MaineCare Services
An Office of the
Department of Health and Human Services
John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-2674; Fax: (207) 287-2675
TTY: 1-800-423-4331

TO: Interested Parties

FROM: Anthony Marple, Director, Office of MaineCare Services

SUBJECT: Proposed Rule: MaineCare Benefits Manual, Chapters II & III, Section 30, Family Planning Agency Services and Allowances for Family Planning Agency Services

DATE: November 3, 2009

This letter gives notice of a proposed rule: MaineCare Benefits Manual, Chapters II & III, Section 30, Family Planning Agency Services.

The Department has proposed changes to this section to update the policy language, unbundle services, replace local codes with HIPAA compliant codes and standardize rates. These changes will become effective upon implementation of MIHMS. Providers will be notified at least thirty (30) days prior to the effective date. This rule is not expected to fiscally impact or create new recording burdens for any small business and is not expected to yield new costs for municipal or county governments.

Rules and related rulemaking documents may be reviewed and printed from the Office of MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html or for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.

Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, Office of MaineCare Services

RULE TITLE OR SUBJECT: MaineCare Benefits Manual, Chapter II and III, Section 30, Family Planning Agency Services and Allowances for Family Planning Agency Services.

PROPOSED RULE NUMBER:

CONCISE SUMMARY: The Department has proposed changes to this section to update the policy language, unbundle services, replace local codes with HIPAA compliant codes and standardize rates. Also contained within this rulemaking is the elimination of coverage for infertility treatment, elimination of coverage for cervical caps, and expansion of coverage to include blood testing and counseling related to HIV and Hepatitis. These changes will become effective upon implementation of MIHMS Providers will be notified at least thirty (30) days prior to the effective date.

SEE: http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html for rules and related rulemaking documents.

THIS RULE WILL __ WILL NOT _X__ HAVE A FISCAL IMPACT ON MUNICIPALITIES.

STATUTORY AUTHORITY: 22 M.R.S.A., § 42, § 3173

PUBLIC HEARING:

Date: December 1, 2009, 1:00 PM
Location: Conference Room #3
Department of Health and Human Services
Office of MaineCare Services
442 Civic Center Drive
Augusta, ME

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before November 20, 2009.

DEADLINE FOR COMMENTS: Comments must be received by midnight December 17, 2009.

AGENCY CONTACT PERSON: Delta Cseak, Comprehensive Health Planner
AGENCY NAME: Office of MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-287-6348 FAX: (207) 287-9369 TTY: 1-800-423-4331 or 207-287-1828 (Deaf or Hard of Hearing

These changes will become effective upon implementation of MIHMS. Providers will be notified at least thirty (30) days prior to the effective date.

TABLE OF CONTENTS

PAGE

30.01 **DEFINITIONS** 1

30.01-1 Family Planning 1
30.01-2 Family Planning Agency 1
30.01-3 Family Planning Services 1
30.01-4 Primary Care Provider/Primary Care Provider Site 1

30.02 **ELIGIBILITY FOR CARE** 2

30.03 **DURATION OF CARE** 2

30.04 **COVERED SERVICES** 2

30.04-1 Initial Patient Visit 2
30.04-2 Established Patient Visit 4
30.04-3 Early Prenatal Services 5
30.04-4 Counseling 8
30.04-5 Off-Site Delivery of Services 8
30.04-6 Pregnancy Testing 9
30.04-7 Special Diagnostic Procedures 9
30.04-8 Immunizations 9

30.05 **NON-COVERED SERVICES** 9

30.06 **POLICIES AND PROCEDURES** 9

30.06-1 Professional and Other Qualified Staff 9
30.06-2 Member's Records 10
30.06-3 Program Integrity 11

30.07 **REIMBURSEMENT** 12

30.08 **BILLING INSTRUCTIONS** 13

SECTION 30 **FAMILY PLANNING AGENCY SERVICES** Establish: 3/1/79
Last Update:

30.01 DEFINITIONS

30.01-1 Family Planning refers to the informed and voluntary determination by the member of desired family size and timing of child bearing and to reproductive health care both directly and indirectly related to child bearing.

