Montana Plan First
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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning -related service*
0U2DXHZ	CHANGE CONTRACEPTIVE DEVICE IN UTERUS AND CERVIX, EXT	Y	N/A
0U500ZZ	DESTRUCTION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0U503ZZ	DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0U504ZZ	DESTRUCTION OF RIGHT OVARY, PERCUTANEOUS ENDOS APPROACH	N/A	Y
0U510ZZ	DESTRUCTION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0U513ZZ	DESTRUCTION OF LEFT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0U514ZZ	DESTRUCTION OF LEFT OVARY, PERCUTANEOUS ENDOS APPROACH	N/A	Y
0U520ZZ	DESTRUCTION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0U523ZZ	DESTRUCTION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH	N/A	Y
0U524ZZ	DESTRUCTION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
0U550ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0U553ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0U554ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0U557ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0U558ZZ	DESTRUCTION OF RIGHT FALLOPIAN TUBE, ENDO	Y	N/A
0U560ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0U563ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0U564ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0U567ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0U568ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, ENDO	Y	N/A
0U570ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Y	N/A
0U573ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	Y	N/A
0U574ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	Y	N/A
0U577ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	Y	N/A
0U578ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, ENDO	Y	N/A
0U590ZZ	DESTRUCTION OF UTERUS, OPEN APPROACH	N/A	Y
0U593ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS APPROACH	N/A	Y
0U594ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning -related service*
0U597ZZ	DESTRUCTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0U598ZZ	DESTRUCTION OF UTERUS, ENDO	N/A	Y
0U5B0ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH	N/A	Y
0U5B3ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH	N/A	Y
0U5B4ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS ENDO APPROACH	N/A	Y
0U5B7ZZ	DESTRUCTION OF ENDOMETRIUM, VIA OPENING	N/A	Y
0U5B8ZZ	DESTRUCTION OF ENDOMETRIUM, ENDO	N/A	Y
0UB00ZZ	EXCISION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0UB03ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0UB04ZX	EXCISION OF RIGHT OVARY, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB04ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB07ZZ	EXCISION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0U568ZZ	DESTRUCTION OF LEFT FALLOPIAN TUBE, ENDO	Y	N/A
0U570ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Y	N/A
0U573ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	Y	N/A
0U574ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	Y	N/A
0U577ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	Y	N/A
0U578ZZ	DESTRUCTION OF BILATERAL FALLOPIAN TUBES, ENDO	Y	N/A
0U590ZZ	DESTRUCTION OF UTERUS, OPEN APPROACH	N/A	Y
0U593ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS APPROACH	N/A	Y
0U594ZZ	DESTRUCTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0U597ZZ	DESTRUCTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0U598ZZ	DESTRUCTION OF UTERUS, ENDO	N/A	Y
0U5B0ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH	N/A	Y
0U5B3ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS APPROACH	N/A	Y
0U5B4ZZ	DESTRUCTION OF ENDOMETRIUM, PERCUTANEOUS ENDO APPROACH	N/A	Y
0U5B7ZZ	DESTRUCTION OF ENDOMETRIUM, VIA OPENING	N/A	Y
0U5B8ZZ	DESTRUCTION OF ENDOMETRIUM, ENDO	N/A	Y
0UB00ZZ	EXCISION OF RIGHT OVARY, OPEN APPROACH	N/A	Y

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0UB03ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0UB04ZX	EXCISION OF RIGHT OVARY, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB04ZZ	EXCISION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB07ZZ	EXCISION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UB08ZZ	EXCISION OF RIGHT OVARY, ENDO	N/A	Y
0UB10ZZ	EXCISION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0UB13ZZ	EXCISION OF LEFT OVARY, PERCUTANEOUS APPROACH	N/A	Y
0UB14ZX	EXCISION OF LEFT OVARY, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB14ZZ	EXCISION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB17ZZ	EXCISION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UB18ZZ	EXCISION OF LEFT OVARY, ENDO	N/A	Y
0UB20ZZ	EXCISION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0UB23ZZ	EXCISION OF BILATERAL OVARIES, PERCUTANEOUS APPROACH	N/A	Y
0UB24ZX	EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB24ZZ	EXCISION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y
0UB27ZZ	EXCISION OF BILATERAL OVARIES, VIA OPENING	N/A	Y
0UB28ZZ	EXCISION OF BILATERAL OVARIES, ENDO	N/A	Y
0UB50ZX	EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB50ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	N/A	Y
0UB53ZX	EXCISION OF RIGHT FALLOPIAN TUBE, PERC APPROACH, DIAGN	N/A	Y
0UB53ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	N/A	Y
0UB54ZX	EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB54ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	N/A	Y
0UB57ZX	EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING, DIAGN	N/A	Y
0UB57ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, VIA OPENING	N/A	Y
0UB58ZX	EXCISION OF RIGHT FALLOPIAN TUBE, ENDO, DIAGN	N/A	Y
0UB58ZZ	EXCISION OF RIGHT FALLOPIAN TUBE, ENDO	N/A	Y
0UB60ZX	EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB60ZZ	EXCISION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	N/A	Y

