



PROVIDER BULLETIN

Volume 45 Number 32

<http://dss.mo.gov/mhd/>

December 22, 2022

WOMEN'S HEALTH SERVICES PROGRAM

Applies to: Women's Health Services Providers

Effective date: December 22, 2022

- COVERED PROCEDURE CODES AND DIAGNOSIS CODES
- COVERED DRUGS

COVERED PROCEDURE CODES AND DIAGNOSIS CODES

The listing of covered procedure codes and diagnosis codes for the Women's Health Service's (WHS) program has been updated to include codes that have been added, removed, or changed.

Providers, including laboratory and radiology providers, are reminded that only claims billed with covered diagnosis and covered procedure codes may be reimbursed through the WHS program.

Below is the updated listing of covered procedure and diagnosis codes:

Procedure Code	Description
00851	ANESTHESIA TUBAL LIGATION
00952	ANESTHESIA HYSTEROSCOPE/GRAPH
11976	REMOVE CONTRACEPTIVE CAPSULE
11981	INSERTION DRUG DELIVERY IMPLANT
11982	REMOVE DRUG IMPLANT DEVICE
11983	REMOVE/INSERT DRUG IMPLANT
56501	DESTROY VULVA LESIONS, SIMPLE
56820	EXAM OF VULVA W/SCOPE
56821	EXAM/BIOPSY OF VULVA W/SCOPE
57420	EXAM OF VAGINA W/SCOPE
57421	EXAM/BIOPSY OF VAGINA W/SCOPE
57452	EXAM OF CERVIX W/SCOPE
57454	BIOPSY/CURETT OF CERVIX W/SCOPE
57455	BIOPSY OF CERVIX W/SCOPE

57456	ENDOCERVICAL CURETTAGE W/SCOPE
57460	BIOPSY OF CERVIX W/SCOPE LEEP
57461	CONIZATION OF CERVIX W/SCOPE LEEP
57465	COMPUTER-AIDED MAPPING CERVIX UTERI DURING COLPOSCOPY
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)
57510	CAUTERIZATION OF CERVIX ELECTRO OR THERMAL
57511	CRYOCAUTERY OF CERVIX
57513	LASER SURGERY OF CERVIX
57513	CAUTERIZATION OF CERVIX; LASER ABLATION
58300	INSERT INTRAUTERINE DEVICE
58301	REMOVE INTRAUTERINE DEVICE
58340	CATHETER FOR HYSTEROGRAPHY
58562	HYSTEROSCOPY REMOVE FOREIGN BODY
58565	HYSTEROSCOPY STERILIZATION
58600	DIVISION OF FALLOPIAN TUBE
58611	LIGATE OVIDUCT(S) ADD-ON
58615	OCCLUDE FALLOPIAN TUBE(S)
58661	LAPAROSCOPY REMOVE ADNEXA
58670	LAPAROSCOPY TUBAL CAUTERY
58671	LAPAROSCOPY TUBAL BLOCK
74740	X-RAY FEMALE GENITAL TRACT
74742	X-RAY FALLOPIAN TUBE
76830	TRANSVAGINAL ULTRASOUND NON-OB
76831	ECHO EXAM UTERUS
76856	ULTRASOUND EXAM PELVIC, COMPLETE
76857	ULTRASOUND EXAM PELVIC, LIMITED
80047	METABOLIC PANEL IONIZED CALCIUM
80048	METABOLIC PANEL TOTAL CALCIUM
80051	ELECTROLYTE PANEL
80055	OBSTETRIC PANEL
80074	ACUTE HEPATITIS PANEL
81000	URINALYSIS NON-AUTOMATED W/SCOPE
81001	URINALYSIS AUTOMATED W/SCOPE
81002	URINALYSIS NON-AUTOMATED W/O SCOPE
81003	URINALYSIS AUTOMATED W/O SCOPE
81005	URINALYSIS
81015	MICROSCOPIC EXAM OF URINE SPECIMEN
81020	URINALYSIS GLASS TEST
81025	URINE PREGNANCY TEST
82105	ALPHA-FETOPROTEIN SERUM
82120	AMINES VAGINAL FLUID QUALITATIVE
82306	VITAMIN D 25 HYDROXY
82465	ASSAY BLOOD/SERUM CHOLESTEROL
82670	ASSAY OF TOTAL ESTRADIOL
82671	ASSAY OF ESTROGENS, FRACTIONS
82672	ASSAY OF ESTROGENS, TOTAL
82677	ESTRIOL
82677	ASSAY OF ESTRIOL