30.01-2 A Family Planning Agency is a non-profit organization, public or private, engaged in providing the services described under 30.01-3. Those services which are administered by the Department of Health and Human Services are developed in consultation, coordination, or on a contractual basis with family planning agencies in the State.

30.01-3 Family Planning Services include, but are not limited to, the following:

A. Consultation with trained personnel regarding family planning, contraceptive procedures, immunizations, and sexually transmitted diseases.

B. Distribution of literature relating to family planning, contraceptive procedures, and sexually transmitted diseases.

C. Provision of contraceptive procedures and contraceptive supplies by those qualified to do so under the laws of the State in which services are provided.

D. Referral of members to physicians or health agencies for consultation, examination, tests, medical treatment and prescription for the purposes of family-planning, contraceptive procedures, and treatment of sexually transmitted diseases, as indicated.

E. Immunization services where medically indicated and linked to sexually transmitted diseases including but not limited to Hepatitis B immunizations.

30.01-4 Primary Care Provider (PCP) or Primary Care Provider Site (PCPS) is a pediatrician, family practitioner, internist, obstetrician/gynecologist or other physician/group specialty as approved by the Department in either a solo or group practice; a rural health clinic, federally qualified health center, ambulatory care clinic or hospital based/affiliated outpatient clinic that employs at least one full time equivalent PCP/PCPS engaged in delivering primary care; a nurse practitioner or physician assistant; or a resident in a pediatric, family practice, internal medicine or obstetric/gynecological training program.

30.02 **ELIGIBILITY FOR CARE**

Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual. It is the responsibility of the provider to verify a member's eligibility for MaineCare, as described in MaineCare Benefits Manual, Chapter I, prior to providing services.

30.03 **DURATION OF CARE**

Each Title XIX and XXI member is eligible for as many covered services as are medically necessary and subject to limitations within this Section. The Department reserves the right to request additional information to determine medical necessity or expected therapeutic benefit of prescribed supplies or equipment.

30.04 **COVERED SERVICES**

A covered service is a service for which payment to a provider is permitted under this section of the MaineCareBenefits Manual. The types of Family Planning Agency services are as described in sub-sections 30.04-1 through 30.04-8.

30.04-1 Initial Patient Visit

An Initial Patient Visit refers to an annual visit furnished no more frequently than once every 11 months, approximately 1 hour in length, which visit must include:

A. Pre-examination counseling and instruction concerning family planning methods, sexually transmitted diseases, immunizations,
and reproductive health, all of which will normally take 15 minutes of the visit.

B. Obtaining a medical and social history.

C. Pre-exam preparation, including: blood pressure, height, weight, hemoglobin/hematocrit as indicated.

30.04 **COVERED SERVICES** (Cont)

D. Physical examination of the reproductive organs which may include a Pap smear and breast exam for women, and, when indicated, a screening for gonorrhea, chlamydia, condlyloma, HSV, hepatitis B, HIV, and vaginal infections. If a Pap smear has been furnished within the preceding 12 months by another provider and the results of a negative smear are documented in the member's chart, the repetition of this exam will not be reimbursed. If a Pap smear furnished within the preceding 12 months has shown a positive finding and if those results have been documented in the member's chart, then MaineCare reimbursement for Medical Contraceptive Care shall be made.

This visit may also include:

E. Prescription and dispensation of the contraceptive method chosen by the member.

F. Provision of related contraceptive supplies.

G. Consultation and referral, when appropriate.

Record entries relative to the patient visit, both initial and annual, must be made by qualified family planning agency staff (MD, P.A., or Nurse Practitioner). A family planning specialist may make record entries relative to counseling, instruction, and other support services provided under the supervision of one of the three practitioners listed above.

