

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
11975	01	010	22		FP	Insertion, implantable contraceptive capsules	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
11975	01	183	22		FP	Insertion, implantable contraceptive capsules	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
11975	08	082	49		FP	Insertion, implantable contraceptive capsules	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
11975	08	083	22, 49		FP	Insertion, implantable contraceptive capsules	Per Procedure	No	1 per 3 calendar years	
11975	31	All	11, 21, 99		FP	Insertion, implantable contraceptive capsules	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
11976	01	010	22		FP	Removal, implantable contraceptive capsules	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
11976	01	183	22		FP	Removal, implantable contraceptive capsules	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
11976	08	082	49		FP	Removal, implantable contraceptive capsules	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
11976	08	083	22, 49		FP	Removal, implantable contraceptive capsules	Per Procedure	No	1 per 3 calendar years	
11976	31	All	11, 21, 99		FP	Removal, implantable contraceptive capsules	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
11977	01	010	22		FP	Removal with reinsertion, implantable contraceptive capsules	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
11977	01	183	22		FP	Removal with reinsertion, implantable contraceptive capsules	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
11977	08	082	49		FP	Removal with reinsertion, implantable contraceptive capsules	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

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
11977	08	083	22, 49		FP	Removal with reinsertion, implantable contraceptive capsules	Per Procedure	No	1 per 3 calendar years	
11977	31	All	11, 21, 99		FP	Removal with reinsertion, implantable contraceptive capsules	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	01	010	22		FP	Insertion of intrauterine device (IUD)	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	01	183	22		FP	Insertion of intrauterine device (IUD)	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	08	082	49		FP	Insertion of intrauterine device (IUD)	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	08	083	22, 49		FP	Insertion of intrauterine device (IUD)	Per Procedure	No	1 per 3 calendar years	
58300	31	All	11, 21, 99		FP	Insertion of intrauterine device (IUD)	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	01	010	22		FP	Removal of intrauterine device (IUD)	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	01	183	22		FP	Removal of intrauterine device (IUD)	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	01	021	24	SG	FP	Removal of intrauterine device (IUD)	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	02	020	24	SG	FP	Removal of intrauterine device (IUD)	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	08	082	49		FP	Removal of intrauterine device (IUD)	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	08	083	22, 49		FP	Removal of intrauterine device (IUD)	Per Procedure	No	1 per 3 calendar years	

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
58301	31	All	11, 21, 24, 99		FP	Removal of intrauterine device (IUD)	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	01	010	22		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
81000	01	183	22		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
81000	08	083	22, 49	U7	FP	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	Per Test	No	One per day	
81000	28	280	81		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
81001	01	010	22		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
81001	01	183	22		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
81001	08	083	22, 49		FP	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	Per Test	No	One per day	

