

## **SECTION 10 FAMILY PLANNING SERVICES**

Family planning is defined as any medically approved diagnosis, treatment, counseling, drug, supply, or device prescribed or furnished by a provider to individuals of child-bearing age to enable such individuals to freely determine the number and spacing of their children.

When billing family planning services, providers must:

- Use a diagnosis code in the range of V25 through V25.9; and
- Enter “F” in field 24H on the CMS-1500 or the appropriate field if billing electronically.

### **COVERED SERVICES**

A provider may bill as a family planning service the appropriate office visit code which includes one or more of the following services.

- Obtaining a medical history
- A pelvic examination
- The preparation of smears such as a Pap Smear  
**Note:** Obtaining a specimen for a Pap smear is included in the office visit. Screening and interpretation of a Pap smear can be reimbursed only to a clinic or certified independent laboratory employing an approved pathologist, or to an individual pathologist.
- A breast examination
- All laboratory and x-ray services provided as part of a family planning encounter are payable as family planning services.
- A pregnancy test would be family planning related if provided at the time at which family planning services are initiated for an individual, at points after the initiation of family planning services where the patient may not have properly used the particular family planning method, or when the patient is having an unusual response to the family planning method.
- HIV blood screening testing performed as part of a package of screening testing and counseling provided to women and men in conjunction with a family planning encounter is reimbursable as a family planning service.

### **Billing for Birth Control Devices and Systems**

A provider must submit a claim for a birth control device or system on an electronic Professional or Institutional ASC X12N 837 Health Care claim transaction or by manually entering a claim into MO HealthNet's billing Web site, [www.emomed.com](http://www.emomed.com). The system will automatically generate a separate claim for the NDC to process as a pharmacy claim and will appear as a separate claim on the provider's Remittance Advice.

Physicians, nurse practitioners, nurse midwives, clinics, public health agencies, FQHCs and provider based rural health clinics also have the option to submit a separate claim to report only the device or system information by using the Pharmacy Form claim option at the MO HealthNet billing Web site, emomed.com. This is the same option currently used by physicians when billing for injectables dispensed in the office or clinic.

**COPPER INTRAUTERINE DEVICE (IUD), LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, VAGINAL RING, AND DEPO-PROVERA INJECTION**

Physicians, nurse practitioners, nurse midwives, clinics, FQHCs and public health agencies must bill for these items on the electronic Professional or Institutional ASC X12N 837 Health Care claim transaction using the National Drug Code (NDC). The items can be billed also using the emomed.com Pharmacy Claim form.

Provider Based RHCs can bill for these items using the product's NDC on the electronic Institutional ASC X12N 837 Health Care claim transaction or by manually entering a UB-04 claim into MO HealthNet's billing Web site, www.emomed.com. The items can be billed also using the emomed.com Pharmacy Claim form.

The fee for procedure code 58300 (insertion of IUD) covers insertion of the IUD. The appropriate office visit procedure code may be billed for the removal of the IUD. (Procedure code 58301 is not a billable procedure as payment for the service is included in the office visit procedure code.)

**DIAPHRAGMS OR CERVICAL CAPS**

The fitting of a diaphragm or cervical cap is included in the fee for an office visit procedure code. The cost of the diaphragm can be billed using procedure code A4266. The cost of the cervical cap can be billed using procedure code A4261. An invoice indicating the type and cost of the items must be submitted with claims for these services for manual pricing.

**IMPLANTABLE CONTRACEPTIVE CAPSULE SYSTEM**

Physicians, nurse practitioners, nurse midwives, clinics, FQHCs and public health agencies must bill for the system on the electronic Professional or Institutional ASC X12N 837 Health Care claim transaction using the National Drug Code (NDC). The system can be billed also using the emomed.com Pharmacy Claim form.

Provider-based RHCs can bill for the system using the NDC on an electronic Institutional ASC X12N 837 Health Care claim transaction or by manually entering a UB-04 (RHC) claim into MO HealthNet's billing Web site, www.emomed.com. The system can be billed also using the emomed.com Pharmacy Claim form.

The following procedure codes are for insertion only, removal only, or removal with reinsertion only and do not include reimbursement for the system.

