

# MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
September 1, 2023	September 5, 2023	01-23-22, 08-23-26, 09-23-21, 10-23-08, 24-23-20, 25-23-01, 28-23-02, 31-23-23, 33-23-21
	Planning Services Progra	am Sallyh. Kozel
		Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

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

## PURPOSE:

The purpose of this bulletin is to advise providers of the updates to the Family Planning Services Program Fee Schedule as a result of the 2023 Healthcare Common Procedure Coding System (HCPCS) updates, to issue an updated Family Planning Services: Covered Services Chart and to issue an updated Family Planning Covered Drug and Devices Chart.

## SCOPE:

This bulletin applies to Medical Assistance (MA) enrolled family planning providers including family planning clinics, outpatient hospital clinics, certified registered nurse practitioners (CRNPs), physician assistants (PAs), certified nurse midwives, federally qualified health centers, rural health clinics, laboratories, pharmacies, medical suppliers, independent medical/surgical clinics, and physicians who render services to MA beneficiaries in the MA Fee-for-Service delivery system.

## **BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) has a Family Planning State Plan option, known as Family Planning Services, which provides coverage of family planning and certain family planning-related services, pharmaceuticals and supplies for men and women

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-

Providers.aspx.

who are not otherwise eligible for MA and have income at or below 215% of the Federal Poverty Level.

The Department issued MA Bulletin 99-23-09, "2023 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments and Other Procedure Code Changes," to announce changes to the MA Program Fee Schedule, including changes resulting from the implementation of the 2023 HCPCS procedure code updates, effective September 5, 2023. These changes include the addition of a procedure code and updates to an existing procedure code for Family Planning Services.

#### **Procedure Codes Added**

The Department added laboratory procedure code 87563 with the FP (family planning) modifier in the following Provider Type (PT)/Specialty (Spec) combinations, based on clinical review, in Place of Service (POS) 22 (Outpatient Hospital), 49 (Independent Clinic) and/or 81 (Independent Laboratory) as indicated below:

Procedure Code and Modifier	PT/Spec	POS
	01/183 (Hospital Based Medical Clinic)	22
87563 (FP)	08/083 (Family Planning Clinic)	22, 49
	28/280 (Independent Laboratory)	81

#### **Procedure Code Updates**

The Department added POS 10 (Telehealth Provided in a Patient's Home) to procedure 96160 with the FP modifier for the following PT/Spec combinations as the Department determined telehealth is appropriate for the performance of these services.

Procedure Code and Modifier	New PT/Spec/POS
	01/183/10
	08/082 (Independent Medical/Surgical Clinic)/10
	08/083 (Family Planning Clinic) /10
	09 (CRNP) /All/10
96160 (FP)	10 (Mid-Level Practitioner) /100 (PA)/10
	31 (Physician) /All/10
	33 (Certified Nurse Midwife) /335 (Certified Nurse Midwife)/10

NOTE: Provider type 10, specialty 100 (physician assistant) is included because physician assistants can be listed as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled "Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants."

https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/ MAB2022010701.pdf.

#### PROCEDURE:

Providers should refer to the updated "Family Planning Services: Covered Services Chart" and the "Family Planning Covered Drugs and Devices Chart" attached to this bulletin for services rendered on and after September 5, 2023.

## **ATTACHMENT:**

Family Planning Services: Covered Services Chart Family Planning Covered Drugs and Devices Chart

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Code	Code Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days	Comments
11976	Removal, implantable contraceptive capsules	01	183	22		FP	\$118.05	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11976	Removal, implantable contraceptive capsules	08	082	49		FP	\$118.05	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11976	Removal, implantable contraceptive capsules	08	083	22, 49		FP	\$118.05	No	per procedure	1 per 3 calendar years	0 days	
11976	Removal, implantable contraceptive capsules	31	All	11, 21, 24, 99		FP	\$118.05	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11976	Removal, implantable contraceptive capsules	33	335	11, 21, 99		FP	\$118.05	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	01	183	22		FP	\$103.91	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 1 1 9 8 1	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	08	082	49		FP	\$103.91	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	08	083	22, 49		FP	\$103.91	No	per procedure	once per day	0 days	
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	31	All	11, 21, 24		FP	\$103.91	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11982	Removal, non-biodegradable drug delivery implant	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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11982	Removal, non-biodegradable drug delivery implant	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11982	Removal, non-biodegradable drug delivery implant	01	183	22		FP	\$126.20	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11982	Removal, non-biodegradable drug delivery implant	08	082	49		FP	\$126.20	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11982	Removal, non-biodegradable drug delivery implant	08	083	22, 49		FP	\$126.20	No	per procedure	once per day	0 days	
11982	Removal, non-biodegradable drug delivery implant	31	All	11, 21, 24		FP	\$126.20	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11983	Removal with reinsertion, non-biodegradable drug delivery implant	01	021	24	SG		\$200.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11983	Removal with reinsertion, non-biodegradable drug delivery implant	02	020	24	SG		\$200.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11983	Removal with reinsertion, non-biodegradable drug delivery implant	01	183	22		FP	\$219.10	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11983	Removal with reinsertion, non-biodegradable drug delivery implant	08	082	49		FP	\$219.10	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11983	Removal with reinsertion, non-biodegradable drug delivery implant	08	083	22, 49		FP	\$219.10	No	per procedure	once per day	0 days	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	31	All	11, 21, 24		FP	\$219.10	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
55700	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
55700	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	01	183	22		FP	\$115.00	No	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	08	82	49		FP	\$115.00	No	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	08	083	22		FP	\$115.00	No	per procedure	once per day	90 days	
1 55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	31	All	11, 21, 24, 99		FP	\$115.00	No, but AUR and PSR process applies	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	01	183	22		FP	\$282.79	No	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	08	082	49		FP	\$282.79	No	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	08	083	22, 49		FP	\$282.79	No	per procedure	once per lifetime	90 days	
55750	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	31	All	11, 21, 24, 99		FP	\$282.79	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 55750	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	31	All	11	SU	FP	\$417.84	No	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57170	Diaphragm or cervical cap fitting with instructions	01	183	22		FP	\$60.55	No	per procedur	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57170	Diaphragm or cervical cap fitting with instructions	08	082	49		FP	\$60.55	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57170	Diaphragm or cervical cap fitting with instructions	08	083	22, 49		FP	\$60.55	No	per procedure	once per day	0 days	
57170	Diaphragm or cervical cap fitting with instructions	31	All	11, 21, 99		FP	\$60.55	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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57170	Diaphragm or cervical cap fitting with instructions	33	335	11, 21, 99		FP	\$60.55	and PSR process applies	per procedure	once per day	0 days	bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58300	Insertion of intrauterine device (IUD)	01	183	22		FP	\$67.60	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58300	Insertion of intrauterine device (IUD)	08	082	49		FP	\$67.60	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58300	Insertion of intrauterine device (IUD)	08	083	22, 49		FP	\$67.60	No	per procedure	1 per 3 calendar years	0 days	
58300	Insertion of intrauterine device (IUD)	31	All	11, 21, 99		FP	\$67.60	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58300	Insertion of intrauterine device (IUD)	33	335	11, 21, 99		FP	\$67.60	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58301	Removal of intrauterine device (IUD)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58301	Removal of intrauterine device (IUD)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58301	Removal of intrauterine device (IUD)	01	183	22		FP	\$84.25	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58301	Removal of intrauterine device (IUD)	08	082	49		FP	\$84.25	No	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58301	Removal of intrauterine device (IUD)	08	083	22, 49		FP	\$84.25	No	per procedure	1 per 3 calendar years	0 days	
58301	Removal of intrauterine device (IUD)	31	All	11, 21, 24, 99		FP	\$84.25	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58301	Removal of intrauterine device (IUD)	33	335	11, 21, 99		FP	\$84.25	No, but AUR and PSR process applies	per procedure	1 per 3 calendar years	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	01	183	22		FP	\$52.00	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	08	082	49		FP	\$52.00	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	08	083	22, 49		FP	\$52.00	No	per procedure	once per day	0 days	
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	31	All	11, 21, 24		FP	\$52.00	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	01	183	22		FP	\$405.57	No	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	08	082	49		FP	\$405.57	No	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	08	083	22, 49		FP	\$405.57	No	per procedure	once per lifetime	90 days	
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	31	All	11, 21, 24, 99		FP	\$405.57	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
SADUU	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	01	021	24	SG		\$736.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	02	020	24	SG		\$736.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	31	All	21, 24		FP	\$306.50	No, but AUR and PSR process	per procedure	two per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	31	All	21, 24	80	FP	\$61.50	applies No, but AUR and PSR process applies	per procedure	two per lifetime	90 days	Z30.011 through Z30.9 This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	31	All	21, 24		FP	\$230.31	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	31	All	21, 24		FP	\$316.82	No, but AUR and PSR process applies	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 586/1	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	31	All	21, 24		FP	\$326.39	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
74740	Hysterosalpingography, radiological supervision and interpretation	01	183	22	TC	FP	\$26.50	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
/4/4()	Hysterosalpingography, radiological supervision and interpretation	08	082	49	TC	FP	\$26.50	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

74740	Hysterosalpingography, radiological supervision and interpretation	08	083	22, 49	тс	FP	\$26.50	No	per procedure	once per day	N/A	
	Urine pregnancy test, by visual color comparison methods	01	183	22		FP	\$10.76	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81025	Urine pregnancy test, by visual color comparison methods	08	082	49		FP	\$10.76	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81025	Urine pregnancy test, by visual color comparison methods	08	083	22, 49		FP	\$10.76	No	per test	once per day	N/A	
81025	Urine pregnancy test, by visual color comparison methods	09	All	11		FP	\$10.76	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81025	Urine pregnancy test, by visual color comparison methods	10	100	11		FP	\$10.76	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81025	Urine pregnancy test, by visual color comparison methods	28	280	81		FP	\$10.76	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81025	Urine pregnancy test, by visual color comparison methods	31	All	11		FP	\$10.76	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81025	Urine pregnancy test, by visual color comparison methods	33	335	11		FP	\$10.76	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
84703	Gonadotropin, chorionic (hCG); qualitative	01	183	22		FP	\$10.26	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
84703	Gonadotropin, chorionic (hCG); qualitative	01	183	22		QW, FP	\$10.26	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
84703	Gonadotropin, chorionic (hCG); qualitative	08	083	22, 49		FP	\$10.26	No	per test	once per day	N/A	
84703	Gonadotropin, chorionic (hCG); qualitative	08	083	22, 49		QW, FP	\$10.26	No	per test	once per day	N/A	
84703	Gonadotropin, chorionic (hCG); qualitative	28	280	81		FP	\$10.26	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
84703	Gonadotropin, chorionic (hCG); qualitative	28	280	81		QW, FP	\$10.26	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	01	183	22		FP	\$22.72	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

	Infectious agent detection by nucleic acid (DNA or RNA);										
87480	Candida species, direct probe technique	08	083	22, 49	FP	\$22.72	No	per test	once per day	N/A	
07400		00	005	22,45		<i>422.12</i>	110		once per duy	11/7	This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);										or with the ICD-10 DX
87480	Candida species, direct probe technique	28	280	81	FP	\$22.72	No	per test	once per day	N/A	Z30.011 through Z30.9
								· ·			This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);										or with the ICD-10 DX
87510	Gardnerella vaginalis, direct probe technique	01	183	22	FP	\$16.04	No	per test	once per day	N/A	Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA);										v
87510	Gardnerella vaginalis, direct probe technique	08	083	22, 49	FP	\$16.04	No	per test	once per day	N/A	
											This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);										or with the ICD-10 DX
87510	Gardnerella vaginalis, direct probe technique	28	280	81	FP	\$16.04	No	per test	once per day	N/A	Z30.011 through Z30.9
								· ·			This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);										or with the ICD-10 DX
87660	Trichomonas vaginalis, direct probe technique	01	183	22	FP	\$22.42	No	per test	once per day	N/A	Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA);										Ŭ
87660	Trichomonas vaginalis, direct probe technique	08	083	22, 49	FP	\$22.42	No	per test	once per day	N/A	
											This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);										or with the ICD-10 DX
87660	Trichomonas vaginalis, direct probe technique	28	280	81	FP	\$22.42	No	per test	once per day	N/A	Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);										or with the ICD-10 DX
87661	Trichomonas vaginalis, amplified probe technique	01	183	22	FP	\$38.30	No	per test	once per day	N/A	Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA);										
87661	Trichomonas vaginalis, amplified probe technique	08	083	22, 49	FP	\$38.30	No	per test	once per day	N/A	
											This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);										or with the ICD-10 DX
87661	Trichomonas vaginalis, amplified probe technique	28	280	81	FP	\$38.30	No	per test	once per day	N/A	Z30.011 through Z30.9
	Office or other outpatient visit for the evaluation and							i i			Ŭ
	management of a new patient, which requires a medically										
	appropriate history and/or examination and straightforward			02, 10, 22,							
99202	medical decision making. When using time for code selection,	08	083	49	FP	\$62.20	No	per visit	once per day	N/A	
	15-29 minutes of total time is spent on the date of the										
	encounter.										
	Office or other outpatient visit for the evaluation and										
	management of a new patient, which requires a medically										This provider type must
	appropriate history and/or examination and straightforward			02, 10, 11,							bill with the FP modifier
99202	medical decision making. When using time for code selection,	09	All	99	FP	\$62.20	No	per visit	once per day	N/A	or with the ICD-10 DX
	15-29 minutes of total time is spent on the date of the										Z30.011 through Z30.9
	encounter.										
	chounter.		I								

								-		-	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	10	100	02, 10, 11, 99	FP	\$62.20	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	31	All	02, 10, 11, 99	FP	\$62.20	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	33	335	02, 10, 11, 99	FP	\$62.20	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	08	083	02, 10, 22, 49	FP	\$95.13	No	per visit	once per day	N/A	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	09	All	02, 10, 11, 99	FP	\$95.13	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	10	100	02, 10, 11, 99	FP	\$95.13	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	31	All	02, 10, 11, 99	FP	\$95.13	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	33	335	02, 10, 11, 99	 FP	\$95.13	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	09	All	02, 10, 11, 99	FP	\$160.89	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	10	100	02, 10, 11, 99	FP	\$160.89	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	31	All	02, 10, 11, 99	FP	\$160.89	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	33	335	02, 10, 11, 99	FP	\$160.89	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	09	All	02, 10, 11, 99	FP	\$209.15	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	10	100	02, 10, 11, 99	FP	\$209.15	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	31	All	02, 10, 11, 99	FP	\$209.15	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	33	335	02, 10, 11, 99	FP	\$209.15	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	08	083	02, 10, 22, 49	FP	\$20.00	No	per visit	one per year	N/A	

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99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	09	All	02, 10, 11, 99		FP	\$20.00	No	per visit	one per year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	10	100	02, 10, 11, 99		FP	\$20.00	No	per visit	one per year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	31	All	02, 10, 11, 99		FP	\$20.00	No	per visit	one per year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	33	335	02, 10, 11, 99		FP	\$20.00	No	per visit	one per year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	08	083	02, 10, 22, 49	U7	FP	\$31.15	No	per visit	once per day	N/A	
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	09	All	02, 10, 11, 99		FP	\$31.15	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	10	100	02, 10, 11, 99		FP	\$31.15	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	31	All	02, 10, 11, 99		FP	\$31.15	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	33	335	02, 10, 11, 99		FP	\$31.15	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	08	083	02, 10, 22, 49		FP	\$63.14	No	per visit	once per day	N/A	

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99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	09	All	02, 10, 11, 99	FP	\$63.14	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	10	100	02, 10, 11, 99	FP	\$63.14	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	31	All	02, 10, 11, 99	FP	\$63.14	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	33	335	02, 10, 11, 99	FP	\$63.14	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter	08	083	02, 10, 22, 49	FP	\$96.91	No	per visit	once per day	N/A	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter	09	All	02, 10, 11, 99	FP	\$96.91	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter	10	100	02, 10, 11, 99	FP	\$96.91	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter	31	All	02, 10, 11, 99	FP	\$96.91	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter	33	335	02, 10, 11, 99	FP	\$96.91	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	09	All	02, 10, 11, 99	FP	\$137.24	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	10	100	02, 10, 11, 99	FP	\$137.24	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	31	All	02, 10, 11, 99	FP	\$137.24	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	33	335	02, 10, 11, 99	FP	\$137.24	No	per visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	08	083	22, 49	FP	\$126.41	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	08	083	22, 49	FP	\$121.14	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	

99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	09	All	11	FP	\$121.14	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	10	100	11	FP	\$121.14	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	31	All	11	FP	\$121.14	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	33	335	11	FP	\$121.14	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	08	083	22, 49	FP	\$147.46	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	

99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	09	All	11	FP	\$147.46	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	10	100	11	FP	\$147.46	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	31	All	11	FP	\$147.46	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	33	335	11	FP	\$147.46	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	08	083	22, 49	FP	\$107.53	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	

1 99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	08	083	22, 49	FP	\$110.60	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	09	All	11	FP	\$110.60	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	10	100	11	FP	\$110.60	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	31	All	11	FP	\$110.60	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	33	335	11	FP	\$110.60	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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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 laboratory/diagnostic procedures, established patient; 40-64 years	08	083	22, 49	FP	\$120.25	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	09	All	11	FP	\$120.25	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	10	100	11	FP	\$120.25	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	31	All	11	FP	\$120.25	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	33	335	11	FP	\$120.25	No	per visit	Maximum 4 visits per year of any combination of the following procedure codes: 99384, 99385, 99386, 99394, 99395 and 99396.	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	08	083	02, 10, 22, 49	FP	\$10.00	No	per 15 minutes	once per lifetime	N/A	
Δ <u>4</u> 76 <u>4</u>	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	24	240, 241, 242, 243, 245	11, 12	FP	\$1,300.00	Yes	each device(s)	once per lifetime	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	25	250	11, 12	FP	\$1,300.00	Yes	each device(s)	once per lifetime	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
A4266	Diaphragm for contraceptive use	01	183	22	FP	\$22.86	No	each	two per 365 days	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
A4266	Diaphragm for contraceptive use	08	082	49	FP	\$22.86	No	each	two per 365 days	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
A4266	Diaphragm for contraceptive use	08	083	22, 49	FP	\$22.86	No	each	two per 365 days	N/A	
A4266	Diaphragm for contraceptive use	31	All	11	FP	\$22.86	No	each	two per 365 days	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
A4267	Contraceptive supply, condom, male, each	08	083	12, 22, 49	FP	\$0.35	No	each	144 per 30 days	N/A	
A4267	Contraceptive supply, condom, male, each	24	240, 241, 242, 243, 244, 245	11, 12	FP	\$0.35	No	each	144 per 30 days	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
A4267	Contraceptive supply, condom, male, each	25	250	11, 12	FP	\$0.35	No	each	144 per 30 days	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
A4268	Contraceptive supply, condom, female, each	08	083	22, 49	FP	\$2.25	No	each	144 per 30 days	N/A	
A4268	Contraceptive supply, condom, female, each	24	240, 241, 242, 243, 245	11, 12	FP	\$2.25	No	each	144 per 30 days	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
A4268	Contraceptive supply, condom, female, each	25	250	11, 12	FP	\$2.25	No	each	144 per 30 days	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1//96	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	01	010	22	FP	\$938.06	No	each	once per day	N/A	This provider type must bill with the FP modifier
1 1/297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	01	010	22	FP	\$645.00	No	each	once per day	N/A	This provider type must bill with the FP modifier
1//98	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	01	010	22	FP	\$885.80	No	each	once per day	N/A	This provider type must bill with the FP modifier
	Intrauterine copper contraceptive	01	010	22	FP	\$762.65	No	each	once per day	N/A	This provider type must bill with the FP modifier
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	01	010	22	FP	\$737.57	No	each	once per day	N/A	This provider type must bill with the FP modifier
1/30/	Etonogestrel (contraceptive) implant system, including implant and supplies	01	010	22	FP	\$796.20	No	each	once per day	N/A	This provider type must bill with the FP modifier
54989	Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies	01	010	22	FP	\$800.00	No	each	once per day	N/A	This provider type must bill with the FP modifier