SelectPlan for Women
Covered Services Chart

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
81001	28	280	81		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
81025	01	010	22		FP	Urine pregnancy test, by visual color comparison methods	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
81025	01	183	22		FP	Urine pregnancy test, by visual color comparison methods	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
81025	08	082	49		FP	Urine pregnancy test, by visual color comparison methods	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
81025	08	083	22, 49		FP	Urine pregnancy test, by visual color comparison methods	Per Test	No	One per day	
81025	09	All	11		FP	Urine pregnancy test, by visual color comparison methods	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
81025	28	280	81		FP	Urine pregnancy test, by visual color comparison methods	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
81025	31	All	11		FP	Urine pregnancy test, by visual color comparison methods	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
81025	33	335	11		FP	Urine pregnancy test, by visual color comparison methods	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
83001	01	010	22		FP	Gonadotropin; follicle stimulating hormone (FSH)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
83001	01	183	22		FP	Gonadotropin; follicle stimulating hormone (FSH)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
83001	08	083	22, 49		FP	Gonadotropin; follicle stimulating hormone (FSH)	Per Test	No	One per day	
83001	28	280	81		FP	Gonadotropin; follicle stimulating hormone (FSH)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
83036	01	010	22		FP	Hemoglobin: glycosylated (A1C)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
83036	01	183	22		FP	Hemoglobin: glycosylated (A1C)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
83036	08	083	22, 49		FP	Hemoglobin: glycosylated (A1C)	Per Test	No	One per day	
83036	28	280	81		FP	Hemoglobin: glycosylated (A1C)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
83898	01	010	22		FP	Molecular diagnostics: amplification, target, each nucleic acid sequence	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
83898	01	183	22		FP	Molecular diagnostics: amplification, target, each nucleic acid sequence	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
83898	08	083	22, 49		FP	Molecular diagnostics: amplification, target, each nucleic acid sequence	Per Test	No	One per day	
83898	28	280	81		FP	Molecular diagnostics: amplification, target, each nucleic acid sequence	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84138	01	010	22		FP	Pregnanetriol	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84138	01	183	22		FP	Pregnanetriol	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84138	08	083	22, 49		FP	Pregnanetriol	Per Test	No	One per day	
84138	28	280	81		FP	Pregnanetriol	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84144	01	010	22		FP	Progesterone	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
84144	01	183	22		FP	Progesterone	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84144	08	083	22, 49		FP	Progesterone	Per Test	No	One per day	
84144	28	280	81		FP	Progesterone	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84146	01	010	22		FP	Prolactin	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84146	01	183	22		FP	Prolactin	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84146	08	083	22, 49		FP	Prolactin	Per Test	No	One per day	
84146	28	280	81		FP	Prolactin	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84702	01	010	22		FP	Gonadotropin, chorionic (hCG); quantitative	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84702	01	183	22		FP	Gonadotropin, chorionic (hCG); quantitative	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84702	08	083	22, 49		FP	Gonadotropin, chorionic (hCG); quantitative	Per Test	No	One per day	
84702	28	280	81		FP	Gonadotropin, chorionic (hCG); quantitative	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84703	01	010	22		FP	Gonadotropin, chorionic (hCG); qualitative	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
84703	01	183	22		FP	Gonadotropin, chorionic (hCG); qualitative	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
84703	08	083	22, 49		FP	Gonadotropin, chorionic (hCG); qualitative	Per Test	No	One per day	
84703	28	280	81		FP	Gonadotropin, chorionic (hCG); qualitative	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85014	01	010	22		FP	Blood count: hematocrit (Hct)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85014	01	183	22		FP	Blood count: hematocrit (Hct)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85014	08	082	49		FP	Blood count: hematocrit (Hct)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85014	08	083	22, 49		FP	Blood count: hematocrit (Hct)	Per Test	No	One per day	
85014	09	All	11		FP	Blood count: hematocrit (Hct)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85014	28	280	81		FP	Blood count: hematocrit (Hct)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85014	31	All	11		FP	Blood count: hematocrit (Hct)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85014	33	335	11		FP	Blood count: hematocrit (Hct)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85025	01	010	22		FP	Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85025	01	183	22		FP	Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85025	08	083	22, 49		FP	Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Per Test	No	One per day	

