



## HIV Early Intervention Program

### Schedule of Medical Coverage and Maximum Allowances

**For dates of service on or after 1/1/2009**

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Reimbursement
99201	PHYSICAL EXAM	\$63.00
99202	NEW OFFICE EXAM - 20 MIN	\$110.00
99203	NEW OFFICE EXAM - 30 MIN	\$162.00
99204	NEW OFFICE EXAM - 45 MIN	\$247.00
99205	NEW OFFICE EXAM - 60 MIN	\$311.00
<b>OFFICE VISIT, ESTABLISHED PATIENT</b>		
99211	EST OFFICE EXAM - 5 MIN	\$35.00
99212	EST OFFICE EXAM - 10 MIN	\$65.00
99213	EST OFFICE EXAM - 15 MIN	\$107.00
99214	EST OFFICE EXAM - 25 MIN	\$160.00
99215	EST OFFICE EXAM - 40 MIN	\$217.00
<b>CONSULTATION, NEW OR ESTABLISHED PATIENT</b>		
99241	OFFICE VISIT 15 MINUTES	\$43.00
99242	OFF/OP CONSULT, LEVEL II	\$74.00
99243	OFFICE CONSULTATION	\$101.00
99244	OFFICE VISIT - 60 MINUTES	\$149.00
99245	OFFICE VISIT 80 MINUTES	\$184.00
<b>PREVENTIVE MEDICINE, NEW PATIENT</b>		
99385	PREVENTIVE EXAM, 18-39 YEARS	\$181.00
99386	PREVENTIVE EXAM, 40-64 YEARS	\$181.00
99387	PREVENTIVE EXAM 65+ YEARS	\$181.00
<b>PREVENTIVE MEDICINE, ESTABLISHED PATIENT</b>		
99395	PREVENTIVE EXAM, 18-39 YEARS	\$150.00
99396	PREVENTIVE EXAM, 40-64 YEARS	\$150.00
99397	PREVENTIVE EXAM, 65+ YEARS	\$150.00
<b>RISK REDUCTION INTERVENTIONS for the prevention of HIV transmission</b>		
99401	RISK FACTR REDUCT COUNSEL 15 M	\$34.00
99402	RISK FACTR REDUCT COUNSLE 30MN	\$41.00
<b>PROCEDURES</b>		
11100	BIOPSY, SINGLE LESION	\$71.00
11101	BIOPSY, EACH ADDITIONAL LESION	\$24.00
11900	INJECTION, INTRALESIONAL 1-7	\$39.00
11901	INJECTION INTRALESIONAL 7+	\$49.00
17000	DESTRUCT BENIGN LESIONS; 1ST	\$55.00
17003	DESTRUCT LESIONS; 2-14 LESIONS	\$8.00
17004	DESTRUCTION OF LESIONS; 15 +	\$160.00
17110	DESTRUCT OF FLAT WARTS 0-14	\$72.00



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Code	Description	Max. Reimbursement
17111	DESTRUCT OF FLAT WARTS 15+	\$84.00
36000	IV PLACEMENT NEEDLE OR INTRACA	\$25.00
36415	BLOOD DRAW	\$4.00
36416	BLOOD DRAW (HEEL, FINGER, EAR PRICK)	\$4.00
36600	ARTERIAL PUNCTURE	\$26.00
46600	ANOSCOPY	\$65.00
46606	ANOSCOPY W/BIOPSY, SINGL-MULTL	\$152.00
46900	DESTRUCT LESIONS ANUS CHEMICAL	\$166.00
46910	DESTRUCT LESIONS ANUS ELECTROD	\$161.00
46916	DESTRUCT LESIONS ANUS CRYOSURG	\$162.00
46924	DESTRUCT LESIONS ANUS EXTENSIV	\$363.00
54050	DESTRUCT LESIONS PENIS CHEMICL	\$95.00
54055	DESTRUCT LESIONS PENIS ELECTRD	\$91.00
54056	DESTRCT LESIONS PENIS CRYOSURG	\$112.00
54065	DESTRCT LESIONS PENIS EXTENSIV	\$164.00
56501	DESTRCT LESIONS VULVA SIMPLE	\$107.00
56515	DESTRCT LESIONS VULVA EXNTSIVE	\$172.00
56605	BIOPSY 1 LESIONS VULVA PERINEU	\$70.00
56606	BIOPSY EACH ADDL VULVA/PERINEU	\$34.00
57061	DESTRCT LESION VAGINA SIMPLE	\$94.00
57065	DESTRCT LESION VAGINA EXTENSIV	\$159.00
57100	BIOSPY VAGINA SIMPLE	\$74.00
57170	DIAPHRAGM FITTING	\$77.00
57452	COLPOSCOPY W/O BIOPSY	\$90.00
57454	COLPOSCOPY W BIOPSIES/ENDO CUR	\$130.00
57460	COLPOSCOPY W/LOOP ELEC EXCISIN	\$278.00
57500	CERVICAL BIOPSY & ENDOCERVICAL	\$112.00
57505	ENDOMETRIAL CURETTAGE	\$84.00
57511	CERVICAL CRYOCAUTERY	\$119.00
57513	CERVICAL LASER ABLATION	\$124.00
57522	CERVICAL LOOP ELECTRODE EXCISN	\$238.00
62270	SPINAL PUNCTURE, LUMBAR	\$130.00
<b>RADIOLOGY</b>		
71010	CHEST X-RAY (SINGLE VIEW)	\$23.00
<b>71010-26</b>	CHEST X-RAY (SINGLE VIEW)	\$7.00
<b>71010-TC</b>	CHEST X-RAY (SINGLE VIEW)	\$14.00
71020	CHEST XRAY (TWO VIEW)	\$30.00



