCUTANEOUS APPROACH | N/A | Y |
| 0UB94ZX | EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH, DIAGN | N/A | Y |
| 0UB94ZZ | EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0UB97ZX | EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING, DIAGN | N/A | Y |
| 0UB97ZZ | EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0UB98ZX | EXCISION OF UTERUS, ENDO, DIAGN | N/A | Y |
| 0UB98ZZ | EXCISION OF UTERUS, ENDO | N/A | Y |
| 0UJ34ZZ | INSPECTION OF OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0UL50CZ | OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, OPEN | Y | N/A |
| 0UL50DZ | OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, OPEN | Y | N/A |
| 0UL50ZZ | OCCLUSION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH | Y | N/A |

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|---|--|--------------------------------|--|
| 0UL53CZ | OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC | Y | N/A |
| 0UL53DZ | OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC | Y | N/A |
| 0UL53ZZ | OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH | Y | N/A |
| 0UL54CZ | OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO | Y | N/A |
| 0UL54DZ | OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO | Y | N/A |
| 0UL54ZZ | OCCLUSION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH | Y | N/A |
| 0UL57DZ | OCCLUSION OF R FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING | Y | N/A |
| 0UL57ZZ | OCCLUSION OF RIGHT FALLOPIAN TUBE, VIA OPENING | Y | N/A |
| 0UL58DZ | OCCLUSION OF RIGHT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO | Y | N/A |
| 0UL58ZZ | OCCLUSION OF RIGHT FALLOPIAN TUBE, ENDO | Y | N/A |
| 0UL60CZ | OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, OPEN | Y | N/A |
| 0UL60DZ | OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, OPEN | Y | N/A |
| 0UL60ZZ | OCCLUSION OF LEFT FALLOPIAN TUBE, OPEN APPROACH | Y | N/A |
| 0UL63CZ | OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC | Y | N/A |
| 0UL63DZ | OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC | Y | N/A |
| 0UL63ZZ | OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH | Y | N/A |
| 0UL64CZ | OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO | Y | N/A |
| 0UL64DZ | OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO | Y | N/A |
| 0UL64ZZ | OCCLUSION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH | Y | N/A |
| 0UL67DZ | OCCLUSION OF L FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING | Y | N/A |
| 0UL67ZZ | OCCLUSION OF LEFT FALLOPIAN TUBE, VIA OPENING | Y | N/A |
| 0UL68DZ | OCCLUSION OF LEFT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO | Y | N/A |
| 0UL68ZZ | OCCLUSION OF LEFT FALLOPIAN TUBE, ENDO | Y | N/A |
| 0UL70CZ | OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, OPEN | Y | N/A |
| 0UL70DZ | OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, OPEN | Y | N/A |

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|---|--|--------------------------------|--|
| 0UL70ZZ | OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH | Y | N/A |
| 0UL73CZ | OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC | Y | N/A |
| 0UL73DZ | OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC | Y | N/A |
| 0UL73ZZ | OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH | Y | N/A |
| 0UL74CZ | OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO | Y | N/A |
| 0UL74DZ | OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO | Y | N/A |
| 0UL74ZZ | OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH | Y | N/A |
| 0UL77DZ | OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, VIA OPENING | Y | N/A |
| 0UL77ZZ | OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA OPENING | Y | N/A |
| 0UL78DZ | OCCLUSION OF BI FALLOPIAN TUBE WITH INTRALUM DEV, ENDO | Y | N/A |
| 0UL78ZZ | OCCLUSION OF BILATERAL FALLOPIAN TUBES, ENDO | Y | N/A |
| 0UPD0HZ | REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, OPEN APPROACH | Y | N/A |
| 0UPD3HZ | REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, PERC APPROACH | Y | N/A |
| 0UPD4HZ | REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, PERC ENDO | Y | N/A |
| 0UPD7HZ | REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, VIA OPENING | Y | N/A |
| 0UPD8HZ | REMOVAL OF CONTRACEPTIVE DEVICE FROM UTERUS AND CERVIX, ENDO | Y | N/A |
| 0UPDXHZ | REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, EXTERN | Y | N/A |
| 0UT00ZZ | RESECTION OF RIGHT OVARY, OPEN APPROACH | N/A | Y |
| 0UT04ZZ | RESECTION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0UT07ZZ | RESECTION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0UT08ZZ | RESECTION OF RIGHT OVARY, ENDO | N/A | Y |
| 0UT0FZZ | RESECTION OF RIGHT OVARY, VIA OPENING W PERC ENDO | N/A | Y |
| 0UT10ZZ | RESECTION OF LEFT OVARY, OPEN APPROACH | N/A | Y |
| 0UT14ZZ | RESECTION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |