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning -related service*
0UB63ZX	EXCISION OF LEFT FALLOPIAN TUBE, PERC APPROACH, DIAGN	N/A	Y
0UB63ZZ	EXCISION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	N/A	Y
0UB64ZX	EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB64ZZ	EXCISION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	N/A	Y
0UB67ZX	EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING, DIAGN	N/A	Y
0UB67ZZ	EXCISION OF LEFT FALLOPIAN TUBE, VIA OPENING	N/A	Y
0UB68ZX	EXCISION OF LEFT FALLOPIAN TUBE, ENDO, DIAGN	N/A	Y
0UB68ZZ	EXCISION OF LEFT FALLOPIAN TUBE, ENDO	N/A	Y
0UB70ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH, DIAGN	N/A	Y
0UB70ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	N/A	Y
0UB73ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH, DIAGN	N/A	Y
0UB73ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, PERCUTANEOUS APPROACH	N/A	Y
0UB74ZX	EXCISION OF BI FALLOPIAN TUBE, PERC ENDO APPROACH, DIAGN	N/A	Y
0UB74ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	N/A	Y
0UB77ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING, DIAGN	N/A	Y
0UB77ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	N/A	Y
0UB78ZX	EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO, DIAGN	N/A	Y
0UB78ZZ	EXCISION OF BILATERAL FALLOPIAN TUBES, ENDO	N/A	Y
0UB90ZX	EXCISION OF UTERUS, OPEN APPROACH, DIAGNOSTIC	N/A	Y
0UB90ZZ	EXCISION OF UTERUS, OPEN APPROACH	N/A	Y
0UB93ZX	EXCISION OF UTERUS, PERCUTANEOUS APPROACH, DIAGNOSTIC	N/A	Y
0UB93ZZ	EXCISION OF UTERUS, PERCUTANEOUS APPROACH	N/A	Y
0UB94ZX	EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH, DIAGN	N/A	Y
0UB94ZZ	EXCISION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UB97ZX	EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING, DIAGN	N/A	Y
0UB97ZZ	EXCISION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UB98ZX	EXCISION OF UTERUS, ENDO, DIAGN	N/A	Y
0UB98ZZ	EXCISION OF UTERUS, ENDO	N/A	Y
0UJ34ZZ	INSPECTION OF OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning -related service*
0UL50CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL50DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A
0UL50ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0UL53CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A
0UL53DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL53ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0UL54CZ	OCCLUSION R FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL54DZ	OCCLUSION R FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL54ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0UL57DZ	OCCLUSION OF R FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING	Y	N/A
0UL57ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0UL58DZ	OCCLUSION OF RIGHT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL58ZZ	OCCLUSION OF RIGHT FALLOPIAN TUBE, ENDO	Y	N/A
0UL60CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL60DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A
0UL60ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, OPEN APPROACH	Y	N/A
0UL63CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A
0UL63DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL63ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERCUTANEOUS APPROACH	Y	N/A
0UL64CZ	OCCLUSION L FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL64DZ	OCCLUSION L FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL64ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, PERC ENDO APPROACH	Y	N/A
0UL67DZ	OCCLUSION OF L FALLOPIAN TUBE WITH INTRALUM DEV, VIA OPENING	Y	N/A
0UL67ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, VIA OPENING	Y	N/A
0UL68DZ	OCCLUSION OF LEFT FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL68ZZ	OCCLUSION OF LEFT FALLOPIAN TUBE, ENDO	Y	N/A
0UL70CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, OPEN	Y	N/A
0UL70DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, OPEN	Y	N/A
0UL70ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	Y	N/A
0UL73CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC	Y	N/A

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning -related service*
0UL73DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC	Y	N/A
0UL73ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC APPROACH	Y	N/A
0UL74CZ	OCCLUSION BI FALLOPIAN TUBE W EXTRALUM DEV, PERC ENDO	Y	N/A
0UL74DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, PERC ENDO	Y	N/A
0UL74ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	Y	N/A
0UL77DZ	OCCLUSION BI FALLOPIAN TUBE W INTRALUM DEV, VIA OPENING	Y	N/A
0UL77ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	Y	N/A
0UL78DZ	OCCLUSION OF BI FALLOPIAN TUBE WITH INTRALUM DEV, ENDO	Y	N/A
0UL78ZZ	OCCLUSION OF BILATERAL FALLOPIAN TUBES, ENDO	Y	N/A
0UPD0HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, OPEN APPROACH	Y	N/A
0UPD3HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, PERC APPROACH	Y	N/A
0UPD4HZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, PERC ENDO	Y	N/A
0UPD7HZ	REMOVAL OF CONTRACEP DEV FROM UTERUS & CERVIX, VIA OPENING	Y	N/A
0UPD8HZ	REMOVAL OF CONTRACEPTIVE DEVICE FROM UTERUS AND CERVIX, ENDO	Y	N/A
0UPDXHZ	REMOVE CONTRACEP DEV FROM UTERUS & CERVIX, EXTERN	Y	N/A
0UT00ZZ	RESECTION OF RIGHT OVARY, OPEN APPROACH	N/A	Y
0UT04ZZ	RESECTION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT07ZZ	RESECTION OF RIGHT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT08ZZ	RESECTION OF RIGHT OVARY, ENDO	N/A	Y
0UT0FZZ	RESECTION OF RIGHT OVARY, VIA OPENING W PERC ENDO	N/A	Y
0UT10ZZ	RESECTION OF LEFT OVARY, OPEN APPROACH	N/A	Y
0UT14ZZ	RESECTION OF LEFT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT17ZZ	RESECTION OF LEFT OVARY, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT18ZZ	RESECTION OF LEFT OVARY, ENDO	N/A	Y
0UT1FZZ	RESECTION OF LEFT OVARY, VIA OPENING W PERC ENDO	N/A	Y
0UT20ZZ	RESECTION OF BILATERAL OVARIES, OPEN APPROACH	N/A	Y
0UT24ZZ	RESECTION OF BILATERAL OVARIES, PERC ENDO APPROACH	N/A	Y