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Code	Description	Max. Reimbursement
71020-26	CHEST X-RAY (TWO VIEWS)	\$9.00
71020-TC	CHEST X-RAY (TWO VIEWS)	\$19.00
<b>LABORATORY, ORGAN OR DISEASE PANELS</b>		
80048	BASIC METABOLIC PANEL	\$10.00
80050	GENERAL HEALTH SCREEN PANEL	\$51.00
80051	ELECTROLYTE PANEL	\$10.00
80053	COMPREHENSIVE METABOLIC PANEL	\$13.00
80061	LIPID PANEL	\$21.00
80074	HEPATITIS PANEL	\$73.00
80076	HEPATIC FUNCTION PANEL	\$10.00
<b>LABORATORY, THERAPEUTIC DRUG ASSAYS</b>		
80156	THERAPEUTIC DRUG LVL -TEGRETOL	\$22.00
80160	THERAPEUTIC DRUG LVL-DESIPRAME	\$27.00
80164	THERAPEUTIC DRUG LVL-DEPAKOTE	\$21.00
80174	THERAPEUTIC DRUG LVL-IMIPRAMIN	\$27.00
80178	THERAPEUTIC DRUG LVL-LITHIUM	\$10.00
80182	THERAPEUTIC DRUG LVL-NORTRIPTN	\$21.00
<b>LABORATORY, EVOCATIVE / SUPPRESSION TESTING</b>		
80400	ACTH STIMULATION TEST(ADRENAL)	\$50.00
<b>LABORATORY, URINALYSIS</b>		
81000	URINALYSIS	\$5.00
81001	URINALYSIS, AUTOMATED W/ MICRO	\$5.00
81002	URINALYSIS-DIPSTICK	\$4.00
81003	URINALYSIS WITHOUT MICROSCOPY,	\$4.00
81005	URINALYSIS; CHEMICAL, QUALITAT	\$4.00
81015	URINE EXAMINE-MICRO	\$5.00
81025	URINE PREGNANCY TEST	\$6.00
<b>LABORATORY, CHEMISTRY</b>		
82009	ACETONE OR KETONE, SERUM QUAL	\$7.00
82010	ACETONE OR KETONE SERUM QUAN	\$13.00
82040	ALBUMIN, SERUM	\$8.00
82042	ALBUMIN URINE QUANTITATIVE	\$8.00
82043	ALBUMIN, URINE MICRO QUANTITAV	\$9.00
82044	ALBUMIN URINE MICRO SEMIQUANT	\$7.00
82085	ALDOLASE	\$15.00
82150	AMYLASE, SYRUM	\$10.00
82164	ANGIOTENSIN I ENZYME	\$23.00