30.04 **COVERED SERVICES** (Cont)

30.04-2 Established Patient Visit

A. An Established Patient Visit is a follow-up visit that involves one or more of the following:

1. Monitoring the contraceptive method, checking and regulating the performance of contraceptives,

2. Post-abortion exams,

3. Gestation exams to confirm pregnancy or to estimate dates of delivery,

4. Breast and/or pelvic exams, where medically indicated,

5. Infection testing, treatment, or check,

30.04 **COVERED SERVICES** (Cont)

6. Sexually transmitted disease testing, diagnosis, treatment, immunizations, or check,

7. Blood testing for HIV and Hepatitis.

B. An Established Patient Visit must include the review and updating of the member's medical and social history. When the need is indicated, it shall also include the following:

1. Counseling and instruction concerning problems associated with the revisit of approximately 15 minutes in length.

2. Pre-exam preparation, which shall include taking of blood pressure, hemoglobin/hematocrit as indicated, height, and weight.

3. Examination of the reproductive organs, which may include a Pap smear and breast exam for women, and, when indicated, screening for sexually transmitted diseases.

4. Counseling and referral.

C. A follow-up visit for the purpose of obtaining a refill or re-supply of contraceptives must include one or more of the services identified in 30.04-3(A).

Record entries relative to follow-up visits must be made by qualified family planning agency staff (MD, P.A., Nurse Practitioner, Certified Nurse Midwife, or family planning specialists).

30.04-3 Early Prenatal Services

Early prenatal services is a visit which provides a recipient with a start in her prenatal care and counseling on the importance of continued, regular prenatal care. The continuation of prenatal care is established during this visit with a confirmed appointment to a prenatal provider. A prenatal provider is a professional providing services within the scope of practice of his or her profession as defined by State Law and licensed under State Law to practice medicine or osteopathy, or a professional who is currently licensed to practice in the State as a registered professional nurse and is

legally authorized under State law or regulations to practice as a nurse-midwife in collaboration with a licensed physician.

The family planning agency will maintain a list of at least three prenatal providers who will accept members for continued care from which the member may choose. Family planning agencies may only provide early prenatal visits under a written physician's protocol. The protocol must include a list of conditions and/or symptoms requiring referral to the prenatal provider within twenty-four hours. The prenatal provider must agree to

accept results of any laboratory tests completed at the early prenatal visit, and the family planning agency must transfer copies of member records to the prenatal provider. To ensure continuity of care, the family planning agency will use the medical chart of the prenatal provider receiving the referral.

30.04 **COVERED SERVICES** (Cont)

30.04 **COVERED SERVICES** (Cont)

30.04-4 Counseling

Counseling refers to any of the following: additional time needed to complete a Medical Contraceptive Care visit, a Medical Revisit or to conduct a separate visit for consulting and/or instructing only. Counseling time is to be billed in 15 minute increments and shall be provided by staff described in 30.06-1. Counseling is available for the following:

A. Pre-sterilization counseling, which includes instruction about procedures available, explanation of the concept of informed consent and completion of the Department's consent form, appropriate referrals, and follow-up.

B. Problem pregnancy counseling, which involves assisting the pregnant member in reaching a decision concerning the outcome she desires for the pregnancy and in obtaining the care needed to attain that outcome.

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C. Sexuality counseling, which is aimed at resolving conflicts or problems that interfere with the effective use of ~~a~~ contraceptive methods.

D. Sexually transmitted disease counseling, which includes informing the member of positive test or exam results, referring the member for additional testing and/or treatment, immunizations, and tracking the member's contacts, if appropriate.

E. Nutritional counseling, which is aimed at instruction and counseling for members who have or are at risk of having diet-related medical conditions.

F. Pregnancy testing counseling, aimed at instruction, counseling, and/or referral for members with a medical necessity of additional counseling. This service may be provided and billed on the same day as the pregnancy testing visit.

