

**SelectPlan for Women  
Covered Services Chart**

ATTACHMENT A  
Revised 04/01/2008

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	Comments
11975	Insertion, implantable contraceptive capsules	01	010	22		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
11975	Insertion, implantable contraceptive capsules	08	082	49		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
11975	Insertion, implantable contraceptive capsules	08	083	22, 49		FP	per procedure	No	1 per 5 calendar years	
11975	Insertion, implantable contraceptive capsules	31	All	11, 21, 99		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
11976	Removal, implantable contraceptive capsules	01	010	22		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
11976	Removal, implantable contraceptive capsules	08	082	49		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
11976	Removal, implantable contraceptive capsules	08	083	22, 49		FP	per procedure	No	1 per 5 calendar years	

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11976	Removal, implantable contraceptive capsules	31	All	11, 21, 99		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
11977	Removal with reinsertion, implantable contraceptive capsules	01	010	22		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
11977	Removal with reinsertion, implantable contraceptive capsules	08	082	49		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
11977	Removal with reinsertion, implantable contraceptive capsules	08	083	22, 49		FP	per procedure	No	1 per 5 calendar years	
11977	Removal with reinsertion, implantable contraceptive capsules	31	All	11, 21, 99		FP	per procedure	No	1 per 5 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
58300	Insertion of intrauterine device (IUD)	01	010	22		FP	per procedure	No	1 per 3 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9

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58300	Insertion of intrauterine device (IUD)	08	082	49		FP	per procedure	No	1 per 3 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
58300	Insertion of intrauterine device (IUD)	08	083	22, 49		FP	per procedure	No	1 per 3 calendar years	
58300	Insertion of intrauterine device (IUD)	31	All	11, 21, 99		FP	per procedure	No	1 per 3 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
58301	Removal of intrauterine device (IUD)	01	010	22		FP	per procedure	No	1 per 3 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
58301	Removal of intrauterine device (IUD)	01	021	24	SG	FP	per procedure	No	1 per 3 calendar years	
58301	Removal of intrauterine device (IUD)	02	020	24	SG	FP	per procedure	No	1 per 3 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9

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58301	Removal of intrauterine device (IUD)	08	082	49		FP	per procedure	No	1 per 3 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
58301	Removal of intrauterine device (IUD)	08	083	22, 49		FP	per procedure	No	1 per 3 calendar years	
58301	Removal of intrauterine device (IUD)	31	All	11, 21, 99		FP	per procedure	No	1 per 3 calendar years	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	per test	No	No limits	
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	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9

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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	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	per test	No	No limits	
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	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
81025	Urine pregnancy test, by visual color comparison methods	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
81025	Urine pregnancy test, by visual color comparison methods	08	083	22, 49		FP	per test	No	No limits	
81025	Urine pregnancy test, by visual color comparison methods	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
83001	Gonadotropin; follicle stimulating hormone (FSH)	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9

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83001	Gonadotropin; follicle stimulating hormone (FSH)	08	083	22, 49		FP	per test	No	No limits	
83001	Gonadotropin; follicle stimulating hormone (FSH)	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
83036	Hemoglobin; glycosylated (A1C)	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
83036	Hemoglobin; glycosylated (A1C)	08	083	22, 49		FP	per test	No	No limits	
83036	Hemoglobin; glycosylated (A1C)	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
83898	Molecular diagnostics; amplification, target, each nucleic acid sequence	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
83898	Molecular diagnostics; amplification, target, each nucleic acid sequence	08	083	22, 49		FP	per test	No	No limits	
83898	Molecular diagnostics; amplification, target, each nucleic acid sequence	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9

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84138	Pregnanetriol	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84138	Pregnanetriol	08	083	22, 49		FP	per test	No	No limits	
84138	Pregnanetriol	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84144	Progesterone	01	010	22		FP	per test	No	2 per 7 days	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84144	Progesterone	08	083	22, 49		FP	per test	No	2 per 7 days	
84144	Progesterone	28	280	81		FP	per test	No	2 per 7 days	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84146	Prolactin	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84146	Prolactin	08	083	22, 49		FP	per test	No	No limits	