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ICD-10-CM, HCPCS, CPT Code, or Drug Class	Description	Always family planning service	May be family planning or family planning -related service*
0UT27ZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING	N/A	Y
0UT28ZZ	RESECTION OF BILATERAL OVARIES, ENDO	N/A	Y
0UT2FZZ	RESECTION OF BILATERAL OVARIES, VIA OPENING W PERC ENDO	N/A	Y
0UT70ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, OPEN APPROACH	N/A	Y
0UT74ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, PERC ENDO APPROACH	N/A	Y
0UT77ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, VIA OPENING	N/A	Y
0UT78ZZ	RESECTION OF BILATERAL FALLOPIAN TUBES, ENDO	N/A	Y
0UT7FZZ	RESECTION OF BI FALLOPIAN TUBE, VIA OPENING W PERC ENDO	N/A	Y
0UT90ZZ	RESECTION OF UTERUS, OPEN APPROACH	N/A	Y
0UT94ZZ	RESECTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	N/A	Y
0UT97ZZ	RESECTION OF UTERUS, VIA NATURAL OR ARTIFICIAL OPENING	N/A	Y
0UT98ZZ	RESECTION OF UTERUS, ENDO	N/A	Y
0UT9FZZ	RESECTION OF UTERUS, VIA OPENING W PERC ENDO	N/A	Y
00840	ANESTHESIA FOR OTHER PROCEDURE ON LOWER ABDOMEN	N/A	Y
00851	ANESTHESIA FOR TYING OR INCISION OF FALLOPIAN TUBES USING AN ENDOSCOPE	Y	N/A
00940	ANESTHESIA FOR OTHER PROCEDURE ON FEMALE GENITALS	N/A	Y
10060	SIMPLE OR SINGLE DRAINAGE OF SKIN ABSCESS	N/A	Y
10140	DRAINAGE OF BLOOD OR FLUID ACCUMULATION	N/A	Y
11420	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.5 CM OR LESS	N/A	Y
11421	REMOVAL OF NONCANCER SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENITALS, 0.6-1.0 CM	N/A	Y
11976	REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES	Y	N/A
11981	INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE	N/A	Y
11982	REMOVAL OF DRUG DELIVERY IMPLANT FROM TISSUE	N/A	Y
11983	REMOVAL WITH REINSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE	N/A	Y
17110	DESTRUCTION OF SKIN GROWTH, 1-14 GROWTHS	N/A	Y
17111	DESTRUCTION OF SKIN GROWTH, 15 OR MORE GROWTHS	N/A	Y
36415	INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE	N/A	Y
46900	SIMPLE CHEMICAL DESTRUCTION OF GROWTH OF ANUS	N/A	Y

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46910	SIMPLE DESTRUCTION OF GROWTH OF ANUS	N/A	Y
46916	ELECTRICAL DESTRUCTION OF GROWTH OF ANUS	N/A	Y
46922	SIMPLE REMOVAL OF GROWTH OF ANUS	N/A	Y
46924	EXTENSIVE DESTRUCTION OF GROWTH OF ANUS	N/A	Y
49320	DIAGNOSTIC EXAM OF ABDOMEN USING AN ENDOSCOPE	N/A	Y
49321	BIOPSY OF ABDOMEN USING AN ENDOSCOPE	N/A	Y
56405	INCISION AND DRAINAGE OF ABSCESS OF EXTERNAL FEMALE GENITALS	N/A	Y
56420	INCISION AND DRAINAGE OF ABSCESS OF FEMALE GENITAL GLAND	N/A	Y
56501	SIMPLE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS	N/A	Y
56605	BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, FIRST GROWTH	N/A	Y
56606	BIOPSY OF GROWTH OF EXTERNAL FEMALE GENITALS, EACH ADDITIONAL GROWTH	N/A	Y
56820	EXAM OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE	N/A	Y
56821	EXAM AND BIOPSY OF EXTERNAL FEMALE GENITALS USING AN ENDOSCOPE	N/A	Y
57061	SIMPLE DESTRUCTION OF GROWTH OF VAGINA	N/A	Y
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF DRUG TO TREAT INFECTION	N/A	Y
57170	FITTING AND INSERTION OF PREGNANCY PREVENTION DEVICE	Y	N/A
57420	EXAM OF VAGINA AND CERVIX USING AN ENDOSCOPE	N/A	Y
57421	BIOPSY OF VAGINA AND CERVIX USING AN ENDOSCOPE	N/A	Y
57452	EXAM OF CERVIX AND UPPER PART OF VAGINA USING AN ENDOSCOPE	N/A	Y
57454	BIOPSY AND SCRAPING OF CERVIX USING AN ENDOSCOPE	N/A	Y
57455	BIOPSY OF CERVIX USING AN ENDOSCOPE	N/A	Y
57456	SCRAPING OF CERVIX USING AN ENDOSCOPE	N/A	Y
57460	BIOPSY OF CERVIX USING AN ENDOSCOPE WITH LOOP ELECTRODE	N/A	Y
57465	COMPUTER-AIDED MAPPING OF CERVIX DURING EXAMINATION OF VAGINA AND CERVIX USING ENDOSCOPE	N/A	Y
57461	CONE BIOPSY OF THE CERVIX AND VAGINA USING AN ENDOSCOPE	N/A	Y
57500	BIOPSY OF CERVIX OR REMOVAL OF GROWTH	N/A	Y
57505	SCRAPING OF TISSUE OF CERVIX	N/A	Y
57510	ELECTRO OR THERMAL DESTRUCTION OF CERVIX	N/A	Y