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
85025	28	280	81		FP	Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85660	01	010	22		FP	Sickling of RBC, reduction	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85660	01	183	22		FP	Sickling of RBC, reduction	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
85660	08	083	22, 49		FP	Sickling of RBC, reduction	Per Test	No	One per day	
85660	28	280	81		FP	Sickling of RBC, reduction	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86255	01	010	22		FP	Fluorescent noninfectious agent antibody; screen, each antibody	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86255	01	183	22		FP	Fluorescent noninfectious agent antibody; screen, each antibody	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86255	08	083	22, 49		FP	Fluorescent noninfectious agent antibody; screen, each antibody	Per Test	No	One per day	
86255	28	280	81		FP	Fluorescent noninfectious agent antibody; screen, each antibody	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86317	01	010	22		FP	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86317	01	183	22		FP	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86317	08	083	22, 49		FP	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	Per Test	No	One per day	
86317	28	280	81		FP	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
86592	01	010	22		FP	Syphilis test, qualitative (eg, VDRL, RPR, ART)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86592	01	183	22		FP	Syphilis test, qualitative (eg, VDRL, RPR, ART)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86592	08	083	22, 49		FP	Syphilis test, qualitative (eg, VDRL, RPR, ART)	Per Test	No	One per day	
86592	28	280	81		FP	Syphilis test, qualitative (eg, VDRL, RPR, ART)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86701	01	010	22		FP	Antibody: HIV-1	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86701	01	183	22		FP	Antibody: HIV-1	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86701	08	083	22, 49		FP	Antibody: HIV-1	Per Test	No	One per day	
86701	28	280	81		FP	Antibody: HIV-1	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86702	01	010	22		FP	Antibody: HIV-2	Per Test	No	One per day	These providers may bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86702	01	183	22		FP	Antibody: HIV-2	Per Test	No	One per day	These providers may bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86702	08	083	22, 49		FP	Antibody: HIV-2	Per Test	No	One per day	
86702	28	280	81		FP	Antibody: HIV-2	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86762	01	010	22		FP	Antibody: rubella	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
86762	01	183	22		FP	Antibody: rubella	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86762	08	083	22, 49		FP	Antibody: rubella	Per Test	No	One per day	
86762	28	280	81		FP	Antibody: rubella	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86781	01	010	22		FP	Antibody: Treponema pallidum, confirmatory test (eg, FTA-abs)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86781	01	183	22		FP	Antibody: Treponema pallidum, confirmatory test (eg, FTA-abs)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
86781	08	083	22, 49		FP	Antibody: Treponema pallidum, confirmatory test (eg, FTA-abs)	Per Test	No	One per day	
86781	28	280	81		FP	Antibody: Treponema pallidum, confirmatory test (eg, FTA-abs)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87070	01	010	22		FP	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87070	01	183	22		FP	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87070	08	083	22, 49		FP	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	Per Test	No	One per day	
87070	28	280	81		FP	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87075	01	010	22		FP	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87075	01	183	22		FP	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
87075	08	083	22, 49		FP	Culture, bacterial: any source, except blood, anaerobic with isolation and presumptive identification of isolates	Per Test	No	One per day	
87075	28	280	81		FP	Culture, bacterial: any source, except blood, anaerobic with isolation and presumptive identification of isolates	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87076	01	010	22		FP	Culture, bacterial: anaerobic isolate, additional methods required for definitive identification, each isolate	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87076	01	183	22		FP	Culture, bacterial: anaerobic isolate, additional methods required for definitive identification, each isolate	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87076	08	083	22, 49		FP	Culture, bacterial: anaerobic isolate, additional methods required for definitive identification, each isolate	Per Test	No	One per day	
87076	28	280	81		FP	Culture, bacterial: anaerobic isolate, additional methods required for definitive identification, each isolate	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87086	01	010	22		FP	Culture, bacterial: quantitative colony count, urine	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87086	01	183	22		FP	Culture, bacterial: quantitative colony count, urine	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87086	08	083	22, 49		FP	Culture, bacterial: quantitative colony count, urine	Per Test	No	One per day	
87086	28	280	81		FP	Culture, bacterial: quantitative colony count, urine	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87110	01	010	22		FP	Culture, chlamydia, any source	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87110	01	183	22		FP	Culture, chlamydia, any source	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87110	08	083	22, 49		FP	Culture, chlamydia, any source	Per Test	No	One per day	