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84146	Prolactin	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84702	Gonadotropin, chorionic (hCG); quantitative	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84702	Gonadotropin, chorionic (hCG); quantitative	08	083	22, 49		FP	per test	No	No limits	
84702	Gonadotropin, chorionic (hCG); quantitative	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84703	Gonadotropin, chorionic (hCG); qualitative	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
84703	Gonadotropin, chorionic (hCG); qualitative	08	083	22, 49		FP	per test	No	No limits	
84703	Gonadotropin, chorionic (hCG); qualitative	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
85014	Blood count; hematocrit (Hct)	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
85014	Blood count; hematocrit (Hct)	08	083	22, 49		FP	per test	No	No limits	

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85014	Blood count; hematocrit (Hct)	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	per test	No	No limits	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
85660	Sickling of RBC, reduction	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
85660	Sickling of RBC, reduction	08	083	22, 49		FP	per test	No	No limits	
85660	Sickling of RBC, reduction	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9

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86255	Fluorescent noninfectious agent antibody; screen, each antibody	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86255	Fluorescent noninfectious agent antibody; screen, each antibody	08	083	22, 49		FP	per test	No	No limits	
86255	Fluorescent noninfectious agent antibody; screen, each antibody	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	08	083	22, 49		FP	per test	No	No limits	
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86592	Syphilis test, qualitative (eg, VDRL, RPR, ART)	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86592	Syphilis test, qualitative (eg, VDRL, RPR, ART)	08	083	22, 49		FP	per test	No	No limits	

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86592	Syphilis test, qualitative (eg, VDRL, RPR, ART)	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86701	Antibody; HIV-1	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86701	Antibody; HIV-1	08	083	22, 49		FP	per test	No	No limits	
86701	Antibody; HIV-1	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86702	Antibody; HIV-2	01	010	22		FP	per test	No	No limits	These providers may bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86702	Antibody; HIV-2	08	083	22, 49		FP	per test	No	No limits	
86702	Antibody; HIV-2	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9

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86762	Antibody; rubella	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86762	Antibody; rubella	08	083	22, 49		FP	per test	No	No limits	
86762	Antibody; rubella	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86781	Antibody; Treponema pallidum, confirmatory test (eg, FTA-abs)	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
86781	Antibody; Treponema pallidum, confirmatory test (eg, FTA-abs)	08	083	22, 49		FP	per test	No	No limits	
86781	Antibody; Treponema pallidum, confirmatory test (eg, FTA-abs)	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	per test	No	No limits	

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87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	08	083	22, 49		FP	per test	No	No limits	
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	08	083	22, 49		FP	per test	No	No limits	
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9

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87086	Culture, bacterial; quantitative colony count, urine	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87086	Culture, bacterial; quantitative colony count, urine	08	083	22, 49		FP	per test	No	No limits	
87086	Culture, bacterial; quantitative colony count, urine	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87110	Culture, chlamydia, any source	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87110	Culture, chlamydia, any source	08	083	22, 49		FP	per test	No	No limits	
87110	Culture, chlamydia, any source	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	08	083	22, 49		FP	per test	No	No limits	

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87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	08	083	22, 49		FP	per test	No	No limits	
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	08	083	22, 49		FP	per test	No	No limits	

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87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	08	083	22, 49		FP	per test	No	No limits	
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	01	010	22		FP	per test	No	6 per calendar year	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	08	083	22, 49		FP	per test	No	6 per calendar year	

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87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	28	280	81		FP	per test	No	6 per calendar year	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87621	Infectious agent detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
87621	Infectious agent detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique	08	083	22, 49		FP	per test	No	No limits	
87621	Infectious agent detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	per test	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	Comments
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	01	010	22		FP	per test	No	36 per calendar year	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	per test	No	36 per calendar year	
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	28	280	81		FP	per test	No	36 per calendar year	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	08	083	22, 49		FP	per test	No	No limits	

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88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	per test	No	No limits	
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	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	08	083	22, 49		FP	per test	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	Comments
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	01	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru V25.9
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	08	083	22, 49		FP	per test	No	No limits	
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	010	22		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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	08	083	22, 49		FP	per test	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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	28	280	81		FP	per test	No	No limits	These providers must bill with the FP modifier or with the DX V25 or V25.0-thru 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 providers 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	09	093	11, 99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	08	083	22, 49		FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 providers 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	33	335	11, 99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	31	All	11, 99		FP	per office visit	No	No limits	