82679	ASSAY OF ESTRONE
82947	ASSAY GLUCOSE BLOOD, QUANTITATIVE
82948	GLUCOSE; BLOOD, REAGENT STRIP
82962	GLUCOSE BLOOD TEST, FINGERSTICK METHOD
83001	ASSAY OF GONADOTROPIN (FSH)
83002	ASSAY OF GONADOTROPIN (LH)
84144	ASSAY OF PROGESTERONE
84146	ASSAY OF PROLACTIN
84478	ASSAY OF TRIGLYCERIDES
84702	CHORIONIC GONADOTROPIN TEST
84703	CHORIONIC GONADOTROPIN ASSAY
85004	AUTOMATED WBC COUNT
85007	BLOOD SMEAR W/DIFF WBC COUNT
85008	BLOOD SMEAR W/O DIFF WBC COUNT
85009	MANUAL DIFF WBC COUNT B-COAT
85013	SPUN MICROHEMATOCRIT
85014	HEMATOCRIT
85018	HEMOGLOBIN
85025	COMPLETE CBC W/AUTOMATED DIFF WBC
85027	COMPLETE CBC AUTOMATED
85032	MANUAL CELL COUNT EACH
85041	AUTOMATED RBC COUNT
85045	AUTOMATED RETICULOCYTE COUNT
85048	AUTOMATED LEUKOCYTE COUNT
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT
85610	PROTHROMBIN TIME
85652	RBC SEDIMENTATION RATE AUTOMATED
85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD
85660	RBC SICKLE CELL TEST
85730	THROMBOPLASTIN TIME PARTIAL
86318	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY
86382	NEUTRALIZATION TEST VIRAL
86386	NUCLEAR MATRIX PROTEIN 22
86403	PARTICLE AGGLUT ANTIBODY SCREEN
86580	TB INTRADERMAL TEST
86592	SYPHILIS TEST NON-TREPONEMAL QUALITATIVE
86593	SYPHILIS TEST NON-TREPONEMAL QUANTITATIVE
86628	CANDIDA ANTIBODY
86631	CHLAMYDIA ANTIBODY
86632	CHLAMYDIA IGM ANTIBODY
86687	HTLV-I ANTIBODY
86688	HTLV-II ANTIBODY
86689	HTLV/HIV CONFIRM ANTIBODY
86694	HERPES SIMPLEX NES ANTIBODY
86695	HERPES SIMPLEX TYPE 1 TEST
86696	HERPES SIMPLEX TYPE 2 TEST
86701	HIV-1 ANTIBODY
86702	HIV-2 ANTIBODY