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|---|---|--------------------------------|--|
| 0UT17ZZ | RESECTION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0UT18ZZ | RESECTION OF LEFT OVARY, ENDO | N/A | Y |
| 0UT1FZZ | RESECTION OF LEFT OVARY, VIA OPENING W PERC ENDO | N/A | Y |
| 0UT20ZZ | RESECTION OF BILATERAL OVARIES, OPEN APPROACH | N/A | Y |
| 0UT24ZZ | RESECTION OF BILATERAL OVARIES, PERC ENDO APPROACH | N/A | Y |
| 0UT27ZZ | RESECTION OF BILATERAL OVARIES, VIA OPENING | N/A | Y |
| 0UT28ZZ | RESECTION OF BILATERAL OVARIES, ENDO | N/A | Y |
| 0UT2FZZ | RESECTION OF BILATERAL OVARIES, VIA OPENING W PERC ENDO | N/A | Y |
| 0UT70ZZ | RESECTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH | N/A | Y |
| 0UT74ZZ | RESECTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH | N/A | Y |
| 0UT77ZZ | RESECTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING | N/A | Y |
| 0UT78ZZ | RESECTION OF BILATERAL FALLOPIAN TUBES, ENDO | N/A | Y |
| 0UT7FZZ | RESECTION OF BI FALLOPIAN TUBE, VIA OPENING W PERC ENDO | N/A | Y |
| 0UT90ZZ | RESECTION OF UTERUS, OPEN APPROACH | N/A | Y |
| 0UT94ZZ | RESECTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH | N/A | Y |
| 0UT97ZZ | RESECTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING | N/A | Y |
| 0UT98ZZ | RESECTION OF UTERUS, ENDO | N/A | Y |
| 0UT9FZZ | RESECTION OF UTERUS, VIA OPENING W PERC ENDO | N/A | Y |
| 00840 | ANESTHESIA FOR OTHER PROCEDURE ON LOWER ABDOMEN | N/A | Y |
| 00851 | ANESTHESIA FOR TYING OR INCISION OF FALLOPIAN TUBES USING AN ENDOSCOPE | Y | N/A |
| 00940 | ANESTHESIA FOR OTHER PROCEDURE ON FEMALE GENITALS | N/A | Y |
| 10060 | SIMPLE OR SINGLE DRAINAGE OF SKIN ABSCESS | N/A | Y |
| 10140 | DRAINAGE OF BLOOD OR FLUID ACCUMULATION | N/A | Y |
| 11420 | REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM OR LESS | N/A | Y |
| 11421 | REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0 CM | N/A | Y |

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|---|--|--------------------------------|--|
| 11976 | REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES | Y | N/A |
| 11981 | INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE | N/A | Y |
| 11982 | REMOVAL OF DRUG DELIVERY IMPLANT FROM TISSUE | N/A | Y |
| 11983 | REMOVAL WITH REINSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE | N/A | Y |
| 17110 | DESTRUCTION OF SKIN GROWTH, 1-14 GROWTHS | N/A | Y |
| 17111 | DESTRUCTION OF SKIN GROWTH, 15 OR MORE GROWTHS | N/A | Y |
| 36415 | INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE | N/A | Y |
| 46900 | SIMPLE CHEMICAL DESTRUCTION OF GROWTH OF ANUS | N/A | Y |
| 46910 | SIMPLE DESTRUCTION OF GROWTH OF ANUS | N/A | Y |
| 46916 | ELECTRICAL DESTRUCTION OF GROWTH OF ANUS | N/A | Y |
| 46922 | SIMPLE REMOVAL OF GROWTH OF ANUS | N/A | Y |
| 46924 | EXTENSIVE DESTRUCTION OF GROWTH OF ANUS | N/A | Y |
| 49320 | DIAGNOSTIC EXAM OF ABDOMEN USING AN ENDOSCOPE | N/A | Y |
| 49321 | BIOPSY OF ABDOMEN USING AN ENDOSCOPE | N/A | Y |
| 56405 | INCISION AND DRAINAGE OF ABSCESS OF EXTERNAL FEMALE GENITALS | N/A | Y |
| 56420 | INCISION AND DRAINAGE OF ABSCESS OF FEMALE GENITAL GLAND | N/A | Y |
| 56501 | SIMPLE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS | N/A | Y |
| 56605 | BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, FIRST GROWTH | N/A | Y |
| 56606 | BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, EACH ADDITIONAL GROWTH | N/A | Y |
| 56820 | EXAM OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE | N/A | Y |
| 56821 | EXAM AND BIOPSY OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE | N/A | Y |
| 57061 | SIMPLE DESTRUCTION OF GROWTH OF VAGINA | N/A | Y |
| 57150 | IRRIGATION OF VAGINA AND/OR APPLICATION OF DRUG TO TREAT INFECTION | N/A | Y |

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|---|--|--------------------------------|--|
| 57170 | FITTING AND INSERTION OF PREGNANCY PREVENTION DEVICE | Y | N/A |
| 57420 | EXAM OF VAGINA AND CERVIX USING AN ENDOSCOPE | N/A | Y |
| 57421 | BIOPSY OF VAGINA AND CERVIX USING AN ENDOSCOPE | N/A | Y |
| 57452 | EXAM OF CERVIX AND UPPER PART OF VAGINA USING AN ENDOSCOPE | N/A | Y |
| 57454 | BIOPSY AND SCRAPING OF CERVIX USING AN ENDOSCOPE | N/A | Y |
| 57455 | BIOPSY OF CERVIX USING AN ENDOSCOPE | N/A | Y |
| 57456 | SCRAPING OF CERVIX USING AN ENDOSCOPE | N/A | Y |
| 57460 | BIOPSY OF CERVIX USING AN ENDOSCOPE WITH LOOP ELECTRODE | N/A | Y |
| 57465 | COMPUTER-AIDED MAPPING OF CERVIX DURING EXAMINATION OF VAGINA AND CERVIX USING ENDOSCOPE | N/A | Y |
| 57461 | CONE BIOPSY OF THE CERVIX AND VAGINA USING AN ENDOSCOPE | N/A | Y |
| 57500 | BIOPSY OF CERVIX OR REMOVAL OF GROWTH | N/A | Y |
| 57505 | SCRAPING OF TISSUE OF CERVIX | N/A | Y |
| 57510 | ELECTRO OR THERMAL DESTRUCTION OF CERVIX | N/A | Y |
| 57511 | DESTRUCTION OF CERVIX USING FREEZING | N/A | Y |
| 57520 | REMOVAL OR DESTRUCTION OF CERVIX WITH COLD KNIFE OR LASER | N/A | Y |
| 57522 | REMOVAL OR DESTRUCTION OF CERVIX USING LOOP ELECTRODE | N/A | Y |
| 57800 | DILATION OF CERVICAL CANAL | N/A | Y |
| 58100 | BIOPSY OF LINING OF UTERUS | N/A | Y |
| 58110 | EXAM OF CERVIX USING AN ENDOSCOPE WITH BIOPSY OF LINING OF UTERUS | N/A | Y |
| 58300 | INSERTION OF IUD FOR PREGNANCY PREVENTION | Y | N/A |
| 58301 | REMOVAL OF IUD | Y | N/A |
| 58340 | INSERTION OF TUBE AND INTRODUCTION OF CONTRAST FOR X-RAY OF UTERUS AND FALLOPIAN TUBES | N/A | Y |
| 58565 | PLACEMENT OF IMPLANTS TO BLOCK FALLOPIAN TUBES USING AN ENDOSCOPE | Y | N/A |