- 11975 - insertion, implantable contraceptive capsules
- 11976 - removal, implantable contraceptive capsules
- 11977 - removal, implantable contraceptive capsules with reinsertion

**An office visit code may not be billed in addition to any of the above procedure codes.**

## **STERILIZATIONS**

A *Sterilization Consent* form is a required attachment for all claims containing the following procedure codes: 55250, 58565, 58600, 58605, 58611, 58615, 58670, and 58671. **The MO HealthNet participant must be at least 21 years of age at the time the consent is obtained and be mentally competent.** The participant must have given informed consent voluntarily in accordance with Federal and State requirements.

The *Sterilization Consent* form must be completed and signed by the participant at least **31** days, but not more than **180** days, prior to the date of the sterilization procedure. There must be **30** days between the date of signing and the surgery date. The day after the signing is considered the first day when counting the 30 days. There are provisions for emergency situations (reference Section 10.2.E (1) of the *MO HealthNet Provider Manual* available on the Internet at [www.dss.mo.gov/mhd/providers/index.htm](http://www.dss.mo.gov/mhd/providers/index.htm)).

The *Sterilization Consent Form* can be submitted also through the emomed Internet Web site. The provider must still maintain a properly completed paper form in the patient's files and must provide a copy of the paper form to the hospital if the service was performed in the hospital.

**Essure** - The Essure procedure is a permanent birth control alternative without incisions into the abdomen and any sutures or long postoperative recovery period. Essure is a device that is inserted into each fallopian tube which once incorporated into the fallopian tube, causes a localized tissue reaction. The body tissue grows into the micro-inserts, blocking the fallopian tubes.

MO HealthNet covers the Essure procedure (CPT code 58565). If the service is provided in the office setting (POS11) or FQHC setting (POS 50), bill CPT 58565 without a modifier. If the service is provided in the hospital outpatient (POS 22) or inpatient (POS 21) setting, bill CPT 58565 52.

The *Sterilization Consent Form* must be completed and signed at least 30 days prior to the sterilization.

## **MISSOURI'S WOMEN'S HEALTH SERVICES (ME CODES 80 and 89)**

MO HealthNet offers Women's Health Services to uninsured women who lose MO HealthNet eligibility 60 days after the birth of their child for up to one year. Services include family planning and limited testing and treatment of Sexually Transmitted Diseases. The treatment of medical complications occurring from the STD is **not** covered by this program. Eligible participants are enrolled under Medicaid Eligibility (ME) code 80.

The Centers for Medicare and Medicaid Services (CMS) has approved the Missouri Department of Social Services' request to extend Women's Health Services effective January 1, 2009 to additional women. Eligible participants for the expanded Women's Health Services program will be enrolled under ME code 89.

Services for ME codes 80 and 89 are provided on a fee-for-service basis only.

**ELIGIBILITY CRITERIA**

To qualify for the expanded Women's Health Services Program, a woman must be:

- Uninsured, defined as not having creditable coverage for family planning services;
- 18 to 55 years of age;
- have a net family income of at or below 185% of the Federal Poverty Level (FPL); and
- have assets totaling no more than \$250,000.

These women are not limited to one year of coverage and remain eligible for the program as long as they continue to meet eligibility requirements and require family planning services.

**Benefit Package**

The Women's Health Services program benefits package and limitations are the same for both ME codes 80 and 89 and include:

- Department of Health and Human Services approved methods of contraception;
- family planning counseling/education on various methods of birth control;
- diagnosis, testing and treatment of a sexually transmitted disease found during a family planning visit, including pap tests and pelvic exams; and,
- drugs, supplies, or devices related to women's health services described above that are prescribed by a physician or advanced practice nurse (subject to the national drug rebate program requirements).

All services must be billed with a primary diagnosis code of V25-V25.9 or payment for the services will be denied. Diagnosis code V25.04 is not a covered diagnosis code.