86703	HIV-1/HIV-2 1 RESULT ANTIBODY
86704	HEP B CORE ANTIBODY TOTAL
86705	HEP B CORE ANTIBODY IGM
86706	HEP B SURFACE ANTIBODY
86707	HEPATITIS BE ANTIBODY
86708	HEPATITIS A ANTIBODY
86762	RUBELLA ANTIBODY
86780	TREPONEMA PALLIDUM
86787	VARICELLA-ZOSTER ANTIBODY
86803	HEPATITIS C AB TEST
86900	BLOOD TYPING SEROLOGIC ABO
86901	BLOOD TYPING SEROLOGIC RH(D)
87015	SPECIMEN INFECTIOUS AGENT CONCENTRATION
87040	BLOOD CULTURE FOR BACTERIA
87070	CULTURE OTHR SPECIMEN AEROBIC
87071	CULTURE AEROBIC QUANT OTHER
87073	CULTURE BACTERIA ANAEROBIC
87075	CULTR BACTERIA EXCEPT BLOOD
87076	CULTURE ANAEROBE IDENTIFY EACH
87077	CULTURE AEROBIC IDENTIFY
87081	CULTURE SCREEN ONLY
87086	URINE CULTURE/COLONY COUNT
87088	URINE BACTERIA CULTURE
87102	FUNGUS ISOLATION CULTURE
87106	FUNGI IDENTIFICATION YEAST
87110	CHLAMYDIA CULTURE
87147	CULTURE TYPE IMMUNOLOGIC
87164	DARK FIELD EXAMINATION
87184	MICROBE SUSCEPTIBLE DISK
87186	MICROBE SUSCEPTIBLE MICRODILUTION
87205	SMEAR GRAM STAIN
87206	SMEAR FLUORESCENT/ACID STAIN
87207	SMEAR SPECIAL STAIN
87210	SMEAR WET MOUNT SALINE/INK
87220	TISSUE EXAM FOR FUNGI
87252	VIRUS INOCULATION TISSUE
87255	GENET VIRUS ISOLATE HSV
87270	CHLAMYDIA TRACHOMATIS ANTIGENS IMMUNOFLUORESCENT
87273	HERPES SIMPLEX 2 ANTIGENS IMMUNOFLUORESCENT
87274	HERPES SIMPLEX 1 ANTIGENS IMMUNOFLUORESCENT
87320	CHLAMYDIA TRACHOMATIS ANTIGEN IMMUNOASSAY
87340	HEPATITIS B SURFACE ANTIGEN IMMUNOASSAY
87350	HEPATITIS BE ANTIGEN IMMUNOASSAY
87389	HIV-1 ANTIGEN W/HIV-1&2 AB ANTIGEN IMMUNOASSAY
87390	HIV-1 ANTIGEN IMMUNOASSAY
87391	HIV-2 ANTIGEN IMMUNOASSAY
87480	CANDIDA DNA DIRECT PROBE
87481	CANDIDA DNA AMPLIFIED PROBE
87482	CANDIDA DNA QUANTITATIVE

87485	CHLAMYDIA PNEUMMONIAE DNA DIRECT PROBE
87486	CHLAMYDIA PNEUMMONIAE DNA AMPLIFIED PROBE
87487	CHLAMYDIA PNEUMMONIAE DNA QUANTITATIVE
87490	CHLAMYDIA TRACHOMATIS DNA DIRECT PROBE
87491	CHLAMYDIA TRACHOMATIS DNA AMPLIFIED PROBE
87492	CHLAMYDIA TRACHOMATIS DNA QUANTITATIVE
87495	CYTOMEGALOVIRUS DNA DIRECT PROBE
87496	CYTOMEGALOVIRUS DNA AMPLIFIED PROBE
87497	CYTOMEGALOVIRUS DNA QUANTITATIVE
87510	GARDNERELLA VAGINALIS DNA DIRECT PROBE
87511	GARDNERELLA VAGINALIS DNA AMPLIFIED PROBE
87512	GARDNERELLA VAGINALIS DNA QUANTITATIVE
87522	HEPATITIS C REVERSE TRNSCRPJ
87528	HERPES SIMPLEX VIRUS (HSV) DNA DIRECT PROBE
87529	HSV DNA AMPLIFIED PROBE
87530	HSV DNA QUANTITATIVE
87531	HUMAN HERPES VIRUS (HHV-6) DNA DIRECT PROBE
87532	HHV-6 DNA AMPLIFIED PROBE
87533	HHV-6 DNA QUANTITATIVE
87534	HIV-1 DNA DIRECT PROBE
87535	HIV-1 PROBE AND REVERSE TRNSCRPJ
87536	HIV-1 QUANTITATIVE AND REVERSE TRNSCRPJ
87537	HIV-2 DNA DIRECT PROBE
87538	HIV-2 PROBE AND REVERSE TRNSCRIPJ
87539	HIV-2 QUANTITATIVE AND REVERSE TRNSCRIPJ
87590	NEISSERIA GONORRHOEAE DNA DIRECT PROBE
87591	NEISSERIA GONORRHOEAE DNA AMPLIFIED PROBE
87592	NEISSERIA GONORRHOEAE DNA QUANTITATIVE
87623	HPV LOW-RISK TYPES
87624	HPV HIGH-RISK TYPES
87625	HPV TYPES 16 & 18 ONLY
87634	RSV DNA/RNA AMPLIFIED PROBE
87653	STREP B DNA AMPLIFIED PROBE
87660	TRICHOMONAS VAGINALIS DIRECT PROBE
87661	TRICHOMONAS VAGINALIS AMPLIFIED
87797	DETECT AGENT NOT OTHERWISE SPECIFIED DNA DIRECT
87800	DETECT AGENT MULT DNA DIRECT
87801	DETECT AGENT MULT DNA AMPLIFIED
87808	TRICHOMONAS ASSAY W/OPTICAL
87810	CHLAMYDIA TRACHOMATIS ASSAY W/OPTICAL
87850	NEISSERIA GONORRHOEAE ASSAY W/OPTICAL
88108	CYTOPATHOLOGY CONCENTRATE TECHNIQUE
88141	CYTOPATHOLOGY CERVICAL OR VAGINAL INTERPRET
88142	CYTOPATHOLOGY CERVIAL OR VAGINAL THIN LAYER
88143	CYTOPATHOLOGY CERVICAL OR VAGINAL THIN LAYER REDO
88147	CYTOPATHOLOGY CERVICAL OR VAGINAL AUTOMATED
88148	CYTOPATHOLOGY CERVICAL OR VAGINAL AUTOMATED RESCREEN
88150	CYTOPATHOLOGY CERVICAL OR VAGINAL MANUAL
88152	CYTOPATHOLOGY CERVICAL OR VAGINALAUTOMATED REDO