T1015	Clinic visit/encounter, all-inclusive	01	183	02, 10, 22	U4	FP	Provider Specific Rate	No	per clinic visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
T1015	Clinic visit/encounter, all-inclusive	01	183	02, 10, 22	U5	FP	Provider Specific Rate	No	per clinic visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 12, 50		FP	Provider Specific Rate	No	per clinic visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 12, 72		FP	Provider Specific Rate	No	per clinic visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
T1015	Clinic visit/encounter, all-inclusive	08	082	02, 10, 49	U7	FP	\$35.00	No	per clinic visit	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
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00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	31	311	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	32	320	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	31	311	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	32	320	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
00902	Anesthesia for; anorectal procedure	31	311	24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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00902	Anesthesia for; anorectal procedure	32	320	24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies	
00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	31	311	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies	
00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	32	320	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies	
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	31	311	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies	
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	32	320	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies	
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	31	311	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies	
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	32	320	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies	
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	31	311	21, 24		FP	(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies	

N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
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	Anesthesia for vaginal procedures (including biopsy of labia,						(base units x conversion	No, but AUR				This provider type must
00952	vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	32	320	21, 24		FP	factor) + (time units x conversion factor)	and PSR process applies			N/A	bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	01	021	24	SG		\$572.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	02	020	24	SG		\$572.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	01	183	22		FP	\$40.00	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	08	082	49		FP	\$40.00	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	08	083	22, 49		FP	\$40.00	No	per procedure	twice per day	10 days	
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	31	All	11, 24, 99		FP	\$40.00	No, but AUR and PSR process applies	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	01	021	24	SG		\$678.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	02	020	24	SG		\$678.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	01	183	22		FP	\$42.50	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	08	082	49		FP	\$42.50	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	08	083	22, 49		FP	\$42.50	No	per procedure	twice per day	10 days	
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	31	All	11, 24, 99		FP	\$42.50	No, but AUR and PSR process applies	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	01	021	24	SG		\$741.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	02	020	24	SG		\$741.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	01	183	22		FP	\$37.50	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	08	082	49		FP	\$37.50	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	08	083	22, 49		FP	\$37.50	No	per procedure	twice per day	10 days	
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	31	All	11, 24, 99		FP	\$37.50	No, but AUR and PSR process applies	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	01	021	24	SG		\$691.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	02	020	24	SG		\$691.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	01	183	22		FP	\$36.00	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	08	082	49		FP	\$36.00	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	08	083	22, 49		FP	\$36.00	No	per procedure	twice per day	10 days	
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	31	All	11, 24, 99		FP	\$36.00	No, but AUR and PSR process applies	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	01	183	22		FP	\$86.50	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	08	082	49		FP	\$86.50	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	08	083	22, 49		FP	\$86.50	No	per procedure	twice per day	10 days	
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	31	All	11, 24, 99		FP	\$86.50	No, but AUR and PSR process applies	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	01	021	24	SG		\$846.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	02	020	24	SG		\$846.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	01	183	22		FP	\$121.00	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	08	082	49		FP	\$121.00	No	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	08	083	22, 49		FP	\$121.00	No	per procedure	twice per day	10 days	
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	31	All	11, 24, 99		FP	\$121.00	No, but AUR and PSR process applies	per procedure	twice per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	01	021	24	SG		\$923.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	02	020	24	SG		\$923.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	01	183	22		FP	\$20.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	08	082	49		FP	\$20.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	08	083	22, 49		FP	\$20.00	No	per procedure	once per day	10 days	
	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	31	All	11, 24, 99		FP	\$20.00	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	01	183	22		FP	\$4.25	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	08	082	49		FP	\$4.25	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	08	083	22, 49		FP	\$4.25	No	per procedure	once per day	0 days	
	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	31	All	11, 24, 99		FP	\$4.25	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	01	183	22		FP	\$116.39	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	08	082	49		FP	\$116.39	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	08	083	22, 49		FP	\$116.39	No	per procedure	once per day	10 days	
	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	31	All	11		FP	\$116.39	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1/110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	01	021	24	SG		\$645.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	02	020	24	SG		\$645.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	01	183	22		FP	\$85.20	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	08	082	49		FP	\$85.20	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	08	083	22, 49		FP	\$85.20	No	per procedure	once per day	10 days	
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	31	All	11, 24, 99		FP	\$85.20	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	01	183	22		FP	\$105.29	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	08	082	49		FP	\$105.29	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	08	083	22, 49		FP	\$105.29	No	per procedure	once per day	10 days	
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	31	All	11, 24		FP	\$105.29	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	01	183	22		FP	\$171.03	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	08	082	49		FP	\$171.03	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	08	083	22, 49		FP	\$171.03	No	per procedure	once per day	10 days	
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	31	All	11, 24, 99		FP	\$171.03	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	01	021	24	SG		\$773.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	02	020	24	SG		\$773.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	01	183	22		FP	\$107.44	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	08	082	49		FP	\$107.44	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	08	083	22, 49		FP	\$107.44	No	per procedure	once per day	10 days	
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	31	All	11, 24, 99		FP	\$107.44	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	01	183	22		FP	\$178.05	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	08	082	49		FP	\$178.05	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	08	083	22, 49		FP	\$178.05	No	per procedure	once per day	10 days	
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	31	All	11, 99		FP	\$178.05	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	01	183	22		FP	\$109.41	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	08	082	49		FP	\$109.41	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	08	083	22, 49		FP	\$109.41	No	per procedure	once per day	10 days	
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	31	All	11, 24, 99		FP	\$109.41	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	01	183	22		FP	\$108.34	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	08	082	49		FP	\$108.34	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	08	083	22, 49		FP	\$108.34	No	per procedure	once per day	10 days	
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	31	All	11, 24, 99		FP	\$108.34	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	021	24	SG		\$752.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	02	020	24	SG		\$752.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$230.08	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$230.08	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$230.08	No	per procedure	once per day	10 days	
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	31	All	11, 24, 99		FP	\$230.08	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/11/5/1	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	01	183	22		FP	\$129.69	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	08	082	49		FP	\$129.69	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	08	083	22, 49		FP	\$129.69	No	per procedure	once per day	10 days	
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	31	All	11, 24, 99		FP	\$129.69	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	01	183	22		FP	\$38.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	08	082	49		FP	\$38.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	08	083	22, 49		FP	\$38.50	No	per procedure	once per day	10 days	
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	31	All	11, 24, 99		FP	\$38.50	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	01	183	22		FP	\$136.79	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	08	082	49		FP	\$136.79	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	08	083	22, 49		FP	\$136.79	No	per procedure	once per day	10 days	
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	31	All	11, 24, 99		FP	\$136.79	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	01	183	22		FP	\$28.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	08	082	49		FP	\$28.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	08	083	22, 49		FP	\$28.00	No	per procedure	once per day	10 days	

	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	31	All	11, 24, 99		FP	\$28.00	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	01	183	22		FP	\$64.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	08	082	49		FP	\$64.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	08	083	22, 49		FP	\$64.50	No	per procedure	once per day	10 days	
	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	31	All	11, 24, 99		FP	\$64.50	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	021	24	SG		\$769.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	02	020	24	SG		\$769.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$215.35	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$215.35	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$215.35	No	per procedure	once per day	10 days	-
	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	31	All	11, 24, 99		FP	\$215.35	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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56405	Incision and drainage of vulva or perineal abscess	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56405	Incision and drainage of vulva or perineal abscess	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56405	Incision and drainage of vulva or perineal abscess	01	183	22		FP	\$93.81	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56405	Incision and drainage of vulva or perineal abscess	08	082	49		FP	\$93.81	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56405	Incision and drainage of vulva or perineal abscess	08	083	22, 49		FP	\$93.81	No	per procedure	once per day	10 days	
56405	Incision and drainage of vulva or perineal abscess	31	All	11, 24, 99		FP	\$93.81	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56420	Incision and drainage of Bartholin's gland abscess	01	021	24	SG		\$675.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56420	Incision and drainage of Bartholin's gland abscess	02	020	24	SG		\$675.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56420	Incision and drainage of Bartholin's gland abscess	01	183	22		FP	\$112.73	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56420	Incision and drainage of Bartholin's gland abscess	08	082	49		FP	\$112.73	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56420	Incision and drainage of Bartholin's gland abscess	08	083	22, 49		FP	\$112.73	No	per procedure	once per day	10 days	
56420	Incision and drainage of Bartholin's gland abscess	31	All	11, 24, 99		FP	\$112.73	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56440	Marsupialization of Bartholin's gland cyst	01	021	24	SG		\$748.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56440	Marsupialization of Bartholin's gland cyst	02	020	24	SG		\$748.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

56440	Marsupialization of Bartholin's gland cyst	01	183	22		FP	\$225.08	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56440	Marsupialization of Bartholin's gland cyst	08	082	49		FP	\$225.08	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56440	Marsupialization of Bartholin's gland cyst	08	083	22, 49		FP	\$225.08	No	per procedure	once per day	10 days	
56440	Marsupialization of Bartholin's gland cyst	31	All	11, 24, 99		FP	\$225.08	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	021	24	SG		\$552.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
10001	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	02	020	24	SG		\$552.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$141.09	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$141.09	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
10001	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$141.09	No	per procedure	once per day	10 days	
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	31	All	11, 24, 99		FP	\$141.09	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
וטרסר ו	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	33	335	11, 99		FP	\$141.09	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	021	24	SG		\$804.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	02	020	24	SG		\$804.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$249.18	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$249.18	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$249.18	No	per procedure	once per day	10 days	
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	31	All	11, 24, 99		FP	\$249.18	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	33	335	11, 99		FP	\$249.18	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	01	183	22		FP	\$75.38	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	08	082	49		FP	\$75.38	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	08	083	22, 49		FP	\$75.38	No	per procedure	once per day	0 days	
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	31	All	11, 24, 99		FP	\$75.38	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	01	183	22		FP	\$37.30	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	08	082	49		FP	\$37.30	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	08	083	22, 49		FP	\$37.30	No	per procedure	once per day	0 days	
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	31	All	11, 24, 99		FP	\$37.30	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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56820	Colposcopy of the vulva;	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56820	Colposcopy of the vulva;	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56820	Colposcopy of the vulva;	01	183	22		FP	\$77.24	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56820	Colposcopy of the vulva;	08	082	49		FP	\$77.24	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56820	Colposcopy of the vulva;	08	083	22, 49		FP	\$77.24	No	per procedure	once per day	0 days	
56820	Colposcopy of the vulva;	09	All	11		FP	\$77.24	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56820	Colposcopy of the vulva;	10	100	11		FP	\$77.24	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56820	Colposcopy of the vulva;	31	All	11, 24, 99		FP	\$77.24	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56820	Colposcopy of the vulva;	33	335	11, 99		FP	\$77.24	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56821	Colposcopy of the vulva; with biopsy(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56821	Colposcopy of the vulva; with biopsy(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
56821	Colposcopy of the vulva; with biopsy(s)	01	183	22		FP	\$105.72	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56821	Colposcopy of the vulva; with biopsy(s)	08	082	49		FP	\$105.72	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

56821	Colposcopy of the vulva; with biopsy(s)	08	083	22, 49		FP	\$105.72	No	per procedure	once per day	0 days	
56821	Colposcopy of the vulva; with biopsy(s)	09	All	11		FP	\$105.72	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56821	Colposcopy of the vulva; with biopsy(s)	10	100	11		FP	\$105.72	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56821	Colposcopy of the vulva; with biopsy(s)	31	All	11, 24, 99		FP	\$105.72	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
56821	Colposcopy of the vulva; with biopsy(s)	33	335	11, 99		FP	\$105.72	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	021	24	SG		\$607.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	02	020	24	SG		\$607.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$120.58	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$120.58	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$120.58	No	per procedure	once per day	10 days	
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	31	All	11, 24, 99		FP	\$120.58	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 57001	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	33	335	11, 99		FP	\$120.58	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 5/065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	01	183	22		FP	\$216.16	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	082	49		FP	\$216.16	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	08	083	22, 49		FP	\$216.16	No	per procedure	once per day	10 days	
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	31	All	11, 24, 99		FP	\$216.16	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57100	Biopsy of vaginal mucosa; simple (separate procedure)	01	021	24	SG		\$607.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57100	Biopsy of vaginal mucosa; simple (separate procedure)	02	020	24	SG		\$607.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57100	Biopsy of vaginal mucosa; simple (separate procedure)	01	183	22		FP	\$59.99	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57100	Biopsy of vaginal mucosa; simple (separate procedure)	08	082	49		FP	\$59.99	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57100	Biopsy of vaginal mucosa; simple (separate procedure)	08	083	22, 49		FP	\$59.99	No	per procedure	once per day	0 days	
57100	Biopsy of vaginal mucosa; simple (separate procedure)	31	All	11, 24, 99		FP	\$59.99	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	01	021	24	SG		\$607.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	02	020	24	SG		\$607.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	01	183	22		FP	\$70.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	08	082	49		FP	\$70.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	08	083	22, 49		FP	\$70.00	No	per procedure	once per day	10 days	
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	31	All	11, 24, 99		FP	\$70.00	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	01	183	22		FP	\$27.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	08	082	49		FP	\$27.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	08	083	22, 49		FP	\$27.05	No	per procedure	once per day	0 days	
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	31	All	11, 99		FP	\$27.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	33	335	11		FP	\$27.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57420	Colposcopy of the entire vagina, with cervix if present;	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57420	Colposcopy of the entire vagina, with cervix if present;	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57420	Colposcopy of the entire vagina, with cervix if present;	01	183	22		FP	\$81.73	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57420	Colposcopy of the entire vagina, with cervix if present;	08	082	49		FP	\$81.73	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57420	Colposcopy of the entire vagina, with cervix if present;	08	083	22, 49		FP	\$81.73	No	per procedure	once per day	0 days	
57420	Colposcopy of the entire vagina, with cervix if present;	09	All	11		FP	\$81.73	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57420	Colposcopy of the entire vagina, with cervix if present;	10	100	11		FP	\$81.73	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

57420	Colposcopy of the entire vagina, with cervix if present;	31	All	11, 24, 99		FP	\$81.73	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57420	Colposcopy of the entire vagina, with cervix if present;	33	335	11, 99		FP	\$81.73	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 5/4/1	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
5/421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	01	183	22		FP	\$155.89	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	08	082	49		FP	\$155.89	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	08	083	22, 49		FP	\$155.89	No	per procedure	one per 90 days	0 days	
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	09	All	11		FP	\$155.89	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 5/4/1	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	10	100	11		FP	\$155.89	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/4/1	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	31	All	11, 21, 23, 24, 99		FP	\$155.89	No, but AUR and PSR process applies	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 5/4/1	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	33	335	11, 21, 23, 99		FP	\$155.89	No	per procedure	one per 90 days	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	01	021	24	SG		\$584.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	02	020	24	SG		\$584.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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57452	Colposcopy of the cervix including upper/adjacent vagina;	01	183	22		FP	\$114.64	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	08	082	49		FP	\$114.64	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	08	083	22, 49		FP	\$114.64	No	per procedure	once per day	0 days	
57452	Colposcopy of the cervix including upper/adjacent vagina;	09	All	11		FP	\$114.64	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	10	100	11		FP	\$114.64	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	31	All	11, 24		FP	\$114.64	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57452	Colposcopy of the cervix including upper/adjacent vagina;	33	335	11		FP	\$114.64	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
5/454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	01	183	22		FP	\$168.63	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	08	082	49		FP	\$168.63	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	08	083	22, 49		FP	\$168.63	No	per procedure	once per day	0 days	
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	31	All	11, 24, 99		FP	\$168.63	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	33	335	11, 99		FP	\$168.63	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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5/455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
5/455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 5/455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	01	183	22		FP	\$137.94	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 5/455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	08	082	49		FP	\$137.94	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	08	083	22, 49		FP	\$137.94	No	per procedure	once per day	0 days	
1 5/455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	09	All	11		FP	\$137.94	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 5/455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	10	100	11		FP	\$137.94	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	31	All	11, 24, 99		FP	\$137.94	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 5/455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	33	335	11, 99		FP	\$137.94	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
5/456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
5/456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	01	183	22		FP	\$128.30	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	08	082	49		FP	\$128.30	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 5/456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	08	083	22, 49		FP	\$128.30	No	per procedure	once per day	0 days	

5/456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	09	All	11		FP	\$128.30	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	10	100	11		FP	\$128.30	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/450	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	31	All	11, 24, 99		FP	\$128.30	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 5/45h	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	33	335	11, 99		FP	\$128.30	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 574hU	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 5/4hU	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	01	183	22		FP	\$202.40	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	08	082	49		FP	\$202.40	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	08	083	22, 49		FP	\$202.40	No	per procedure	once per day	0 days	
5/4hU	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	31	All	11, 24, 99		FP	\$202.40	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
5/461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 5/4h1	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	01	183	22		FP	\$234.04	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	08	082	49		FP	\$234.04	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	08	083	22, 49		FP	\$234.04	No	per procedure	once per day	0 days	
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	31	All	11, 24, 99		FP	\$234.04	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	01	021	24	SG		\$779.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	02	020	24	SG		\$779.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
5/500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	01	183	22		FP	\$94.01	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	08	082	49		FP	\$94.01	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	08	083	22, 49		FP	\$94.01	No	per procedure	once per day	0 days	
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	31	All	11, 24, 99		FP	\$94.01	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/505	Endocervical curettage (not done as part of a dilation and curettage)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
5/505	Endocervical curettage (not done as part of a dilation and curettage)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57505	Endocervical curettage (not done as part of a dilation and curettage)	01	183	22		FP	\$113.13	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
5/505	Endocervical curettage (not done as part of a dilation and curettage)	08	082	49		FP	\$113.13	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57505	Endocervical curettage (not done as part of a dilation and curettage)	08	083	22, 49		FP	\$113.13	No	per procedure	once per day	10 days	

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1 5/505	Endocervical curettage (not done as part of a dilation and curettage)	31	All	11, 24, 99		FP	\$113.13	and PSR process applies	per procedure	once per day	10 days	bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57510	Cautery of cervix; electro or thermal	01	021	24	SG		\$738.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57510	Cautery of cervix; electro or thermal	02	020	24	SG		\$738.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57510	Cautery of cervix; electro or thermal	01	183	22		FP	\$32.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57510	Cautery of cervix; electro or thermal	08	082	49		FP	\$32.00	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57510	Cautery of cervix; electro or thermal	08	083	22, 49		FP	\$32.00	No	per procedure	once per day	10 days	
57510	Cautery of cervix; electro or thermal	31	All	11, 24, 99		FP	\$32.00	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57511	Cautery of cervix; cryocautery, initial or repeat	01	021	24	SG		\$785.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57511	Cautery of cervix; cryocautery, initial or repeat	02	020	24	SG		\$785.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57511	Cautery of cervix; cryocautery, initial or repeat	01	183	22		FP	\$162.30	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57511	Cautery of cervix; cryocautery, initial or repeat	08	082	49		FP	\$162.30	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57511	Cautery of cervix; cryocautery, initial or repeat	08	083	22, 49		FP	\$162.30	No	per procedure	once per day	10 days	
57511	Cautery of cervix; cryocautery, initial or repeat	31	All	11, 24, 99		FP	\$162.30	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57513	Cautery of cervix; laser ablation	01	021	24	SG		\$785.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