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|---|---|--------------------------------|--|
| 58600 | TYING OR INCISION OF FALLOPIAN TUBES | Y | N/A |
| 58615 | TYING OF FALLOPIAN TUBES BY DEVICE THROUGH VAGINA | Y | N/A |
| 58661 | REMOVAL OF OVARIES AND/OR TUBES USING AN ENDOSCOPE | N/A | Y |
| 58670 | DESTRUCTION OF FALLOPIAN TUBES USING AN ENDOSCOPE | Y | N/A |
| 58671 | BLOCKAGE OF UTERINE TUBES BY DEVICE USING AN ENDOSCOPE | Y | N/A |
| 58700 | REMOVAL OF UTERINE TUBES | N/A | Y |
| 58720 | REMOVAL OF UTERINE TUBES AND OVARIES | N/A | Y |
| 58920 | PARTIAL REMOVAL OF OVARIES | N/A | Y |
| 58940 | REMOVAL OF OVARIES | N/A | Y |
| 62311 | INJECTION, SINGLE, NOT INCLUDING NEUROLYTIC SUBSTANCES, . . . LUMBAR, SACRAL (CAUDAL) | N/A | Y |
| 62319 | INJECTION, INCLUDING CATHETER PLACEMENT, . . . LUMBAR, SACRAL (CAUDAL) | N/A | Y |
| 64435 | INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UTERUS NERVE | N/A | Y |
| 72190 | X-RAY OF PELVIS, MINIMUM OF 3 VIEWS | N/A | Y |
| 74018 | RADIOLOGIC EXAMINATION, ABDOMEN, 1 VIEW X-RAY OF ABDOMEN, 1 VIEW | N/A | Y |
| 74019 | RADIOLOGIC EXAMINATION, ABDOMEN, 2 VIEWS X-RAY OF ABDOMEN, 2 VIEWS | N/A | Y |
| 74021 | RADIOLOGIC EXAMINATION, ABDOMEN, 3 VIEWS X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS | N/A | Y |
| 74740 | REVIEW BY RADIOLOGIST OF UTERINE TUBE AND OVARY IMAGE | N/A | Y |
| 74742 | REVIEW BY RADIOLOGIST OF IMAGE FROM PLACEMENT OF UTERINE TUBE | N/A | Y |
| 76830 | ULTRASOUND SCAN OF UTERUS, OVARIES, TUBES, CERVIX AND PELVIC AREA THROUGH VAGINA | N/A | Y |
| 76831 | ULTRASOUND SCAN OF UTERUS AND UTERINE CAVITY | N/A | Y |
| 76856 | COMPLETE ULTRASOUND SCAN OF PELVIS | N/A | Y |
| 76857 | LIMITED ULTRASOUND SCAN OF PELVIS | N/A | Y |
| 76881 | COMPLETE ULTRASOUND SCAN OF JOINT | N/A | Y |

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|---|--|--------------------------------|--|
| 76977 | ULTRASOUND SCAN OF BONE FOR MEASURING LOSS | N/A | Y |
| 77078 | CT SCAN FOR MEASURING CALCIUM AND OTHER MINERALS IN BONE | N/A | Y |
| 77080 | DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE | N/A | Y |
| 80047 | BASIC METABOLIC PANEL (CALCIUM, IONIZE) BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, IONIZED) | N/A | Y |
| 80048 | BASIC METABOLIC PANEL (CLIA PANEL PROC) BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, TOTAL) | N/A | Y |
| 80050 | GENERAL HEALTH PANEL | N/A | Y |
| 80051 | ELECTROLYTE PANEL (CLIA PANEL PROC) BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM, CHLORIDE, CARBON DIOXIDE) | N/A | Y |
| 80053 | BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS | N/A | Y |
| 80055 | OBSTETRIC BLOOD TEST PANEL | N/A | Y |
| 80061 | BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES) | N/A | Y |
| 80074 | ACUTE HEPATITIS PANEL | N/A | Y |
| 80076 | LIVER FUNCTION BLOOD TEST PANEL | N/A | Y |
| 81000 | MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, NON-AUTOMATED | N/A | Y |
| 81001 | MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, AUTOMATED | N/A | Y |
| 81002 | URINALYSIS, MANUAL TEST | N/A | Y |
| 81003 | AUTOMATED URINALYSIS TEST | N/A | Y |
| 81005 | ANALYSIS OF URINE, EXCEPT IMMUNOASSAYS | N/A | Y |
| 81015 | URINALYSIS USING MICROSCOPE | N/A | Y |
| 81020 | URINALYSIS, 2 OR 3 GLASS TEST | N/A | Y |
| 81025 | URINE PREGNANCY TEST | N/A | Y |
| 82040 | ALBUMIN (PROTEIN) LEVEL | N/A | Y |
| 82042 | CEREBROSPINAL FLUID, OR AMNIOTIC FLUID ALBUMIN (PROTEIN) LEVEL | N/A | Y |
| 82043 | URINE MICROALBUMIN (PROTEIN) LEVEL | N/A | Y |
| 82105 | ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM | N/A | Y |