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Code	Description	Max. Reimbursement
82232	BETA-2 MICROGLOBULIN, SERUM	\$26.00
82247	BILIRUBIN; TOTAL	\$7.00
82248	BILIRUBIN; DIRECT	\$7.00
82270	BLOOD, OCCULT, FECES, SCREENIN	\$5.00
82271	BLOOD, QUALITATIVE	\$5.00
82310	CALCIUM TOTAL	\$8.00
82340	URINE QUANTITATIVE, TIMED SPEC	\$9.00
82374	CARBON DIOXIDE(BICARBONATE)	\$8.00
82390	CERULOPLASMIN	\$17.00
82397	CHEMILUMINESCENT ASSAY	\$20.00
82435	CHLORIDE; BLOOD	\$7.00
82465	CHOLESTEROL, TOTAL	\$7.00
82533	CORTISO., TOTAL	\$25.00
82550	CRATINE KINASE CK, CPK; TOTAL	\$10.00
82565	CREATININE; BLOOD	\$8.00
82570	CREATININE; OTHER SOURCE	\$8.00
82575	CREATININE CLEARANCE	\$15.00
82607	CYANOCOBALAMIN VITAMIN B-12	\$23.00
82668	ERYTHROPOIETIN	\$29.00
82705	FAT OR LIPIDS, FECES	\$7.00
82728	FERITIN	\$21.00
82746	FOLIC ACID; SERUM	\$23.00
82784	GAMMAGLOBULIN	\$14.00
82803	GASES BLOOD W/CALCULATED O2SAT	\$19.00
82805	GASES BLOOD DIRECT MEAS W/O2	\$38.00
82947	GLUCOSE	\$6.00
82948	GLUCOSE, BLOOD, REAGENT STRIP	\$5.00
82955	GLUCOSE-6-PHOSPHATE DEHYDROG	\$15.00
82960	GLUCOSE G6PD; SCREEN	\$9.00
82962	CHEMISTRY-GLUCOSE, BLOOD BY	\$4.00
82977	GLUTAMYL TRANSPEPTIDASE, GAMMA	\$11.00
83010	PATOGLOBIN, QUANTITATIVE	\$19.00
83036	HEMOGLOBIN , GLYCATED	\$15.00
83497	HYDROXYINDOLACETIC ACID	\$20.00
83505	HYDROXYPROLINE, TOTAL	\$37.00
83540	IRON, SERUM, CHEMICAL	\$10.00
83550	IRON BINDING CAPACITY	\$13.00



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Code	Description	Max. Reimbursement
83605	LACTATE (LACTIC ACID)	\$16.00
83615	LACTIC DEHYDROGENASE, BLOOD	\$9.00
83690	LIPASE	\$11.00
83718	LIPOPROTEIN HIGH DENSITY CHLOE	\$13.00
83721	LIPOPROTEIN, DIRECT MEAS (LDL)	\$15.00
83735	MAGNESIUM, BLOOD; CHEMICAL	\$10.00
83835	METANEPHRINES	\$26.00
83890	MOLECULAR DX, ISOL/EXT	\$8.00
83891	MOLECULAR DX, ISOL OR EXT PURE	\$8.00
83892	ENZYMATIC DIGESTION	\$8.00
83893	DOT/SLOT BLOT PRODUCTION	\$7.00
83894	DNA SEPARATION	\$8.00
83896	NUCLEIC ACID PROBE EACH	\$8.00
83898	AMPLIFIC NUCLEIC ACID, EACH	\$31.00
83901	NUCLEIC ACID PROBE AMPL: MULTI	\$31.00
83902	VIRAL AG, IMMUNOASSAY	\$16.00
83904	MUTATION ID BY SEQUENCING,EACH	\$31.00
83912	INTERP & REPORT	\$7.00
<b>83912-26</b>	INTERP & REPORT	\$15.00
83918	ORGANIC ACIDS QUANTITATIVE	\$31.00
83919	INTERP & REPORT	\$25.00
84075	PHOSPHATASE, ALKALINE, BLOOD	\$8.00
84100	PHOSPHORUS INORGANIC-PHOSPHATE	\$7.00
84132	POTASSIUM BLOOD	\$7.00
84155	PROTEIN QUANT URINE	\$6.00
84165	ELECTROPHORETIC FRACTIONATION	\$17.00
<b>84165-26</b>	ELECTROPHORECTIC FRACTIONATION	\$15.00
84295	SODIUM SERUM	\$8.00
84402	TESTOSTERONE; FREE	\$39.00
84403	TESTOSTERONE; TOTAL	\$40.00
84436	THYROXINE, TRUE (TT4), RIA	\$11.00
84443	THYROID STIMULATING HORMONE	\$26.00
84450	TRANSFERASE (SGOT)	\$8.00
84460	TRANSFERASE, ALANINE AMINO	\$8.00
84466	TRANSFERRIN	\$20.00
84478	TRIGLYCERIDES, BLOOD	\$9.00
84479	TRILODOTHYRONINE (T-3), RESIN	\$10.00