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57511	DESTRUCTION OF CERVIX USING FREEZING	N/A	Y
57520	REMOVAL OR DESTRUCTION OF CERVIX WITH COLD KNIFE OR LASER	N/A	Y
57522	REMOVAL OR DESTRUCTION OF CERVIX USING LOOP ELECTRODE	N/A	Y
57800	DILATION OF CERVICAL CANAL	N/A	Y
58100	BIOPSY OF LINING OF UTERUS	N/A	Y
58110	EXAM OF CERVIX USING AN ENDOSCOPE WITH BIOPSY OF LINING OF UTERUS	N/A	Y
58300	INSERTION OF IUD FOR PREGNANCY PREVENTION	Y	N/A
58301	REMOVAL OF IUD	Y	N/A
58340	INSERTION OF TUBE AND INTRODUCTION OF CONTRAST FOR X-RAY OF UTERUS AND FALLOPIAN TUBES	N/A	Y
58565	PLACEMENT OF IMPLANTS TO BLOCK FALLOPIAN TUBES USING AN ENDOSCOPE	Y	N/A
58600	TYING OR INCISION OF FALLOPIAN TUBES	Y	N/A
58615	TYING OF FALLOPIAN TUBES BY DEVICE THROUGH VAGINA	Y	N/A
58661	REMOVAL OF OVARIES AND/OR TUBES USING AN ENDOSCOPE	N/A	Y
58670	DESTRUCTION OF FALLOPIAN TUBES USING AN ENDOSCOPE	Y	N/A
58671	BLOCKAGE OF UTERINE TUBES BY DEVICE USING AN ENDOSCOPE	Y	N/A
58700	REMOVAL OF UTERINE TUBES	N/A	Y
58720	REMOVAL OF UTERINE TUBES AND OVARIES	N/A	Y
58920	PARTIAL REMOVAL OF OVARIES	N/A	Y
58940	REMOVAL OF OVARIES	N/A	Y
62311	INJECTION, SINGLE, NOT INCLUDING NEUROLYTIC SUBSTANCES, . . . LUMBAR, SACRAL (CAUDAL)	N/A	Y
62319	INJECTION, INCLUDING CATHETER PLACEMENT, . . . LUMBAR, SACRAL (CAUDAL)	N/A	Y
64435	INJECTION OF ANESTHETIC AGENT AND/OR STEROID INTO UTERUS NERVE	N/A	Y
72190	X-RAY OF PELVIS, MINIMUM OF 3 VIEWS	N/A	Y
74018	RADIOLOGIC EXAMINATION, ABDOMEN, 1 VIEW X-RAY OF ABDOMEN, 1 VIEW	N/A	Y
74019	RADIOLOGIC EXAMINATION, ABDOMEN, 2 VIEWS X-RAY OF ABDOMEN, 2 VIEWS	N/A	Y

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74021	RADIOLOGIC EXAMINATION, ABDOMEN, 3 VIEWS X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS	N/A	Y
74740	REVIEW BY RADIOLOGIST OF UTERINE TUBE AND OVARY IMAGE	N/A	Y
74742	REVIEW BY RADIOLOGIST OF IMAGE FROM PLACEMENT OF UTERINE TUBE	N/A	Y
76830	ULTRASOUND SCAN OF UTERUS, OVARIES, TUBES, CERVIX AND PELVIC AREA THROUGH VAGINA	N/A	Y
76831	ULTRASOUND SCAN OF UTERUS AND UTERINE CAVITY	N/A	Y
76856	COMPLETE ULTRASOUND SCAN OF PELVIS	N/A	Y
76857	LIMITED ULTRASOUND SCAN OF PELVIS	N/A	Y
76881	COMPLETE ULTRASOUND SCAN OF JOINT	N/A	Y
76977	ULTRASOUND SCAN OF BONE FOR MEASURING LOSS	N/A	Y
77078	CT SCAN FOR MEASURING CALCIUM AND OTHER MINERALS IN BONE	N/A	Y
77080	DXA BONE DENSITY MEASUREMENT OF HIP, PELVIS, SPINE	N/A	Y
77081	DXA BONE DENSITY MEASUREMENT OF FOREARM, FINGER, HAND, OR FOOT	N/A	Y
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZE) BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, IONIZED)	N/A	Y
80048	BASIC METABOLIC PANEL (CLIA PANEL PROC) BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS (CALCIUM, TOTAL)	N/A	Y
80050	GENERAL HEALTH PANEL GENERAL HEALTH PANEL	N/A	Y
80051	ELECTROLYTE PANEL (CLIA PANEL PROC) BLOOD TEST PANEL FOR ELECTROLYTES (SODIUM POTASSIUM, CHLORIDE, CARBON DIOXIDE)	N/A	Y
80053	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	N/A	Y
80055	OBSTETRIC BLOOD TEST PANEL	N/A	Y
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	N/A	Y
80074	ACUTE HEPATITIS PANEL	N/A	Y
80076	LIVER FUNCTION BLOOD TEST PANEL	N/A	Y
81000	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, NON-AUTOMATED	N/A	Y
81001	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE, AUTOMATED	N/A	Y

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81002	URINALYSIS, MANUAL TEST	N/A	Y
81003	AUTOMATED URINALYSIS TEST	N/A	Y
81005	ANALYSIS OF URINE, EXCEPT IMMUNOASSAYS	N/A	Y
81015	URINALYSIS USING MICROSCOPE	N/A	Y
81020	URINALYSIS, 2 OR 3 GLASS TEST	N/A	Y
81025	URINE PREGNANCY TEST	N/A	Y
82040	ALBUMIN (PROTEIN) LEVEL	N/A	Y
82042	CEREBROSPINAL FLUID, OR AMNIOTIC FLUID ALBUMIN (PROTEIN) LEVEL	N/A	Y
82043	URINE MICROALBUMIN (PROTEIN) LEVEL	N/A	Y
82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM	N/A	Y
82120	VAGINAL FLUID CHEMICAL ANALYSIS FOR BACTERIA	N/A	Y
82150	AMYLASE (ENZYME) LEVEL	N/A	Y
82247	Bilirubin level, total	N/A	Y
82310	CALCIUM LEVEL, TOTAL	N/A	Y
82330	CALCIUM LEVEL, IONIZED	N/A	Y
82435	BLOOD CHLORIDE LEVEL	N/A	Y
82465	CHOLESTEROL LEVEL	N/A	Y
82550	CREATINE KINASE (CARDIAC ENZYME) LEVEL, TOTAL	N/A	Y
82553	CREATINE KINASE (CARDIAC ENZYME) LEVEL, MB FRACTION ONLY	N/A	Y
82565	BLOOD CREATININE LEVEL	N/A	Y
82570	CREATININE LEVEL TO TEST FOR KIDNEY FUNCTION OR MUSCLE INJURY	N/A	Y
82575	CREATININE CLEARANCE MEASUREMENT TO TEST FOR KIDNEY FUNCTION	N/A	Y
82607	CYANOCOBALAMIN (VITAMIN B-12) LEVEL	N/A	Y
82670	MEASUREMENT OF TOTAL ESTRADIOL (HORMONE)	N/A	Y
82671	ESTROGEN ANALYSIS, FRACTIONATED	N/A	Y
82672	ESTROGEN ANALYSIS, TOTAL	N/A	Y
82677	ESTRIOL (HORMONE) LEVEL	N/A	Y
82679	ESTRONE (HORMONE) LEVEL	N/A	Y
82728	FERRITIN (BLOOD PROTEIN) LEVEL	N/A	Y
82746	FOLIC ACID LEVEL, SERUM	N/A	Y
82947	BLOOD GLUCOSE (SUGAR) LEVEL	N/A	Y