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|---|---|--------------------------------|--|
| 82120 | VAGINAL FLUID CHEMICAL ANALYSIS FOR BACTERIA | N/A | Y |
| 82150 | AMYLASE (ENZYME) LEVEL | N/A | Y |
| 82247 | BILIRUBIN LEVEL, TOTAL | N/A | Y |
| 82310 | CALCIUM LEVEL, TOTAL | N/A | Y |
| 82330 | CALCIUM LEVEL, IONIZED | N/A | Y |
| 82435 | BLOOD CHLORIDE LEVEL | N/A | Y |
| 82465 | CHOLESTEROL LEVEL | N/A | Y |
| 82550 | CREATINE KINASE (CARDIAC ENZYME) LEVEL, TOTAL | N/A | Y |
| 82553 | CREATINE KINASE (CARDIAC ENZYME) LEVEL, MB FRACTION ONLY | N/A | Y |
| 82565 | BLOOD CREATININE LEVEL | N/A | Y |
| 82570 | CREATININE LEVEL TO TEST FOR KIDNEY FUNCTION OR MUSCLE INJURY | N/A | Y |
| 82575 | CREATININE CLEARANCE MEASUREMENT TO TEST FOR KIDNEY FUNCTION | N/A | Y |
| 82607 | CYANOCOBALAMIN (VITAMIN B-12) LEVEL | N/A | Y |
| 82670 | MEASUREMENT OF TOTAL ESTRADIOL (HORMONE) | N/A | Y |
| 82671 | ESTROGEN ANALYSIS, FRACTIONATED | N/A | Y |
| 82672 | ESTROGEN ANALYSIS, TOTAL | N/A | Y |
| 82677 | ESTRIOL (HORMONE) LEVEL | N/A | Y |
| 82679 | ESTRONE (HORMONE) LEVEL | N/A | Y |
| 82728 | FERRITIN (BLOOD PROTEIN) LEVEL | N/A | Y |
| 82746 | FOLIC ACID LEVEL, SERUM | N/A | Y |
| 82947 | BLOOD GLUCOSE (SUGAR) LEVEL | N/A | Y |
| 82948 | BLOOD GLUCOSE (SUGAR) MEASUREMENT USING REAGENT STRIP | N/A | Y |
| 82950 | BLOOD GLUCOSE (SUGAR) LEVEL AFTER RECEIVING DOSE OF GLUCOSE | N/A | Y |
| 82962 | BLOOD GLUCOSE (SUGAR) TEST PERFORMED BY HAND-HELD INSTRUMENT | N/A | Y |

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|---|---|--------------------------------|--|
| 83001 | GONADOTROPIN, FOLLICLE STIMULATING (REPRODUCTIVE HORMONE) LEVEL | N/A | Y |
| 83002 | GONADOTROPIN, LUTEINIZING (REPRODUCTIVE HORMONE) LEVEL | N/A | Y |
| 83020 | HEMOGLOBIN ANALYSIS AND MEASUREMENT, ELECTROPHORESIS | N/A | Y |
| 83021 | HEMOGLOBIN ANALYSIS AND MEASUREMENT, CHROMATOGRAPHY | N/A | Y |
| 83026 | HEMOGLOBIN LEVEL | N/A | Y |
| 83036 | HEMOGLOBIN GLYCOSYLATED A1C | N/A | Y |
| 83518 | ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, SINGLE STEP METHOD | N/A | Y |
| 83520 | MEASUREMENT OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE | N/A | Y |
| 83690 | LIPASE (FAT ENZYME) LEVEL | N/A | Y |
| 84075 | PHOSPHATASE (ENZYME) LEVEL, ALKALINE | N/A | Y |
| 84144 | PROGESTERONE (REPRODUCTIVE HORMONE) LEVEL | N/A | Y |
| 84146 | PROLACTIN (MILK PRODUCING HORMONE) LEVEL | N/A | Y |
| 84425 | VITAMIN B-1 (THIAMINE) LEVEL | N/A | Y |
| 84443 | BLOOD TEST, THYROID STIMULATING HORMONE (TSH) | N/A | Y |
| 84520 | UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, QUANTITATIVE | N/A | Y |
| 84550 | URIC ACID LEVEL, BLOOD | N/A | Y |
| 84702 | GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL | N/A | Y |
| 84703 | GONADOTROPIN (REPRODUCTIVE HORMONE) ANALYSIS | N/A | Y |
| 85004 | WHITE BLOOD CELL COUNT | N/A | Y |
| 85007 | MICROSCOPIC EXAMINATION FOR WHITE BLOOD CELLS WITH MANUAL CELL COUNT | N/A | Y |
| 85008 | MICROSCOPIC EXAMINATION FOR WHITE BLOOD CELLS | N/A | Y |
| 85009 | MANUAL WHITE BLOOD CELL COUNT AND EVALUATION | N/A | Y |
| 85013 | RED BLOOD CELL HEMOGLOBIN CONCENTRATION | N/A | Y |
| 85014 | RED BLOOD CELL CONCENTRATION MEASUREMENT | N/A | Y |