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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 providers 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. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	09	093	11, 99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	08	083	22, 49	U7	FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 providers 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. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	33	335	11, 99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	31	All	11, 99		FP	per office visit	No	No limits	

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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 providers 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. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	09	093	11,99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	08	083	22, 49	U7	FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 providers 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. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	33	335	11, 99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	31	All	11, 99		FP	per office visit	No	No limits	
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	09	093	11, 99		FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	08	083	22, 49		FP	per office visit	No	No limits	
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	33	335	11, 99		FP	per office visit	No	No limits	
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	31	All	11, 99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	09	093	11, 99		FP	per office visit	No	No limits	

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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 providers 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	08	083	22, 49	U7	FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	33	335	11, 99		FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 providers 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	31	All	11, 99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	09	093	11, 99		FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 providers 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. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	08	083	22, 49	U7	FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	33	335	11, 99		FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 providers 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. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	31	All	11, 99		FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	09	093	11, 99		FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 providers 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. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	08	083	22, 49	U7	FP	per office visit	No	No limits	
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 providers 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. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	33	335	11, 99		FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 providers 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. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	31	All	11, 99		FP	per office visit	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years	09	093	11		FP	per office visit	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years	08	083	22, 49		FP	per office visit	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years	33	335	11		FP	per office visit	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years	31	All	11		FP	per office visit	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years	09	093	11		FP	per initial medical evaluation	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years	08	083	22, 49		FP	per initial medical evaluation	No	No limits	

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	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 appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years	33	335	11		FP	per initial medical evaluation	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years	31	All	11		FP	per initial medical evaluation	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years	09	093	11		FP	per periodic medical reevaluation	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years	08	083	22, 49		FP	per periodic medical reevaluation	No	No limits	

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99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years	33	335	11		FP	per periodic medical reevaluation	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years	31	All	11		FP	per periodic medical reevaluation	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years	09	093	11		FP	per periodic medical reevaluation	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years	08	083	22, 49		FP	per periodic medical reevaluation	No	No limits	

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99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years	33	335	11		FP	per periodic medical reevaluation	No	No limits	
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 appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years	31	All	11		FP	per periodic medical reevaluation	No	No limits	
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	per 15 minutes	No	No limits	
T1015	Clinic visit/encounter, all-inclusive	01	010	22	U4	FP	per clinic visit	No	No limits	
T1015	Clinic visit/encounter, all-inclusive	01	010	22	U5	FP	per clinic visit	No	No limits	
T1015	Clinic visit/encounter, all-inclusive	01	183	22	U4	FP	per clinic visit	No	No limits	
T1015	Clinic visit/encounter, all-inclusive	01	183	22	U5	FP	per clinic visit	No	No limits	
T1015	Clinic visit/encounter, all-inclusive	08	080	50		FP	per clinic visit	No	No limits	
T1015	Clinic visit/encounter, all-inclusive	08	081	72		FP	per clinic visit	No	No limits	
T1015	Clinic visit/encounter, all-inclusive	08	082	49	U7	FP	per clinic visit	No	No limits	

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ATTACHMENT A  
Revised 04/01/2008

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifiers	Informational Modifiers	MA Units of Service	Prior Authorization Required	Limits	Comments
A4267	Contraceptive supply, condom, male, each	24	240, 241, 242, 243, 245	11, 12		FP	each	NO	144 per 30 days	
A4267	Contraceptive supply, condom, male, each	25	250	11, 12		FP	each	NO	144 per 30 days	
A4267	Contraceptive supply, condom, male, each	08	083	22, 49		FP	each	NO	144 per 30 days	
A4268	Contraceptive supply, condom, female, each	24	240, 241, 242, 243, 245	11, 12		FP	each	NO	144 per 30 days	
A4268	Contraceptive supply, condom, female, each	25	250	11, 12		FP	each	NO	144 per 30 days	
A4268	Contraceptive supply, condom, female, each	08	083	22, 49		FP	each	NO	144 per 30 days	