57513	Cautery of cervix; laser ablation	02	020	24	SG		\$785.00	No, but AUR and PSR process		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57513	Cautery of cervix; laser ablation	01	183	22		FP	\$51.50	applies No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57513	Cautery of cervix; laser ablation	08	082	49		FP	\$51.50	No	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57513	Cautery of cervix; laser ablation	08	083	22, 49		FP	\$51.50	No	per procedure	once per day	10 days	
57513	Cautery of cervix; laser ablation	31	All	11, 24, 99		FP	\$51.50	No, but AUR and PSR process applies	per procedure	once per day	10 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	01	021	24	SG		\$796.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	02	020	24	SG		\$796.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	01	183	22		FP	\$211.50	No	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	08	082	49		FP	\$211.50	No	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	08	083	22, 49		FP	\$211.50	No	per procedure	once per day	90 days	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	31	All	11, 24, 99		FP	\$211.50	No, but AUR and PSR process applies	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	n/a	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	01	183	22		FP	\$217.95		per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	08	082	49		FP	\$217.95	No	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	08	083	22, 49		FP	\$217.95	No	per procedure	once per day	90 days	
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	31	All	11, 24, 99		FP	\$217.95	No, but AUR and PSR process applies	per procedure	once per day	90 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57800	Dilation of cervical canal, instrumental (separate procedure)	01	021	24	SG		\$817.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57800	Dilation of cervical canal, instrumental (separate procedure)	02	020	24	SG		\$817.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
57800	Dilation of cervical canal, instrumental (separate procedure)	01	183	22		FP	\$60.09	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57800	Dilation of cervical canal, instrumental (separate procedure)	08	082	49		FP	\$60.09	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
57800	Dilation of cervical canal, instrumental (separate procedure)	08	083	22, 49		FP	\$60.09	No	per procedure	once per day	0 days	
57800	Dilation of cervical canal, instrumental (separate procedure)	31	All	11, 24, 99		FP	\$60.09	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	01	021	24	SG		\$730.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	02	020	24	SG		\$730.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	01	183	22		FP	\$108.89	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	08	082	49		FP	\$108.89	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	08	083	22, 49		FP	\$108.89	No	per procedure	once per day	0 days	

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58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	31	All	11, 24, 99		FP	\$108.89	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	01	183	22		FP	\$32.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	08	082	49		FP	\$32.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	08	083	22, 49		FP	\$32.05	No	per procedure	once per day	0 days	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	09	All	11		FP	\$32.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	10	100	11		FP	\$32.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	31	All	11, 24, 99		FP	\$32.05	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	33	335	11, 99		FP	\$32.05	No	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
58567	Hysteroscopy, surgical; with removal of impacted foreign body	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
58562	Hysteroscopy, surgical; with removal of impacted foreign body	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
1 58567	Hysteroscopy, surgical; with removal of impacted foreign body	31	All	24		FP	\$359.51	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A	This provider type must bill with the ICD-10 DX Z30.011 through Z30.9

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64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	01	183	22		FP	\$104.43	No	per procedure	once per day	0 days	bill with the FP modifier or with the ICD-10 DX
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	08	082	49		FP	\$104.43	No	per procedure	once per day	0 days	Z30.011 through Z30.9 This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	08	083	22, 49		FP	\$104.43	No	per procedure	once per day	0 days	
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	31	All	11, 24, 99		FP	\$104.43	No, but AUR and PSR process applies	per procedure	once per day	0 days	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76830	Ultrasound, transvaginal	01	183	22		FP	\$76.50	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76830	Ultrasound, transvaginal	01	183	22	TC	FP	\$46.50	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76830	Ultrasound, transvaginal	08	082	49		FP	\$76.50	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76830	Ultrasound, transvaginal	08	082	49	TC	FP	\$46.50	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76830	Ultrasound, transvaginal	08	083	22, 49		FP	\$76.50	No	per procedure	once per day	N/A	
76830	Ultrasound, transvaginal	08	083	22, 49	TC	FP	\$46.50	No	per procedure	once per day	N/A	
76830	Ultrasound, transvaginal	31	All	11		FP	\$76.50	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76830	Ultrasound, transvaginal	31	All	11	TC	FP	\$46.50	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76830	Ultrasound, transvaginal	31	All	11, 22, 49	26	FP	\$30.00	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	01	183	22		FP	\$131.63	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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/6856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	01	183	22	TC	FP	\$88.59	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
/6856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	08	082	49		FP	\$131.63	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
/6856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	08	082	49	TC	FP	\$88.59	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	08	083	22, 49		FP	\$131.63	No	per procedure	once per day	N/A	
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	08	083	22, 49	тс	FP	\$88.59	No	per procedure	once per day	N/A	
/6856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	31	All	11		FP	\$131.63	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	31	All	11	TC	FP	\$88.59	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	31	All	11, 22, 49	26	FP	\$43.04	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
/ 685 /	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	01	183	22		FP	\$57.83	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
/685/	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	01	183	22	TC	FP	\$26.64	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
/685/	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	08	082	49		FP	\$57.83	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
/685/	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	08	082	49	TC	FP	\$26.64	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	08	083	22, 49		FP	\$57.83	No	per procedure	once per day	N/A	
/685/	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	08	083	22, 49	тс	FP	\$26.64	No	per procedure	once per day	N/A	
/685/	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	31	All	11		FP	\$57.83	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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1 /685/	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	31	All	11	TC	FP	\$26.64	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 /685/	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	31	All	11, 22, 49	26	FP	\$31.19	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	01	183	22		FP	\$9.36	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	01	183	22		QW, FP	\$9.36	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	28	280	81		FP	\$9.36	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	28	280	81		QW, FP	\$9.36	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	01	183	22		FP	\$11.69	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	01	183	22		QW, FP	\$11.69	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	28	280	81		FP	\$11.69	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	28	280	81	QW, FP	\$11.69	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	01	183	22	FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	01	183	22	 QW, FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	08	082	49	FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	08	082	49	 QW, FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	08	083	22, 49	FP	\$14.00	No	per test	once per day	N/A	
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	08	083	22, 49	QW, FP	\$14.00	No	per test	once per day	N/A	
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	09	All	11	FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	09	All	11	QW, FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	10	100	11	 FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	10	100	11	 QW, FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	28	280	81	 FP	\$14.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct										This provider type must bill with the FP modifier
80061	measurement, high density cholesterol (HDL cholesterol)	28	280	81	QW, FP	\$14.00	No	per test	once per day	N/A	or with the ICD-10 DX
	(83718) Triglycerides (84478)										Z30.011 through Z30.9
	Lipid panel This panel must include the following:										This provider type must
	Cholesterol, serum, total (82465) Lipoprotein, direct										bill with the FP modifier
80061	measurement, high density cholesterol (HDL cholesterol)	31	All	11	FP	\$14.00	No	per test	once per day	N/A	or with the ICD-10 DX
	(83718) Triglycerides (84478)										Z30.011 through Z30.9
	Lipid panel This panel must include the following:										This provider type must
	Cholesterol, serum, total (82465) Lipoprotein, direct										bill with the FP modifier
80061		31	All	11	QW, FP	\$14.00	No	per test	once per day	N/A	or with the ICD-10 DX
	measurement, high density cholesterol (HDL cholesterol)										
	(83718) Triglycerides (84478) Lipid panel This panel must include the following:										Z30.011 through Z30.9
											This provider type must bill with the FP modifier
80061	Cholesterol, serum, total (82465) Lipoprotein, direct	33	335	11	FP	\$14.00	No	per test	once per day	N/A	
	measurement, high density cholesterol (HDL cholesterol)										or with the ICD-10 DX
	(83718) Triglycerides (84478)										Z30.011 through Z30.9
	Lipid panel This panel must include the following:										This provider type must bill with the FP modifier
80061	Cholesterol, serum, total (82465) Lipoprotein, direct	33	335	11	QW, FP	\$14.00	No	per test	once per day	N/A	
	measurement, high density cholesterol (HDL cholesterol)										or with the ICD-10 DX
	(83718) Triglycerides (84478)										Z30.011 through Z30.9
	Hepatic function panel This panel must include the following:										This provider type must
	Albumin (82040) Bilirubin, total (82247) Bilirubin, direct	04	402	22	50	¢0.00	N			N1 / A	bill with the FP modifier
	(82248) Phosphatase, alkaline (84075) Protein, total (84155)	01	183	22	FP	\$9.03	No	per test	once per day	N/A	or with the ICD-10 DX
	Transferase, alanine amino (ALT) (SGPT) (84460) Transferase,										Z30.011 through Z30.9
	aspartate amino (AST) (SGOT) (84450)										, , , , , , , , , , , , , , , , , , ,
	Hepatic function panel This panel must include the following:										This provider type must
	Albumin (82040) Bilirubin, total (82247) Bilirubin, direct					40.00					bill with the FP modifier
	(82248) Phosphatase, alkaline (84075) Protein, total (84155)	28	280	81	FP	\$9.03	No	per test	once per day	N/A	or with the ICD-10 DX
	Transferase, alanine amino (ALT) (SGPT) (84460) Transferase,										Z30.011 through Z30.9
-	aspartate amino (AST) (SGOT) (84450)										
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,										This provider type must
81000	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	01	183	22	FP	\$4.32	No	per test	once per day	N/A	bill with the FP modifier
	gravity, urobilinogen, any number of these constituents; non-										or with the ICD-10 DX
	automated, with microscopy										Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,										This provider type must
81000	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	08	082	49	FP	\$4.32	No	per test	once per day	N/A	bill with the FP modifier
	gravity, urobilinogen, any number of these constituents; non-								. ,		or with the ICD-10 DX
	automated, with microscopy							<u> </u>			Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,										
X1000	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	08	083	22, 49	FP	\$4.32	No	per test	once per day	N/A	
	gravity, urobilinogen, any number of these constituents; non-			_,		,				,	
	automated, with microscopy										
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,										This provider type must
1 X1000	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	09	All	11	FP	\$4.32	No	per test	once per day	N/A	bill with the FP modifier
	gravity, urobilinogen, any number of these constituents; non-					,				,	or with the ICD-10 DX
	automated, with microscopy										Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,										This provider type must
X1000	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	10	100	11	FP	\$4.32	No	per test	once per day	N/A	bill with the FP modifier
	gravity, urobilinogen, any number of these constituents; non-					7					or with the ICD-10 DX
	automated, with microscopy										Z30.011 through Z30.9

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	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must bill with the FP modifier
I X1000	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	28	280	81		FP	\$4.32	No	per test	once per day	N/A	or with the ICD-10 DX
	gravity, urobilinogen, any number of these constituents; non-											Z30.011 through Z30.9
	automated, with microscopy Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific											bill with the FP modifier
1 81000	gravity, urobilinogen, any number of these constituents; non-	31	All	11		FP	\$4.32	No	per test	once per day	N/A	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific											bill with the FP modifier
81000	gravity, urobilinogen, any number of these constituents; non-	33	335	11		FP	\$4.32	No	per test	once per day	N/A	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific											bill with the FP modifier
81001	gravity, urobilinogen, any number of these constituents;	01	183	22		FP	\$3.00	No	per test	once per day	N/A	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific											bill with the FP modifier
81001	gravity, urobilinogen, any number of these constituents;	08	082	49		FP	\$3.00	No	per test	once per day	N/A	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											
	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific						4					
81001	gravity, urobilinogen, any number of these constituents;	08	083	22, 49	U7	FP	\$4.37	No	per test	once per day	N/A	
	automated, with microscopy											
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
04004	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific					50	42.00					bill with the FP modifier
I X1001	gravity, urobilinogen, any number of these constituents;	09	All	11		FP	\$3.00	No	per test	once per day	N/A	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
81001	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	10	100	11		FP	\$3.00	No	per test	once per day	N/A	bill with the FP modifier
81001	gravity, urobilinogen, any number of these constituents;	10	100	11		1 Г	\$5.00	NO	pertest	once per day	N/A	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
81001	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	28	280	81		FP	\$3.00	No	per test	once per day	N/A	bill with the FP modifier
01001	gravity, urobilinogen, any number of these constituents;	20	200	01			<i>\$</i> 3.00		pertest	once per day	11/1	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
1 81001	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	31	All	11		FP	\$3.00	No	per test	once per day	N/A	bill with the FP modifier
	gravity, urobilinogen, any number of these constituents;						+0.00				,	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
1 81001	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	33	335	11		FP	\$3.00	No	per test	once per day	N/A	bill with the FP modifier
	gravity, urobilinogen, any number of these constituents;										-	or with the ICD-10 DX
	automated, with microscopy											Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
1 81007	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	01	183	22		FP	\$4.35	No	per test	once per day	N/A	bill with the FP modifier
	gravity, urobilinogen, any number of these constituents; non-										-	or with the ICD-10 DX
	automated, without microscopy							<u> </u>				Z30.011 through Z30.9
	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose,											This provider type must
81007	hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific	08	082	49		FP	\$4.35	No	per test	once per day	N/A	bill with the FP modifier
	gravity, urobilinogen, any number of these constituents; non-											or with the ICD-10 DX
	automated, without microscopy											Z30.011 through Z30.9

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81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non- automated, without microscopy	08	083	22, 49	FP	\$4.35	No	per test	once per day	N/A	
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non- automated, without microscopy	09	All	11	FP	\$4.35	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non- automated, without microscopy	10	100	11	FP	\$4.35	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non- automated, without microscopy	28	280	81	FP	\$4.35	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non- automated, without microscopy	31	All	11	FP	\$4.35	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non- automated, without microscopy	33	335	11	FP	\$4.35	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	01	183	22	FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	01	183	22	QW, FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	08	082	49	FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	08	082	49	QW, FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	08	083	22, 49	FP	\$3.10	No	per test	once per day	N/A	-
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	08	083	22, 49	QW, FP	\$3.10	No	per test	once per day	N/A	
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	09	All	11	FP	\$3.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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82465	Cholesterol, serum or whole blood, total	08	083	22, 49	FP	\$6.01	No	per test	once per day	N/A	
	Cholesterol, serum or whole blood, total	08	083	22, 49	QW, FP	\$6.01	No	per test	once per day	N/A	
	Cholesterol, serum or whole blood, total	28	280	81	FP	\$6.01	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82465	Cholesterol, serum or whole blood, total	28	280	81	QW, FP	\$6.01	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82533	Cortisol; total	01	183	22	FP	\$12.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82533	Cortisol; total	08	083	22, 49	FP	\$12.00	No	per test	once per day	N/A	
82533	Cortisol; total	28	280	81	FP	\$12.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82626	Dehydroepiandrosterone (DHEA)	01	183	22	FP	\$21.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82626	Dehydroepiandrosterone (DHEA)	08	083	22, 49	FP	\$21.00	No	per test	once per day	N/A	
82626	Dehydroepiandrosterone (DHEA)	28	280	81	FP	\$21.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	01	183	22	FP	\$21.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	28	280	81	FP	\$21.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82670	Estradiol; total	01	183	22	FP	\$21.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82670	Estradiol; total	28	280	81	FP	\$21.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82671	Estrogens; fractionated	01	183	22	FP	\$22.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
82671	Estrogens; fractionated	08	083	22, 49	 FP	\$22.00	No	per test	once per day	N/A	
82671	Estrogens; fractionated	28	280	81	FP	\$22.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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											This provider type must bill with the FP modifier
82672	Estrogens; total	01	183	22	FP	\$13.92	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
82672	Estrogens; total	28	280	81	FP	\$13.92	No	per test	once per day	N/A	bill with the FP modifier
											or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
82948	Glucose; blood, reagent strip	01	183	22	FP	\$2.00	No	per test	once per day	N/A	bill with the FP modifier
						-				-	or with the ICD-10 DX
						10.00					Z30.011 through Z30.9
82948	Glucose; blood, reagent strip	08	083	22, 49	FP	\$2.00	No	per test	once per day	N/A	
											This provider type must
82948	Glucose; blood, reagent strip	28	280	81	FP	\$2.00	No	per test	once per day	N/A	bill with the FP modifier
						<b>7</b> -100		P			or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	01	183	22	FP	\$12.50	No	per test	once per day	N/A	bill with the FP modifier
02551		01	105			<i><b>Q</b>12.30</i>	110	pertest	once per duy	,,,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	01	183	22	QW, FP	\$12.50	No	per test	once per day	N/A	bill with the FP modifier
02551	diacose, tolerance test (011), 5 specimens (includes glacose)	01	105	22	QVV, 11	Ş12.50	NO	pertest	once per day		or with the ICD-10 DX
											Z30.011 through Z30.9
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	08	083	22, 49	FP	\$12.50	No	per test	once per day	N/A	
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	08	083	22, 49	QW, FP	\$12.50	No	per test	once per day	N/A	
											This provider type must
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	28	280	81	FP	\$12.50	No	per test	once per day	N/A	bill with the FP modifier
82951	diacose, tolerance test (011), 5 specimens (includes glacose)	20	200	01	1.6	\$12.50	NO	pertest	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	28	280	81	QW, FP	\$12.50	No	portost	onco por dav	N/A	bill with the FP modifier
02951	Glucose, tolerance test (GTT), 5 specimens (includes glucose)	20	260	01	QW, FP	Ş12.50	INO	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
02001	Consideration folligle stimulating however, (FCU)	01	102	22	FP	Ć17 F0	Na	n o r to ot		NI / A	bill with the FP modifier
83001	Gonadotropin; follicle stimulating hormone (FSH)	01	183	22	FP	\$17.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
02001	Conservation fallials atting lating have and (FCU)	01	100	22		ć17 F0	Nia			NI / A	bill with the FP modifier
83001	Gonadotropin; follicle stimulating hormone (FSH)	01	183	22	QW, FP	\$17.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
83001	Gonadotropin; follicle stimulating hormone (FSH)	08	083	22, 49	FP	\$17.50	No	per test	once per day	N/A	
	Gonadotropin; follicle stimulating hormone (FSH)	08	083	22, 49	 QW, FP	\$17.50	No	per test	once per day	N/A	
											This provider type must
02004	Conservation folligie attaction between (FCD)	20	200	04		647 50	N1 -			<b>N1 / A</b>	bill with the FP modifier
83001	Gonadotropin; follicle stimulating hormone (FSH)	28	280	81	FP	\$17.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
		~~			o	A					bill with the FP modifier
83001	onadotropin; follicle stimulating hormone (FSH)	28	280	81	QW, FP	\$17.50	No	per test	once per day	N/A	or with the ICD-10 DX
											or with the ICD-10 DX