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|---|--|--------------------------------|--|
| 85018 | BLOOD COUNT, HEMOGLOBIN | N/A | Y |
| 85025 | COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST AND AUTOMATED DIFFERENTIAL WHITE BLOOD CELL COUNT | N/A | Y |
| 85027 | COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST | N/A | Y |
| 85032 | MANUAL BLOOD CELL COUNT | N/A | Y |
| 85045 | RED BLOOD COUNT, AUTOMATED TEST | N/A | Y |
| 85300 | ANTITHROMBIN III ANTIGEN (CLOTTING INHIBITOR) ACTIVITY | N/A | Y |
| 85378 | COAGULATION FUNCTION MEASUREMENT, QUALITATIVE OR SEMIQUANTITATIVE | N/A | Y |
| 85576 | PLATELET AGGREGATION FUNCTION TEST | N/A | Y |
| 85597 | PLATELET FUNCTION TEST | N/A | Y |
| 85598 | PHOSPHOLIPID TEST | N/A | Y |
| 85610 | BLOOD TEST, CLOTTING TIME | N/A | Y |
| 85652 | RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION, AUTOMATED | N/A | Y |
| 85660 | RED BLOOD CELL SICKLING MEASUREMENT | N/A | Y |
| 85730 | COAGULATION ASSESSMENT BLOOD TEST, PLASMA OR WHOLE BLOOD | N/A | Y |
| 86255 | SCREENING TEST FOR ANTIBODY TO NONINFECTIOUS AGENT | N/A | Y |
| 86318 | TEST FOR DETECTION OF INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE | N/A | Y |
| 86382 | VIRAL NEUTRALIZATION TEST TO DETECT VIRAL ANTIBODY LEVEL | N/A | Y |
| 86403 | SCREENING TEST FOR PRESENCE OF ANTIBODY | N/A | Y |
| 86580 | SKIN TEST FOR TUBERCULOSIS | N/A | Y |
| 86592 | SYPHILIS DETECTION TEST | N/A | Y |
| 86593 | SYPHILIS TEST | N/A | Y |
| 86628 | ANALYSIS FOR ANTIBODY TO CANDIDA (YEAST) | N/A | Y |
| 86631 | ANALYSIS FOR ANTIBODY TO CHLAMYDIA (BACTERIA) | N/A | Y |
| 86632 | ANALYSIS FOR ANTIBODY (IGM) TO CHLAMYDIA (BACTERIA) | N/A | Y |

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|---|---|--------------------------------|--|
| 86687 | ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 1 (HTLV-1) | N/A | Y |
| 86688 | ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 2 (HTLV-2) | N/A | Y |
| 86689 | CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV | N/A | Y |
| 86694 | ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS | N/A | Y |
| 86695 | ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 1 | N/A | Y |
| 86696 | ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 2 | N/A | Y |
| 86698 | ANALYSIS FOR ANTIBODY TO HISTOPLASMA (FUNGUS) | N/A | Y |
| 86701 | ANALYSIS FOR ANTIBODY TO HIV -1 VIRUS | N/A | Y |
| 86702 | ANALYSIS FOR ANTIBODY TO HIV-2 VIRUS | N/A | Y |
| 86703 | ANALYSIS FOR ANTIBODY TO HIV-1 AND HIV-2 VIRUS | N/A | Y |
| 86704 | HEPATITIS B CORE ANTIBODY MEASUREMENT | N/A | Y |
| 86706 | HEPATITIS B SURFACE ANTIBODY MEASUREMENT | N/A | Y |
| 86707 | HEPATITIS BE ANTIBODY MEASUREMENT | N/A | Y |
| 86762 | ANALYSIS FOR ANTIBODY TO RUBELLA (GERMAN MEASLES VIRUS) | N/A | Y |
| 86780 | TREPONEMA PALLIDUM | N/A | Y |
| 86787 | ANALYSIS FOR ANTIBODY TO VARICELLA-ZOSTER VIRUS (CHICKEN POX) | N/A | Y |
| 86803 | HEPATITIS C ANTIBODY MEASUREMENT | N/A | Y |
| 86804 | CONFIRMATION TEST FOR HEPATITIS C ANTIBODY | N/A | Y |
| 86900 | BLOOD GROUP TYPING (ABO) | N/A | Y |
| 86901 | BLOOD TYPING FOR RH (D) ANTIGEN | N/A | Y |
| 87015 | CONCENTRATION OF SPECIMEN FOR INFECTIOUS AGENTS | N/A | Y |
| 87040 | BACTERIAL BLOOD CULTURE | N/A | Y |
| 87070 | BACTERIAL CULTURE, ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC | N/A | Y |
| 87071 | BACTERIAL CULTURE AND COLONY COUNT | N/A | Y |

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|---|--|--------------------------------|--|
| 87073 | BACTERIAL CULTURE AND COLONY COUNT FOR ANAEROBIC BACTERIA | N/A | Y |
| 87075 | BACTERIAL CULTURE, ANY SOURCE, EXCEPT BLOOD, ANAEROBIC | N/A | Y |
| 87076 | BACTERIAL CULTURE FOR ANAEROBIC ISOLATES | N/A | Y |
| 87077 | BACTERIAL CULTURE FOR AEROBIC ISOLATES | N/A | Y |
| 87081 | SCREENING TEST FOR PATHOGENIC ORGANISMS | N/A | Y |
| 87086 | BACTERIAL COLONY COUNT, URINE | N/A | Y |
| 87088 | BACTERIAL URINE CULTURE | N/A | Y |
| 87102 | FUNGAL CULTURE (MOLD OR YEAST) | N/A | Y |
| 87110 | CULTURE FOR CHLAMYDIA | N/A | Y |
| 87147 | IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, OTHER THAN IMMUNOFLUORESCENCE METHOD | N/A | Y |
| 87164 | DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM, INCLUDES SPECIMEN COLLECTION | N/A | Y |
| 87184 | EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL) | N/A | Y |
| 87186 | EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), MICRODILUTION OR AGAR DILUTI | N/A | Y |
| 87205 | SPECIAL GRAM OR GIEMSA STAIN FOR MICROORGANISM | N/A | Y |
| 87206 | SPECIAL FLUORESCENT AND/OR ACID FAST STAIN FOR MICROORGANISM | N/A | Y |
| 87207 | SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES | N/A | Y |
| 87210 | SMEAR FOR INFECTIOUS AGENTS | N/A | Y |
| 87220 | TISSUE FUNGI OR PARASITES | N/A | Y |
| 87252 | TISSUE CULTURE INOCULATION FOR VIRUS ISOLATION | N/A | Y |
| 87270 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CHLAMYDIA | N/A | Y |
| 87273 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 2 | N/A | Y |
| 87274 | DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 1 | N/A | Y |