**Covered Services**

<b>Code</b>	<b>Description</b>
00851	ANESTHESIA FOR TUBAL LIGATION/ TRANSACTION
00952	ANESTHESIA FOR HYSTEROSCOPY AND/OR HYSTEOSALPINGOGRAPHY
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES
11976	REMOVABLE, IMPLANTABLE CONTRACEPTIVE CAPSULES
11977	REMOVABLE W/ REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)

<b>Code</b>	<b>Description</b>
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY
58565	HYSTEROSCOPY, WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS (POS 11, 50, 71 and 72 only)
58565-52	HYSTEROSCOPY, WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS (Outpatient POS 22 or Inpatient POS 21 only)
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBES
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBES
58615	OCCLUSION OF FALLOPIAN TUBES BY DEVICE
58670	LAPAROSCOPY, SURGICAL; W/ FULGURATION OF OVIDUCTS BY DEVICE (WITH OR WITHOUT TRANSECTION)
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (E.G., BAND, CLIP, ETC.)
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED
74740	HYSTEROSALPINGOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE RADIOLOGICAL SUPERVISION AND INTERPRETATION
76830	ULTRASOUND TRANSVAGINAL
76831	ECHO EXAM UTERUS
76856	US EXAM PELVIC COMPLETE
76857	ULTRASOUND PELVIC (NONOBSTETRIC) B-CAN &/OR REAL TIME W/ IMAGE DOCUMENTATION
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZE)
80048	BASIC METABOLIC PANEL (CLIA PANEL PROC)
80050	GENERAL HEALTH PANEL
80051	ELECTROLYTE PANEL (CLIA PANEL PROC)
80055	OBSTETRIC PANEL
80061	LIPID PANEL (REFER TO CPT FOR COMPLETE DESCRIPTION) (CLIA WAIVER LIST & PANEL PROCEDURE)
80074	ACUTE HEPATITIS PANEL
80076	HEPATIC FUNCTION PANEL
80100	DRUG SCREEN MULTIPLE DRUG CLASSES EACH PROCEDURE
80101	DRUG SCREEN; SINGLE DURG CLASS EACH DRUG CLASS (CLIA WAIVER LIST)
80102	DRUG CONFIRMATION, EACH PROCEDURE
80104	DRUG SCREEN, MILTIPLE DRUG CLASSES OTHER THAN CHROMATOGRAPHIC METHOD, EACH PROCEDURE
81000	URINALYSIS BY DIPSTICK/TABLET REAGENT; NON- AUTOMATED W/MICROSCOPY

<b>Code</b>	<b>Description</b>
81001	URINALYSIS ETC. AUTOMATED WITH MICROSCOPY
81002	URINALYSIS BY DIP STICK/TABLET REAGENT; NON-AUTOMATED W/OUT MICROSCOPY (CLIA WAIVER LIST)
81003	URINALYSIS BY DIP/TABLET; AUTOMATED W/O MICROSCOPY
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE EXCEPT IMMUNOASSAYS
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)
81020	URINALYSIS; 2 OR 3 GLASS TEST (PPMP CLIA LIST)
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS (CLIA WAIVER LIST)
82040	ALBUMIN SERUM
82042	ALBUMIN; URINE QUANTITATIVE
82043	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE
82105	ALPHA-FETOPROTEIN; SERUM
82120	AMINES VAGINAL FLUID QUALITATIVE
82150	AMYLASE
82247	BILIRUBIN TOTAL
82310	CALCIUM; TOTAL
82330	CALCIUM; IONIZED
82435	CHLORIDE; BLOOD
82465	CHOLESTEROL SERUM TOTAL (CLIA WAIVER) LIST)
82520	COCAINE OR METABOLITE
82550	CREATINE KINASE (CK) (CPK); TOTAL
82553	CREATINE KINASE (CK) (CPK); MB FRACTION ONLY
82565	CREATININE; BLOOD
82570	CREATININE; OTHER SOURCE
82575	CREATININE CLEARANCE
82607	CYANOCOBALAMIN (VITAMIN B-12)
82670	ESTRADIOL
82671	ESTROGENS FRACTIONATED
82672	ESTROGENS TOTAL
82677	ESTRIOL
82679	ESTRONE
82728	FERRITIN
82746	FOLIC ACID; SERUM
82947	GLUCOSE; QUANTITATIVE (CLIA WAIVER LIST)
82948	GLUCOSE; BLOOD REAGENT STRIP
82950	GLUCOSE POST GLUCOSE DOSE (INCLUDES GLUCOSE
82962	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED/ FDA SPECIFICALLY/HOME USE
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE (FSH)
83002	GONADOTROPIN LUTEINIZING HORMONE (LH)
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMOTOGRAPHY