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											This provider type must
83002	Gonadotropin; luteinizing hormone (LH)	01	183	22	FP	\$17.00	No	per test	once per day	N/A	bill with the FP modifier
										,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
83002	Gonadotropin; luteinizing hormone (LH)	01	183	22	QW, FP	\$17.00	No	per test	once per day	N/A	bill with the FP modifier
05002	donadotropin, idternizing normone (En)	01	105	22	QVV, 11	Ş17.00	NO	pertest	once per day	19/7	or with the ICD-10 DX
											Z30.011 through Z30.9
83002	Gonadotropin; luteinizing hormone (LH)	08	083	22, 49	FP	\$17.00	No	per test	once per day	N/A	
83002	Gonadotropin; luteinizing hormone (LH)	08	083	22, 49	QW, FP	\$17.00	No	per test	once per day	N/A	
											This provider type must
83002	Gonadotropin; luteinizing hormone (LH)	28	280	81	FP	\$17.00	No	per test	once per day	N/A	bill with the FP modifier
03002		20	200	01	FF	\$17.00	NO	pertest	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
02002		20	200	01		ć17.00	Ne			NI / A	bill with the FP modifier
83002	Gonadotropin; luteinizing hormone (LH)	28	280	81	QW, FP	\$17.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
00.404			400	22	5.5	47.00					bill with the FP modifier
83491	Hydroxycorticosteroids, 17- (17-OHCS)	01	183	22	FP	\$7.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
83491	Hydroxycorticosteroids, 17- (17-OHCS)	08	083	22, 49	FP	\$7.00	No	per test	once per day	N/A	, , , , , , , , , , , , , , , , , , ,
								-			This provider type must
						4					bill with the FP modifier
83491	Hydroxycorticosteroids, 17- (17-OHCS)	28	280	81	FP	\$7.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
						4					bill with the FP modifier
83586	Ketosteroids, 17- (17-KS); total	01	183	22	FP	\$17.69	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
83586	Ketosteroids, 17- (17-KS); total	08	083	22, 49	FP	\$17.69	No	per test	once per day	N/A	0
								· ·			This provider type must
						4					bill with the FP modifier
83586	Ketosteroids, 17- (17-KS); total	28	280	81	FP	\$17.69	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
83727	Luteinizing releasing factor (LRH)	01	183	22	FP	\$23.76	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
83727	Luteinizing releasing factor (LRH)	08	083	22, 49	FP	\$23.76	No	per test	once per day	N/A	
				,		+_0.70				,,	This provider type must
											bill with the FP modifier
83727	Luteinizing releasing factor (LRH)	28	280	81	FP	\$23.76	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
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											bill with the FP modifier
84138	Pregnanetriol	01	183	22	FP	\$23.00	No	per test	once per day	N/A	or with the ICD-10 DX
0/100	Prognanatrial	08	083	22, 49	FP	\$23.00	No	por tost	onco por dav	N/A	Z30.011 through Z30.9
04130	Pregnanetriol	00	003	22,49	٢٢	γ25.UU	INU	per test	once per day	IN/A	

				-	1	-		1	1			
												This provider type must
84138	Pregnanetriol	28	280	81		FP	\$23.00	No	per test	once per day	N/A	bill with the FP modifier
		_		_			,	_		,	,	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
84144	Progesterone	01	183	22		FP	\$17.00	No	per test	2 per 7 days	N/A	bill with the FP modifier
04144	Tiogesterone	01	105	22			Ş17.00	NO	pertest			or with the ICD-10 DX
												Z30.011 through Z30.9
84144	Progesterone	08	083	22, 49		FP	\$17.00	No	per test	2 per 7 days	N/A	
												This provider type must
04144	Drogostorono	28	280	81		FP	\$17.00	No	portoct	2 por 7 days	N/A	bill with the FP modifier
84144	Progesterone	20	260	01		ГР	\$17.00	NO	per test	2 per 7 days	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
04446	Destautte	01	102	22		50	634.00	N			N1 / A	bill with the FP modifier
84146	Prolactin	01	183	22		FP	\$24.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
84146	Prolactin	08	083	22, 49		FP	\$24.00	No	per test	once per day	N/A	Ŭ
												This provider type must
												bill with the FP modifier
84146	Prolactin	28	280	81		FP	\$24.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
84233	Receptor assay; estrogen	01	183	22		FP	\$48.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
84233	Receptor assay; estrogen	08	083	22, 49		FP	\$48.00	No	per test	once per day	N/A	
04233		00	005	22, 43			Ş <del>+</del> 0.00					This provider type must
												bill with the FP modifier
84233	Receptor assay; estrogen	28	280	81		FP	\$48.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
84234	Receptor assay; progesterone	01	183	22		FP	\$82.32	No	per test	once per day	N/A	
												or with the ICD-10 DX
04224			002	22.40		50	602.22	Nia			NI / A	Z30.011 through Z30.9
84234	Receptor assay; progesterone	08	083	22, 49		FP	\$82.32	No	per test	once per day	N/A	This are side at which a second
												This provider type must
84234	Receptor assay; progesterone	28	280	81		FP	\$82.32	No	per test	once per day	N/A	bill with the FP modifier
							-			. ,	-	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
84235	Receptor assay; endocrine, other than estrogen or	01	183	22		FP	\$72.31	No	per test	once per day	N/A	bill with the FP modifier
	progesterone (specify hormone)						<i></i>					or with the ICD-10 DX
												Z30.011 through Z30.9
84235	Receptor assay; endocrine, other than estrogen or	08	083	22, 49		FP	\$72.31	No	per test	once per day	N/A	
07233	progesterone (specify hormone)			<i>LL</i> , <i>HJ</i>			Υ, 2.3 I				(Y/A	
												This provider type must
I X/I/35	Receptor assay; endocrine, other than estrogen or	28	280	81		FP	\$72.31	No	per test	once per day	N/A	bill with the FP modifier
0-7235	progesterone (specify hormone)	20	200				Υ, 2.3T				11/7	or with the ICD-10 DX
												Z30.011 through Z30.9

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												This provider type must
84270	Sex hormone binding globulin (SHBG)	01	183	22		FP	\$25.82	No	per test	once per day	N/A	bill with the FP modifier
							7				,	or with the ICD-10 DX
												Z30.011 through Z30.9
84270	Sex hormone binding globulin (SHBG)	08	083	22, 49		FP	\$25.82	No	per test	once per day	N/A	
												This provider type must
84270	Sex hormone binding globulin (SHBG)	28	280	81		FP	\$25.82	No	per test	once per day	N/A	bill with the FP modifier
0.2/0							+-0.0-				,	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
84402	Testosterone; free	01	183	22		FP	\$27.00	No	per test	once per day	N/A	bill with the FP modifier
01102		01	100				<i>\$27.00</i>	110	pertest	once per duy		or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
81102	Testosterone; free	28	280	81		FP	\$27.00	No	per test	once per day	N/A	bill with the FP modifier
04402		20	200	01			ŞZ7.00	NO	pertest	once per day		or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
84403	Testosterone; total	01	183	22		FP	\$27.00	No	per test	once per day	N/A	bill with the FP modifier
64405		01	102	22		ГР	\$27.00	INO	pertest	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
04402	Testesterens, tetal	20	200	01		50	ć 27.00	Ne	n o a toot		N1 / A	bill with the FP modifier
84403	Testosterone; total	28	280	81		FP	\$27.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
0.4.4.0	Testosterone; bioavailable, direct measurement (eg,	01	402	22		50	650.04	N			N1 / A	bill with the FP modifier
84410	differential precipitation)	01	183	22		FP	\$58.04	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
04410	Testosterone; bioavailable, direct measurement (eg,	20	200	01		50	ć50.04	Na			N1 / A	bill with the FP modifier
84410	differential precipitation)	28	280	81		FP	\$58.04	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
			4.0.0				400.04					bill with the FP modifier
84443	Thyroid stimulating hormone (TSH)	01	183	22		FP	\$23.21	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
			400			0.11	¢22.24					bill with the FP modifier
84443	Thyroid stimulating hormone (TSH)	01	183	22		QW, FP	\$23.21	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
							4000					bill with the FP modifier
84443	Thyroid stimulating hormone (TSH)	28	280	81		FP	\$23.21	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
									1			This provider type must
						<b>a</b>	4000					bill with the FP modifier
84443	Thyroid stimulating hormone (TSH)	28	280	81		QW, FP	\$23.21	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
84481	Triiodothyronine T3; free	01	183	22		FP	\$23.41	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
					1	<u> </u>			1			230.011 (1100g11230.9

84481	Triiodothyronine T3; free	08	083	22, 49	FP	\$23.41	No	per test	once per day	N/A	
84481	Triiodothyronine T3; free	28	280	81	FP	\$23.41	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
84702	Gonadotropin, chorionic (hCG); quantitative	01	183	22	FP	\$16.42	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
84702	Gonadotropin, chorionic (hCG); quantitative	08	083	22, 49	FP	\$16.42	No	per test	once per day	N/A	
84702	Gonadotropin, chorionic (hCG); quantitative	28	280	81	FP	\$16.42	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
84704	Gonadotropin, chorionic (hCG); free beta chain	01	183	22	FP	\$16.22	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
84704	Gonadotropin, chorionic (hCG); free beta chain	08	083	22, 49	FP	\$16.22	No	per test	once per day	N/A	
84704	Gonadotropin, chorionic (hCG); free beta chain	28	280	81	FP	\$16.22	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85014	Blood count; hematocrit (Hct)	01	183	22	FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85014	Blood count; hematocrit (Hct)	01	183	22	QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85014	Blood count; hematocrit (Hct)	08	082	49	FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85014	Blood count; hematocrit (Hct)	08	082	49	QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85014	Blood count; hematocrit (Hct)	08	083	22, 49	FP	\$3.23	No	per test	once per day	N/A	
85014	Blood count; hematocrit (Hct)	08	083	22, 49	QW, FP	\$3.23	No	per test	once per day	N/A	
85014	Blood count; hematocrit (Hct)	09	All	11	FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85014	Blood count; hematocrit (Hct)	09	All	11	QW, FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85014	Blood count; hematocrit (Hct)	10	100	11	FP	\$3.23	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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											This provider type must
85014	Blood count; hematocrit (Hct)	10	100	11	QW, FP	\$3.23	No	per test	once per day	N/A	bill with the FP modifier
						,	_		,	,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85014	Blood count; hematocrit (Hct)	28	280	81	FP	\$3.23	No	per test	once per day	N/A	bill with the FP modifier
		_0				<i>¥0.20</i>				,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85014	Blood count; hematocrit (Hct)	28	280	81	QW, FP	\$3.23	No	per test	once per day	N/A	bill with the FP modifier
		_0			ς,	<i>+----</i>				,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85014	Blood count; hematocrit (Hct)	31	All	11	FP	\$3.23	No	per test	once per day	N/A	bill with the FP modifier
05014		51	7.01			<i>4</i> 5.25	110	pertest	once per day	14/73	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85014	Blood count; hematocrit (Hct)	31	All	11	QW, FP	\$3.23	No	per test	once per day	N/A	bill with the FP modifier
05014		51			QVV, 11	Ψ <u></u> σ.25	NO	pertest	once per day		or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85014	Blood count; hematocrit (Hct)	33	335	11	FP	\$3.23	No	per test	once per day	N/A	bill with the FP modifier
05014		55	555	11		JJ.25	NO	pertest	once per day		or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85014	Blood count; hematocrit (Hct)	33	335	11	QW, FP	\$3.23	No	per test	once per day	N/A	bill with the FP modifier
05014		55	555	11	QVV, 11	JJ.25	NO	pertest	once per day		or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85018	Blood count; hemoglobin (Hgb)	01	183	22	FP	\$4.04	No	per test	once per day	N/A	bill with the FP modifier
05010		01	105	~~~		φ <del>1</del> .01	110	pertest	once per day	14/73	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85018	Blood count; hemoglobin (Hgb)	01	183	22	QW, FP	\$4.04	No	per test	once per day	N/A	bill with the FP modifier
05010		01	105	~~~	QVV, 11	Ş <del>1</del> .04	NO	pertest	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85018	Blood count; hemoglobin (Hgb)	08	082	49	FP	\$4.04	No	per test	once per day	N/A	bill with the FP modifier
83018		08	002	45	IF	Ş4.04	NO	pertest	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85018	Blood count; hemoglobin (Hgb)	08	082	49	QW, FP	\$4.04	No	per test	once per day	N/A	bill with the FP modifier
03010		00	002	49	QVV, FP	Ş4.04		per test	once per uay	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
85018	Blood count; hemoglobin (Hgb)	08	083	22, 49	FP	\$4.04	No	per test	once per day	N/A	
85018	Blood count; hemoglobin (Hgb)	08	083	22, 49	QW, FP	\$4.04	No	per test	once per day	N/A	
											This provider type must
85018	Rlood count: hemoglabin (Hgh)	09	All	11	FP	\$4.04	No	por toct	onco nor day	N/A	bill with the FP modifier
02010	Blood count; hemoglobin (Hgb)	09	All		FF	ې <del>4</del> .04		per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9

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											This provider type must
85018	Blood count; hemoglobin (Hgb)	09	All	11	QW, FP	\$4.04	No	per test	once per day	N/A	bill with the FP modifier
						·			. ,		or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85018	Blood count; hemoglobin (Hgb)	10	100	11	FP	\$4.04	No	per test	once per day	N/A	bill with the FP modifier
05010		10	100			φ 1.0 T		pertest	once per duy	,,,,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
85018	Blood count; hemoglobin (Hgb)	10	100	11	QW, FP	\$4.04	No	per test	once per day	N/A	bill with the FP modifier
03010		10	100	11	QVV, 1 P	Ş4.04	NO	pertest	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
05010		20	200	01	50	ć1 01	Nia			N1 / A	bill with the FP modifier
85018	Blood count; hemoglobin (Hgb)	28	280	81	FP	\$4.04	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
05015		~~		~ ~	0	A					bill with the FP modifier
85018	Blood count; hemoglobin (Hgb)	28	280	81	QW, FP	\$4.04	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
85018	Blood count; hemoglobin (Hgb)	31	All	11	FP	\$4.04	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
85018	Blood count; hemoglobin (Hgb)	31	All	11	QW, FP	\$4.04	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
85018	Blood count; hemoglobin (Hgb)	33	335	11	FP	\$4.04	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
85018	Blood count; hemoglobin (Hgb)	33	335	11	QW, FP	\$4.04	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9 This provider type must
	Plead county complete (CPC) subsysted (Ush Ust PPC )MPC										
	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC	01	183	22	FP	\$6.00	No	per test	total of two tests	N/A	bill with the FP modifier
	and platelet count) and automated differential WBC count								per day		or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
1 85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC	01	183	22	QW, FP	\$6.00	No	per test	total of two tests	N/A	bill with the FP modifier
	and platelet count) and automated differential WBC count								per day	-	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
1 85075	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC	01	183	22	FP, 91	\$6.00	No	per test	total of two tests	N/A	bill with the FP modifier
	and platelet count) and automated differential WBC count				, 51	+			per day		or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
1 85075	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC	01	183	22	QW, FP, 91	\$6.00	No	per test	total of two tests	N/A	bill with the FP modifier
05025	and platelet count) and automated differential WBC count	01	105	~~	QVV, 11, J1	<b>JO.00</b>		pertest	per day	11/1	or with the ICD-10 DX
											Z30.011 through Z30.9