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|---|--|--------------------------------|--|
| 87320 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CHLAMYDIA TRACHOMATIS | N/A | Y |
| 87340 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN | N/A | Y |
| 87341 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN NEUTRALIZATION | N/A | Y |
| 87350 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS BE SURFACE ANTIGEN | N/A | Y |
| 87390 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN | N/A | Y |
| 87391 | DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-2 ANTIGEN | N/A | Y |
| 87470 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DIRECT PROBE TECHNIQUE | N/A | Y |
| 87480 | DETECTION TEST FOR CANDIDA SPECIES (YEAST), DIRECT PROBE TECHNIQUE | N/A | Y |
| 87481 | DETECTION TEST FOR CANDIDA SPECIES (YEAST), AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87482 | DETECTION TEST FOR CANDIDA SPECIES (YEAST), QUANTIFICATION | N/A | Y |
| 87485 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE | N/A | Y |
| 87486 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87487 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, QUANTIFICATION | N/A | Y |
| 87490 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA, DIRECT PROBE TECHNIQUE | N/A | Y |
| 87491 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87492 | DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, QUANTIFICATION | N/A | Y |

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|---|---|--------------------------------|--|
| 87495 | DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), DIRECT PROBE TECHNIQUE | N/A | Y |
| 87496 | DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87497 | DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS, QUANTIFICATION | N/A | Y |
| 87510 | DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), DIRECT PROBE TECHNIQUE | N/A | Y |
| 87511 | DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87512 | DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), QUANTIFICATION | N/A | Y |
| 87528 | DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE | N/A | Y |
| 87529 | DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87530 | DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, QUANTIFICATION | N/A | Y |
| 87531 | DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, DIRECT PROBE TECHNIQUE | N/A | Y |
| 87532 | DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87533 | DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, QUANTIFICATION | N/A | Y |
| 87534 | DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, DIRECT PROBE TECHNIQUE | N/A | Y |
| 87535 | DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87536 | DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, QUANTIFICATION | N/A | Y |
| 87537 | DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, DIRECT PROBE TECHNIQUE | N/A | Y |
| 87538 | DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, AMPLIFIED PROBE TECHNIQUE | N/A | Y |

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|---|--|--------------------------------|--|
| 87539 | DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, QUANTIFICATION | N/A | Y |
| 87590 | DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), DIRECT PROBE TECHNIQUE | N/A | Y |
| 87591 | DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), AMPLIFIED PROBE TECHNIQUE | N/A | Y |
| 87592 | DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), QUANTIFICATION | N/A | Y |
| 87623 | DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK TYPES | N/A | Y |
| 87624 | DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES | N/A | Y |
| 87625 | DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), TYPES 16 AND 18 ONLY | N/A | Y |
| 87660 | DETECTION TEST BY NUCLEIC ACID FOR TRICHOMONAS VAGINALIS (GENITAL PARASITE), DIRECT PROBE TECHNIQUE | N/A | Y |
| 87797 | DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, DIRECT PROBE TECHNIQUE | N/A | Y |
| 87800 | DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, DIRECT PROBE(S) TECHNIQUE | N/A | Y |
| 87801 | DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, AMPLIFIED PROBE(S) TECHNIQUE | N/A | Y |
| 87810 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR CHLAMYDIA TRACHOMATIS | N/A | Y |
| 87850 | DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR NEISSERIA GONORRHOEAE (GONORRHEA) | N/A | Y |
| 88108 | CELL EXAMINATION OF SPECIMEN, CONCENTRATION TECHNIQUE | N/A | Y |
| 88141 | PAP TEST | N/A | Y |
| 88142 | PAP TEST, MANUAL SCREENING | N/A | Y |
| 88143 | PAP TEST, MANUAL SCREENING AND RESCREENING | N/A | Y |
| 88147 | PAP TEST (PAP SMEAR), AUTOMATED SYSTEM | N/A | Y |