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82948	BLOOD GLUCOSE (SUGAR) MEASUREMENT USING REAGENT STRIP	N/A	Y
82950	BLOOD GLUCOSE (SUGAR) LEVEL AFTER RECEIVING DOSE OF GLUCOSE	N/A	Y
82962	BLOOD GLUCOSE (SUGAR) TEST PERFORMED BY HAND-HELD INSTRUMENT	N/A	Y
83001	GONADOTROPIN, FOLLICLE STIMULATING (REPRODUCTIVE HORMONE) LEVEL	N/A	Y
83002	GONADOTROPIN, LUTEINIZING (REPRODUCTIVE HORMONE) LEVEL	N/A	Y
83020	HEMOGLOBIN ANALYSIS AND MEASUREMENT, ELECTROPHORESIS	N/A	Y
83021	HEMOGLOBIN ANALYSIS AND MEASUREMENT, CHROMATOGRAPHY	N/A	Y
83026	HEMOGLOBIN LEVEL	N/A	Y
83036	HEMOGLOBIN A1C LEVEL	N/A	Y
83518	ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, SINGLE STEP METHOD	N/A	Y
83520	MEASUREMENT OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE	N/A	Y
83690	LIPASE (FAT ENZYME) LEVEL	N/A	Y
84075	PHOSPHATASE (ENZYME) LEVEL, ALKALINE	N/A	Y
84144	PROGESTERONE (REPRODUCTIVE HORMONE) LEVEL	N/A	Y
84146	PROLACTIN (MILK PRODUCING HORMONE) LEVEL	N/A	Y
84425	VITAMIN B-1 (THIAMINE) LEVEL	N/A	Y
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)	N/A	Y
84520	UREA NITROGEN LEVEL TO ASSESS KIDNEY FUNCTION, QUANTITATIVE	N/A	Y
84550	URIC ACID LEVEL, BLOOD	N/A	Y
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL	N/A	Y
84703	GONADOTROPIN (REPRODUCTIVE HORMONE) ANALYSIS	N/A	Y
85004	WHITE BLOOD CELL COUNT	N/A	Y
85007	MICROSCOPIC EXAMINATION FOR WHITE BLOOD CELLS WITH MANUAL CELL COUNT	N/A	Y
85008	MICROSCOPIC EXAMINATION FOR WHITE BLOOD CELLS	N/A	Y
85009	MANUAL WHITE BLOOD CELL COUNT AND EVALUATION	N/A	Y
85013	RED BLOOD CELL HEMOGLOBIN CONCENTRATION	N/A	Y
85014	RED BLOOD CELL CONCENTRATION MEASUREMENT	N/A	Y
85018	BLOOD COUNT, HEMOGLOBIN	N/A	Y

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85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST AND AUTOMATED DIFFERENTIAL WHITE BLOOD CELL COUNT	N/A	Y
85027	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST	N/A	Y
85032	MANUAL BLOOD CELL COUNT	N/A	Y
85045	RED BLOOD COUNT, AUTOMATED TEST	N/A	Y
85300	ANTITHROMBIN III ANTIGEN (CLOTTING INHIBITOR) ACTIVITY	N/A	Y
85378	COAGULATION FUNCTION MEASUREMENT, QUALITATIVE OR SEMIQUANTITATIVE	N/A	Y
85576	PLATELET AGGREGATION FUNCTION TEST	N/A	Y
85597	PLATELET FUNCTION TEST	N/A	Y
85598	PHOSPHOLIPID TEST	N/A	Y
85610	BLOOD TEST, CLOTTING TIME	N/A	Y
85652	RED BLOOD CELL SEDIMENTATION RATE, TO DETECT INFLAMMATION, AUTOMATED	N/A	Y
85660	RED BLOOD CELL SICKLING MEASUREMENT	N/A	Y
85730	COAGULATION ASSESSMENT BLOOD TEST, PLASMA OR WHOLE BLOOD	N/A	Y
86255	SCREENING TEST FOR ANTIBODY TO NONINFECTIOUS AGENT	N/A	Y
86318	TEST FOR DETECTION OF INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	N/A	Y
86382	VIRAL NEUTRALIZATION TEST TO DETECT VIRAL ANTIBODY LEVEL	N/A	Y
86403	SCREENING TEST FOR PRESENCE OF ANTIBODY	N/A	Y
86580	SKIN TEST FOR TUBERCULOSIS	N/A	Y
86592	SYPHILIS DETECTION TEST	N/A	Y
86593	SYPHILIS TEST	N/A	Y
86628	ANALYSIS FOR ANTIBODY TO CANDIDA (YEAST)	N/A	Y
86631	ANALYSIS FOR ANTIBODY TO CHLAMYDIA (BACTERIA)	N/A	Y
86632	ANALYSIS FOR ANTIBODY (IGM) TO CHLAMYDIA (BACTERIA)	N/A	Y
86687	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 1 (HTLV-1)	N/A	Y
86688	ANALYSIS FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS, TYPE 2 (HTLV-2)	N/A	Y
86689	CONFIRMATION TEST FOR ANTIBODY TO HUMAN T-CELL LYMPHOTROPIC VIRUS (HTLV) OR HIV	N/A	Y