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Code	Description	Max. Reimbursement
84480	TOTAL (TT-3)	\$22.00
84520	BUN UREA NITROGEN QUANTITATIV)	\$6.00
84550	URIC ACID; BLOOD	\$7.00
84702	SERUM PREGNANCY HCG QUANTITATV	\$23.00
84703	SERUM PREGNANCY TEST, HCG QUAL	\$12.00
84791	CHLAMYDIA, AMPLIFIED PROBE	\$46.00
85002	BLEEDING TIME	\$7.00
85007	BLOOD COUNT	\$5.00
85008	MANUAL BLOOD SMEAR EXAMINATION	\$5.00
85009	BLOOD COUNT; BUFFY COAT	\$6.00
85013	BLOOD CNT HEMATOCRIT SPUN	\$4.00
85014	BLOOD CNT OTHER THAN SPUN HCT	\$4.00
85018	BLOOD COUNT HEMOGLOBIN	\$4.00
85025	BLOOD CNT; PLUS COMPLETE DIFF.	\$12.00
85027	BLOOD COUNT; PLUS AUTOMATED	\$10.00
85032	COMPLETE CBC	\$7.00
85041	RBC ONLY	\$5.00
85044	RETICULOCYTE COUNT	\$7.00
85045	RETICULOCYTE COUNT, FLOW CYTOM	\$8.00
85046	BLOOD CNT RETICULOCYTES HEMOGL	\$9.00
85048	WHITE BLOOD CELL	\$4.00
85060	BLOOD SMEAR W/WRITTEN REPORT	\$20.00
85595	PLATELET; AUTOMATED COUNT	\$7.00
85610	PROTHROMBIN TIME	\$6.00
85651	SED RATE, ERYTHROCYTE, NON-AUT	\$5.00
85652	ESR SEDIMENTATION RATE AUTO	\$4.00
85730	PTT; PLASMA	\$9.00
<b>LABORATORY, IMMUNOLOGY</b>		
86171	COMPLIMENT FIXATION TSTS; EACH	\$9.00
86255	FLUORESCENT ANTIBODY; SCREEN	\$19.00
<b>86255-26</b>	FLUORESCENT ANTIBODY; SCREEN	\$15.00
86256	FLUORESCENT ANTIBODY TIER	\$19.00
<b>86256-26</b>	FLUORESCENT ANTIBODY; TIER	\$15.00
86308	HETEROPHILE ANTIBODIES	\$8.00
86317	IMMUNOASSAY; QUATITATIVE	\$21.00
86318	IMMUNOASSAY; QUAL/SEMI QUANT	\$20.00
86329	IMMUNODIFFUSION; NOT SPECIFIED	\$22.00



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Code	Description	Max. Reimbursement
86359	T CELLS; TOTAL COUNT	\$58.00
86360	T4 AND T8; INC RATIO	\$72.00
86361	ABSOLUTE CD4 COUNT	\$28.00
86403	PARTICLE AGGLUTINATION	\$16.00
86480	TB TEST	\$96.00
86485	CANDIDA SKIN TEST CC	\$15.00
86490	SKIN TEST COCCIDIOIDOMYCOSIS	\$10.00
86580	TB SKIN TEST; INTRADERMAL	\$8.00
86592	VDRL/RPR	\$7.00
86593	SYPHILLIS TEST, QUANITITATIVE	\$7.00
86641	CRYPTOCOCCUS AG, SER	\$22.00
86644	CMV	\$20.00
86645	CMV, IGM	\$26.00
86674	GIARDIA LAMBLIA	\$23.00
86689	HTLV OR HIV CONFIRMATORY TEST	\$36.00
86692	IMMUNOLOGY ASSAYS-HEP, DELTA	\$26.00
86694	HERPES SIMPLEX, NON-SPEC TYPE	\$20.00
86695	HERPES SIMPLEX-TYPE 1	\$20.00
86696	HERPES SIMPLEX TYPE 2	\$30.00
86701	HIV-1	\$14.00
86703	HIV-1 AND HIV-2, SINGLE ASSAY	\$21.00
86704	HEPATITIS B CORE ANTIBODY	\$19.00
86705	IGM ANTIBODY	\$18.00
86706	HEPATITS B SURFACE ANTIBODY	\$17.00
86707	HEPATITIS BE ANTIBODY	\$18.00
86708	HEPATITUS A ANTIBODY	\$19.00
86709	IGM ANTIBODY	\$17.00
86747	PARVOVIRUS	\$23.00
86777	TOXOPLASMA	\$20.00
86778	TOXOPLASMA, IGM	\$22.00
86781	TREPONEMA PALLIDUM, CONFIRMATO	\$20.00
86787	VARICELLA-ZOSTER	\$20.00
86803	HEPATITIS C ANTIBODY	\$22.00
86804	HEP C ANTIBODY CONFIRM TEST	\$24.00
<b>LABORATORY, MICROBIOLOGY</b>		
87015	PARASITE CONCENTRATION-TB, AFB	\$10.00
87040	BLOOD CULTURE	\$16.00



