

## PROVIDER BULLETIN

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# PHYSICIAN BULLETIN WOMEN'S HEALTH COVERAGE

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### **MISSOURI'S WOMEN'S HEALTH SERVICES**

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. Eligible participants are enrolled under Medicaid Eligibility (ME) code 80.

The Centers for Medicare and Medicaid Services (CMS) recently 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.

### **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 new 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.

## **SERVICE PACKAGE**

Women's health services include:

- Department of Health and Human Services approved methods of contraception;
- sexually transmitted disease testing and treatment, including pap tests and pelvic exams;
- family planning counseling/education on various methods of birth control; 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 of V25-V25.9 or payment for the services will be denied.

A complete list of covered services can be found in Attachment A to this bulletin. The service package and limitations are identical for both eligibility groups.

## **APPLICATION FOR BENEFITS**

The Family Support Division (FSD) determines client eligibility for the Women's Health Program. Women interested in learning more about the program and completing an application can contact their local Family Support Division Office, or can go to [www.dss.mo.gov](http://www.dss.mo.gov) and complete the on-line MO HealthNet application.

Those eligible for services under the Women's Health Services Program may call the Participant Services Unit at 1-800-392-2161 or 1-800-TEL-LINK (1-800-835-5465) to find out about covered services, providers, or where to go for family planning services.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**

| Procedure Code | Description  |
|----------------|--|
| 00851          | ANESTHESIA FOR TUBAL LIGATION/ TRANSACTION   |
| 00952          | ANESTHESIA FOR HYSTEROSCOPY AND/OR HYSTEROSALPINGOGRAPHY   |
| 11975          | INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES  |
| 11976          | REMOVABLE, IMPLANTABLE CONTRACEPTIVE CAPSULES  |
| 11977          | REMOVABLE W/ REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES   |
| 58300          | INSERTION OF INTRAUTERINE DEVICE (IUD)   |
| 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   |
| 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          | TRANSERCERVICAL 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   |
| 81000          | URINALYSIS BY DIPSTICK/TABLET REAGENT; NON- AUTOMATED W/MICROSCOPY   |
| 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  |

| Procedure Code | Description  |
|----------------|--|
| 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; CHROMATOGRAPHY                        |
| 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  |
| 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          | PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY                                     |
| 86580          | SKIN TEST TUBERCULOSIS INTRADERMAL (EXEMPT FROM CLIA EDITING)                    |
| 86592          | SYPHILIS TEST QUALITATIVE (EG VDRL RPR ART)                                      |
| 86593          | SYPHILIS TEST QUANTITATIVE   |
| 86628          | ANTIBODY; CANDIDA  |
| 86631          | ANTIBODY; CHLAMYDIA  |
| 86632          | ANTIBODY ; CHLAMYDIA IGM   |
| 86687          | ANTIBODY; HTLV I   |
| 86688          | ANTIBODY; HTLV-II  |
| 86689          | ANTIBODY; HTLV OR HIV ANTIBODY CONFIRMATORY TEST (EG WESTERN BLOT)               |

| Procedure Code | Description  |
|----------------|--|
| 86694          | ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST  |
| 86695          | ANTIBODY; HERPES SIMPLEX TYPE 1  |
| 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  |
| 86781          | ANTIBODY; TREPONEMA PALLIDUM CONFIRMATORY TEST   |
| 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)                            |
| 87186          | SENSITIVITY STUDIES ANTIBIOTIC MICROTITRER 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 FLOURESCENT 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  |

| Procedure Code | Description   |
|----------------|---|
| 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  |
| 87530          | HERPES SIMPLEX VIRUS QUANTIFICATION   |
| 87531          | HERPES VIRUS-6 DIRECT PROBE TECHNIQUE   |
| 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 VAGIN DIR PROBE   |
| 87797          | NOT OTHERWISE SPECIFIED DIRECT PROBE TECHNIQUE  |
| 87800          | INFECT AGT DETECTION BY NUCLEIC ACID MULTIPLE ORGANISMS; DIRECT PROBE TECHIQUE  |
| 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 VAGINAL; 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  |
| 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 |
| 99201-99205    | NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT   |
| 99211-99215    | NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT   |
| 99383-99386    | PREVENTATIVE MEDICINE SERVICES/NEW PATIENT  |
| 99393-99396    | PREVENTATIVE MEDICINE SERVICES/ESTABLISHED PATIENT  |
| A4261          | CERVICAL CAP FOR CONTRACEPTIVE USE  |

| Procedure Code | Description  |
|----------------|--|
| A4266          | DIAPHRAGM  |
| J1055          | INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG       |
| J7300          | INTRAUTERINE COPPER CONTRACEPTIVE  |
| J7302          | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM                 |
| J7303          | CONTRACEPTIVE VAGINAL RING   |
| J7304          | CONTRACEPTIVE HORMONE RING   |
| J7306          | LEVONORGESTREL IMPLANT   |
| Q0111          | WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS |
| T1015          | CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE                                       |

| Drug Class | Description                                    |
|------------|--|
| 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)                      |