<b>Code</b>	<b>Description</b>
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD
83036	GLYCOSYLATED HEMOGLOBIN TEST
83518	IMMUNOASSAY FOR ANALYTE, QUALI/SEMIQUANTITATIVE
83520	IMMUNOASSAY ANALYTE; NOT OTHERWISE SPECIFIED
83690	LIPASE
83896	NUCLEAR MOLECULAR DIAGNOSTICS; NUCLEIC ACID PROBE EACH
84075	PHOSPHATASE ALKALINE
84144	PROGESTERONE
84146	PROLACTIN
84425	THIAMINE (VITAMIN B-1)
84520	UREA NITROGEN; QUANTITATIVE
84550	URIC ACID; BLOOD
84702	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE
84703	GONADOTROPIN CHORIONIC QUALITATIVE (CLIA WAIVER LIST)
85004	AUTOMATED DIFF WBC COUNT
85007	BL SMEAR W/DIFF WBC COUNT
85008	BL SMEAR W/O DIFF WBC COUNT
85009	MANUAL DIFF WBC COUNT B-COAT
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT(CLIA WAIVER LIST)
85014	HEMATOCRIT
85018	HEMOGLOBIN
85025	COMPLETE CBC W/AUTO DIFF WBC
85027	COMPLETE CBC AUTOMATED
85032	MANUAL CELL COUNT EACH
85045	AUTOMATED RETICULOCYTE COUNT
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III ACTIVITY
85378	FIBRIN DEGRADE SEMIQUANT
85576	PLATELET; AGGREGATION (IN VITRO) EACH AGENT
85597	PLATELET NEUTRALIZATION
85598	PLATELET NEUTRALIZATION, HEXAGONAL PHOSPHOLIPID
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)
85652	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED
85660	SICKLING OF RBC REDUCTION SLIDE METHOD
85730	THROMBOPLASTIN TIME PARTIAL (PTT) PLASMA OR WHOLE BLOOD
86255	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN EACH ANTIBODY
86318	IMMUNOASSAY/INFECTI AGENT ANTIBODY QUALI/SEMIQUANTSINGLE STEP METHOD
86382	NEUTRALIZATION TEST VIRAL
86403	ARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY
86580	SKIN TEST TUBERCULOSIS INTRADERMAL (EXEMPT FROM CLIA EDITING)
86592	SYPHILIS TEST QUALITATIVE (EG VDRL RPR ART)

<b>Code</b>	<b>Description</b>
86593	SYPHILIS TEST QUANTITATIVE
86628	ANTIBODY; CANDIDA
86687	ANTIBODY; HTLV I
86688	ANTIBODY; HTLV-II
86689	ANTIBODY; HTLV OR HIV ANTIBODY CONFIRMATORY TEST (EG WESTERN BLOT)
86694	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST
86695	ANTIBODY; HERPES SIMPLEX TYPE I
86696	HERPES SIMPLEX TYPE 2
86698	ANTIBODY HISTOPLASMA
86701	ANTIBODY HIV 1
86702	ANTIBODY; HIV 2
86703	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)
86707	HEPATITIS BE ANTIBODY (HBEAB)
86762	ANTIBODY; RUBELLA
86787	ANTIBODY; VARICELLA-ZOSTER
86803	HEPATITIS C ANTIBODY
86900	BLOOD TYPING; ABO
86901	BLOOD TYPING; RH(D)
87015	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE BACILLUS (TB AFB)
87040	BLOOD CULTURE FOR BACTERIA
87070	CULTURE BACTERIA OTHER
87071	CULTURE BACTERIA; QUANTITATIVE AEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES
87073	CULTURE BACTERIAL; QUANTITATIVE ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENTIFICATION OF ISOLATES
87075	CULTURE BACTERIA EXCEPT BLOOD
87076	CULTURE BACTERIAL ANY SOURCE DEFINITIVE IDENTIFICATION EACH ANAEROBIC ORGANISM
87077	CULTURE BACTERIAL;AEROBIC ISOLATE ADDITONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION
87081	CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGANISMS
87086	CULTURE BACTERIAL URINE QUANTITATIVE COLONY COUNT
87088	URINE BACTERIA CULTURE
87102	CULTURE FUNGI ISOLATION OTHER SOURCE (EXCEPT BLOOD)
87110	CULTURE CHLAMYDIA
87147	CULTURE TYPING SEROLOGIC METHOD AGGLUTINATION GROUPING PER ANTISERUM
87164	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORAL SKIN)
87184	SENSITIVITY STUDIES ANTIBIOTIC DISK METHOD PER PLATE (12 OR LESS DISKS)