30.04 **COVERED SERVICES** (Cont)

G. HIV counseling, which is aimed at informing members of HIV test results, risk reduction counseling, referral and additional testing.

30.04-5 Off-Site Delivery of Services

Off-site delivery of services is provided to members at family planning sites away from the main office when it is documented that no other means is available to obtain family planning services.

30.04-6 Pregnancy Testing

A pregnancy testing visit includes appropriate documentation of the member's medical and/or social history, the pregnancy test, counseling, and referral to appropriate medical and/or social services.

30.04-7 Special Diagnostic Procedures

Special diagnostic procedures are services provided to the member and approved by the Office of MaineCare Services. The approval will be based on the submission of a specific training protocol and written certification by the Medical Director of the Family Planning

Agency. Only those special diagnostic procedures specified in Chapter III of this Section will be considered a covered service.

30.04-8 Immunizations

Provision of immunization services including but not limited to Hepatitis B, where medically indicated. Immunization information must be shared with the MaineCare member's primary care provider (PCP) and entered into the immunization information system (IMMPACT) when available.

30.05 **NON-COVERED SERVICES**

MaineCare reimbursement shall be made only for those family planning counseling, instruction and medical services which are provided directly to the member.

A. Infertility Treatment is not a covered service.

B. Reimbursement for abortion services may be made only when special criteria are met. See Section 90, Physician Services.

30.06 POLICIES AND PROCEDURES

30.06-1 Professional and Other Qualified Staff

A. Physicians employed by a family planning agency may provide family planning medical and counseling services by virtue of possession of a current license to practice medicine in the State or Province in which the services are performed.

Each agency shall employ a physician to provide medical direction for the agency's health care activities and counseling and for medical supervision of the health care staff.

B. A physician assistant may provide family planning, medical and counseling services when he or she has obtained Full or Temporary Licensure from the Board of Licensure in Medicine or Osteopathy, which must be renewed bi-annually in accordance with Board rules. Such services may be performed only when delegated by a physician in accordance with the rules and regulations governing physician assistants.

C. A family planning nurse practitioner or certified nurse-midwife may provide family planning, medical and counseling services which are supported by written protocols when he or she is a graduate of both an accredited nursing program and a certified nurse practitioner program with specialization in Family Planning, Obstetrics-Gynecology, Women's Health Care or its equivalent and when he or she holds a current license to practice in the State or Province in which services are provided.

D. A licensed dietitian may provide dietary counseling, dietary instruction and other nutritional services when employed by a family planning agency and when he or she is licensed by the Board of Licensing of Dietetic Practice in the State or Province in which services are provided.

E. A family planning specialist may provide counseling, instruction, and other support services under the coordination and oversight of a family planning nurse practitioner, certified nurse-midwife, physician or physician assistant when he or she has had at least 1 year of experience in a related setting, or at least 1 year of education in a relevant field.

In addition, there must be documentation of successful completion of a family planning agency's formal training and orientation program in each family planning specialist's record. Those family planning specialists employed by a family planning agency prior to June 1, 1987, shall be deemed qualified to provide services if, for such persons, documentation of related training and prior experience is present.

30.06 **POLICIES AND PROCEDURES** (Cont)

30.06-2 Member's Records

There shall be a specific record for each member which shall include, but not necessarily be limited to:

A. The member's name, address, and birthdate;

B. The member's medical and social history, including immunization records, as appropriate;

C. A description of the findings from the physical examination;

D. Long and short range medical goals, as appropriate;

E. A description of any tests ordered and performed and their results;

F. A description of treatment, counseling, or follow-up care provided and the dates scheduled for revisits;

G. Notation of any medications and/or supplies dispensed or prescribed;

H. Recommendations for and referral to other sources of care;

I. The dates on which all services were provided; and

J. Written progress notes, which shall identify the services provided.

Other qualified staff (woman's specialists, educators, etc.) may sign record entries relative to history taking and up-dates, instruction, and pregnancy testing and results.