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86694	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS	N/A	Y
86695	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 1	N/A	Y
86696	ANALYSIS FOR ANTIBODY TO HERPES SIMPLEX VIRUS, TYPE 2	N/A	Y
86698	ANALYSIS FOR ANTIBODY TO HISTOPLASMA (FUNGUS)	N/A	Y
86701	ANALYSIS FOR ANTIBODY TO HIV -1 VIRUS	N/A	Y
86702	ANALYSIS FOR ANTIBODY TO HIV-2 VIRUS	N/A	Y
86703	ANALYSIS FOR ANTIBODY TO HIV-1 AND HIV-2 VIRUS	N/A	Y
86704	HEPATITIS B CORE ANTIBODY MEASUREMENT	N/A	Y
86706	HEPATITIS B SURFACE ANTIBODY MEASUREMENT	N/A	Y
86707	HEPATITIS BE ANTIBODY MEASUREMENT	N/A	Y
86762	ANALYSIS FOR ANTIBODY TO RUBELLA (GERMAN MEASLES VIRUS)	N/A	Y
86787	ANALYSIS FOR ANTIBODY TO VARICELLA-ZOSTER VIRUS (CHICKEN POX)	N/A	Y
86803	HEPATITIS C ANTIBODY MEASUREMENT	N/A	Y
86804	CONFIRMATION TEST FOR HEPATITIS C ANTIBODY	N/A	Y
86900	BLOOD GROUP TYPING (ABO)	N/A	Y
86901	BLOOD TYPING FOR RH (D) ANTIGEN	N/A	Y
87015	CONCENTRATION OF SPECIMEN FOR INFECTIOUS AGENTS	N/A	Y
87040	BACTERIAL BLOOD CULTURE	N/A	Y
87070	BACTERIAL CULTURE, ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC	N/A	Y
87071	BACTERIAL CULTURE AND COLONY COUNT	N/A	Y
87073	BACTERIAL CULTURE AND COLONY COUNT FOR ANAEROBIC BACTERIA	N/A	Y
87075	BACTERIAL CULTURE, ANY SOURCE, EXCEPT BLOOD, ANAEROBIC	N/A	Y
87076	BACTERIAL CULTURE FOR ANAEROBIC ISOLATES	N/A	Y
87077	BACTERIAL CULTURE FOR AEROBIC ISOLATES	N/A	Y
87081	SCREENING TEST FOR PATHOGENIC ORGANISMS	N/A	Y
87086	BACTERIAL COLONY COUNT, URINE	N/A	Y
87088	BACTERIAL URINE CULTURE	N/A	Y
87102	FUNGAL CULTURE (MOLD OR YEAST)	N/A	Y
87110	CULTURE FOR CHLAMYDIA	N/A	Y
87147	IDENTIFICATION OF ORGANISMS BY IMMUNOLOGIC ANALYSIS, OTHER THAN IMMUNOFLUORESCENCE METHOD	N/A	Y

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87164	DARK FIELD MICROSCOPIC EXAMINATION FOR ORGANISM, INCLUDES SPECIMEN COLLECTION	N/A	Y
87184	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)	N/A	Y
87186	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL), MICRODILUTION OR AGAR DILUTI	N/A	Y
87205	SPECIAL GRAM OR GIEMSA STAIN FOR MICROORGANISM	N/A	Y
87206	SPECIAL FLUORESCENT AND/OR ACID FAST STAIN FOR MICROORGANISM	N/A	Y
87207	SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES	N/A	Y
87210	SMEAR FOR INFECTIOUS AGENTS	N/A	Y
87220	TISSUE FUNGI OR PARASITES	N/A	Y
87252	TISSUE CULTURE INOCULATION FOR VIRUS ISOLATION	N/A	Y
87270	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR CHLAMYDIA	N/A	Y
87273	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 2	N/A	Y
87274	DETECTION TEST BY IMMUNOFLUORESCENT TECHNIQUE FOR HERPES SIMPLEX VIRUS TYPE 1	N/A	Y
87320	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR CHLAMYDIA TRACHOMATIS	N/A	Y
87340	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN	N/A	Y
87341	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN NEUTRALIZATION	N/A	Y
87350	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS BE SURFACE ANTIGEN	N/A	Y
87390	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN	N/A	Y
87391	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-2 ANTIGEN	N/A	Y
87470	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DIRECT PROBE TECHNIQUE	N/A	Y
87480	DETECTION TEST FOR CANDIDA SPECIES (YEAST), DIRECT PROBE TECHNIQUE	N/A	Y
87481	DETECTION TEST FOR CANDIDA SPECIES (YEAST), AMPLIFIED PROBE TECHNIQUE	N/A	Y
87482	DETECTION TEST FOR CANDIDA SPECIES (YEAST), QUANTIFICATION	N/A	Y

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87485	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	N/A	Y
87486	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87487	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA PNEUMONIAE, QUANTIFICATION	N/A	Y
87490	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA, DIRECT PROBE TECHNIQUE	N/A	Y
87491	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87492	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, QUANTIFICATION	N/A	Y
87495	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), DIRECT PROBE TECHNIQUE	N/A	Y
87496	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS (CMV), AMPLIFIED PROBE TECHNIQUE	N/A	Y
87497	DETECTION TEST BY NUCLEIC ACID FOR CYTOMEGALOVIRUS, QUANTIFICATION	N/A	Y
87510	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), DIRECT PROBE TECHNIQUE	N/A	Y
87511	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), AMPLIFIED PROBE TECHNIQUE	N/A	Y
87512	DETECTION TEST FOR GARDNERELLA VAGINALIS (BACTERIA), QUANTIFICATION	N/A	Y
87528	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, DIRECT PROBE TECHNIQUE	N/A	Y
87529	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87530	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, QUANTIFICATION	N/A	Y
87531	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, DIRECT PROBE TECHNIQUE	N/A	Y
87532	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87533	DETECTION TEST BY NUCLEIC ACID FOR HERPES VIRUS-6, QUANTIFICATION	N/A	Y
87534	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, DIRECT PROBE TECHNIQUE	N/A	Y
87535	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, AMPLIFIED PROBE TECHNIQUE	N/A	Y