88153	CYTOPATHOLOGY CERVICAL OR VAGINALREDO
88155	CYTOPATHOLOGY CERVICAL OR VAGINAL INDEX ADD-ON
88160	CYTOPATHOLOGY SMEAR OTHER SOURCE
88161	CYTOPATHOLOGY SMEAR OTHER SOURCE
88162	CYTOPATHOLOGY SMEAR OTHER SOURCE
88164	CYTOPATHOLOGY TECHNICAL LAB TEST, CERVICAL OR VAGINAL MANUAL
88165	CYTOPATHOLOGY TECHNICAL LAB TEST, CERVICAL OR VAGINAL REDO
88166	CYTOPATHOLOGY TECHNICAL LAB TEST, CERVICAL OR VAGINAL AUTOMATED REDO
88167	CYTOPATHOLOGY TECHNICAL LAB TEST, CERVICAL OR VAGINAL SELECT
88172	CYTOPATHOLOGY DIAGNOSIS EVALUATION FINE NEEDLE ASPIRATE 1ST EA SITE
88173	CYTOPATHOLOGY EVALUATION FINE NEEDLE ASPIRATE REPORT
88174	CYTOPATHOLOGY CERVICAL OR VAGINAL AUTOMATED IN FLUID
88175	CYTOPATHOLOGY CERVICAL OR VAGINAL AUTO FLUID REDO
88300	SURGICAL PATHOLOGY, GROSS
88302	TISSUE EXAM BY PATHOLOGIST
88304	TISSUE EXAM BY PATHOLOGIST
88305	TISSUE EXAM BY PATHOLOGIST
88307	TISSUE EXAM BY PATHOLOGIST
99070	SPECIAL SUPPLIES PHYSICIAN OR QUALIFIED HEALTH PROFESSIONAL
99202	OFFICE OUTPATIENT NEW STRAIGHTFORWARD 15-29 MIN
99203	OFFICE OUTPATIENT NEW LOW 30-44 MIN
99204	OFFICE OUTPATIENT NEW MODERATE 45-59 MIN
99205	OFFICE OUTPATIENT NEW HIGH 60-74 MIN
99211	OFFICE / OTHER OUTPATIENT FOR ESTABLISHED PATIENT MAY NOT REQUIRE PHYSICIAN OR QUALIFIED HEALTH PROFESSIONAL
99212	OFFICE OUTPATIENT ESTABLISHED STRAIGHTFORWARD10-19 MIN
99213	OFFICE OUTPATIENT ESTABLISHED LOW 20-29 MIN
99214	OFFICE OUTPATIENT ESTABLISHED MODERATE 30-39 MIN
99215	OFFICE OUTPATIENT ESTABLISHED HIGH 40-54 MIN
99385	PREVENTATIVE VISIT, NEW PATIENT AGE 18-39
99386	PREVENTATIVE VISIT, NEW PATIENT AGE 40-64
99395	PREVENTATIVE VISIT, ESTABLISHED PATIENT AGE 18-39
99396	PREVENTATIVE VISIT, ESTABLISHED PATIENT AGE 40-64
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE
A4266	DIAPHRAGM
G0307	CBC WITHOUT PLATELET
J1055	MEDROXYPROGESTERONE ACETATE INJECTION
J7297	LILETTA, 52 MG
J7298	MIRENA, 52 MG
J7300	INTRAUTERINE COPPER CONTRACEPTIVE
J7301	SKYLA, 13.5 MG
J7304	CONTRACEPTIVE HORMONE PATCH
J7306	LEVONORGESTREL IMPLANT SYSTEM
Q0111	WET MOUNTS W/ PREPARATIONS
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE