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|---|--|--------------------------------|--|
| 88148 | PAP TEST (PAP SMEAR), AUTOMATED SYSTEM WITH MANUAL RESCREENING | N/A | Y |
| 88150 | PAP TEST, SLIDES, MANUAL SCREENING | N/A | Y |
| 88152 | PAP TEST, SLIDES, AUTOMATED SYSTEM WITH COMPUTER-ASSISTED RESCREENING | N/A | Y |
| 88153 | PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING | N/A | Y |
| 88154 | CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION | N/A | Y |
| 88155 | PAP TEST, SLIDES, DEFINITIVE HORMONAL EVALUATION | N/A | Y |
| 88160 | SCREENING EXAMINATION OF SPECIMEN CELLS, SCREENING AND INTERPRETATION | N/A | Y |
| 88161 | SCREENING EXAMINATION OF SPECIMEN CELLS, PREPARATION, SCREENING AND INTERPRETATION | N/A | Y |
| 88162 | SCREENING EXAMINATION OF SPECIMEN CELLS, EXTENDED STUDY | N/A | Y |
| 88164 | PAP TEST, SLIDES, MANUAL SCREENING (THE BETHESDA SYSTEM) | N/A | Y |
| 88165 | PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING (THE BETHESDA SYSTEM) | N/A | Y |
| 88166 | PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING (THE BETHESDA SYSTEM) | N/A | Y |
| 88167 | PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION (THE BETHESDA SYSTEM) | N/A | Y |
| 88172 | EVALUATION OF FINE NEEDLE ASPIRATE | N/A | Y |
| 88173 | EVALUATION OF FINE NEEDLE ASPIRATE WITH INTERPRETATION AND REPORT | N/A | Y |
| 88174 | PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM | N/A | Y |
| 88175 | PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM AND MANUAL RESCREENING | N/A | Y |

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|---|--|--------------------------------|--|
| 88177 | PAP TEST, EVALUATION OF FINE NEEDLE ASPIRATE, IMMEDIATE, EACH ADDITIONAL EVALUATION EPISODE | N/A | Y |
| 88300 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, LIMITED EXAMINATION | N/A | Y |
| 88302 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE | N/A | Y |
| 88304 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY | N/A | Y |
| 88305 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY | N/A | Y |
| 88307 | PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY | N/A | Y |
| 90471 | ADMINISTRATION OF VACCINE | N/A | Y |
| 90472 | ADMINISTRATION OF VACCINE, EACH ADDITIONAL VACCINE | N/A | Y |
| 90650 | HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT | N/A | Y |
| 90651 | HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT | N/A | Y |
| 90739 | HEPB VACC 2/4 DOSE ADULT IM | N/A | Y |
| 90746 | HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE) | N/A | Y |
| 96372 | INJECTION OF DRUG OR SUBSTANCE UNDER SKIN OR INTO MUSCLE | N/A | Y |
| 98966 | TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 5-10 MINUTES | Y | N/A |
| 98967 | TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTES | Y | N/A |
| 98968 | TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTES | Y | N/A |
| 99024 | FOLLOW-UP VISIT AFTER SURGERY | N/A | Y |
| 99144 | MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, AGE 5 YEARS OR OLDER, FIRST 30 MINUTES INTRA-SERVICE TIME | N/A | Y |
| 99145 | MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC | N/A | Y |

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|---|--|--------------------------------|--|
| | SERVICE THAT THE SEDATION SUPPORTS, AGE 5 YEARS OR OLDER, EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME | | |
| 99201 | NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT | N/A | Y |
| 99202 | NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 15-29 MINUTES | N/A | Y |
| 99203 | NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-44 MINUTES | N/A | Y |
| 99204 | NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 45-59 MINUTES | N/A | Y |
| 99205 | NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 60-74 MINUTES | N/A | Y |
| 99211 | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF ESTABLISHED PATIENT THAT MAY NOT REQUIRE PRESENCE OF HEALTHCARE PROFESSIONAL | N/A | Y |
| 99212 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 10-19 MINUTES | N/A | Y |
| 99213 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES | N/A | Y |
| 99214 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES | N/A | Y |
| 99215 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 40-54 MINUTES | N/A | Y |
| 99221 | INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 30 MINUTES | N/A | Y |
| 99222 | INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 50 MINUTES | N/A | Y |
| 99223 | INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 70 MINUTES | N/A | Y |
| 99238 | HOSP IP/OBS DSCHRG MGMT 30/< | N/A | Y |
| 99239 | HOSP IP/OBS DSCHRG MGMT >30 | N/A | Y |
| 99385 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS) | N/A | Y |

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|---|---|--------------------------------|--|
| 99386 | INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS) | N/A | Y |
| 99395 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (18-39 YEARS) | N/A | Y |
| 99396 | ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (40-64 YEARS) | N/A | Y |
| 99401 | PREVENTIVE MEDICINE COUNSELING, TYPICALLY 15 MINUTES | N/A | Y |
| 99402 | PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES | N/A | Y |
| 99403 | PREVENTIVE MEDICINE COUNSELING, TYPICALLY 45 MINUTES | N/A | Y |
| 99404 | PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR | N/A | Y |
| 99411 | GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES | N/A | Y |
| 99412 | GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR | N/A | Y |
| 99417 | PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, EACH 15 MINUTES OF TOTAL TIME | N/A | Y |
| 99420 | ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT | N/A | Y |
| 99441 | TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES | Y | N/A |
| 99442 | TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES | Y | N/A |
| 99443 | TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES | Y | N/A |
| A4261 | CERVICAL CAP FOR CONTRACEPTIVE USE | Y | N/A |
| A4266 | DIAPHRAGM FOR CONTRACEPTIVE USE | Y | N/A |
| A4267 | CONTRACEPTIVE SUPPLY CONDOM MALE, EACH | Y | N/A |
| A4268 | CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH | Y | N/A |
| A4269 | CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH | Y | N/A |
| G0101 | CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION | N/A | Y |
| G0123 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, | N/A | Y |

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|---|---|--------------------------------|--|
| | AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION | | |
| G0124 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN | N/A | Y |
| G0141 | SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING REQUIRING INTERPRETATION BY PHYSICIAN | N/A | Y |
| G0143 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION | N/A | Y |
| G0144 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION | N/A | Y |
| G0145 | SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION | N/A | Y |
| G0147 | SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION | N/A | Y |
| G0148 | SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREENING | N/A | Y |
| G0432 | INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING | N/A | Y |
| G0433 | INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING | N/A | Y |