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
87110	28	280	81		FP	Culture, chlamydia, any source	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87166	01	010	22		FP	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87166	01	183	22		FP	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87166	08	083	22, 49		FP	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	Per Test	No	One per day	
87166	28	280	81		FP	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87205	01	010	22		FP	Smear, primary source with interpretation: Gram or Giemsa stain for bacteria, fungi, or cell types	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87205	01	183	22		FP	Smear, primary source with interpretation: Gram or Giemsa stain for bacteria, fungi, or cell types	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87205	08	083	22, 49		FP	Smear, primary source with interpretation: Gram or Giemsa stain for bacteria, fungi, or cell types	Per Test	No	One per day	
87205	28	280	81		FP	Smear, primary source with interpretation: Gram or Giemsa stain for bacteria, fungi, or cell types	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87207	01	010	22		FP	Smear, primary source with interpretation: special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87207	01	183	22		FP	Smear, primary source with interpretation: special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87207	08	083	22, 49		FP	Smear, primary source with interpretation: special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	Per Test	No	One per day	
87207	28	280	81		FP	Smear, primary source with interpretation: special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
87210	01	010	22		FP	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87210	01	183	22		FP	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87210	08	083	22, 49		FP	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	Per Test	No	One per day	
87210	28	280	81		FP	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87536	01	010	22		FP	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87536	01	183	22		FP	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87536	08	083	22, 49		FP	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	Per Test	No	One per day	
87536	28	280	81		FP	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87621	01	010	22		FP	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
87621	01	183	22		FP	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
87621	08	083	22, 49		FP	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	Per Test	No	One per day	
87621	28	280	81		FP	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0 thru V25.9
87797	01	010	22		FP	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
87797	01	183	22		FP	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87797	08	083	22, 49		FP	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	Per Test	No	One per day	
87797	28	280	81		FP	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87798	01	010	22		FP	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87798	01	183	22		FP	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
87798	08	083	22, 49		FP	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	Per Test	No	One per day	
87798	28	280	81		FP	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88141	01	010	22		FP	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88141	01	183	22		FP	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88141	08	083	22, 49		FP	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Per Test	No	One per day	
88141	28	280	81		FP	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88142	01	010	22		FP	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation: manual screening under physician supervision	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88142	01	183	22		FP	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation: manual screening under physician supervision	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
88142	08	083	22, 49		FP	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation: manual screening under physician supervision	Per Test	No	One per day	
88142	28	280	81		FP	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation: manual screening under physician supervision	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88161	01	010	22		FP	Cytopathology, smears, any other source: preparation, screening and interpretation	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88161	01	183	22		FP	Cytopathology, smears, any other source: preparation, screening and interpretation	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88161	08	083	22, 49		FP	Cytopathology, smears, any other source: preparation, screening and interpretation	Per Test	No	One per day	
88161	28	280	81		FP	Cytopathology, smears, any other source: preparation, screening and interpretation	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88164	01	010	22		FP	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88164	01	183	22		FP	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88164	08	083	22, 49		FP	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Per Test	No	One per day	
88164	28	280	81		FP	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88175	01	010	22		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
88175	01	183	22		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
88175	08	083	22, 49		FP	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	Per Test	No	One per day	
88175	28	280	81		FP	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	Per Test	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99201	08	083	22, 49		FP	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.	Per Visit	No	One per day	
99201	09	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99201	31	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99201	33	335	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99202	08	083	22, 49		FP	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.	Per Visit	No	One per day	
99202	09	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99202	31	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99202	33	335	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99203	08	083	22, 49		FP	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.	Per Visit	No	One per day	
99203	09	All	11,99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99203	31	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99203	33	335	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99211	08	083	22, 49		FP	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. (5th Depo-Provera Office Visit)	Per Visit	No	One per year	
99211	09	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99211	31	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99211	33	335	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99212	08	083	22, 49	U7	FP	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.	Per Visit	No	One per day	
99212	09	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99212	31	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99212	33	335	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99213	08	083	22, 49		FP	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.	Per Visit	No	One per day	
99213	09	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99213	31	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99213	33	335	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99214	08	083	22, 49		FP	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.	Per Visit	No	One per day	
99214	09	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99214	31	All	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99214	33	335	11, 99		FP	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.	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99385	08	083	22, 49		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	
99385	09	All	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99385	31	All	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99385	33	335	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99386	08	083	22, 49		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	
99386	09	All	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99386	31	All	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99386	33	335	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99395	08	083	22, 49		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	
99395	09	All	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99395	31	All	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99395	33	335	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
99396	08	083	22, 49		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	
99396	09	All	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99396	31	All	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99396	33	335	11		FP	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	Per Visit	No	Maximum 4 visits per year of any combination of the following procedure codes: 99385, 99386, 99395 and 99396.	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
99401	08	083	22, 49		FP	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure) (Genetic Risk Assessment)	Per Visit	No	One per recipient per lifetime	
T1015	01	010	22	U4	FP	Clinic visit/encounter, all-inclusive	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9

**SelectPlan for Women
Covered Services Chart**

Attachment A
Revised 07/01/2008

Procedure Code	Provider Type	Specialty	Place of Service	Pricing Modifier	Informational Modifier	Description	MA Unit of Service	Prior Authorization Required	Limits	Comments
T1015	01	010	22	U5	FP	Clinic visit/encounter, all-inclusive	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
T1015	01	183	22	U4	FP	Clinic visit/encounter, all-inclusive	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
T1015	01	183	22	U5	FP	Clinic visit/encounter, all-inclusive	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
T1015	08	080	50		FP	Clinic visit/encounter, all-inclusive	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
T1015	08	081	72		FP	Clinic visit/encounter, all-inclusive	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
T1015	08	082	49	U7	FP	Clinic visit/encounter, all-inclusive	Per Visit	No	One per day	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
A4267	08	083	22, 49		FP	Contraceptive supply, condom, male, each	Each	No	144 per 30 days	
A4267	24	240, 241, 242, 243, 245	11, 12		FP	Contraceptive supply, condom, male, each	Each	No	144 per 30 days	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
A4267	25	250	11, 12		FP	Contraceptive supply, condom, male, each	Each	No	144 per 30 days	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
A4268	08	083	22, 49		FP	Contraceptive supply, condom, female, each	Each	No	144 per 30 days	
A4268	24	240, 241, 242, 243, 245	11, 12		FP	Contraceptive supply, condom, female, each	Each	No	144 per 30 days	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9
A4268	25	250	11, 12		FP	Contraceptive supply, condom, female, each	Each	No	144 per 30 days	These providers must bill with the FP modifier or with the DX V25 or V25.0- thru V25.9