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87045	STOOL CULTURE	\$15.00
87046	CULTURE BACTERIAL STOOL ADD PH	\$15.00
87070	MICROBIOLOGY FROM ANY OTHER SO	\$13.00
87071	CULTURE QUANTITATIVE AEROBIC	\$15.00
87073	CULTURE BACTERIAL QUANTITATIVE	\$15.00
87075	LAB-CULTURE ANAEROBIC	\$15.00
87076	CULTURE, DEFINITIVE ID, ANAERO	\$16.00
87077	CULTURE DEFINITIVE ID, AEROBIC	\$16.00
87081	CULTURE, SCREENING, SINGLE ORG	\$10.00
87084	CULTURE PRESUMPTIVE PATH ORG	\$13.00
87086	CULTURE, BACTERIAL URINE, QUAN	\$12.00
87088	IDENTIFICATION, IN ADDITION TO	\$10.00
87101	CULTURE, FUNGI, ISOLATION	\$12.00
87102	CULTURE, FUNGI, OTHER SOURCE	\$13.00
87103	CULTURE, FUNGI, BLOOD	\$14.00
87106	CULTURE, FUNGI, DEFINITIVE ID	\$16.00
87110	CHLAMYDIA SCREEN	\$30.00
87116	CULTURE, TUBERCLE, ACID	\$17.00
87118	CULTURE, MYCOBACTERIA	\$17.00
87140	CULTURE, TYPING; FLUORESCENT M	\$9.00
87149	CULTURE TYP NECLEIC ACID PROBE	\$31.00
87177	OVA AND PARASITES	\$14.00
87181	ANTIMICROBIAL SUSCEPTIBILI STY	\$9.00
87184	DISC METHOD, PER PLATE	\$11.00
87185	SUSCEPTIBILITY STDY ENZYME DET	\$7.00
87186	OVA & PARASITES, MICROTITER	\$13.00
87205	SMEAR WITH INTERPRETATION	\$7.00
87206	FLUORESCENT FAST STAIN FOR BAC	\$8.00
87207	SPECIAL STAIN FOR INCLUSION BO	\$9.00
<b>87207-26</b>	SPECIAL STAIN FOR INCLUSION BO	\$16.00
87210	WET MOUNT FOR BACTERIA	\$7.00
87220	TISSUE EXAM FOR FUNGI	\$7.00
87230	TOXIN/ANTITOXIN ASSAY	\$30.00
87250	VIRUS IDENTIFICATION	\$30.00
87252	TISSUE CULTURE INOCULATION AND	\$40.00
87253	VIRUS ID TISSUE CULTURE	\$31.00
87254	VIRUS ISOLATION SHELL VIAL IDW	\$30.00



