



## HIV Early Intervention Program

### Schedule of Medical Coverage and Maximum Allowances

For dates of service on or after 1/1/2008

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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	\$109.00
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	\$105.00
99214	EST OFFICE EXAM - 25 MIN	\$159.00
99215	EST OFFICE EXAM - 40 MIN	\$216.00
<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	\$133.00
99386	PREVENTIVE EXAM, 40-64 YEARS	\$133.00
99387	PREVENTIVE EXAM 65+ YEARS	\$133.00
<b>PREVENTIVE MEDICINE, ESTABLISHED PATIENT</b>		
99395	PREVENTIVE EXAM, 18-39 YEARS	\$110.00
99396	PREVENTIVE EXAM, 40-64 YEARS	\$110.00
99397	PREVENTIVE EXAM, 65+ YEARS	\$110.00
<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	\$65.00
11101	BIOPSY, EACH ADDITIONAL LESION	\$23.00
11900	INJECTION, INTRALESIONAL 1-7	\$37.00
11901	INJECTION INTRALESIONAL 7+	\$47.00
17000	DESTRUCT BENIGN LESIONS; 1ST	\$51.00
17003	DESTRUCT LESIONS; 2-14 LESIONS	\$8.00
17004	DESTRUCTION OF LESIONS; 15 +	\$160.00
17110	DESTRUCT OF FLAT WARTS 0-14	\$72.00
17111	DESTRUCT OF FLAT WARTS 15+	\$84.00
36000	IV PLACEMENT NEEDLE OR INTRACA	\$25.00
36415	BLOOD DRAW	\$4.00



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Code	Description	Max. Reimbursement
36600	ARTERIAL PUNCTURE	\$26.00
46600	ANOSCOPY	\$65.00
46606	ANOSCOPY W/BIOPSY, SINGL-MULTL	\$145.00
46900	DESTRUCT LESIONS ANUS CHEMICAL	\$166.00
46910	DESTRUCT LESIONS ANUS ELECTROD	\$154.00
46916	DESTRUCT LESIONS ANUS CRYOSURG	\$158.00
46924	DESTRUCT LESIONS ANUS EXTENSIV	\$363.00
54050	DESTRUCT LESIONS PENIS CHEMICL	\$92.00
54055	DESTRUCT LESIONS PENIS ELECTRD	\$88.00
54056	DESTRCT LESIONS PENIS CRYOSURG	\$112.00
54065	DESTRCT LESIONS PENIS EXTENSIV	\$160.00
54065	DESTRCT LESIONS PENIS EXTENSIV	\$159.00
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
<b>71020-26</b>	CHEST X-RAY (TWO VIEWS)	\$9.00
<b>71020-TC</b>	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



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Code	Description	Max. Reimbursement
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
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



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Code	Description	Max. Reimbursement
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
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



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Code	Description	Max. Reimbursement
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	\$6.00
<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
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



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Code	Description	Max. Reimbursement
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/WITTEN REPORT	\$20.00
85595	PLATELET; AUTOMATED COUNT	\$7.00
85610	PROTHROMBIN TIME	\$6.00
85610	PROTHROMBIN TIME	\$6.00
85651	SED RATE, ERYTHROCYTE, NON-AUT	\$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
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, QUANITATIVE	\$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



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Code	Description	Max. Reimbursement
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	HEPATITIS 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
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



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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
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



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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
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	\$201.00
87901	INFCTS AGNT GENOTYP BY DNA	\$297.00
87902	HCV GENOTYPE ANALYSIS	\$397.00
<b>*87999</b>	<b>TROFILE ASSAY - PRIOR AUTH REQUIRED</b>	<b>*\$1568.00</b>
88104	SMEARS W/INTERPRETATION	\$45.00
<b>88104-26</b>	SMEARS W/INTERPRETATION	\$23.00
<b>88104-TC</b>	SMEARS W/INTERPRETATION	\$22.00
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



## HIV Early Intervention Program

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Fees updated every Jan. 1 and July 1

Code	Description	Max. Reimbursement
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	\$52.00
88184	FLOW CYTOMETRY-TECH-1 MARKER	\$49.00
88185	FLOW CYTOMETRY-TECH-ADD MARKER	\$26.00
88187	FLOW CYTOMETRY-PRO 2-8 MARKERS	\$54.00
88188	FLOW CYTOMETRY-PRO-9-15 MARKES	\$67.00
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	\$14.00
88305	GROSS/MICROSCOPIC EXAM LVL IV	\$84.00
<b>88305-26</b>	GROSS/MICROSCOPIC EXAM LVL IV	\$32.00
<b>88305-TC</b>	GORSS/MICROSCOPIC EXAM LVL IV	\$51.00
88311	DECLACIFICATION PROCEDURE	\$15.00
<b>88311-26</b>	DECALCIFICATION PROCEDURE	\$10.00
<b>88311-TC</b>	DECALCIFICATION PROCEDURE	\$4.00
88312	SPECIAL STAINS	\$69.00
<b>88312-26</b>	SPECIAL STAIN	\$23.00
<b>88312-TC</b>	SPECIAL STAINS	\$47.00
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	\$40.00
88342	IMMUNOCYTOCHEMISTRY EACH	\$74.00
<b>88342-26</b>	IMMUNOCYTOCHEMISTRY EACH	\$36.00
<b>88342-TC</b>	IMMUNOCYTOCHEMISTRY EACH	\$39.00
<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	\$16.00
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



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Code	Description	Max. Reimbursement
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
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	\$16.00
<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	\$33.00
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



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Code	Description	Max. Reimbursement
J1080	DEPO-TESTOSTERONE	\$18.00
J2175	R-MEPERIDINE INJECTION	AC
J3010	R-FENTANYL INJECTION	\$9.00
J3120	TESTOSTERONE ENANTHATE INJECT	\$10.00
J7050	R-INFUSION, NORMAL SALINE	AC
Q0091	R-OBTAINING SCREENING PAP SMEA	AC

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

**ALL EIP CLIENTS MUST HAVE PRIOR AUTHORIZATION 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).**