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85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08	082	49	FP	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08	082	49	FP, 91	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08	082	49	QW, FP	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08	082	49	QW, FP, 91	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08	083	22, 49	FP	\$6.00	No	per test	total of two tests per day	N/A	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08	083	22, 49	QW, FP	\$6.00	No	per test	total of two tests per day	N/A	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08	083	22, 49	FP, 91	\$6.00	No	per test	total of two tests per day	N/A	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	08	083	22, 49	QW, FP, 91	\$6.00	No	per test	total of two tests per day	N/A	
1 85075	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	09	All	11	FP	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	09	All	11	FP, 91	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 85075	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	09	All	11	QW, FP	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	09	All	11	QW, FP, 91	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	10	100	11	FP	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	10	100	11	FP, 91	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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and placeter county are automated differential VME count $10$ $10$ $11$ $10$ $11$ $10$ $11$ $10$ $11$ $10$ $10$ $11$ $10$ $10$ $11$ $10$ $11$ $10$ $10$ $11$ $10$ $10$ $11$ $10$ $10$ $11$ $10$ $10$ $11$ $10$ $10$ $11$ $10$ $10$ $11$ $10$ $10$ $11$ $10$ $10$ $11$ $10$	85025		10	100	11	OW, FP	\$6.00	No	per test		N/A	
SoldMode currer, complete (EGC, automande I) (BA, HE, RGC, WAG101011 $OW, FP, 92$ So.00Noper testcolar id row testNAMinimity complete (EGC, automande I) (BA, HE, RGC, WAGSoldMode currer, complete (EGC, automande I) (BA, HE, RGC, WAG2828081PPSo.00Noper testtotal id row testNAThis provider type mark in the CD-3D DXSoldMode currer, complete (EGC, automande I) (BA, HE, RGC, WAG2828081PPSo.00Noper testtotal id row testNAThis provider type mark in the CD-3D DXSoldMode fourter, complete (EGC, automande I) (BA, HE, RGC, WAG2828081PP, 91So.00Noper testtotal if row testNAThis provider type mark in the CD-3D DXSoldMode fourter, complete (EGC, automande I) (BA, HE, RGC, WAG2828081PP, 91So.00Noper testtotal if row testNAThis provider type mark in the CD-3D DXSoldMode fourter, complete (EGC, automande I) (BA, HE, RGC, WAG2828081PP, 91So.00Noper testtotal if row testsNAThis provider type mark in the CD-3D DXSoldMode fourter, complete (EGC, automande I) (BA, HE, RGC, WAG2828081PF, 91So.00Noper testtotal if row testsNAThis provider type mark in the CD-3D DXSoldMode fourter, complete (EGC, automande I) (BA, HE, RGC, WAG282808111PPSo.00No <td>03023</td> <td>and platelet count) and automated differential WBC count</td> <td>10</td> <td>100</td> <td></td> <td>QW, 11</td> <td>90.00</td> <td></td> <td>pertest</td> <td>per day</td> <td>N/A</td> <td></td>	03023	and platelet count) and automated differential WBC count	10	100		QW, 11	90.00		pertest	per day	N/A	
SND2       Ind pittelet count) and automated differential WSC count       30       100       11 $(DW, H^{-1})$ 9.0.00       No       pertext       perday       NA       A or with teCD-10X radius and the count of t		Blood count: complete (CBC), automated (Hgb. Hct. RBC, WBC								total of two tests		
BS025     Hinder County: complete (C&C), automated High, Hz, RSC, WRC meth placeted count) and automated differential WBC count     28     280     81     FP     56.00     No     per test     Iolal of two lests per day     N/A       BS025     Biood rount; complete (C&C), automated High, Hz, RSC, WRC and placeted count) and automated differential WEC count     28     280     81     GW, FP     56.00     No     per test     Iolal of two lests per day     N/A       BS025     Biood rount; complete (CSC), automated High, Hz, RSC, WRC and placeted count) and automated differential WEC count     28     280     81     GW, FP     56.00     No     per test     Iolal of two lests per day     N/A       BS025     Biood rount; complete (CSC), automated High, Hz, RSC, WRC and placeted count) and automated differential WEC count     28     280     81     GW, FP, 91     56.00     No     per test     Iotal of two lests per day     N/A       BS025     Biood count; complete (CSC), automated High, Hz, RSC, WRC and placeted count) and automated differential WEC count     78     780     81     GW, FP, 91     56.00     No     per test     Iotal of two lests per day     N/A       BS025     Biood count; complete (CSC), automated High, Hz, RSC, WRC and placeted count) and automated differential WRC count     31     Ail     11     FP, 91     56.00     No     per test     Iotal of two lests per d	85025		10	100	11	QW, FP, 91	\$6.00	No	per test		N/A	or with the ICD-10 DX
Babod count; complete (EQC), automated differential WEC count     28     280     8.1     PP     56.00     No     per test     Indi of two tests     N/A     Diver the CD-100X- 20011 through 2009       BBD2     and platelet count) and automated differential WEC count     28     280     8.1     QW, FP     56.00     No     per test     tatal of two tests     N/A     Diver the CD-100X- 20011 through 2009       BBD2     and platelet count) and automated differential WEC count     28     280     8.1     PP, 91     56.00     No     per test     tatal of two tests     N/A     Diver test with CD-100X- 20011 through 2009       BBD2     and platelet count) and automated differential WEC count     28     280     8.1     PP, 91     56.00     No     per test     tatal of two tests     N/A     Diver test with CD-100X- 20011 through 2009       BBD2     and platelet count) and automated differential WEC count     28     280     8.1     PP     56.00     No     Per test     tatal of two tests     N/A     Diver test with CD-100X- 20011 through 2009       BBD2     and platelet count) and automated differential WEC count     31     All     11     PP     56.00     No     Per test     tatal of two tests     N/A     Diver test with the CD-100X- 20011 through 2009       BBD2     and platelet count) and automa												-
B3D2       Ind pistel count and automated differential W2C count       28       280       81       PP       9000       NO       pertext       perday       N/A       or with the (D-D 0X)         8022       Biod count; complete (CEC, automated (Hg), HL, RS, WSC count       28       280       81       RM, PP       56.00       NO       pertext       total of two tests       N/A       or with the (D-D 0X)         8022       Biod count; complete (CEC, automated (Hg), HL, RS, WSC count       28       280       81       RM, PP, 91       56.00       NO       pertext       total of two tests       N/A       Inspractore type modifier or with the (D-D 0X)         8022       Biod count; complete (CEC, automated (Hg), HL, RS, WSC count       28       28       280       81       FP, 91       56.00       NO       pertext       total of two tests       N/A       Inspractore type modifier or with the (D-D 0X)         80272       Biod count; complete (CEC, automated (Hg), HL, RS, WSC count       28       28       280       81       FP, 91       56.00       NO       pertext       total of two tests       N/A       This provider type modifier or with the (D-D 0X)         80272       Biod count; complete (CEC), automated (Hg), HL, RS, WSC count       31       All       111       FP, 91       56.00       NO <td></td> <td>Blood count: complete (CBC) automated (Hgb. Hct. BBC. WBC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>total of two tests</td> <td></td> <td></td>		Blood count: complete (CBC) automated (Hgb. Hct. BBC. WBC								total of two tests		
Image: constraint on the constr	1 85075		28	280	81	FP	\$6.00	No	per test		N/A	
Biological contrignation       Biological contrignation       Second frequencies       No.       Pertext       Total of two tests per day       No.       This provider type made         8002       Biological contrignation       Contrignation       Second frequencies       No.       Pertext       Total of two tests per day       No.										perady		
830028100d count; complete (CEC, automated (Hgb, Hct, REC, WEC, WEC, Caunt) and platelet count) and automated (Hgb, Hct, REC, WEC, WEC, and platelet count) and automated (Hgb, Hct, REC, WEC, WEC, and platelet count) and automated (Hgb, Hct, REC, WEC, WEC, and platelet count) and automated (Hgb, Hct, REC, WEC, and platelet count) and automated (Hgb, Hct, REC, WEC, WEC, and platelet count) and automated (Hgb, Hct, REC, WEC, WEC, and platelet count) and automated (Hgb, Hct, REC, WEC, WEC, and platelet count) and automated (Hgb, Hct, REC, WEC, WEC, WEC, WEC, WEC, WEC, WEC, W												
and patchet count and patchet differential WBC count 2800 811 Pr S6.00 No Pertext total of two tests PN/A This provider type masc and patchet count	05005	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC	20	200	04	014/ 50	¢c.00	N		total of two tests	NI / A	
8502Biod count: complete (CBC), automated (Hg), Hct, RBC, WBC and platelet count) and automated differential WBC count2828081FP, 91S6.00Noper testtotal of two tests per dayN/AThis provider type must. 230.011 through 230.98502Biod count: complete (CBC), automated (Hg), Hct, RBC, WBC and platelet count) and automated differential WBC count2828081QW, FP, 91S6.00Noper testtotal of two tests per dayN/AThis provider type must. 230.011 through 230.98502Biod count: complete (CBC), automated (Hg), Hct, RBC, WBC and platelet count) and automated differential WBC count31AII11FPS6.00Noper testtotal of two tests per dayN/AThis provider type must. 230.011 through 230.98502Biod count: complete (CBC), automated (Hg), Hct, RBC, WBC and platelet count) and automated differential WBC count31AII11FP, 91S6.00Noper testtotal of two tests per dayN/AThis provider type must. 230.011 through 230.98502Biod count: complete (CBC), automated (Hg), Hct, RBC, WBC and platelet count) and automated differential WBC count31AII11GW, FPS6.00Noper testtotal of two tests per dayN/A8502Biod count: complete (CBC), automated (Hg), Hct, RBC, WBC and platelet count) and automated differential WBC count31AII11QW, FPS6.00Noper testtotal of two tests per dayN/A8502Biod count: complete (CBC), automa	85025	and platelet count) and automated differential WBC count	28	280	81	QW, FP	\$6.00	NO	per test	per day	N/A	or with the ICD-10 DX
8602     Bload count; complete (CSC), automated (Hgb, Hct, RBC, WBC Count)     28     280     81     FP, 91     S6.00     No     per test     total of two tests of the Prodifier or with the (CP-10 DX 230011 through 230.9)       8502     Bload count; complete (CSC), automated (Hgb, Hct, RBC, WBC Count)     28     280     81     QW, FP, 91     S6.00     No     per test     total of two tests of the Prodifier or with the (CP-10 DX 230011 through 230.9)       85025     Bload count; complete (CSC), automated (Hgb, Hct, RBC, WBC Count)     31     All     11     FP     S6.00     No     per test     total of two tests of the Prodifier or with the (CP-10 DX 230011 through 230.9)       85025     Bload count; complete (CSC), automated (Hgb, Hct, RBC, WBC Count)     31     All     11     FP, 91     S6.00     No     per test     total of two tests of the Prodifier or with the (CP-10 DX 230011 through 230.9)       85025     Bload count; complete (CSC), automated (Hgb, Hct, RBC, WBC Count)     31     All     11     FP, 91     S6.00     No     per test     total of two tests of the Prodifier or with the (CP-10 DX 230011 through 230.9)       85025     Bload count; complete (CSC), automated (Hgb, Hct, RBC, WBC Count)     31     All     11     QW, FP     S6.00     No     per test     total of two tests of the Prodifier or with the (CP-10 DX 230011 through 230.9)       85025     Bload count; complet												Z30.011 through Z30.9
88025 8002and platelet count) and automated differential WBC count.2828081PP, 91S6.00NoPer testper dayN/Aor with the ICD-10 X85025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count28282881QW, FP, 91\$6.00NoPer testtotal of two tests per dayN/AThis provider type must or with the ICD-10 X 230011 through 230.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count31All11PP\$6.00NoPer testtotal of two tests per dayN/AN/AThis provider type must bill with the PP modifier or with the ICD-10 X 230011 through 230.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count31All11PP, 91\$6.00NoPer testtotal of two tests per dayN/A85025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count31All11QW, FP\$6.00NoPer testtotal of two tests per dayN/A85025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count31All11QW, FP\$6.00NoPer testtotal of two tests per dayN/AThis provider type must count the CD-10 DX c230011 through 230.985025Blood c												
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC	28	280	81	FP 91	\$6.00	No	ner test	total of two tests	Ν/Δ	bill with the FP modifier
Biod count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       28       280       81       QW, FP, 91       56.00       No       per test       total of two tests per day       N/A       This provider type must.         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must.         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A       This provider type must.         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       31       All       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A       This provider type must.         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       31       All       11       QW, FP, 91       \$6.00       No       per test       total of two tests per day       N/A       This provider type must.         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC,	05025	and platelet count) and automated differential WBC count	20	200	01	11, 51	<b>Ç0.00</b>	110	pertest	per day		
Bload count; complete (CBC), automated (Hgb, Hct, RBC, WBC 24)       28       280       81       QW, FP, 91       \$6.00       No       per test       total of two tests per day       N/A       bill with the FP modifier or with the (CP-100 X 230.0111 through 230.9)         8002       Bload count; complete (CBC), automated (Hgb, Hct, RBC, WBC 20001       31       All       11       FP       \$6.00       No       per test       total of two tests per day       N/A       finity provider type must be or with the CP-100 X 230.0111 through 230.9         8002       Bload count; complete (CBC), automated (Hgb, Hct, RBC, WBC 20001       31       All       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A       finity provider type must be or with the CP-100 X 230.0111 through 230.9         85025       Bload count; complete (CBC), automated (Hgb, Hct, RBC, WBC 20001       31       All       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A       finity provider type must 320.91         85025       Bload count; complete (CBC), automated (Hgb, Hct, RBC, WBC 20001       31       All       11       QW, FP, 91       \$6.00       No       per test       total of two tests per day       N/A       finity provider type must 320.91         85025       Bload count; complete (CBC), automated (Hgb, Hct, R										=		
38025       and platelet count) and automated differential WBC count       28       280       81       CW, P, 91       56.00       No       per test       per day       N/A       or with the (CD-10 DX Z0011 through Z00.9)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       FP       \$6.00       No       per test       total of two tests per day       N/A       or with the (CD-10 DX Z0011 through Z00.9)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A       total of two tests or with the (CD-10 DX Z0011 through Z00.9)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the CP-10 DX Z0011 through Z00.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP, 91       \$6.00       No       per test       total of two tests per day												
Image: construct on the section of the secting of the secting of the secting of	85025		28	280	81	QW, FP, 91	\$6.00	No	per test		N/A	
85025       Biod count; complete (CBC), automated (Hgb, Hct, RBC, WBC Count       31       All       11       FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the (CD-10 DX Z30011 through Z30.9)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP       \$5.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the (CD-10 DX Z30011 through Z30.9)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP, 91       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the (CD-10 DX Z30011 through Z30.9)       This provider type must bill with the FP modifier or with the (CD-10 DX Z30011 through Z30.9)       This provider type must bill with the FP modifier or with the (CD-10 DX Z30011 through Z30.9)       This provider type must bill with the FP modifier or		and platelet count) and automated differential WBC count								per day		
8502       Biod count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       FP       \$6.00       No       per test       total of two tests per day       N/A       bill with the PP modifier or with the CD-1D XZ ZOUTHOUND Z												
38025       and platelet count) and automated differential WBC count       31       All       11       PP       S6.00       No       per test       per day       N/A       or with the ICD-10 DX 230.011 through 230.9         85025       Blood count; complete (CEC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       PP, 91       S6.00       No       per test       total of two tests per day       N/A       or with the ICD-10 DX 230.011 through 230.9         85025       Blood count; complete (CEC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP       S6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX 230.91         85025       Blood count; complete (CEC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP, 91       S6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX 230.91         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       FP, 91       S6.00       No       per test       total o		Pland count: complete (CBC) automated (High Hist BBC WBC								total of two tests		
Image: constraint of the constr	85025		31	All	11	FP	\$6.00	No	per test		N/A	
85025       Biod count; complete (CBC), automated (Hgb, Hct, RBC, WBC count) and automated differential WBC count       31       All       11       FP, 91       \$56.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the CD-10 DX Z30.011 through Z30.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       31       All       11       QW, FP       \$56.00       No       per test       total of two tests per day       N/A       This provider type must bill with the CD-10 DX Z30.011 through Z30.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       31       All       11       QW, FP       \$56.00       No       per test       total of two tests per day       N/A       This provider type must bill with the CD-10 DX Z30.011 through Z30.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       31       All       11       QW, FP, 91       \$56.00       No       per test       total of two tests per day       N/A       This provider type must bill with the CD-10 DX Z30.011 through Z30.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       FP       \$56.00       No       per test       total of two tests per day       N/A       This provider type must bil										peruay		
85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count)       31       All       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A       bill with the FP modifier or with the (CD-1D DX 230)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP       \$56.00       No       per test       total of two tests per day       N/A       bill with the FP modifier or with the (CD-1D DX 230)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP, 91       \$66.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the (CD-1D DX 230)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       PFP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the (CD-1D DX 230)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       FP       \$6.00       No												
S025       and platelet count) and automated differential WBC count       31       All       11       PP, 91       S6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP       S6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the PP modifier or with the ICD-10 DX is 230.011 through 230.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP, 91       S6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9       This provider type must bill with the PP modifier or with the ICD-10 DX is 0.9 <t< td=""><td></td><td>Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>total of two tests</td><td></td><td></td></t<>		Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC								total of two tests		
Image: Normal stateImage: Normal	1 85075		31	All	11	FP, 91	Ş6.00	No	per test		N/A	
85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count) and automated differential WBC count) and automated differential WBC count       31       All       11       QW, FP       \$\$6.00       No       per test       total of two tests per day       N/A       bill with the FP modifier or with the (C-10 DX Z00)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       31       All       11       QW, FP, 91       \$\$6.00       No       per test       total of two tests per day       N/A       bill with the FP modifier or with the (C-10 DX Z00)         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count)       31       All       11       Previous Prev												
85025       and platelet count) and automated differential WBC count       31       All       11       QW, PP       Sb.00       NO       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count) and automated differential WBC count       31       All       11       QW, FP, 91       S6.00       No       Per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count) and automated differential WBC count       31       All       11       QW, FP, 91       S6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count)       33       335       11       PFP       S6.00       No       Per test       total of two tests per day       N/A       This provider type must bill with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count)       33       335       11       PFP, 91       S6.00       No       Per test       total of two tests per day       N/A       This provider type must bill with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count)       33												This provider type must
and platelet count) and automated differential WBC count       indexter in the interval of the interva	95025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC	21	A 11	11		\$6.00	No	por tost	total of two tests	NI / A	bill with the FP modifier
85025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count31All11QW, FP, 91\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX 230.011 through 230.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511FP\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX 230.011 through 230.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511FP, 91\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX 230.011 through 230.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511FP, 91\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX 230.011 through 230.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511QW, FP\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 <tr< td=""><td>03023</td><td>and platelet count) and automated differential WBC count</td><td>51</td><td>All</td><td>11</td><td>QVV, FF</td><td>Ş0.00</td><td>NO</td><td>pertest</td><td>per day</td><td>N/A</td><td>or with the ICD-10 DX</td></tr<>	03023	and platelet count) and automated differential WBC count	51	All	11	QVV, FF	Ş0.00	NO	pertest	per day	N/A	or with the ICD-10 DX
85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count) and automated differential WBC count) and automated differential WBC count       All       11       QW, FP, 91       \$50.00       No       per test       total of two tests per day       N/A       bill with the FP modifier or with the ICD-10 DX z30.011 through 230.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count and automated differential WBC count       33       335       11       FP       \$6.00       No       per test       total of two tests per day       N/A       bill with the FP modifier or with the ICD-10 DX z30.011 through 230.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count and automated differential WBC count       33       335       11       FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX z30.011 through 230.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count and automated differential WBC count and												Z30.011 through Z30.9
85025       and platelet count) and automated differential WBC count       31       All       11       QW, FP, 91       \$6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       FP       \$6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       FP       \$6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A       This provider type must         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       PF, 91       \$6.00       No       per test       total of two tests per day       N/A       This provider type must         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and <td></td>												
and platelet count) and automated differential WBC count       and platelet count) and automated differential WBC count <td< td=""><td>1 85075</td><td></td><td>31</td><td>All</td><td>11</td><td>QW. FP. 91</td><td>\$6.00</td><td>No</td><td>per test</td><td></td><td>N/A</td><td></td></td<>	1 85075		31	All	11	QW. FP. 91	\$6.00	No	per test		N/A	
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511FP\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX 230.011 through Z30.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511FP, 91\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511FP, 91\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511QW, FP\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.985025Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count3333511QW, FP\$6.00Noper testtotal of two tests per dayN/AThis provider type must bill with the FP modifier or with the ICD-10 DX		and platelet count) and automated differential WBC count					,			per day	-,	
85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count and automated differential WBC count and a						+ +						
85025       and platelet count) and automated differential WBC count       33       335       11       PP       \$6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       PP       \$6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       PP       \$6.00       No       Per test       total of two tests per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       PP       \$6.00       No       Per test       total of two tests per day       N/A       This provider type must bill with the FP modifier         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       QW, FP       \$6.00       No       Per test       total of two tests per day       N/A       This provider type must bill with the FP modifier         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       QW, FP       \$6.00       No       per test		Plead county complete (CPC) systemated (U-b, U-t, PPC, MPC)								total of the tast		
Image: state s	1 X5075		33	335	11	FP	\$6.00	No	per test		N/A	
85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       FP, 91       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX 230.011 through Z30.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       QW, FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX 230.011 through Z30.9         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       QW, FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX         85025       Blood count; complete (CBC), automated differential WBC count       33       335       11       QW, FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX		and platelet county and automated differential WBC count								per day		
85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count and automated differential WBC count and a												
85025       and platelet count) and automated differential WBC count       33       335       11       PP, 91       \$6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       PP, 91       \$6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       PP, 91       \$6.00       No       per test       per day       N/A       or with the ICD-10 DX         85025       Blood count; complete (CBC), automated differential WBC count       33       335       11       PP, 91       \$6.00       No       per test       total of two tests       Ph hill with the FP modifier         and platelet count) and automated differential WBC count       33       335       11       PR, PP, 91       \$6.00       No       Per test       total of two tests       Ph hill with the FP modifier		Blood count: complete (CBC) automated (Høb. Het. BBC. WBC								total of two tests		
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC count       33       335       11       QW, FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX	1 85025		33	335	11	FP, 91	\$6.00	No	per test		N/A	
85025       Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       QW, FP       \$6.00       No       per test       total of two tests per day       N/A       This provider type must bill with the FP modifier or with the ICD-10 DX										per day		
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count       33       335       11       QW, FP       \$6.00       No       per test       total of two tests per day       N/A       bill with the FP modifier or with the ICD-10 DX												
and platelet count) and automated differential WBC count 33 335 11 QW, FP \$6.00 No per test per day N/A or with the ICD-10 DX		Blood count; complete (CBC), automated (Hgb, Hct, RBC. WBC				<b>.</b>	<b>4</b>			total of two tests		
	1 85025		33	335	11	QW, FP	Ş6.00	No	per test		N/A	
Image:												Z30.011 through Z30.9

				-					-			
	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	33	335	11		QW, FP, 91	\$6.00	No	per test	total of two tests per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 85077	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	01	183	22		FP	\$7.52	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	28	280	81		FP	\$7.52	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85652	Sedimentation rate, erythrocyte; automated	01	183	22		FP	\$3.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85652	Sedimentation rate, erythrocyte; automated	08	083	22, 49		FP	\$3.00	No	per test	once per day	N/A	, in the second se
	Sedimentation rate, erythrocyte; automated	28	280	81		FP	\$3.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85660	Sickling of RBC, reduction	01	183	22		FP	\$3.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
85660	Sickling of RBC, reduction	08	083	22, 49		FP	\$3.00	No	per test	once per day	N/A	, i i i i i i i i i i i i i i i i i i i
	Sickling of RBC, reduction	28	280	81		FP	\$3.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 86255	Fluorescent noninfectious agent antibody; screen, each antibody	01	183	22		FP	\$16.44	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86255	Fluorescent noninfectious agent antibody; screen, each antibody	08	083	22, 49		FP	\$16.44	No	per test	once per day	N/A	
1 86255	Fluorescent noninfectious agent antibody; screen, each antibody	28	280	81		FP	\$16.44	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 86255	Fluorescent noninfectious agent antibody; screen, each antibody	31	333	22, 49	26	FP	\$15.21	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	01	183	22		FP	\$20.49	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	08	083	22, 49		FP	\$20.49	No	per test	twice per day	N/A	