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87270	CHLAMYDIA TRACHOMATIS (IF)	\$19.00
87272	CRYPTOSPORIDIUM/GIARDIA (IF)	\$19.00
87274	HERPES SIMPLEX TYPE 1 (IF)	\$19.00
87281	PNEUMOCYSTIC CARINII (IF)	\$19.00
87285	TREPONEMA PALLIDUM (IF)	\$19.00
87290	VARICELLA ZOSTER	\$19.00
87320	CHLAMYDIA TRACHOMATIS (ELISA)	\$19.00
87324	CLOSTRIDIUM DIFFICILE TOXIN	\$19.00
87327	CRYPTOCOCCUS NEOFORMANS (ELIZA)	\$19.00
87328	CRYPTOSPORIDIUM/GIARDIA (ELIZA)	\$19.00
87332	CYTOMEGALOVIRUS (ELISA)	\$19.00
87340	HEPATITIS B SURFACE ANTIGEN	\$16.00
87341	HEP BSAG NEUTRALIZATION (ELISA)	\$16.00
87350	HEPATITIS BE ANTIGEN	\$18.00
87380	MICROBIOLOGY HEP, DELTA AGENT	\$25.00
87390	HIV-1 (ELISA)	\$35.00
87449	REVERSE TRANSCRIPTION	\$19.00
87450	SINGLE STEP METHOD (ELISA) NOS	\$15.00
87451	MULTIPLE STEP METHOD(ELISA)NOS	\$15.00
87490	CHLAMYDIA, DIRECT PROBE	\$31.00
87491	CHLAMYDIA AMPLIFIED PROBE	\$54.00
87517	HEP B QUANTIFICATION	\$66.00
87520	HEP C DIRECT PROBE	\$31.00
87521	HEP C AMPLIFIED PROBE	\$54.00
87522	HEP C QUANTIFICATION	\$66.00
87534	HIV-1, DIRECT PROBE TECHNIQUE	\$31.00
87535	HIV-1, AMPLIFIED PROBE TECH.	\$54.00
87536	HIV-1, QUANTIFICATION	\$131.00
87537	HIV-2, DIRECT PROBE TECHNIQUE	\$31.00
87538	HIV-2, AMPLIFIED PROBE TECHNIQ	\$54.00
87539	HIV-2, QUANTIFICATION	\$66.00
87550	MYCOBACTERIA DIRECT PROBE	\$31.00
87551	MYCOBACTERIA AMPLIFIED PROBE	\$54.00
87555	MYCOBACTERIA TB DIRECT PROBE	\$31.00
87556	MYCOBACTERIA TB AMPLIFIED PROB	\$61.00
87560	M.A.C. DIRECT PROBE	\$31.00
87561	M.A.C. AMPLIFIED PROBE	\$54.00



## HIV Early Intervention Program

### Schedule of Medical Coverage and Maximum Allowances

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Reimbursement
87590	N. GONORRHEA, DIRECT PROBE	\$46.00
87591	N. GONORRHEA, AMPLIFIED PROBE	\$61.00
87621	PAPILLOMAVIRUS, HUMAN	\$54.00
87797	NUCLEIC ACID DIRECT PROBE TECH	\$31.00
87800	NUCLEIC ACID DIRECT PROBE MULT ORG	\$62.00
87798	INFECTIOUS AGENT DECT NOT SPEC	\$58.00
*87900	VIRTUAL PHENOTYPE ( <b>PHENOTYPE 87903 IS NOT COVERED*</b> )	\$201.00
87901	INFCTS AGNT GENOTYP BY DNA	\$397.00
87902	HCV GENOTYPE ANALYSIS	\$397.00
<b>**87999</b>	<b>TROFILE ASSAY - PRIOR AUTH REQUIRED</b>	<b>*\$1568.00</b>
88104	SMEARS W/INTERPRETATION	\$48.00
<b>88104-26</b>	SMEARS W/INTERPRETATION	\$23.00
<b>88104-TC</b>	SMEARS W/INTERPRETATION	\$25.00
88141	CYTOPATHOLOGY, REQ. MD INTERPR	\$21.00
88142	CYTOPATH THIN LYER PREP MANUAL	\$38.00
88143	CYTOPATHOLOGY W/MAN. SCREEN	\$38.00
88147	CYTOPATH SMEARS, AUTOMATED	\$25.00
88148	CYTOPATH, AUTO/MANUAL RESCRN	\$36.00
88150	PAP SMEAR	\$20.00
88152	W/MAN SCR N & COMPT ASST & PHYS	\$20.00
88153	W/MAN SCR N & RESCRN W/PHYSICIAN	\$20.00
88154	W/MAN SCR N COMP ASST RESCREEN	\$20.00
88155	CYTOPATHOLOGY; WITH HORMONE EV	\$11.00
88164	CYTOPATH MANUAL/AUTO RESCRN	\$20.00
88165	CYTOPATH MANUAL/MANUAL RESCRN	\$20.00
88166	CYTOPATH MANUAL/COMPTR RESCRN	\$20.00
88167	CYTOPATH MANUAL/RESCRN W/CELL	\$20.00
88174	CYTOPATH CERVICAL OR VAGINAL	\$40.00
88175	CYTOPATH SCREENING PHYSICIAN	\$49.00
88182	FLOW CYTOMETRY	\$87.00
<b>88182-26</b>	FLOW CYTOMETRY	\$32.00
<b>88182-TC</b>	FLOW CYTOMETRY	\$54.00
88184	FLOW CYTOMETRY-TECH-1 MARKER	\$57.00
88185	FLOW CYTOMETRY-TECH-ADD MARKER	\$33.00
88187	FLOW CYTOMETRY-PRO 2-8 MARKERS	\$54.00
88188	FLOW CYTOMETRY-PRO-9-15 MARKES	\$67.00