<b>Code</b>	<b>Description</b>
87186	SENSITIVITY STUDIES ANTIBIOTIC MICROTITER MINIMUM INHIBITORY CONCENTRATION (MIC)
87205	SMEAR PRIMARY SOURCE WITH INTERPRETATION ROUTINE STAIN
87206	SMEAR PRIMARY SOURCE WITH INTERPRETATION FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA FUNGI
87207	SMEAR SPECIAL STAIN
87210	SMEAR PRIMARY SOURCE WITH INTERPRETATION WET MOUNT WITH SIMPLE STAIN
87220	TISSUE EXAMINATION FOR FUNGI (EG KOH SLIDE)
87252	VIRUS IDENTIFICATION; TISSUE CULTURE INOCULATION AND OBSERVATION
87270	INFECT AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; CHLAMYDIA TRACHOMATIS
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY FLUORESCENT ANTIBODY; HERPES SIMPLEX VIRUS TYPE 2
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH; HERPES SIMPLEX VIRUS
87320	INFECT AGT ANTIGEN DETECTION BY ENZYME IMMUNOASSY METHOD; ADENOVIRUS ENTERIC TYPES 40/41 CHLAMYD
87340	HEPATITIS B SURFACE ANTIGEN
87350	HERPES SIMPLEX TYPE 2
87390	HIV-1
87391	HIV-2
87470	INFECT AGT DETECT BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA DIRECT
87480	CANDIDA SPECIES DIRECT PROBE TECHNIQUE
87481	CANDIDA SPECIES AMPLIFIED PROBE TECHNIQUE
87482	CANDIDA SPECIES QUANTIFICATION
87485	CHLAMYDIA PNEUMONIAE DIRECT PROBE TECHNIQUE
87486	CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE
87487	CHLAMYDIA PNEUMONIAE QUANTIFICATION
87490	CHLAMYDIA TRACHOMATIS DIRECT PROBE TECHNIQUE
87491	CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TECHNIQUE
87492	CHLAMYDIA TRACHOMATIS QUANTIFICATION
87495	CYTOMEGALOVIRUS DIRECT PROBE TECHNIQUE
87496	CYTOMEGALOVIRUS AMPLIFIED PROBE TECHNIQUE
87497	CYTOMEGALOVIRUS QUANTIFICATION
87510	GARDNERELLA VAGINALIS DIRECT PROBE TECHNIQUE
87511	GARDNERELLA VAGINALIS AMPLIFIED PROBE TECHNI
87512	GARDNERELLA VAGINALIS QUANTIFICATION
87528	HERPES SIMPLEX VIRUS DIRECT PROBE TECHNIQUE
87529	HERPES SIMPLEX VIRUS AMPLIFIED PROBE TECHNIQUE
87531	HERPES VIRUS-6 DIRECT PROBE TECHNIQUE

<b>Code</b>	<b>Description</b>
87530	HERPES SIMPLEX VIRUS QUANTIFICATION
87532	HERPES VIRUS-6 AMPLIFIED PROBE TECHNIQUE
87533	HERPES VIRUS-6 QUANTIFICATION
87534	HIV-1 DIRECT PROBE TECHNIQUE
87535	HIV-1 AMPLIFIED PROBE TECHNIQUE
87536	HIV-1 QUANTIFICATION
87537	HIV-2 DIRECT PROBE TECHNIQUE
87538	HIV-2 AMPLIFIED PROBE TECHNIQUE
87539	HIV-2 QUANTIFICATION
87590	NEISSERIA GONORRHOEAE DIRECT PROBE TECHNIQUE
87591	NEISSERIA GONORRHOEAE AMPLIFIED PROBE TECHNIQUE
87592	NEISSERIA GONORRHOEAE QUANTIFICATION
87620	PAPILLOMAVIRUS HUMAN DIRECT PROBE TECHNIQUE
87621	PAPILLOMAVIRUS HUMAN AMPLIFIED PROBE TECHNIQUE
87622	PAPILLOMAVIRUS HUMAN QUANTIFICATION
87660	TRICHOMONAS VAGINALIS DIR PROBE
87797	NOT OTHERWISE SPECIFIED DIRECT PROBE TECHNIQUE
87800	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; DIRECT PROBE TECHNIQUE
87801	INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; AMPLIFIED PROBE TECHNIQUE
87810	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE
88108	CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRETATION (EG SACCOMANNO TECHNIQUE)
88141	CYTOPATHOLOGY CERVICAL OR VAGINAL
88142	CYTOPATHOLOGY CERVICAL OR VAGINAL, THIN LAYER PREPARATION; MANUAL SCREENING UNDER PHYS SUPERVISION
88143	CYTOPATHOLOGY CERVICAL OR VAGINAL, WITH MANUAL SCREENING AND RESCREENING
88147	CYTOPATHOLGY SMEARS CERVICAL OR VAGINA SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING
88150	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88152	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL; W/ MANUAL & COMPUTER-ASSISTED RESCREENING UNDER PHYS SUPERVISION
88153	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION
88154	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING

<b>Code</b>	<b>Description</b>
88155	CYTOPATHOLOGY SLIDE CERVICAL OR VAGINAL DEFINITIVE HORMONAL EVALUATION
88160	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; SCREENING AND INTERPRETATION
88161	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; PREPARATION SCREENING AND INTERPRETATION
88162	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS
88164	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL(THE BETHESDA SYSTEM)
88165	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); UNDER PHYSICIAN'S SUPERVISION
88166	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING
88167	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION
88172	EVALUATION OF FINE NEEDLE ASPIRATE W/ OR W/O PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY
88173	EVALUATION OF FINE NEEDLE ASPIRATE W/ OR W/O PREPARATION OF SMEARS; INTERPRETATION AND REPORT
88174	CYTOPATH C/V AUTO IN FLUID
88175	CYTOPATH C/V AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION
88177	CYTOPATHOLOGY, INTERMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, EACH SEPARATE ADDITIONAL EPISODE, SAME SITE (LIST SEPARATELY IN ADDITION TO CODE FOR THE PRIMARY PROCEDURE)
99201-05	NEW PATIENT - OFFICE OR OTHER OUTPATIENT VISIT
99211-15	ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT
99383-86	PREVENTATIVE MEDICINE SERVICES/NEW PATIENT
99393-96	PREVENTATIVE MEDICINE SERVICES/ESTABLISHED PATIENT
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE
A4266	DIAPHRAGM
*	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
*	INTRAUTERINE COPPER CONTRACEPTIVE
*	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM
*	CONTRACEPTIVE VAGINAL RING
*	CONTRACEPTIVE HORMONE RING
*	LEVONORGESTREL IMPLANT

\*These items must be billed electronically with an NDC and a decimal quantity.

<b>Code</b>	<b>Description</b>
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS
T1015	INDEPENDENT RHC CLINIC VISIT/ENCOUNTER

<b>Drug</b>	<b>Class Description</b>
G2A	PROGESTATIONAL AGENTS (Used for Contraception)
G8A	CONTRACEPTIVES, ORAL
G8B	CONTRACEPTIVES, IMPLANTABLE
G8C	CONTRACEPTIVES, INJECTABLE
G8F	CONTRACEPTIVES, TRANSDERMAL
G9B	CONTRACEPTIVES, INTRAVAGINAL
L5A	KERATOLYTICS
Q4F	VAGINAL ANTIFUNGALS
Q4W	VAGINAL ANTIBIOTICS
Q5R	TOPICAL ANTIPAPASITICS
Q5V	TOPICAL ANTIVIRALS
Q6V	EYE ANTIVIRALS
W1A	PENICILLINS
W1B	CEPHALOSPORINS
W1C	TETRACYCLINES
W1D	MACROLIDES
W1F	AMINOGLYCOSIDES
W1K	LINCOSAMIDES
W1P	BETALACTAMS
W1Q	QUINOLONES
W1Y	CEPHALOSPORINS 3RD GENERATION
W2A	ABSORBABLE SULFONAMIDES
W3B	ANTIFUNGAL AGENTS
W3C	ANTIFUNGAL AGENTS (CONTINUED)
W4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS
W5A	ANTIVIRAL, GENERAL
WG4	2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL
X1B	DIAPHRAMS/CERVICAL CAP
X1C	INTRA-UTERINE DEVICES
Z2G	IMMUNOMODULATORS (Aldera)