ICD-10 Diagnosis Codes	Description
A51.0	PRIMARY GENITAL SYPHILIS
A51.1	PRIMARY ANAL SYPHILIS
A51.2	PRIMARY SYPHILIS OF OTHER SITES
A51.5	EARLY SYPHILIS, LATENT
A51.9	EARLY SYPHILIS, UNSPECIFIED
A54.00	GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT, UNSPECIFIED
A54.01	GONOCOCCAL CYSTITIS AND URETHRITIS, UNSPECIFIED
A54.02	GONOCOCCAL VULVOVAGINITIS, UNSPECIFIED
A54.03	GONOCOCCAL CERVICITIS, UNSPECIFIED
A54.24	GONOCOCCAL FEMALE PELVIC INFLAMMATORY DISEASE
A54.29	OTHER GONOCOCCAL GENITOURINARY INFECTIONS
A54.31	GONOCOCCAL CONJUNCTIVITIS
A54.32	GONOCOCCAL IRIDOCYCLITIS
A54.33	GONOCOCCAL KERATITIS
A54.39	OTHER GONOCOCCAL EYE INFECTION
A54.41	GONOCOCCAL SPONDYLOPATHY
A54.42	GONOCOCCAL ARTHRITIS
A54.49	GONOCOCCAL INFECTION OF OTHER MUSCULOSKELETAL TISSUE
A54.5	GONOCOCCAL PHARYNGITIS
A54.6	GONOCOCCAL INFECTION OF ANUS AND RECTUM
A54.81	GONOCOCCAL MENINGITIS
A54.83	GONOCOCCAL HEART INFECTION
A54.85	GONOCOCCAL PERITONITIS
A54.89	OTHER GONOCOCCAL INFECTIONS
A56.00	CHLAMYDIAL INFECTION OF LOWER GENITOURINARY TRACT, UNSPECIFIED
A56.19	OTHER CHLAMYDIAL GENITOURINARY INFECTION
A56.2	CHLAMYDIAL INFECTION OF GENITOURINARY TRACT, UNSPECIFIED
A56.3	CHLAMYDIAL INFECTION OF ANUS AND RECTUM
A56.4	CHLAMYDIAL INFECTION OF PHARYNX
A56.8	SEXUALLY TRANSMITTED CHLAMYDIAL INFECTION OF OTHER SITES
A57	CHANCROID
A59.00	UROGENITAL TRICHOMONIASIS, UNSPECIFIED
A59.01	TRICHOMONAL VULVOVAGINITIS
A59.03	TRICHOMONAL CYSTITIS AND URETHRITIS
A59.09	OTHER UROGENITAL TRICHOMONIASIS
A59.8	TRICHOMONIASIS OF OTHER SITES