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87536	DETECTION TEST BY NUCLEIC ACID FOR HIV-1 VIRUS, QUANTIFICATION	N/A	Y
87537	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, DIRECT PROBE TECHNIQUE	N/A	Y
87538	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, AMPLIFIED PROBE TECHNIQUE	N/A	Y
87539	DETECTION TEST BY NUCLEIC ACID FOR HIV-2 VIRUS, QUANTIFICATION	N/A	Y
87590	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), DIRECT PROBE TECHNIQUE	N/A	Y
87591	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), AMPLIFIED PROBE TECHNIQUE	N/A	Y
87592	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), QUANTIFICATION	N/A	Y
87623	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK TYPES	N/A	Y
87624	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES	N/A	Y
87625	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), TYPES 16 AND 18 ONLY	N/A	Y
87660	DETECTION TEST BY NUCLEIC ACID FOR TRICHOMONAS VAGINALIS (GENITAL PARASITE), DIRECT PROBE TECHNIQUE	N/A	Y
87797	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, DIRECT PROBE TECHNIQUE	N/A	Y
87800	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, DIRECT PROBE(S) TECHNIQUE	N/A	Y
87801	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, AMPLIFIED PROBE(S) TECHNIQUE	N/A	Y
87810	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR CHLAMYDIA TRACHOMATIS	N/A	Y
87850	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR NEISSERIA GONORRHOEAE (GONORRHEA)	N/A	Y
88108	CELL EXAMINATION OF SPECIMEN, CONCENTRATION TECHNIQUE	N/A	Y
88141	PAP TEST	N/A	Y
88142	PAP TEST, MANUAL SCREENING	N/A	Y
88143	PAP TEST, MANUAL SCREENING AND RESCREENING	N/A	Y
88147	PAP TEST (PAP SMEAR), AUTOMATED SYSTEM	N/A	Y
88148	PAP TEST (PAP SMEAR), AUTOMATED SYSTEM WITH MANUAL RESCREENING	N/A	Y

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88150	PAP TEST, SLIDES, MANUAL SCREENING	N/A	Y
88152	PAP TEST, SLIDES, AUTOMATED SYSTEM WITH COMPUTER-ASSISTED RESCREENING	N/A	Y
88153	PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING	N/A	Y
88154	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL; WITH MANUAL SCREENINGS AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION	N/A	Y
88155	PAP TEST, SLIDES, DEFINITIVE HORMONAL EVALUATION	N/A	Y
88160	SCREENING EXAMINATION OF SPECIMEN CELLS, SCREENING AND INTERPRETATION	N/A	Y
88161	SCREENING EXAMINATION OF SPECIMEN CELLS, PREPARATION, SCREENING AND INTERPRETATION	N/A	Y
88162	SCREENING EXAMINATION OF SPECIMEN CELLS, EXTENDED STUDY	N/A	Y
88164	PAP TEST, SLIDES, MANUAL SCREENING (THE BETHESDA SYSTEM)	N/A	Y
88165	PAP TEST, SLIDES, MANUAL SCREENING AND RESCREENING (THE BETHESDA SYSTEM)	N/A	Y
88166	PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING (THE BETHESDA SYSTEM)	N/A	Y
88167	PAP TEST, SLIDES, MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION (THE BETHESDA SYSTEM)	N/A	Y
88172	EVALUATION OF FINE NEEDLE ASPIRATE	N/A	Y
88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH INTERPRETATION AND REPORT	N/A	Y
88174	PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM	N/A	Y
88175	PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM AND MANUAL RESCREENING	N/A	Y
88177	PAP TEST, EVALUATION OF FINE NEEDLE ASPIRATE, IMMEDIATE, EACH ADDITIONAL EVALUATION EPISODE	N/A	Y
88300	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, LIMITED EXAMINATION	N/A	Y
88302	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE	N/A	Y
88304	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY	N/A	Y
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY	N/A	Y
88307	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY	N/A	Y
90471	ADMINISTRATION OF VACCINE	N/A	Y

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90472	ADMINISTRATION OF VACCINE, EACH ADDITIONAL VACCINE	N/A	Y
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT	N/A	Y
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALENT	N/A	Y
90739	HEPB VACC 2/4 DOSE ADULT IM	N/A	Y
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE)	N/A	Y
96372	INJECTION OF DRUG OR SUBSTANCE UNDER SKIN OR INTO MUSCLE	N/A	Y
98966	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 5-10 MINUTES (temporarily allowed during COVID-19 precautions)	Y	N/A
98967	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTES (temporarily allowed during COVID-19 precautions)	Y	N/A
98968	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTES(temporarily allowed during COVID-19 precautions)	Y	N/A
99024	FOLLOW-UP VISIT AFTER SURGERY	N/A	Y
99144	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, AGE 5 YEARS OR OLDER, FIRST 30 MINUTES INTRA-SERVICE TIME	N/A	Y
99145	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, AGE 5 YEARS OR OLDER, EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME	N/A	Y
99201	NEW PATIENT OR ESTABLISHED PATIENT - OFFICE OR OTHER OUTPATIENT VISIT	N/A	Y
99202	NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 15-29 MINUTES	N/A	Y
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-44 MINUTES	N/A	Y
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 45-59 MINUTES	N/A	Y
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 60-74 MINUTES	N/A	Y
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF ESTABLISHED PATIENT THAT MAY NOT REQUIRE PRESENCE OF HEALTHCARE PROFESSIONAL	N/A	Y
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 10-19 MINUTES	N/A	Y