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Code	Description	Max. Reimbursement
88189	FLOW CYTOMETRY-PRO-16+ MARKERS	\$92.00
<b>LABORATORY, SURGICAL PATHOLOGY</b>		
88300	LEVEL 1 SURGICAL PATHOLOGY	\$18.00
<b>88300-26</b>	LEVEL 1 SURGICAL PATHOLOGY	\$4.00
<b>88300-TC</b>	LEVEL 1 SURGICAL PATHOLOGY	\$15.00
88305	GROSS/MICROSCOPIC EXAM LVL IV	\$84.00
<b>88305-26</b>	GROSS/MICROSCOPIC EXAM LVL IV	\$52.00
<b>88305-TC</b>	GORSS/MICROSCOPIC EXAM LVL IV	\$52.00
88311	DECLACIFICATION PROCEDURE	\$15.00
<b>88311-26</b>	DECALCIFICATION PROCEDURE	\$10.00
<b>88311-TC</b>	DECALCIFICATION PROCEDURE	\$5.00
88312	SPECIAL STAINS	\$69.00
<b>88312-26</b>	SPECIAL STAIN	\$23.00
<b>88312-TC</b>	SPECIAL STAINS	\$52.00
88313	SPECIAL STAINS GROUP II	\$80.00
<b>88313-26</b>	SPECIAL STAINS GROUP II	\$10.00
<b>88313-TC</b>	SPECIAL STAINS GROUP II	\$46.00
88342	IMMUNOCYTOCHEMISTRY EACH	\$78.00
<b>88342-26</b>	IMMUNOCYTOCHEMISTRY EACH	\$36.00
<b>88342-TC</b>	IMMUNOCYTOCHEMISTRY EACH	\$43.00
<b>LABORATORY, OTHER PROCEDURES</b>		
89050	BODY FL CELL COUNT	\$7.00
89051	W/DIFFERENTIAL COUNT	\$9.00
<b>VACCINES</b>		
90471	IMMUNIZATION ADMIN; 1ST	\$17.00
90472	IMMUNIZATION ADMIN; EACH ADDN	\$9.00
90632	HEPATITUS A ANTIBODY	\$82.00
90633	HEP A, PED/ADOLESCENT, INTRMSC	\$36.00
90636	TWINRIX-HEP A-B VACCINE	\$113.00
90645	HIB CONJUGATE, INTRAMUSCULAR	\$29.00
90646	HIB,PRP-D CONJUGATE, BOOSTER	\$49.00
90647	HIB,PRP-OMP CONJUGATE (3DOSE)	\$30.00
90648	HIB, PRP-T CONJUGATE (4DOSE)	\$29.00
90658	INFLUENZA 3+ YEARS INTRMSC/JET	\$17.00
90659	INFLUENZA VACCINE, WHOLE VIRUS	\$5.00
90701	DTP/DIPHTHERIA, TETANUS, PERTUSSI	\$24.00
90702	DT/DIPHTHERIA AND TETANUS	\$24.00