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|---|---|--------------------------------|--|
| G0435 | INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING | N/A | Y |
| G0445 | HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION; FACE-TO-FACE, INDIVIDUAL, INCLUDES: EDUCATION, SKILLS TRAINING AND GUIDANCE ON HOW TO CHANGE SEXUAL BEHAVIOR; PERFORMED SEMI-ANNUALLY, 30 MINUTES | N/A | Y |
| G0463 | HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT | N/A | Y |
| G0472 | HEPATITIS C ANTIBODY SCREENING, FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S) | N/A | Y |
| J0456 | INJECTION, AZITHROMYCIN, 500 MG | N/A | Y |
| J0561 | INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS | N/A | Y |
| J0690 | INJECTION, CEFAZOLIN SODIUM, 500 MG | N/A | Y |
| J0694 | INJECTION, CEFOXITIN SODIUM, 1 GM | N/A | Y |
| J0696 | INJECTION, CEFTRIAZONE SODIUM, PER 250 G | N/A | Y |
| J0697 | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG | N/A | Y |
| J0698 | CEFOTAXIME SODIUM, PER GM | N/A | Y |
| J0699 | INJECTION, CEFIDEROLOL, 10 MG | N/A | Y |
| J0710 | INJECTION, CEPHAIRIN SODIUM, UP TO 1 GM | N/A | Y |
| J1050 | INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 1 MG | Y | N/A |
| J1885 | INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG | N/A | Y |
| J1890 | INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM | N/A | Y |
| J2460 | INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG | N/A | Y |
| J2510 | INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS | N/A | Y |
| J2540 | INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS | N/A | Y |
| J3320 | INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM | N/A | Y |
| J7294 | SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15 MG, 0.013 MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH | Y | N/A |

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|---|--|--------------------------------|--|
| J7295 | ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12 MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH | Y | N/A |
| J7296 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG | Y | N/A |
| J7297 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG | Y | N/A |
| J7298 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG | Y | N/A |
| J7300 | INTRAUTERINE COPPER CONTRACEPTIVE | Y | N/A |
| J7301 | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG | Y | N/A |
| J7304 | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH | Y | N/A |
| J7307 | ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES | Y | N/A |
| P3000 | SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION | N/A | Y |
| P3001 | SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN | N/A | Y |
| Q0091 | SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY | N/A | Y |
| Q0111 | WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS | N/A | Y |
| Q0112 | ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS | N/A | Y |
| Q0144 | AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM | N/A | Y |
| Q3014 | TELEHEALTH ORIGINATING SITE FACILITY FEE TELEHEALTH | Y | N/A |
| S0610 | ANNUAL GYNECOLOGICAL EXAM- NEW PATIENT | Y | N/A |
| S0612 | ANNUAL GYNECOLOGICAL EXAM- ESTABLISHED PATIENT | Y | N/A |
| S4989 | CONTRACEPTIVE INTRAUTERINE DEVICE (E.G., PROGESTACERT IUD), INCLUDING IMPLANTS AND SUPPLIES | Y | N/A |
| S4993 | CONTRACEPTIVE PILLS FOR BIRTH CONTROL | Y | N/A |
| G2A | PROGESTATIONAL AGENTS | N/A | Y |

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|---|--|--------------------------------|--|
| G8A | CONTRACEPTIVES, ORAL | Y | N/A |
| G8B | CONTRACEPTIVES, IMPLANTABLE | Y | N/A |
| G8C | CONTRACEPTIVES, INJECTABLE | Y | N/A |
| G8F | CONTRACEPTIVES, TRANSDERMAL | Y | N/A |
| G9B | CONTRACEPTIVES, INTRAVAGINAL | Y | N/A |
| L5A | KERATOLYTICS | N/A | Y |
| Q4F | VAGINAL ANTIFUNGALS | N/A | Y |
| Q4W | VAGINAL ANTIBIOTICS | N/A | Y |
| Q5R | TOPICAL ANTIPARASITICS | N/A | Y |
| Q5V | TOPICAL ANTIVIRALS | N/A | Y |
| Q6V | EYE ANTIVIRALS | N/A | Y |
| R1R | URICOSURIC AGENTS | N/A | Y |
| W1A | PENICILLINS | N/A | Y |
| W1B | CEPHALOSPORINS | N/A | Y |
| W1C | TETRACYCLINES | N/A | Y |
| W1D | MACROLIDES | N/A | Y |
| W1F | AMINOGLYCOSIDES | N/A | Y |
| W1K | LINCOSAMIDES | N/A | Y |
| W1P | BETA-LACTAMS | N/A | Y |
| W1Q | QUINOLONES | N/A | Y |
| W1X | CEPHALOSPORINS 2ND GENERATIONS | N/A | Y |
| W1Y | CEPHALOSPORINS 3RD GENERATIONS | N/A | Y |
| W2A | ABSORBABLE SULFONAMIDES | N/A | Y |
| W3B | ANTIFUNGAL AGENTS | N/A | Y |
| W3C | ANTIFUNGAL AGENTS (CONTINUED) | N/A | Y |
| W4E | ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL AGENTS | N/A | Y |
| W4G | 2ND GEN. ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL | N/A | Y |
| W5A | ANTIVIRAL, GENERAL | N/A | Y |
| W7B | VIRAL/ TUMORIGENIC VACCINES | N/A | Y |
| X1B | DIAPHRAGMS/ CERVICAL CAP | N/A | Y |

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|--|-----------------------|---|---|
| X1C | INTRA-UTERINE DEVICES | N/A | Y |
| Z2G | IMMUNOMODULATORS | N/A | Y |

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