Entries are required for each date of service billed and must include the name, title, and signature of the service provider.

30.06-3 Program Integrity

30.06 **POLICIES AND PROCEDURES** (Cont)

A. Program Integrity monitors the medical services provided and determines the appropriateness and necessity of the services

B. The Department and its professional advisors regard the maintenance of adequate clinical records as essential for the delivery of quality care. In addition, providers should be aware that clinical records are key documents for post-payment audit. In the absence of proper and complete clinical records, no payment will be made, and payments previously made may be recovered in accordance with Chapter I of this manual.

C. Upon request, the provider will furnish to the Department, without additional charge, the clinical records, or copies thereof, corresponding to and substantiating services billed by that provider.

D. The Department requires that clinical records (originals or copies) and other pertinent information will be transferred, upon request and with the member's signed release of information, to other clinicians involved in the member's care.

30.07 **REIMBURSEMENT**

A. The maximum amount of payment for service rendered shall be the lowest of the following:

1. The provider's usual and customary charge.

2. The amount listed in the Department's "Allowances for Family Planning Agency Services."

3. The lowest amount allowed by Medicare Part B when such service is covered.

B. Family planning agency service providers, when furnishing covered services, shall be reimbursed for interpreter services provided to deaf/hard of hearing MaineCare members when these services are necessary to communicate effectively with the member regarding health-care needs. Refer to the MaineCare Benefits Manual Chapter I for more information on interpreter services.

30.07 **REIMBURSEMENT** (Cont)

C. In accordance with Chapter I of the MaineCare BenefitsManual, it is the responsibility of the provider to seek payment from any other sources that are available for payment of a rendered service prior to billing the MaineCare Program.

30.08 **BILLING INSTRUCTIONS**

Family Planning Service providers shall bill for services under this Section in accordance with the billing requirements of the Department of Health and Human Services, including use of the CMS 1500 claim form. For instructions and to download a CMS 1500 sample claim form see the OMS "Billing Instructions web page, available at:

http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html

30.08 **BILLING INSTRUCTIONS** (Cont)

10-144

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHAPTER 101

MAINECARE BENEFITS MANUAL

CHAPTER III

SECTION 30

ALLOWANCES FOR FAMILY PLANNING AGENCY SERVICES

EFFECTIVE DATE: *

*These changes will become effective upon implementation of MIHMS. Providers will be notified at least thirty (30) days prior to the effective date.

Procedure Code	Description	Rate
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are of moderate severity and physicians spend ten (10) minutes face-to-face with patient and/or family.	$37.89
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Usually, the presenting problems are of low to moderate severity and physicians spend twenty (20) minutes face-to-face with patient and/or family.	$58.53
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) components: a detailed history; a detailed examination; and medical decision making of low complexity. Usually, the presenting problems are of moderate severity and physicians spend thirty (30) minutes face-to-face with patient and/or family.	$85.81
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are of moderate to high severity and physicians spend forty-five (45) minutes face-to-face with patient and/or family.	$131.91
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are of moderate to high severity and physicians spend sixty (60) minutes face-to-face with patient and/or family.	$166.02
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually the presenting problems are minimal. Typically, five (5) minutes are spent performing or supervising these services.	$22.77

Procedure Code	Description	Rate
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) components: a problem focused history; a problem focused examination; and straightforward decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Typically, problems are self-limited or minor; physicians spend ten (10) minutes face-to-face with patient and/or family.	$34.92
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Typically, problems are of low to moderate severity and physicians spend fifteen (15) minutes face-to-face with patient and/or family.	$56.89
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Typically, problems are of moderate to high severity and physicians spend twenty-five (25) minutes face-to-face with patient and/or family.	$85.89
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Typically, problems are of moderate to high severity and physicians spend forty (40) minutes face-to-face with patient and/or family.	$115.84
99241	Office consultation for a new or established patient, which requires these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	$48.01
99242	Office consultation for a new or established patient, which requires these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low severity. Physician typically spends thirty (30) minutes face-to-face with the patient and/or family.	$84.02