A59.9	TRICHOMONIASIS, UNSPECIFIED
A60.04	HERPESVIRAL VULVOVAGINITIS
A60.09	HERPESVIRAL INFECTION OF OTHER UROGENITAL TRACT
A60.9	ANOGENITAL HERPESVIRAL INFECTION, UNSPECIFIED
A63.0	ANOGENITAL (VENEREAL) WARTS
A63.8	OTHER SPECIFIED PREDOMINANTLY SEXUALLY TRANSMITTED DISEASES
A64	UNSPECIFIED SEXUALLY TRANSMITTED DISEASE
A74.81	CHLAMYDIAL PERITONITIS
A74.89	OTHER CHLAMYDIAL DISEASES
B07.9	VIRAL WART, UNSPECIFIED
B37.0	CANDIDAL STOMATITIS
B37.31	ACUTE CANDIDIASIS OF VULVA AND VAGINA
B37.49	OTHER UROGENITAL CANDIDIASIS
B85.2	PEDICULOSIS, UNSPECIFIED
B85.3	PHTHIRIASIS
B85.4	MIXED PEDICULOSIS AND PHTHIRIASIS
B86	SCABIES
D06.0	CARCINOMA IN SITU OF ENDOCERVIX
D06.1	CARCINOMA IN SITU OF EXOCERVIX
D06.7	CARCINOMA IN SITU OF OTHER PARTS OF CERVIX
D06.9	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED
D07.0	CARCINOMA IN SITU OF ENDOMETRIUM
D07.1	CARCINOMA IN SITU OF VULVA
D07.2	CARCINOMA IN SITU OF VAGINA
N34.1	NONSPECIFIC URETHRITIS
N76.0	ACUTE VAGINITIS
N87.0	MILD CERVICAL DYSPLASIA
N87.1	MODERATE CERVICAL DYSPLASIA
N87.9	DYSPLASIA OF CERVIX UTERI, UNSPECIFIED
R87.610	ATYPICAL SQUAMOUS CELL OF UNDETERMINED SIGNIFICANCE CYTOLOGIC SMEAR OF CERVIX (ASC-US)
R87.611	ATYPICAL SQUAMOUS CELL NOT EXCLUDE HIGH GRADE INTRAEPITHELIAL LESION CYTOLOGIC SMEAR OF CERVIX
R87.612	LOW GRADE INTRAEPITHELIAL LESION CYTOLOGIC SMEAR OF CERVIX (LGSIL)
R87.613	HIGH GRADE INTRAEPITHELIAL LESION CYTOLOGIC SMEAR OF CERVIX (HGSIL)
R87.614	CYTOLOGIC EVIDENCE OF MALIGNANCY ON SMEAR OF CERVIX
R87.615	UNSATISFACTORY CYTOLOGIC SMEAR OF CERVIX
R87.616	SATISFACTORY CERVICAL SMEAR BUT LACKING TRANSFORMATION ZONE
R87.618	OTHER ABNORMAL CYTOLOGIC FINDINGS ON SPECIMENS FROM CERVIX UTERI

R87.619	UNSPECIFIED ABNORMAL CYTOLOGIC FINDINGS IN SPECIMEN FROM CERVIX UTERI
R87.620	ATYPICAL SQUAMOUS CELL OF UNDETERMINED SIGNIFICANCE CYTOLOGIC SMEAR OF VAGINA (ASC-US)
R87.621	ATYPICAL SQUAMOUS CELL NOT EXCLUDE HIGH GRADE INTRAEPITHELIAL LESION CYTOLOGIC SMEAR OF VAGINA
R87.622	LOW GRADE INTREPITH LESION CYTOLOGIC SMEAR OF VAGINA (LGSIL)
R87.623	HIGH GRADE INTREPITH LESION CYTOLOGIC SMEAR OF VAGINA (HGSIL)
R87.624	CYTOLOGIC EVIDENCE OF MALIGNANCY ON SMEAR OF VAGINA
R87.625	UNSATISFACTORY CYTOLOGIC SMEAR OF VAGINA
R87.628	OTHER ABNORMAL CYTOLOGICAL FINDINGS ON SPECIMENS FROM VAGINA
R87.629	UNSPECIFIED ABNORMAL CYTOLOGICAL FINDINGS IN SPECIMENS FROM VAGINA
R87.69	ABNORMAL CYTOLOGIC FIND IN SPECIMEN FROM OTHER FEMALE GENITAL ORGANS
R87.810	CERVICAL HIGH RISK HPV DNA TEST POSITIVE
R87.811	VAGINAL HIGH RISK HPV DNA TEST POSITIVE
R87.820	CERVICAL LOW RISK HPV DNA TEST POSITIVE
R87.821	VAGINAL LOW RISK HPV DNA TEST POSITIVE
Z11.3	ENCOUNTER SCREEN FOR INFECTIONS WITH SEXUAL MODE OF TRANSMISSION
Z11.4	ENCOUNTER FOR SCREENING FOR HUMAN IMMUNODEFICIENCY VIRUS
Z11.51	ENCOUNTER FOR SCREENING FOR HUMAN PAPILOMAVIRUS (HPV)
Z11.8	ENCOUNTER FOR SCREENING FOR OTHER INFECTION/PARASITIC DISEASES
Z20.2	CONTACT WITH AND EXPOSURE TO INFECT W A SEXUAL MODE OF TRANSMISSION
Z20.6	CONTACT WITH AND (SUSPECTED) EXPOSURE TO HUMAN IMMUNODEFICIENCY VIRUS (HIV)
Z20.7	CONTACT WITH AND EXPOSURE TO PEDICULOSIS, ACARIASIS AND OTHER INFESTATIONS
Z30.011	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVE PILLS
Z30.012	ENCOUNTER FOR PRESCRIPTION OF EMERGENCY CONTRACEPTIVE
Z30.013	ENCOUNTER FOR INITIAL PRESCRIPTION OF INJECTABLE CONTRACEPTIVE
Z30.014	ENCOUNTER FOR INITIAL PRESCRIPTION OF UTERINE CONTRACEPTIVE DEVICE
Z30.015	ENCOUNTER FOR INITIAL PRESCRIPTION OF VAGINAL RING
Z30.016	ENCOUNTER FOR INITIAL PRESCRIPTION OF PATCH