											This provider type must
1 26317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	28	280	81	FP	\$20.49	No	per test	twice per day	N/A	bill with the FP modifier or with the ICD-10 DX
											Z30.011 through Z30.9 This provider type must
	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL,										bill with the FP modifier
1 26547	RPR, ART)	01	183	22	FP	\$4.00	No	per test	once per day	N/A	or with the ICD-10 DX
	,										Z30.011 through Z30.9
1 26547	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	08	083	22, 49	FP	\$4.00	No	per test	once per day	N/A	
											This provider type must
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL,	28	280	81	FP	\$4.00	No	portoct	onco nor dav	N/A	bill with the FP modifier
00592	RPR, ART)	20	260	01	FP	\$4.00	NO	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
86593	Syphilis test, non-treponemal antibody; quantitative	01	183	22	FP	\$6.09	No	per test	once per day	N/A	bill with the FP modifier
		-				,	_		,	,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
86593	Syphilis test, non-treponemal antibody; quantitative	28	280	81	FP	\$6.09	No	per test	once per day	N/A	bill with the FP modifier
											or with the ICD-10 DX Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
86631	Antibody; Chlamydia	01	183	22	FP	\$9.88	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
						40.00					bill with the FP modifier
86631	Antibody; Chlamydia	28	280	81	FP	\$9.88	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
86622	Antibody; Chlamydia, IgM	01	183	22	FP	\$17.55	No	per test	once per day	N/A	bill with the FP modifier
80032	Antibody, Chiamydia, igwi	01	105	22	ГГ	\$17.55	NO	pertest	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
86632	Antibody; Chlamydia, IgM	28	280	81	FP	\$17.55	No	per test	once per day	N/A	bill with the FP modifier
						<i>+</i>				,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg,	01	183	22	FP	\$26.75	No	per test	once per day	N/A	bill with the FP modifier
	Western Blot)										or with the ICD-10 DX
			}								Z30.011 through Z30.9 This provider type must
	Antibody; HTLV or HIV antibody, confirmatory test (eg,										bill with the FP modifier
XAAXY	Western Blot)	28	280	81	FP	\$26.75	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
						l .					bill with the FP modifier
86694	Antibody; herpes simplex, non-specific type test	01	183	22	FP	\$19.83	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9

												This provider type must
												bill with the FP modifier
86694	Antibody; herpes simplex, non-specific type test	28	280	81		FP	\$19.83	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
86695	Antibody; herpes simplex, type 1	01	183	22		FP	\$18.22	No	per test	once per day	N/A	bill with the FP modifier
							7				,	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
86695	Antibody; herpes simplex, type 1	28	280	81		FP	\$18.22	No	per test	once per day	N/A	bill with the FP modifier
00055		20	200	01			<b>ΥΙΟ.22</b>	110	pertest	once per day		or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
00000		01	400	22		50	624.40	N			N1 / A	bill with the FP modifier
86696	Antibody; herpes simplex, type 2	01	183	22		FP	\$21.40	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
86696	Antibody; herpes simplex, type 2	28	280	81		FP	\$21.40	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
86701	Antibody; HIV-1	01	183	22		FP	\$12.12	No	per test	once per day	N/A	or with the ICD-10 DX
									+			Z30.011 through Z30.9 This provider type must
												bill with the FP modifier
86701	Antibody; HIV-1	01	183	22		QW, FP	\$12.12	No	per test	once per day	N/A	
												or with the ICD-10 DX
86701	Antibody; HIV-1	08	083	22, 49		FP	\$12.12	No	nor tost		N/A	Z30.011 through Z30.9
		08	083			+	\$12.12	No	per test	once per day	N/A N/A	
80701	Antibody; HIV-1	08	065	22, 49		QW, FP	\$12.12	INU	per test	once per day	N/A	This provider type must
												This provider type must
86701	Antibody; HIV-1	28	280	81		FP	\$12.12	No	per test	once per day	N/A	bill with the FP modifier
												or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
86701	Antibody; HIV-1	28	280	81		QW, FP	\$12.12	No	per test	once per day	N/A	bill with the FP modifier
										. ,	,	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
86702	Antibody; HIV-2	01	183	22		FP	\$13.83	No	per test	once per day	N/A	bill with the FP modifier
00702		01	105	~~~			<b>915.05</b>	110		once per day	14/74	or with the ICD-10 DX
												Z30.011 through Z30.9
86702	Antibody; HIV-2	08	083	22, 49		FP	\$13.83	No	per test	once per day	N/A	
												This provider type must
86702	Antibody; HIV-2	28	280	81		FP	\$13.83	No	por tost	onco por dav	N/A	bill with the FP modifier
00/02		28	280	10		۲۲	\$13.83	INO	per test	once per day	IN/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
0.0700			4.00				400 0 C					bill with the FP modifier
86703	Antibody; HIV-1 and HIV-2, single result	01	183	22		FP	\$23.34	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
<u> </u>	1	l	l	1	1	1			1	1	1	

<b></b>					1						
											This provider type must
86703	Antibody; HIV-1 and HIV-2, single result	08	082	49	FP	\$23.34	No	per test	once per day	N/A	bill with the FP modifier
											or with the ICD-10 DX
00700	Antikashu UN ( 1 and UN ( 2) sinala nasult	00	002	22.40	50	622.24	Nia			N1 / A	Z30.011 through Z30.9
86703	Antibody; HIV-1 and HIV-2, single result	08	083	22, 49	FP	\$23.34	No	per test	once per day	N/A	This provider type revet
											This provider type must bill with the FP modifier
86703	Antibody; HIV-1 and HIV-2, single result	09	All	11	FP	\$23.34	No	per test	once per day	N/A	
											or with the ICD-10 DX
											Z30.011 through Z30.9 This provider type must
											bill with the FP modifier
86703	Antibody; HIV-1 and HIV-2, single result	10	100	11	FP	\$23.34	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
86703	Antibody; HIV-1 and HIV-2, single result	28	280	81	FP	\$23.34	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
86703	Antibody; HIV-1 and HIV-2, single result	31	All	11	FP	\$23.34	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
86703	Antibody; HIV-1 and HIV-2, single result	33	335	11	FP	\$23.34	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
									_		bill with the FP modifier
86704	Hepatitis B core antibody (HBcAb); total	01	183	22	FP	\$15.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
06704		20	200	01	50	¢45.00	NL			N1 / A	bill with the FP modifier
86704	Hepatitis B core antibody (HBcAb); total	28	280	81	FP	\$15.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
00705		01	100	22	50	61C 2F	Ne	n ou toot		N/A	bill with the FP modifier
80705	Hepatitis B core antibody (HBcAb); IgM antibody	01	183	22	FP	\$16.25	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
86705	Hepatitis B core antibody (HBcAb); IgM antibody	28	280	81	FP	\$16.25	No	per test	once per day	N/A	bill with the FP modifier
80705		20	200	01		Ş10.25	NO	pertest	once per day		or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
86706	Hepatitis B surface antibody (HBsAb)	01	183	22	FP	\$13.18	No	per test	once per day	N/A	bill with the FP modifier
		Ŭ-	200			+10.10				,/	or with the ICD-10 DX
ļ					 ļ					L	Z30.011 through Z30.9
											This provider type must
86706	Hepatitis B surface antibody (HBsAb)	28	280	81	FP	\$13.18	No	per test	once per day	N/A	bill with the FP modifier
			*			,				,	or with the ICD-10 DX
					 						Z30.011 through Z30.9
											This provider type must
86762	Antibody; rubella	01	183	22	FP	\$19.64	No	per test	once per day	N/A	bill with the FP modifier
-									/	,	or with the ICD-10 DX
											Z30.011 through Z30.9

86762	Antibody; rubella	08	083	22, 49	FP	\$19.64	No	per test	once per day	N/A	
				,						,	This provider type must
											bill with the FP modifier
86762	Antibody; rubella	28	280	81	FP	\$19.64	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
86780	Antibody; Treponema pallidum	01	183	22	FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
						4					bill with the FP modifier
86780	Antibody; Treponema pallidum	01	183	22	QW, FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
						4					bill with the FP modifier
86780	Antibody; Treponema pallidum	08	082	49	FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
86780	Antibody; Treponema pallidum	08	082	49	QW, FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
86780	Antibody; Treponema pallidum	08	083	22, 49	FP	\$15.18	No	per test	once per day	N/A	
	Antibody; Treponema pallidum	08	083	22, 49	QW, FP	\$15.18	No	per test	once per day	N/A	
								·			This provider type must
											bill with the FP modifier
86780	Antibody; Treponema pallidum	09	All	11	FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
					0111 55						bill with the FP modifier
86780	Antibody; Treponema pallidum	09	All	11	QW, FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
			100								bill with the FP modifier
86780	Antibody; Treponema pallidum	10	100	11	FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
00700	A still and the second s	10	100		0144 55	645.40	N			N1 / A	bill with the FP modifier
86780	Antibody; Treponema pallidum	10	100	11	QW, FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
00700	A still and the second s	20	200	01	50	645.40	Nie			N1 / A	bill with the FP modifier
86780	Antibody; Treponema pallidum	28	280	81	FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
								1			This provider type must
06700	Analian da Tanana ang sa Utalan	20	200	04	014/ 55	645.40	N			<b>N1 / A</b>	bill with the FP modifier
86780	Antibody; Treponema pallidum	28	280	81	QW, FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
06700	Analian da Tanana ang sa Utalan	24			50	645.40	N			<b>N1 / A</b>	bill with the FP modifier
86780	Antibody; Treponema pallidum	31	All	11	FP	\$15.18	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9

86780	Antibody; Treponema pallidum	31	All	11	QW, FP	\$15.18	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86780	Antibody; Treponema pallidum	33	335	11	FP	\$15.18	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86780	Antibody; Treponema pallidum	33	335	11	QW, FP	\$15.18	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	01	183	22	FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	01	183	22	QW, FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	08	082	49	FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	08	082	49	QW, FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	08	083	22, 49	FP	\$19.00	No	per test	once per day	N/A	
	Hepatitis C antibody;	08	083	22, 49	QW, FP	\$19.00	No	per test	once per day	, N/A	
	Hepatitis C antibody;	09	All	11	FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	09	All	11	QW, FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	10	100	11	FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	10	100	11	QW, FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
86803	Hepatitis C antibody;	28	280	81	FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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												This provider type must bill with the FP modifier
86803	Hepatitis C antibody;	28	280	81		QW, FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9 This provider type must
												bill with the FP modifier
86803	Hepatitis C antibody;	31	All	11		FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
86803	Hepatitis C antibody;	31	All	11		QW, FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
86803	Hepatitis C antibody;	33	335	11		FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
86803	Hepatitis C antibody;	33	335	11		QW, FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
									1			This provider type must
												bill with the FP modifier
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	01	183	22		FP	\$21.40	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	28	280	81		FP	\$21.40	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
	Culture, bacterial; blood, aerobic, with isolation and						4					bill with the FP modifier
	presumptive identification of isolates (includes anaerobic	01	183	22		FP	\$14.00	No	per test	once per day	N/A	or with the ICD-10 DX
	culture, if appropriate)											Z30.011 through Z30.9
												This provider type must
	Culture, bacterial; blood, aerobic, with isolation and						444.00					bill with the FP modifier
	presumptive identification of isolates (includes anaerobic	28	280	81		FP	\$14.00	No	per test	once per day	N/A	or with the ICD-10 DX
	culture, if appropriate)											Z30.011 through Z30.9
	Culture, besterial, any other source succest units, blastly,					1			1			This provider type must
	Culture, bacterial; any other source except urine, blood or	04	402	22		50	éc oo	N1-			N1 / A	bill with the FP modifier
	stool, aerobic, with isolation and presumptive identification	01	183	22		FP	\$6.90	No	per test	once per day	N/A	or with the ICD-10 DX
	of isolates											Z30.011 through Z30.9
	Culture, bacterial; any other source except urine, blood or											
87070	stool, aerobic, with isolation and presumptive identification	08	083	22, 49		FP	\$6.90	No	per test	once per day	N/A	
	of isolates											
	Culture, bacterial; any other source except urine, blood or											This provider type must
	•	28	280	81		FP	\$6.90	No	nor tost	onco por dov	N/A	bill with the FP modifier
	stool, aerobic, with isolation and presumptive identification of isolates	۷ð	280	10		۲۲	90.9U	INO	per test	once per day	N/A	or with the ICD-10 DX
	טו וגטומנכא											Z30.011 through Z30.9
												This provider type must
×/0/5	Culture, bacterial; any source, except blood, anaerobic with	01	183	22		FP	\$10.00	No	per test	once per day	N/A	bill with the FP modifier
0,075	isolation and presumptive identification of isolates	01	105	~~~			Ŷ10.00				11/7	or with the ICD-10 DX
												Z30.011 through Z30.9
87075	Culture, bacterial; any source, except blood, anaerobic with	08	083	22, 49		FP	\$10.00	No	per test	once per day	N/A	
0.070	isolation and presumptive identification of isolates			, 15			+ 10:00				,	

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87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	28	280	81	FP	\$10.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
I X/U/h	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	01	183	22	FP	\$8.75	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
1 8/076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	08	083	22, 49	FP	\$8.75	No	per test	twice per day	N/A	
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	28	280	81	FP	\$8.75	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
I X/U//	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	01	183	22	FP	\$7.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
8/0//	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	01	183	22	QW, FP	\$7.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
I X/0//	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	28	280	81	FP	\$7.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
I X/0//	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	28	280	81	QW, FP	\$7.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87081	Culture, presumptive, pathogenic organisms, screening only;	01	183	22	FP	\$5.20	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87081	Culture, presumptive, pathogenic organisms, screening only;	28	280	81	FP	\$5.20	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87086	Culture, bacterial; quantitative colony count, urine	01	183	22	FP	\$13.75	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87086	Culture, bacterial; quantitative colony count, urine	08	083	22, 49	FP	\$13.75	No	per test	once per day	N/A	
	Culture, bacterial; quantitative colony count, urine	28	280	81	FP	\$13.75	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	01	183	22	FP	\$8.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

	Culture, bacterial; with isolation and presumptive	28	280	81		FP	\$8.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX
	identification of each isolate, urine											Z30.011 through Z30.9
87110	Culture, chlamydia, any source	01	183	22		FP	\$26.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87110	Culture, chlamydia, any source	08	083	22, 49		FP	\$26.10	No	per test	once per day	N/A	
	Culture, chlamydia, any source	28	280	81		FP	\$26.10	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	01	183	22		FP	\$22.17	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	28	280	81		FP	\$22.17	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	01	183	22		FP	\$40.22	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	28	280	81		FP	\$40.22	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
I X/In4	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	01	183	22		FP	\$8.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
I X/164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	28	280	81		FP	\$8.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	31	333	22	26	FP	\$15.21	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
X/166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	01	183	22		FP	\$8.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	08	083	22, 49		FP	\$8.00	No	per test	once per day	N/A	
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	28	280	81		FP	\$8.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	01	183	22		FP	\$4.50	No	per test	five per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	08	083	22, 49		FP	\$4.50	No	per test	five per day	N/A	
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	28	280	81		FP	\$4.50	No	per test	five per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	01	183	22		FP	\$3.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	28	280	81		FP	\$3.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	01	183	22		FP	\$10.20	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	08	083	22, 49		FP	\$10.20	No	per test	once per day	N/A	
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	28	280	81		FP	\$10.20	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	31	333	22, 49	26	FP	\$22.83	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	01	183	22		FP	\$7.28	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	01	183	22		QW, FP	\$7.28	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	08	083	22, 49		FP	\$7.28	No	per test	once per day	N/A	
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	08	083	22, 49		QW, FP	\$7.28	No	per test	once per day	N/A	
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	28	280	81		FP	\$7.28	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	28	280	81		QW, FP	\$7.28	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	01	183	22	FP	\$3.90	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	28	280	81	FP	\$3.90	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	01	183	22	FP	\$36.02	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	28	280	81	FP	\$36.02	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	01	183	22	FP	\$26.48	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	28	280	81	FP	\$26.48	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	01	183	22	FP	\$5.41	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	28	280	81	FP	\$5.41	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	01	183	22	FP	\$37.85	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	28	280	81	FP	\$37.85	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	01	183	22	FP	\$12.18	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	28	280	81	FP	\$12.18	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	01	183	22	FP	\$27.30	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	28	280	81	FP	\$27.30	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	01	183	22	FP	\$10.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	28	280	81	FP	\$10.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	01	183	22	FP	\$10.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	28	280	81	FP	\$10.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
X/440	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	01	183	22	FP	\$22.72	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	28	280	81	FP	\$22.72	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	01	183	22	FP	\$23.19	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	08	083	22, 49	FP	\$23.19	No	per test	once per day	N/A	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	28	280	81	FP	\$23.19	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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											This provider type must
X/44/	Infectious agent detection by nucleic acid (DNA or RNA);	01	183	22	FP	\$39.61	No	per test	twice per day	N/A	bill with the FP modifier
0/ 10 -	Chlamydia trachomatis, quantification	•-				+0010-		per teet		,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
87492	Infectious agent detection by nucleic acid (DNA or RNA);	28	280	81	FP	\$39.61	No	per test	twice per day	N/A	bill with the FP modifier
07452	Chlamydia trachomatis, quantification	20	200	01		<i>\$33.</i> 01	110	pertest	twice per day	11/1	or with the ICD-10 DX
											Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA);										This provider type must
	hepatitis C, quantification, includes reverse transcription	01	183	22	FP	\$39.65	No	per test	once per day	N/A	bill with the FP modifier
	when performed	01	105	~~~		<i>\$33.03</i>	110	pertest	once per day	11/1	or with the ICD-10 DX
	when performed										Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA);										This provider type must
	hepatitis C, quantification, includes reverse transcription	28	280	81	FP	\$39.65	No	per test	once per day	N/A	bill with the FP modifier
	when performed	20	200	01		Ş35.05	NO	pertest	once per day		or with the ICD-10 DX
	when performed										Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA); HIV-										This provider type must
	1, quantification, includes reverse transcription when	01	183	22	FP	\$116.09	No	per test	6 per calendar	N/A	bill with the FP modifier
	performed	01	105	22	FF	\$110.09	NO	pertest	year	N/A	or with the ICD-10 DX
	penormed										Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA); HIV-								6 per calendar		
87536		08	083	22, 49	FP	\$116.09	No	per test	year	N/A	
	performed								year		
	Infectious agent detection by nucleic acid (DNA or RNA); HIV-										This provider type must
	1, quantification, includes reverse transcription when	28	280	81	FP	\$116.09	No	per test	6 per calendar	N/A	bill with the FP modifier
	performed			-		+		p 0. 000	year	,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);									_	or with the ICD-10 DX
87563	Mycoplasma genitalium, amplified probe technique	01	183	22	FP	\$28.07	No	per test	once per day	N/A	Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);					400.07					or with the ICD-10 DX
87563	Mycoplasma genitalium, amplified probe technique	08	083	22, 49	FP	\$28.07	No	per test	once per day	N/A	Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
	Infectious agent detection by nucleic acid (DNA or RNA);										or with the ICD-10 DX
87563	Mycoplasma genitalium, amplified probe technique	28	280	81	FP	\$28.07	No	per test	once per day	N/A	Z30.011 through Z30.9
											This provider type must
I X/591	Infectious agent detection by nucleic acid (DNA or RNA);	01	183	22	FP	\$23.19	No	per test	once per day	N/A	bill with the FP modifier
	Neisseria gonorrhoeae, amplified probe technique		_						,	,	or with the ICD-10 DX
											Z30.011 through Z30.9
87591	Infectious agent detection by nucleic acid (DNA or RNA);	08	083	22, 49	FP	\$23.19	No	per test	once per day	N/A	
	Neisseria gonorrhoeae, amplified probe technique								. ,	· · ·	-
											This provider type must
I X/591	Infectious agent detection by nucleic acid (DNA or RNA);	28	280	81	FP	\$23.19	No	per test	once per day	N/A	bill with the FP modifier
	Neisseria gonorrhoeae, amplified probe technique										or with the ICD-10 DX
						ļ					Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA);										This provider type must
	Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43,	01	183	22	FP	\$59.75	No	per test	once per day	N/A	bill with the FP modifier
	44)					,					or with the ICD-10 DX
	,										Z30.011 through Z30.9