Procedure Code	Description	Rate
99243	Office consultation for a new or established patient, which requires these three (3) key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physician typically spends forty (40) minutes face-to-face with the patient and/or family.	$115.52
81025	Urine pregnancy test, by visual color comparison methods	$13.83
57452	Colposcopy of the cervix including upper/adjacent vagina	$95.75
57454	With biopsy(s) of the cervix and endocervical curettage	$138.22
17000	Destruction (eg, laser surgery, electorsurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	$60.90
17003	Destruction (eg, laser surgery, electorsurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through fourteen (14) lesions, each (use 17003 in conjunction with 17000)	$10.75
17004	Destruction (eg, laser surgery, electorsurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); fifteen (15) or more lesions	$171.46
57170	Diaphragm or cervical cap fitting with instructions	$80.17
11976	Removal, implantable contraceptive capsules	$120.57
J1051	Injection, medroxyprogesterone acetate, 50 mg (Depo-Provera)	$8.61
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (Depo-Provera)	$88.00
58300	Insertion of intrauterine device (IUD)	$60.85

Procedure Code	Description	Rate
11975	Insertion, implantable contraceptive capsules	$106.81
36410	Venipuncture, age three (3) years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	$28.45
36415	Collection of venous blood by venipuncture	$4.67
11977	Removal with reinsertion, implantable contraceptive capsules	$105.01
56605	Biopsy of vulva or perineum (separate procedure); one lesion	$74.44
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	$98.26
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (list separately in addition to code for primary procedure) use in conjunction with 56605	$35.92
56820	Colposcopy of the vulva;	$96.91
56821	Colposcopy of the vulva; with biopsy(s)	$131.05
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	$118.22
57511	Cryocautery, initial or repeat	$127.57
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure) (Use 58110 in conjunction with 57420, 57421, 57452-57461	$45.64
58301	Removal of intrauterine device (IUD)	$88.58

Procedure Code	Description	Rate
85018	Hemoglobin (Hgb)	$4.05
87086	Culture, bacterial; quantitative colony count, urine	$10.34
87210	Wet mount for infectious agents (eg, saline, India ink, KOH preps)	$9.96
87535	HIV-1 amplified probe technique	$20.74
99384	Initial comprehensive preventative 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)	$87.26
99385	Initial comprehensive preventative 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 18 through 39 years)	$86.38
99386	Initial comprehensive preventative 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 40-64)	$89.04
99387	Initial comprehensive preventative 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 (65 years and older)	$92.66
99394	Periodic comprehensive preventative 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)	$82.59

Procedure Code	Description	Rate
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 appropriate laboratory/diagnostic procedures, established patient; age 18 through 39 years.	$82.59
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 appropriate laboratory/diagnostic procedures, established patient; 40-64 years	$82.59
99397	Periodic comprehensive preventative 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 (65 years and older)	$82.59
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage for intramuscular use	$90.00
A4266	Diaphragm for contraceptive use	$21.48
A4267	Contraceptive supply, condom, male, each	$0.65
A4268	Contraceptive supply, condom, female, each	$2.10
A4269	Contraceptive supply, spermicide (e.g., foam, gel) each	$8.60
J7300	Intrauterine copper contraceptive (Paragard T3880A)	$600.00
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	$656.88
J7303	Contraceptive Supply, hormone containing vaginal ring, each	$41.78
J7304	Contraceptive Supply, hormone containing patch, each	$14.78

Procedure Code	Description	Rate
J7307	Etogestrel (contraceptive) implant system, including implant and supplies (Implanon)	$1017.10
S4993	Contraceptive pills for birth control	$12.40