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99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES	N/A	Y
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES	N/A	Y
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 40-54 MINUTES	N/A	Y
99221	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 30 MINUTES	N/A	Y
99222	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 50 MINUTES	N/A	Y
99223	INITIAL HOSPITAL INPATIENT CARE PER DAY, TYPICALLY 70 MINUTES	N/A	Y
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	N/A	Y
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	N/A	Y
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)	N/A	Y
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)	N/A	Y
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (18-39 YEARS)	N/A	Y
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (40-64 YEARS)	N/A	Y
99401	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 15 MINUTES	N/A	Y
99402	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES	N/A	Y
99403	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 45 MINUTES	N/A	Y
99404	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR	N/A	Y
99411	GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES	N/A	Y
99412	GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR	N/A	Y
99417	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, EACH 15 MINUTES OF TOTAL TIME	N/A	Y
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT	N/A	Y
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES (temporarily allowed during COVID-19 precautions)	Y	N/A
99442	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES (temporarily allowed during COVID-19 precautions)	Y	N/A
99443	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES (temporarily allowed during COVID-19 precautions)	Y	N/A
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	Y	N/A

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A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	Y	N/A
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE, EACH	Y	N/A
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	Y	N/A
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	Y	N/A
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	N/A	Y
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	N/A	Y
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	N/A	Y
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM, UNDER PHYSICIAN SUPERVISION	N/A	Y
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION	N/A	Y
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	N/A	Y
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	N/A	Y
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	N/A	Y

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G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	N/A	Y
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING	N/A	Y
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION; FACE-TO-FACE, INDIVIDUAL, INCLUDES: EDUCATION, SKILLS TRAINING AND GUIDANCE ON HOW TO CHANGE SEXUAL BEHAVIOR; PERFORMED SEMI-ANNUALLY, 30 MINUTES	N/A	Y
G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT	N/A	Y
G0472	HEPATITIS C ANTIBODY SCREENING, FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S)	N/A	Y
J0456	INJECTION, AZITHROMYCIN, 500 MG	N/A	Y
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	N/A	Y
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	N/A	Y
J0694	INJECTION, CEFOXIITIN SODIUM, 1 GM	N/A	Y
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 G	N/A	Y
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	N/A	Y
J0698	CEFOTAXIME SODIUM, PER GM	N/A	Y
J0699	INJECTION, CEFIDEROCOL, 10 MG	N/A	Y
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	N/A	Y
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 1 MG	Y	N/A
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	N/A	Y
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	N/A	Y
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	N/A	Y
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	N/A	Y
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	N/A	Y
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	N/A	Y
J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15 MG, 0.013 MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH	Y	N/A
J7295	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12 MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH	Y	N/A

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J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	Y	N/A
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	Y	N/A
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	Y	N/A
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	Y	N/A
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	Y	N/A
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	Y	N/A
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	Y	N/A
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION	N/A	Y
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	N/A	Y
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	N/A	Y
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS	N/A	Y
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	N/A	Y
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	N/A	Y
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE TELEHEALTH (temporarily allowed during COVID-19 precautions)	Y	N/A
S0191	MISOPROSTOL, ORAL, 200 MCG	N/A	Y
S0610	ANNUAL GYNECOLOGICAL EXAM- NEW PATIENT	Y	N/A
S0612	ANNUAL GYNECOLOGICAL EXAM- ESTABLISHED PATIENT	Y	N/A
S4989	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G., PROGESTACERT IUD), INCLUDING IMPLANTS AND SUPPLIES	Y	N/A
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	Y	N/A
G2A	PROGESTATIONAL AGENTS	N/A	Y
G8A	CONTRACEPTIVES, ORAL	Y	N/A
G8B	CONTRACEPTIVES, IMPLANTABLE	Y	N/A
G8C	CONTRACEPTIVES, INJECTABLE	Y	N/A
G8F	CONTRACEPTIVES, TRANSDERMAL	Y	N/A
G9B	CONTRACEPTIVES, INTRAVAGINAL	Y	N/A
L5A	KERATOLYTICS	N/A	Y

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Q4F	VAGINAL ANTIFUNGALS	N/A	Y
Q4W	VAGINAL ANTIBIOTICS	N/A	Y
Q5R	TOPICAL ANTIPARASITICS	N/A	Y
Q5V	TOPICAL ANTIVIRALS	N/A	Y
Q6V	EYE ANTIVIRALS	N/A	Y
R1R	URICOSURIC AGENTS	N/A	Y
W1A	PENICILLINS	N/A	Y
W1B	CEPHALOSPORINS	N/A	Y
W1C	TETRACYCLINES	N/A	Y
W1D	MACROLIDES	N/A	Y
W1F	AMINOGLYCOSIDES	N/A	Y
W1K	LINCOSAMIDES	N/A	Y
W1P	BETA-LACTAMS	N/A	Y
W1Q	QUINOLONES	N/A	Y
W1X	CEPHALOSPORINS 2ND GENERATIONS	N/A	Y
W1Y	CEPHALOSPORINS 3RD GENERATIONS	N/A	Y
W2A	ABSORBABLE SULFONAMIDES	N/A	Y
W3B	ANTIFUNGAL AGENTS	N/A	Y
W3C	ANTIFUNGAL AGENTS (CONTINUED)	N/A	Y
W4E	ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL AGENTS	N/A	Y
W4G	2ND GEN. ANAEROBIC ANTIPROTOZOAL - ANTIBACTERIAL	N/A	Y
W5A	ANTIVIRAL, GENERAL	N/A	Y
W7B	VIRAL/ TUMORIGENIC VACCINES	N/A	Y
X1B	DIAPHRAGMS/ CERVICAL CAP	N/A	Y
X1C	INTRA-UTERINE DEVICES	N/A	Y
Z2G	IMMUNOMODULATORS	N/A	Y
N/A	MISOPROSTOL TABLETS	N/A	Y

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