	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	08	083	22, 49	 FP	\$59.75	No	per test	once per day	N/A	
	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	28	280	81	FP	\$59.75	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	01	183	22	FP	\$59.75	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	08	083	22, 49	FP	\$59.75	No	per test	once per day	N/A	
	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	28	280	81	FP	\$59.75	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	01	183	22	FP	\$59.75	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	08	083	22, 49	FP	\$59.75	No	per test	once per day	N/A	
	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	28	280	81	FP	\$59.75	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	01	183	22	FP	\$22.42	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	08	083	22, 49	FP	\$22.42	No	per test	once per day	N/A	
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	28	280	81	FP	\$22.42	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	01	183	22	FP	\$38.30	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	08	083	22, 49	FP	\$38.30	No	per test	once per day	N/A	

87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	28	280	81	FP	\$38.30	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	01	183	22	FP	\$22.97	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	08	083	22, 49	FP	\$22.97	No	per test	once per day	N/A	
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	28	280	81	FP	\$22.97	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	01	183	22	FP	\$23.19	No	per test	Up to 6 per day / 36 per calendar year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	08	083	22, 49	FP	\$23.19	No	per test	Up to 6 per day / 36 per calendar year	N/A	
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	28	280	81	FP	\$23.19	No	per test	Up to 6 per day / 36 per calendar year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	01	183	22	FP	\$26.22	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	01	183	22	QW, FP	\$26.22	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	08	082	49	FP	\$26.22	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	08	082	49	QW, FP	\$26.22	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	08	083	22, 49	FP	\$26.22	No	per test	once per day	N/A	
	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	08	083	22, 49	QW, FP	\$26.22	No	per test	once per day	N/A	

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	Infectious agent antigen detection by immunoassay with										This provider type must
	direct optical (ie, visual) observation; HIV-1 antigen(s), with	09	All	11	FP	\$26.22	No	per test	once per day	N/A	bill with the FP modifier
	HIV-1 and HIV-2 antibodies	05		11		<i><b>J</b>20.22</i>	NO	pertest	once per day		or with the ICD-10 DX
											Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay with										This provider type must
		00	A 11	11		¢26.22	No	n on toot		N/A	bill with the FP modifier
	direct optical (ie, visual) observation; HIV-1 antigen(s), with	09	All	11	QW, FP	\$26.22	No	per test	once per day	N/A	or with the ICD-10 DX
	HIV-1 and HIV-2 antibodies										Z30.011 through Z30.9
	to for a the second section of a local track to the state of the second s										This provider type must
	Infectious agent antigen detection by immunoassay with	40	100	11	50	¢26.22	N			N1 / A	bill with the FP modifier
	direct optical (ie, visual) observation; HIV-1 antigen(s), with	10	100	11	FP	\$26.22	No	per test	once per day	N/A	or with the ICD-10 DX
	HIV-1 and HIV-2 antibodies										Z30.011 through Z30.9
											This provider type must
	Infectious agent antigen detection by immunoassay with										bill with the FP modifier
	direct optical (ie, visual) observation; HIV-1 antigen(s), with	10	100	11	QW, FP	\$26.22	No	per test	once per day	N/A	or with the ICD-10 DX
	HIV-1 and HIV-2 antibodies										Z30.011 through Z30.9
											This provider type must
	Infectious agent antigen detection by immunoassay with										bill with the FP modifier
	direct optical (ie, visual) observation; HIV-1 antigen(s), with	28	280	81	FP	\$26.22	No	per test	once per day	N/A	or with the ICD-10 DX
	HIV-1 and HIV-2 antibodies										Z30.011 through Z30.9
											This provider type must
	Infectious agent antigen detection by immunoassay with										bill with the FP modifier
87806	direct optical (ie, visual) observation; HIV-1 antigen(s), with	28	280	81	QW, FP	\$26.22	No	per test	once per day	N/A	or with the ICD-10 DX
	HIV-1 and HIV-2 antibodies										
											Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay with										This provider type must
87806	direct optical (ie, visual) observation; HIV-1 antigen(s), with	31	All	11	FP	\$26.22	No	per test	once per day	N/A	bill with the FP modifier
	HIV-1 and HIV-2 antibodies										or with the ICD-10 DX
											Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay with										This provider type must
	direct optical (ie, visual) observation; HIV-1 antigen(s), with	31	All	11	QW, FP	\$26.22	No	per test	once per day	N/A	bill with the FP modifier
	HIV-1 and HIV-2 antibodies	-				, -			,	,	or with the ICD-10 DX
											Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay with										This provider type must
	direct optical (ie, visual) observation; HIV-1 antigen(s), with	33	335	11	FP	\$26.22	No	per test	once per day	N/A	bill with the FP modifier
	HIV-1 and HIV-2 antibodies	55	555			<i><b>\$20.22</b></i>			once per day	,//	or with the ICD-10 DX
											Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay with										This provider type must
	direct optical (ie, visual) observation; HIV-1 antigen(s), with	33	335	11	QW, FP	\$26.22	No	per test	once per day	N/A	bill with the FP modifier
	HIV-1 and HIV-2 antibodies	55	333		QW, 1F	\$20.22	NO	pertest	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
87808	Infectious agent antigen detection by immunoassay with	01	100	22		612.24	No	portect		NI / A	bill with the FP modifier
8/808	direct optical (ie, visual) observation; Trichomonas vaginalis	01	183	22	FP	\$12.31	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
0	Infectious agent antigen detection by immunoassay with				<b>a</b> ==	A					bill with the FP modifier
	direct optical (ie, visual) observation; Trichomonas vaginalis	01	183	22	QW, FP	\$12.31	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
	Infectious agent antigen detection by immunoassay with				 	4					
87808	direct optical (ie, visual) observation; Trichomonas vaginalis	08	083	22, 49	FP	\$12.31	No	per test	once per day	N/A	
	Infectious agent antigen detection by immunoassay with						1				1
87808	direct optical (ie, visual) observation; Trichomonas vaginalis	08	083	22, 49	QW, FP	\$12.31	No	per test	once per day	N/A	
	an eet opticul (ic, visual) observation, menomonas vaginais										

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87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis	28	280	81		FP	\$12.31	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis	28	280	81		QW, FP	\$12.31	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	01	183	22		FP	\$6.53	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	08	083	22, 49		FP	\$6.53	No	per test	once per day	N/A	
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	28	280	81		FP	\$6.53	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	31	All	11, 21, 22, 23		FP	\$6.53	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	01	183	22		FP	\$16.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	08	083	22, 49		FP	\$16.00	No	per test	once per day	N/A	
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	28	280	81		FP	\$16.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88160	Cytopathology, smears, any other source; screening and interpretation	01	183	22		FP	\$12.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88160	Cytopathology, smears, any other source; screening and interpretation	01	183	22	TC	FP	\$2.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88160	Cytopathology, smears, any other source; screening and interpretation	28	280	81		FP	\$12.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88160	Cytopathology, smears, any other source; screening and interpretation	31	All	22	26	FP	\$10.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

88161	Cytopathology, smears, any other source; preparation, screening and interpretation	01	183	22		FP	\$16.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	01	183	22	TC	FP	\$8.80	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	08	083	22, 49		FP	\$16.00	No	per test	once per day	N/A	
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	08	083	22, 49	тс	FP	\$8.80	No	per test	once per day	N/A	
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	28	280	81		FP	\$16.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	31	333	22, 49	26	FP	\$7.20	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	01	183	22		FP	\$7.15	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	08	083	22, 49		FP	\$7.15	No	per test	once per day	N/A	
1 88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	28	280	81		FP	\$7.15	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	01	183	22		FP	\$5.72	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	28	280	81		FP	\$5.72	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	01	183	22		FP	\$5.72	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	28	280	81		FP	\$5.72	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	01	183	22		FP	\$5.72	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	28	280	81		FP	\$5.72	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	01	183	22		FP	\$23.88	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	28	280	81		FP	\$23.88	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	01	183	22		FP	\$29.55	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	08	083	22, 49		FP	\$29.55	No	per test	once per day	N/A	
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	28	280	81		FP	\$29.55	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88300	Level I - Surgical pathology, gross examination only	01	183	22		FP	\$5.48	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88300	Level I - Surgical pathology, gross examination only	01	183	22	TC	FP	\$1.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88300	Level I - Surgical pathology, gross examination only	28	280	81		FP	\$5.48	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88300	Level I - Surgical pathology, gross examination only	31	All	11, 22	26	FP	\$3.98	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	01	183	22		FP	\$11.29	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	01	183	22	TC	FP	\$5.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn	28	280 All	81	26	FP	\$11.29 \$6.29	No	per test	once per day once per day	N/A N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9 This provider type must bill with the FP modifier
88302	Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	21	All	11, 22	20	FF	Ş0.29	NO	pertest	once per day	N/A	or with the ICD-10 DX Z30.011 through Z30.9
	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	01	183	22		FP	\$16.53	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	01	183	22	TC	FP	\$6.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	28	280	81		FP	\$16.53	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	31	All	11, 22	26	FP	\$10.03	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue bionsy Tonsil bionsy Trachea bionsy Ureter bionsy	01	183	22		FP	\$88.53	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
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88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Nasopharynx/oropharynx, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than	08	083	22, 49	FP	\$88.53	No	per test	twice per day	N/A	
	Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue biopsy Tonsil biopsy Trachea biopsy Ureter biopsy										

88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Nasopharynx/oropharynx, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than	08	083	22, 49	TC	FP	\$39.94	No	per test	twice per day	N/A	
	Soft tissue, other than tumor/mass/lipoma/debridement											

Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst	28	280	81		FP	\$88.53	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
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88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Verve, biopsy Odontogenic/dental cyst Omentum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, bionsy	31	All	11, 22, 49	26	FP	\$48.59	No	per test	twice per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	01	183	22		FP	\$45.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	01	183	22	TC	FP	\$11.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	28	280	81		FP	\$45.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	31	All	11, 22	26	FP	\$34.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	01	183	22		FP	\$67.60	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	01	183	22	TC	FP	\$17.50	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	28	280	81		FP	\$67.60	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	31	All	11, 22	26	FP	\$50.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	01	183	22		FP	\$10.00	No	per administrati on	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	08	082	49		FP	\$10.00	No	per administrati on	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	08	083	22, 49		FP	\$10.00	No	per administrati on	once per day	N/A	
	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	09	All	11		FP	\$10.00	No	per administrati on	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	10	100	11		FP	\$10.00	No	per administrati on	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	31	All	11		FP	\$10.00	No	per administrati on	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	33	335	11		FP	\$10.00	No	per administrati on	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	01	183	02, 10, 22	FP	\$3.48	No	per evaluation	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	08	082	02, 10, 49	FP	\$3.48	No	per evaluation	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	08	083	02, 10, 22, 49	FP	\$3.48	No	per evaluation	once per day	N/A	
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	09	All	02, 10, 11	FP	\$3.48	No	per evaluation	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	10	100	02, 10, 11	FP	\$3.48	No	per evaluation	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	31	All	02, 10, 11	FP	\$3.48	No	per evaluation	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	33	335	02, 10, 11	FP	\$3.48	No	per evaluation	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	01	183	22	FP	\$9.90	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	08	082	49	FP	\$9.90	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	08	083	22, 49	FP	\$9.90	No	per procedure	once per day	N/A	

	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	09	All	11	FP	\$9.90	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	10	100	11	FP	\$9.90	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	31	All	11	FP	\$9.90	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	33	335	11	FP	\$9.90	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	01	183	22	FP	\$8.33	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	082	49	FP	\$8.33	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	083	22, 49	FP	\$8.33	No	per procedure	once per day	N/A	

	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports,										This provider type must
99153	requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	09	All	11	FP	\$8.33	No	per procedure	once per day	N/A	bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	10	100	11	FP	\$8.33	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	31	All	11	FP	\$8.33	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	33	335	11	FP	\$8.33	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	01	183	22	FP	\$61.10	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	08	082	49	FP	\$61.10	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	08	083	22, 49	FP	\$61.10	No	per procedure	once per day	N/A	

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99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	09	All	11	FP	\$61.10	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	10	100	11	FP	\$61.10	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	31	All	11, 99	FP	\$61.10	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	33	335	11, 99	FP	\$61.10	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	01	183	22	FP	\$46.31	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	082	49	FP	\$46.31	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	083	22, 49	FP	\$46.31	No	per procedure	once per day	N/A	
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	09	All	11	FP	\$46.31	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	10	100	11	FP	\$46.31	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	31	All	11, 99	FP	\$46.31	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	33	335	11, 99	FP	\$46.31	No	per procedure	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	01	370	02, 10, 22	FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	08	370	02, 10, 22, 49	FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	09	370	02, 10, 11, 99	FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
I YYZU/	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	10	370	02, 10, 11, 99	FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	31	370	02, 10, 11, 99	FP	\$19.33	No	greater than 10 minutes; face-to-face encounter	1 unit per day, and 70 units per calendar year	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	01	183	22	FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	01	183	22	QW, FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	082	49	FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	082	49	QW, FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	083	22, 49	FP	\$14.94	No	per test	once per day	N/A	
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	083	22, 49	QW, FP	\$14.94	No	per test	once per day	N/A	
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	09	All	11	FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	09	All	11	QW, FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	10	100	11	FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	10	100	11	QW, FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	28	280	81	FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	28	280	81	QW, FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	31	All	11	FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	31	All	11	QW, FP	\$14.94	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9

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	Infectious agent antibody detection by enzyme-linked										This provider type must
	immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2,	33	335	11	FP	\$14.94	No	per test	once per day	N/A	bill with the FP modifier
	screening					7				,	or with the ICD-10 DX
											Z30.011 through Z30.9
	Infectious agent antibody detection by enzyme-linked										This provider type must
	immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2,	33	335	11	QW, FP	\$14.94	No	per test	once per day	N/A	bill with the FP modifier
	screening	55	555		QW, 11	Υ <b>1</b> 7.37	110	pertest	once per day	14/74	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
G0472	Hepatitis C antibody screening for individual at high risk and	01	183	22	FP	\$19.00	No	por tost	once per day	N/A	bill with the FP modifier
G0472	other covered indication(s)	01	105	22	ΓF	\$19.00	NO	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
60470	Hepatitis C antibody screening for individual at high risk and	04	402	22	014/ 50	¢10.00	N			N1 / A	bill with the FP modifier
(-()(1/)/)	other covered indication(s)	01	183	22	QW, FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
_	Hepatitis C antibody screening for individual at high risk and										bill with the FP modifier
G(04/2)	other covered indication(s)	08	082	49	FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
	Hepatitis C antibody screening for individual at high risk and										bill with the FP modifier
(-()(1/)/)	other covered indication(s)	08	082	49	QW, FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
	other covered indication(s)										
	Hepatitis C antibody screening for individual at high risk and										Z30.011 through Z30.9
(1)(4//	other covered indication(s)	08	083	22, 49	FP	\$19.00	No	per test	once per day	N/A	
	Hepatitis C antibody screening for individual at high risk and	08	083	22, 49	QW, FP	\$19.00	No	per test	once per day	N/A	
	other covered indication(s)			, -		,	-	[·····		,	
											This provider type must
G0472	Hepatitis C antibody screening for individual at high risk and	09	All	11	FP	\$19.00	No	per test	once per day	N/A	bill with the FP modifier
	other covered indication(s)					<i>+</i> <b>-</b> 0100				,	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
G0472	Hepatitis C antibody screening for individual at high risk and	09	All	11	QW, FP	\$19.00	No	per test	once per day	N/A	bill with the FP modifier
00472	other covered indication(s)	05	All	<b>1</b>	QVV, 1 F	\$19.00	NO	pertest	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
C0472	Hepatitis C antibody screening for individual at high risk and	10	100	11	50	¢10.00	Nie			NI / A	bill with the FP modifier
G0472	other covered indication(s)	10	100	11	FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
	Hepatitis C antibody screening for individual at high risk and				<b>a</b> ==	A					bill with the FP modifier
$(\pi()4/)$	other covered indication(s)	10	100	11	QW, FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
							1	1			This provider type must
	Hepatitis C antibody screening for individual at high risk and										bill with the FP modifier
(104/)	other covered indication(s)	28	280	81	FP	\$19.00	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
							+				This provider type must
	Honatitic Cantibody corponing for individual at high risk and										bill with the FP modifier
(-()4/)	Hepatitis C antibody screening for individual at high risk and	28	280	81	QW, FP	\$19.00	No	per test	once per day	N/A	
	other covered indication(s)										or with the ICD-10 DX
											Z30.011 through Z30.9

(3()4/)	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	31	All	11	FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
(104/)	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	31	All	11	QW, FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	33	335	11	FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	33	335	11	QW, FP	\$19.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	01	183	22	FP	\$38.21	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	08	083	22, 49	FP	\$38.21	No	per test	once per day	N/A	
	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	28	280	81	FP	\$38.21	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result	01	183	22	FP	\$19.00	No	per screening	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result	28	280	81	FP	\$19.00	No	per screening	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
00111	Wet mounts, including preparations of vaginal, cervical or skin specimens	01	183	22	FP	\$5.96	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
	Wet mounts, including preparations of vaginal, cervical or skin specimens	08	082	49	FP	\$5.96	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	08	083	49	FP	\$5.96	No	per test	once per day	N/A	

			1	1			1	1	<b>I</b>		
											This provider type must
()()	Wet mounts, including preparations of vaginal, cervical or	09	All	11	FP	\$5.96	No	per test	once per day	N/A	bill with the FP modifier
	skin specimens										or with the ICD-10 DX
						<u> </u>					Z30.011 through Z30.9 This provider type must
	Mat mounts including proportions of useingly convict or										
()()()()()()()()()()()()()()()()()()()	Wet mounts, including preparations of vaginal, cervical or	10	100	11	FP	\$5.96	No	per test	once per day	N/A	bill with the FP modifier
	skin specimens										or with the ICD-10 DX
											Z30.011 through Z30.9
	Wet mounts including proparations of vaginal convisal or										This provider type must bill with the FP modifier
OOTTT	Wet mounts, including preparations of vaginal, cervical or	28	280	81	FP	\$5.96	No	per test	once per day	N/A	or with the ICD-10 DX
	skin specimens										Z30.011 through Z30.9
											This provider type must
	Wet mounts including proparations of vaginal convisal or										bill with the FP modifier
()()	Wet mounts, including preparations of vaginal, cervical or skin specimens	31	All	11	FP	\$5.96	No	per test	once per day	N/A	or with the ICD-10 DX
	skii specifiens										
											Z30.011 through Z30.9 This provider type must
	Wet mounts, including preparations of vaginal, cervical or										bill with the FP modifier
00111	skin specimens	33	335	11	FP	\$5.96	No	per test	once per day	N/A	or with the ICD-10 DX
	skii specifiens										Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
Q0112	All potassium hydroxide (KOH) preparations	01	183	22	FP	\$4.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
											bill with the FP modifier
Q0112	All potassium hydroxide (KOH) preparations	08	082	49	FP	\$4.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
Q0112	All potassium hydroxide (KOH) preparations	08	083	22, 49	FP	\$4.50	No	per test	once per day	N/A	
				, -						,	This provider type must
						4					bill with the FP modifier
Q0112	All potassium hydroxide (KOH) preparations	09	All	11	FP	\$4.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
			100			44.50					bill with the FP modifier
Q0112	All potassium hydroxide (KOH) preparations	10	100	11	FP	\$4.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
00110		20	200	04	50	64.50	Nu			N1 / A	bill with the FP modifier
Q0112	All potassium hydroxide (KOH) preparations	28	280	81	FP	\$4.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
00112		24	A 11	11	50	Ć4 FO	Nia			N1 / A	bill with the FP modifier
Q0112	All potassium hydroxide (KOH) preparations	31	All	11	FP	\$4.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
00112	All notacsium hydrovide (KOU) proparations	22	225	11	<b>FD</b>	64 50	No	nortest	onco nor davi	N1 / A	bill with the FP modifier
QU112	All potassium hydroxide (KOH) preparations	33	335	11	FP	\$4.50	No	per test	once per day	N/A	or with the ICD-10 DX
											Z30.011 through Z30.9
											This provider type must
				1	I	1	I	1			
62645	10)/ 1 optilogly topting of and managed the set of the	04	102	22	<b>FD</b>	620.00	AL.			N1 / A	bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	01	183	22	FP	\$20.00	No	per test	once per day	N/A	bill with the FP modifier or with the ICD-10 DX