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90718	TETANUS,DIPHTHERIA TOX - ADULT	\$25.00
90732	PNEUMOVAX	\$36.00
90744	HEP B PEDS, ADOLESCENT DOSAGE	\$32.00
90746	HEPATITS B, 20 YEARS AND ABOVE	\$76.00
90747	HEPATITIS B, IMMUNOSUPPRESSED	\$206.00
90748	HEPATITIS B / HI B	\$54.00
<b>MEDICINE, INFUSIONS</b>		
90760	IV INFUSION ONE HOUR	\$71.00
90761	IV EACH ADD UP TO 8 HOURS	\$20.00
90766	IV EACH ADD HOUR UP TO 8	\$21.00
90767	ADD SEQ UP TO 1 HOUR	\$34.00
90768	CONCURRENT INFUS LIST SEPERATE	\$20.00
90772	IM INJECT ANTIBIOTICS	\$17.00
<b>MEDICINE, PULMONARY</b>		
94010	SPIROMETRY	\$32.00
<b>94010-26</b>	SPIROMETRY	\$7.00
<b>94010-TC</b>	SPIROMETRY	\$20.00
94060	SPIROMETRY BRONCHOSPASM EVAL	\$56.00
<b>94060-26</b>	SPIROMETRY BRONCHOSPASM EVAL	\$12.00
<b>94060-TC</b>	SPIROMETRY BRONCHOSPASM EVAL	\$35.00
94642	AEROSOL INHALATION PENTAMIDINE	\$54.00
94664	AREOSOL INHALATIONS BRONCHODIA	\$17.00
94720	CARBON MONIXIDE DIFFUSING CAPA	\$56.00
94760	NONINVASIVE EAR/PULSE OXIMETRY	\$9.00
<b>HCPCS CODES</b>		
A4250	R-URINE TEST STRIPS OR TABS (1	AC
G0100	R-HIV- 1 VIRAL LOAD QUANTITATI	AC
G0101	CANCER SCREEN PELVIC/BREAST	\$31.00
J0540	PENICILLIN G BENZATHINE INJECN	\$38.00
J0580	PENICILLIN G BENZATHINE INJECN	\$97.00
J0696	CEFTRIAZONE INJECTION	\$18.00
J1055	DEPO PROVERA	\$70.48
J1080	DEPO-TESTOSTERONE	\$18.00
J2175	R-MEPPERIDINE INJECTION	AC
J3010	R-FENTANYL INJECTION	\$9.00
J3120	TESTOSTERONE ENANTHATE INJECT	\$10.00
J7050	R-INFUSION, NORMAL SALINE	AC



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Code	Description	Max. Reimbursement
Q0091	R-OBTAINING SCREENING PAP SMEA	AC

\* **EIP does not cover the phenotype test.** EIP only covers genotypes and virtual phenotypes. Therefore, **EIP does not cover the complete "Phenosense GT" or "Phenosense HIV" Tests** which include the phenotype test. If either of these tests is ordered, the client will be responsible for the cost of the phenotype test. **Please order virtual phenotype and genotype separately** and only order the phenotype if the client is aware that they will be responsible for payment.

\*\* Trofile requires prior authorization from EIP. (Testing must be performed by Monogram Biosciences.)

**ALL EIP CLIENTS MUST HAVE PRIOR AUTHORIZATION FOR TROFILE EVEN IF THEY HAVE INSURANCE COVERAGE FOR EIP TO PAY ANY PORTION OF THE BILL.**

**For all EIP clients:**

- Complete the MB test requisition form and the EIP PA request.
- Fax the EIP PA request to the EIP eligibility supervisor at 360-664-2216.
- Once the PA is approved or denied, EIP will fax it back to the provider.
- Send sample with approved PA and completed test requisition to MB.

**For clients with EIP and insurance:**

*The PA process noted above is required for ALL clients.*

- Follow the PA instructions above.
- Select ADAP and private insurance as payer on the test requisition.
- If the test is denied by primary insurance, MB will send documentation to EIP with reason for denial.

**Access the Prior Authorization (PA) request form by calling the Early Intervention Program Eligibility Supervisor at 360-236-3449 or through the Client Services website [http://www.doh.wa.gov/cfh/HIV\\_AIDS/Client\\_Svcs/default.htm](http://www.doh.wa.gov/cfh/HIV_AIDS/Client_Svcs/default.htm).**

The Early Intervention Program (EIP) is not contracted with Group Health Cooperative. Therefore, EIP cannot provide deductible assistance for services rendered through Group Health. However, Group Health facilities may refer clients to EIP contracted providers for laboratory services to assist with meeting their deductible.

Blue indicates rate change effective 7/1/08