	HORMONAL CONTRACEPTIVE DEVICE
Z30.017	ENCOUNTER FOR INITIAL PRESCRIPTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
Z30.018	ENCOUNTER FOR INITIAL PRESCRIPTION OF OTHER CONTRACEPTIVES
Z30.019	ENCOUNTER FOR INITIAL PRESCRIPTION OF CONTRACEPTIVES, UNSPECIFIED
Z30.02	COUNSELING AND INSTRUCTION IN NATURAL FAMILY PLANNING TO AVOID PREGNANCY
Z30.09	ENCOUNTER FOR OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTION
Z30.2	ENCOUNTER FOR STERILIZATION
Z30.40	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVES, UNSPECIFIED
Z30.41	ENCOUNTER FOR SURVEILLANCE OF CONTRACEPTIVE PILLS
Z30.42	ENCOUNTER FOR SURVEILLANCE OF INJECTABLE CONTRACEPTIVE
Z30.430	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.431	ENCOUNTER FOR ROUTINE CHECKING OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.432	ENCOUNTER FOR REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE
Z30.433	ENCOUNTER FOR REMOVAL AND REINSERTION OF UTERINE CONTRACEPTIVE DEVICE
Z30.44	ENCOUNTER FOR SURVEILLANCE OF VAGINAL RING
Z30.45	ENCOUNTER FOR SURVEILLANCE OF TRANSDERMAL PATCH HORMONAL CONTRACEPTIVE DEVICE
Z30.46	ENCOUNTER FOR SURVEILLANCE OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
Z30.49	ENCOUNTER FOR SURVEILLANCE OF OTHER CONTRACEPTIVES
Z30.8	ENCOUNTER FOR OTHER CONTRACEPTIVE MANAGEMENT
Z30.9	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT, UNSPECIFIED

COVERED DRUGS

Below is a list describing covered drugs for the Women's Health Services Program. There have been no updates to the drugs covered in this program.

Drug Descriptions
PROGESTATIONAL AGENTS (Used for Contraception)
CONTRACEPTIVES, ORAL
CONTRACEPTIVES, IMPLANTABLE

Volume XX Number XX	Name of Bulletin	Date
	CONTRACEPTIVES, INJECTABLE	
	CONTRACEPTIVES, TRANSDERMAL	
	CONTRACEPTIVES, INTRAVAGINAL	
	KERATOLYTICS	
	VAGINAL ANTIFUNGALS	
	VAGINAL ANTIBIOTICS	
	TOPICAL ANTIPAPASITICS	
	TOPICAL ANTIVIRALS	
	PENICILLINS	
	CEPHALOSPORINS	
	TETRACYCLINES	
	MACROLIDES	
	AMINOGLYCOSIDES	
	LINCOSAMIDES	
	BETALACTAMS	
	QUINOLONES	
	CEPHALOSPORINS 3RD GENERATION	
	ABSORBABLE SULFONAMIDES	
	ANTIFUNGAL AGENTS	
	ANTIFUNGAL AGENTS (CONTINUED)	
	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	
	ANTIVIRAL, GENERAL	
	2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL	
	DIAPHRAMS/CERVICAL CAP	
	INTRA-UTERINE DEVICES	
	IMMUNOMODULATORS (Aldera)	

Provider Bulletins are available on the MO HealthNet Division (MHD) website 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 website at <http://dss.mo.gov/mhd/> 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- 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 MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

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