									Ĩ			1
												This provider type must
S3645	HIV-1 antibody testing of oral mucosal transudate	01	183	22		QW, FP	\$20.00	No	per test	once per day	N/A	bill with the FP modifier
55045		01	105	22		QW,11	Ş20.00	110	pertest	once per day		or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
C2C4F	UN/ 1 antihadu tasting of and muse cal transudate	00	002	10		50	¢20.00	Ne	wow toot		N/A	bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	08	082	49		FP	\$20.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
62645			000	10			622.00	N			N1 / A	bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	08	082	49		QW, FP	\$20.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
S3645	HIV-1 antibody testing of oral mucosal transudate	08	083	22, 49		FP	\$20.00	No	per test	once per day	N/A	
S3645	HIV-1 antibody testing of oral mucosal transudate	08	083	22, 49		QW, FP	\$20.00	No	per test	once per day	N/A	
									·	. ,	· · ·	This provider type must
												bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	09	All	11		FP	\$20.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	09	All	11		QW, FP	\$20.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	10	100	11		FP	\$20.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	10	100	11		QW, FP	\$20.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	28	280	81		FP	\$20.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
												bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	28	280	81		QW, FP	\$20.00	No	per test	once per day	N/A	or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must bill with the FP modifier
S3645	HIV-1 antibody testing of oral mucosal transudate	31	All	11		FP	\$20.00	No	per test	once per day	N/A	
												or with the ICD-10 DX
												Z30.011 through Z30.9
												This provider type must
S3645	HIV-1 antibody testing of oral mucosal transudate	31	All	11		QW, FP	\$20.00	No	per test	once per day	N/A	bill with the FP modifier
												or with the ICD-10 DX
				ļ	ļ							Z30.011 through Z30.9
												This provider type must
S3645	HIV-1 antibody testing of oral mucosal transudate	33	335	11		FP	\$20.00	No	per test	once per day	N/A	bill with the FP modifier
_	, , ,									,	,	or with the ICD-10 DX
												Z30.011 through Z30.9

S3645 HIV-1 antibody testing of oral mucosal transudate	33	335	11		QW, FP	\$20.00	No	per test	once per day	N/A	This provider type must bill with the FP modifier or with the ICD-10 DX Z30.011 through Z30.9
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### AMINOGLYCOSIDE ANTIBIOTICS

Prefe	erred Agents	Non Preferred Agents	Prior Authorization
Gentamicin	Tobramycin		

#### ANTIBIOTICS, GI AND RELATED AGENTS

Preferred Agents	Non Preferred Agents	Prior Authorization
Metronidazole Tablet	Flagyl Capsule	Link to PA Guidelines
Tinidazole Tablet <sup>QL</sup>	Metronidazole Capsule	Link to Quantity Limits List

#### ANTIFUNGALS, ORAL

Preferre	d Agents	Non Preferred Agents	Prior Authorization
Fluconazole	Terbinafine Tablet <sup>QL</sup>	Diflucan Suspension <sup>QL</sup>	Link to PA Guidelines
Suspension <sup>QL</sup>		Diflucan Tablet <sup>QL</sup>	Link to Quantity Limits List
Fluconazole Tablet <sup>QL</sup>			Ellik to Quantity Ellinits Elst

#### **ANTIPARASITICS, TOPICAL**

Preferred Agents	Non	Preferred Agents	Prior Authorization
Permethrin 5% Cream	Eurax Cream	Lindane Shampoo	Link to PA Guidelines
	Eurax Lotion		

#### **ANTIVIRALS, HERPES**

Preferre	ed Agents	Non Preferred Agents	Prior Authorization
Acyclovir Capsule <sup>QL</sup>	Famciclovir Tablet <sup>QL</sup>	Sitavig Buccal Tablet <sup>QL</sup>	Link to PA Guidelines
Acyclovir	Valacyclovir Tablet <sup>QL</sup>	Valtrex Tablet <sup>QL</sup>	Link to Quantity Limits List
Suspension		Zovirax Suspension <sup>QL</sup>	LINK to Quantity Linnis List
Acyclovir Tablet <sup>QL</sup>			

### CEPHALOSPORINS

Preferred Agents	Non Pref	Non Preferred Agents	
Cefadroxil Capsule	Cefaclor Capsule	Cephalexin 750 mg	Link to PA Guidelines
Cefpodoxime Tablet	Cefaclor Suspension	Capsule	
Cefuroxime Tablet	Cefaclor ER Tablet	Cephalexin Tablet	
Cephalexin 250 mg, 500 mg Capsule	Cefadroxil Suspension	Suprax Chewable Tablet	
Cephalexin Suspension	Cefadroxil Tablet	Suprax Suspension	
	Cefpodoxime Suspensio	n .	

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#### **CONTRACEPTIVES, ORAL – MONOPHASIC**

Preferred	Agents	Non Preferred Agents	Prior Authorization
Afirmelle	Levonorgestrel-Ethinyl	Balcoltra	Link to PA Guidelines
Altavera	Estradiol-28 0.15 mg-30 mcg	Drospirenone-Ethinyl Estradiol-	
Alyacen-28 1-35	(generic Nordette, Levlen)	Levomefolate 3-0.03-0.451 mg	
Apri	Levora	(generic Safyral)	
Aubra	Lillow	Loestrin-21	
Aubra EQ	Low-Ogestrel	Loestrin Fe-28	
Aurovela-21	Lutera	Norethindrone-Ethinyl Estradiol	
Aurovela Fe-28	Marlissa	Fe 0.4-0.035(21)-75 Chewable (generic Wymzya Fe Chewable)	
Aviane	Microgestin-21	Safyral	
Ayuna	Microgestin Fe-28	Tydemy	
Balziva	Mili Mara di mada	Wymzya Fe Chewable	
Blisovi Fe-28	Mono-Linyah		
Briellyn	Necon-28		
Chateal	Norethindrone-Ethinyl Estradiol- 21 (generic Loestrin-21)		
Chateal EQ	Norethindrone-Ethinyl Estradiol		
Cryselle	Fe-28 (generic Loestrin Fe-28)		
Cyred	Norgestimate-Ethinyl		
Cyred EQ	Estradiol-28 (generic Ortho-		
Dasetta-28 1-35	Cyclen)		
Desogestrel-Ethinyl Estradiol-28	Nortrel-28 0.5-35		
0.15-30 (generic Desogen)	Nortrel-21 1-35		
Drospirenone-Ethinyl Estradiol	Nortrel-28 1-35		
Elinest	Nylia-28 1-35		
Emoquette	Nymyo		
Enskyce	Ocella		
Estarylla	Orsythia		
Ethynodiol-Ethinyl Estradiol	Philith		
Falmina	Pirmella-28 1-35		
Femynor	Portia		
Hailey-21	Previfem		
Hailey Fe-28	Reclipsen		
Isibloom	Sprintec		
Juleber	Sronyx		
Junel-21	Syeda		
Junel Fe-28	Tarina Fe		
Kalliga	Tarina Fe EQ		
Kelnor-28 1-35	Tyblume Chewable		
Kelnor-28 1-50	Vienva		
Kurvelo	Vyfemla		
Larin-21	Vylibra		
Larin Fe-28	Wera		
Larissia	Yasmin		
Lessina	Zovia 1-35		
Levonorgestrel-Ethinyl Estradiol- 28 0.1 mg-20 mg (generic Alesse, Levlite)	Zumandimine		

Non-preferred medications require prior authorization QL = Quantity Limit Applies

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#### **CONTRACEPTIVES, ORAL – BIPHASIC**

Preferred Agents		Non Preferred Agents	Prior Authorization
Azurette	Pimtrea	Mircette	Link to PA Guidelines
Desogestrel-Ethinyl Estradiol	Simliya		
21-2-5 (generic Mircette)	Viorele		
Kariva	Volnea		

### CONTRACEPTIVES, ORAL – TRIPHASIC

Preferred Agents		Non Preferred Agents	Prior Authorization
Alyacen 7-7-7	Tri-Estraylla	Tilia Fe	Link to PA Guidelines
Aranelle	Tri-Femynor	Tri-Legest Fe	
Caziant	Tri-Linyah		
Dasetta 7-7-7	Tri-Lo-Estarylla		
Enpresse	Tri-Lo-Marzia		
Leena	Tri-Lo-Mili		
Levonest	Tri-Lo-Sprintec		
Levonorgestrel-Ethinyl Estradiol (generic TriPhasil, Tri-Levlen)	Tri-Mili Tri Numuo		
Norgestimate-Ethinyl Estradiol Lo- 28 (generic Ortho Tri-Cyclen Lo)			
Norgestimate-Ethinyl Estradiol-28 (generic Ortho Tri-Cyclen)	Tri-Sprintec Trivora		
Nortrel 7-7-7	Tri-Vylibra		
Nylia 7-7-7	Tri-Vylibra Lo		
Primella 7-7-7	Velivet		

### **CONTRACEPTIVES, ORAL – FOUR-PHASIC**

Preferred Agents	Non Preferred Agents	Prior Authorization
	Natazia	Link to PA Guidelines

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### **CONTRACEPTIVES, ORAL – 28-DAY EXTENDED CYCLE**

Preferred Agents	Non Prefe	rred Agents	Prior Authorization
Drospirenone-Ethinyl Estradiol 3-0.02 mg Jasmiel Lo Loestrin Fe Loryna Lo-Zumandimine Nikki Vestura	Aurovela 24 Fe Beyaz Blisovi 24 Fe Charlotte 24 Fe Chewable Drospirenone-Ethinyl Estradiol-Levomefolate 3-0.02-0.451 mg (generic Beyaz) Gemmily Capsule Generess Fe Chewable Hailey 24 Fe Junel 24 Fe Junel 24 Fe Layolis Fe Chewable Larin 24 Fe Layolis Fe Chewable Merzee Capsule Microgestin 24 Fe 1-20 Minastrin 24 Fe Chewable Nextstellis Noethindrone-Ethinyl Estradiol-Fe 0.8- 0.025(24) Chewable (generic Generess Fe Chewable)	Noethindrone-Ethinyl Estradiol-Fe 1-0.02(24) (generic Loestrin 24 Fe) Noethindrone-Ethinyl Estradiol-Fe 1 0.02(24)-75 Tablet (generic Minastrin 24 Fe) Norethindrone-Ethinyl Estradiol-Fe 1-0.02(24) 75 Capsule (generic Taytulla Capsule) Tarina 24 Fe Taysofy Capsule Taytulla Capsule Yaz	Link to PA Guidelines

#### **CONTRACEPTIVES, ORAL – 28-DAY CONTINUOUS CYCLE**

Non Preferred Agents	Prior Authorization
	Link to PA Guidelines

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### CONTRACEPTIVES, ORAL – 3-MONTH EXTENDED CYCLE

Preferred Agents	Non Prefer	red Agents	Prior Authorization
Amethia (3-month) Ashlyna (3-month) Camrese (3-month) Camrese Lo (3-month) Daysee (3-month) Iclevia (3-month) Introvale (3-month) Jaimiess (3-month) Jolessa (3-month) Levonorgestrel-Ethinyl Estradiol 0.15-0.03 mg (3-month) ( <i>generic Seasonale-91</i> ) Lojaimiess (3-month) Setlakin (3-month) Simpesse (3-month)	Fayosim (3-month) Levonorgestrel-Ethinyl Estradiol + EE 0.10- 0.02 mg + 0.01 mg (3- month) ( <i>generic</i> <i>LoSeasonique-91</i> ) Levonorgestrel-Ethinyl Estradiol + EE 0.15- 0.03 mg + 0.01 mg (3- month) ( <i>generic</i> <i>Seasonique-91</i> )	Levonorgestrel 0.15 mg- Ethinyl Estradiol 20-25- 30 (3-month) ( <i>generic</i> <i>Quartette-91</i> ) Loseasonique (3-month) Quartette (3-month) Rivelsa (3-month) Seasonique (3-month)	Link to PA Guidelines

### **CONTRACEPTIVES, ORAL – PROGESTIN-ONLY**

Preferre	d Agents	Non Preferred Agents	Prior Authorization
Camila	Lyza	Slynd	Link to PA Guidelines
Deblitane	Nora-Be		
Errin	Norethindrone-28 0.35		
Heather	Norlyda		
Incassia	Sharobel		
Jencycla	Tulana		
Lyleq			

## CONTRACEPTIVES, OTHER

Preferre	d Agents	Non Prefe	rred Agents	Prior Authorization
Depo-Provera 150 mg/ml Vial <sup>QL</sup> Depo-SubQ Provera 104 Injection <sup>QL</sup> Kyleena <sup>QL</sup> Liletta <sup>QL</sup> Medroxyprogesterone Acetate Injection Syringe <sup>QL</sup> Medroxyprogesterone Acetate Injection Vial <sup>QL</sup> Mirena <sup>QL</sup>	Nuvaring <sup>QL</sup>	Annovera <sup>QL</sup> Depo-Provera Injection Syringe <sup>QL</sup> Eluryng <sup>QL</sup>	Etonogestrel-Ethinyl Estradiol Vaginal Ring <sup>QL</sup> Twirla Patch <sup>QL</sup> Zafemy Patch <sup>QL</sup>	Link to PA Guidelines Link to Quantity Limits List

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#### **EMERGENCY CONTRACEPTIVES**

	Preferred Agents	Non Preferred Agents	Prior Authorization
Ella	Levonorgestrel		

#### FLUOROQUINOLONES, ORAL

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

## LINCOSAMIDE ANTIBIOTICS

	Preferred Agents	Non Preferred Agents	Prior Authorization
Cleocin	Clindamycin		

#### MACROLIDES

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

#### **MISCELLANEOUS PRODUCTS**

Preferred Agents	Non Preferred Agents	Prior Authorization
Gardasil 9		
Phenazopyridine		
Podocon-25		
Probenecid		
Veregen		

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#### PENICILLINS

Preferre	d Agents	Non Prefe	rred Agents	Prior Authorization
Amoxicillin Capsule	Amoxicillin Clavulanate	Amoxicillin-Clavulanate	Amoxicillin-Clavulanate	Link to PA Guidelines
Amoxicillin Chewable	600-42.9 mg/5 ml	Chewable Tablet	ER Tablet	
Tablet	Suspension	Amoxicillin-Clavulanate		
Amoxicillin Suspension	Amoxicillin-Clavulanate	250-62.5 mg/5 ml		
Amoxicillin-Clavulanate	Tablet	Suspension		
200-28.5 mg/5 ml	Ampicillin Capsule			
Suspension	Penicillin VK Solution			
Amoxicillin-Clavulanate	Penicillin VK Tablet			
400-57 mg/5 ml				
Suspension				

### PENICILLINS, INJECTABLE

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

#### SULFONAMIDES

Preferred Agents	Non Preferred Agents	Prior Authorization
Sulfadiazine		

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TETRACYCLINES		
Preferred Agents	Non Preferred Agents	Prior Authorization
Doxycycline Hyclate 50 mg, 100 mg Capsule (generic Vibramycin) Doxycycline Hyclate 20 mg Tablet (generic Periostat Tablet) Doxycycline Hyclate 100 mg Tablet (generic Vibra-Tabs Tablet) Doxycycline Monohydrate 50 mg, 100 mg Capsule (generic Monodox Capsule) Doxycycline Monohydate Suspension (generic Vibramycin Suspension) Doxycycline Monohydrate 50 mg, 75 mg, 100 mg Tablet (generic Adoxa Tablet)	Demeclocycline Tablet Doryx DR Tablet <sup>QL</sup> Doryx MPC DR Tablet <sup>QL</sup> Doxycycline Hyclate 50 mg Tablet <i>(generic Targadox)</i> Doxycycline Hyclate 75 mg, 150 mg Tablet <i>(generic Acticlate Tablet)</i> Doxycycline Hyclate DR Tablet <i>(generic Doryx DR Tablet)</i> <sup>QL</sup> Doxycycline IR-DR 40 mg Capsule <i>(generic Oracea Capsule)</i> <sup>QL</sup> Doxycycline Monohydate 75 mg Capsule <i>(generic Monodox Capsule)</i> Doxycycline Monohydrate 150 mg Capsule <i>(generic Adoxa Capsule)</i> Doxycycline Monohydrate 150 mg Tablet <i>(generic Adoxa Capsule)</i> Doxycycline Capsule Morgidox Kit Oracea Capsule <sup>QL</sup> Tetracycline Capsule Vibramycin Capsule Vibramycin Syrup Ximino ER Capsule <sup>QL</sup>	Link to Quantity Limits List

## URINARY ANTI-INFECTIVES

Preferred Agents	Non Preferred Agents	Prior Authorization
Nitrofurantoin Capsule (generic Macrodantin	Macrobid Capsule <sup>QL</sup>	Link to PA Guidelines
Capsule) <sup>QL</sup>	Macrodantin Capsule <sup>QL</sup>	Link to Quantity Limits List
Nitrofurantoin Monohydrate-Macro Capsule	Nitrofurantoin Suspension <sup>QL</sup>	
(generic Macrobid Capsule) <sup>QL</sup>		

### VAGINAL ANTI-INFECTIVES

Preferred Agents		Non Preferred Agents		Prior Authorization
Cleocin (clindamycin) Ovules Clindamycin Vaginal Cream Clindesse (clindamycin) Cream Clotrimazole 3 (2%) Vaginal Cream Clotrimazole 7 (1%) Vaginal Cream Metronidazole Tablet Metronidazole Vaginal Gel Miconazole 1 (1200 mg- 2%) Combination Pack	Vaginal Cream Miconazole 7 (100 mg) Vaginal Suppository Tinidazole Tablet <sup>QL</sup> Tioconazole-1 (6.5%) Vaginal Ointment	Cleocin <i>(clindamycin)</i> Vaginal Cream Gynazole 1 <i>(butoconazole)</i> Cream Miconazole 3 <i>(200 mg)</i> Vaginal Suppository Nuvessa <i>(metronidazole)</i> Gel Solosec <i>(secnidazole)</i> Granule Packet Terconazole Vaginal Cream Terconazole Vaginal Suppository	Vandazole ( <i>metronidazole</i> ) Gel	<u>Link to PA Guidelines</u> <u>Link to Quantity Limits List</u>

Non-preferred medications require prior authorization QL = Quantity Limit Applies