

Iowa Care for Yourself Program

2019 Reimbursement Schedule

IMPORTANT INFORMATION REGARDING REIMBURSEMENT BY THE CARE FOR YOURSELF PROGRAM

1. If a Pap test is performed, the collection of the Pap (CPT codes 99000, Q0091 & Q0111) is included in the office visit reimbursement. The woman is not to be billed for the collection or handling of the specimen.
2. These amounts apply when service is performed for the purpose of this program. Rates listed for services include all incidental charges related to the procedure; additional amounts may not be billed to the client.
3. Federal funding **can not** be used to reimburse for treatment of breast cancer, cervical intraepithelial neoplasia or cervical cancer.



| CPT Code | Description OFFICE VISITS | End Notes | RATE | |
|----------|--|-----------|------|----------|
| | | | 26 | TC Total |
| 99201 | New Patient Visit; problem focused | 3 | | 42.90 |
| 99202 | New Patient Visit; expanded problem focused | 3 | | 72.00 |
| 99203 | New Patient Visit; detailed, low complexity | 3 | | 102.01 |
| 99204 | New Patient Visit; comprehensive history, exam, moderate complexity | 1 | | 155.82 |
| 99205 | New Patient Visit; comprehensive history, exam, high complexity | 1,3 | | 196.16 |
| 99211 | Established Patient Visit, may not require presence of physician | | | 21.35 |
| 99212 | Established Patient Visit, problem focused | 3,4 | | 42.42 |
| 99213 | Established Patient Visit, expanded problem focused | 3,4 | | 70.35 |
| 99214 | Established Patient Visit, comprehensive moderate complexity | 3,4 | | 103.31 |
| 99215 | Established Patient Visit, comprehensive high complexity | 3,4 | | 138.47 |
| 99385 | New Patient Visit (18 - 39 y.o.) - paid at 99203 rate | 2 | | 102.01 |
| 99386 | New Patient Visit (40 - 64 y.o.) - paid at 99203 rate | 2 | | 102.01 |
| 99387 | New Patient Visit (65+ y.o.) - paid at 99203 rate | 2 | | 102.01 |
| 99395 | Established Patient Visit (18 - 39 y.o.) - paid at 99213 rate | 2 | | 70.35 |
| 99396 | Established Patient Visit (40 - 64 y.o.) - paid at 99213 rate | 2,3,4 | | 70.35 |
| 99397 | Established Patient Visit (65+ y.o.) - paid at 99213 rate | 2 | | 70.35 |
| G0101 | Cancer screening; pelvic and breast exam included. | | | 36.59 |
| G0123 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | | | 22.51 |
| G0124 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician | | | 30.48 |
| G0141 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision - paid at G0123 rate | | | 22.51 |
| G0143 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; w manual screening and rescreening under physician supervision | | | 27.05 |
| G0144 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision | | | 43.97 |
| G0145 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision | | | 29.44 |
| G0147 | Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision | | | 14.99 |

| CPT Code | Description | End Note | RATE | | |
|----------|--|----------|-------|-------|----------------|
| | | | 26 | TC | Total |
| G0148 | Cytopathology smears, cervical or vaginal; screening by automated system w manual rescreening under physician supervision | | | | 31.94 |
| G0279 | Diagnostic digital breast tomosynthesis, unilateral or bilateral | | 29.27 | 22.88 | 52.15 |
| P3000 | Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision | | | | 14.99 |
| 00400 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified. [To be used only in conjunction w CPT codes: 19101, 19120, or 19125] | | | | 21.16/ unit |
| 10004 | Fine Needle Aspiration; w/o imaging guidance; each additional lesion | | | | 49.47 |
| 10005 | Fine Needle Aspiration biopsy, including ultrasound guidance; first lesion | | | | 119.62 |
| 10006 | Fine Needle Aspiration biopsy, including ultrasound guidance; each additional lesion | | | | 57.50 |
| 10007 | Fine Needle Aspiration biopsy, including fluoroscopic guidance; first lesion | | | | 267.19 |
| 10008 | Fine Needle Aspiration biopsy, including fluoroscopic guidance; each additional lesion | | | | 150.92 |
| 10009 | Fine Needle Aspiration biopsy, including CT guidance; first lesion | | | | 436.52 |
| 10010 | Fine Needle Aspiration biopsy, including CT guidance; each additional lesion | | | | 263.59 |
| 10011 | Fine Needle Aspiration biopsy, including MR guidance; first lesion - paid at 10009 rate | | | | 436.52 |
| 10012 | Fine Needle Aspiration biopsy, including MR guidance; each additional lesion - paid at 10010 rate | | | | 263.59 |
| 10021 | Fine Needle Aspiration; w/o imaging guidance | | | | 91.88 |
| 11104 | Punch biopsy of skin (including simple closure, when performed); single lesion | | | | 115.92 |
| 11105 | Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion | | | | 57.01 |
| 19000 | Puncture aspiration of cyst of breast | | | | 102.88 |
| 19001 | Puncture aspiration of cyst of breast, each additional cyst | | | | 25.70 |
| 19081 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance | 5 | | | 606.85 |
| 19082 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance | 5 | | | 493.68 |
| 19083 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance | 5 | | | 594.14 |
| 19084 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance | 5 | | | 476.05 |
| 19085 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance | 5 | | | 901.93 |
| 19086 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance | 5 | | | 721.45 |
| 19100 | Biopsy of breast; percutaneous, needle core, not using imaging guidance | | | | 140.23 |
| 19101 | Biopsy of breast; open, incisional | | | | 313.20 |
| 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions | | | | 463.20 |
| 19125 | Excision of breast lesion identified by pre-operative placement of radiological marker, open; single lesion | | | | 512.28 |
| 19126 | Excision of breast lesion identified by pre-operative placement of radiological marker; each additional lesion separately identified by a preoperative radiological marker | | | | 150.59 |

| CPT Code | Description | End Note | RATE | | |
|----------|--|----------|-------|-------|--------|
| | | | 26 | TC | Total |
| 19281 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance | 6 | | | 229.11 |
| 19282 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance | 6 | | | 159.34 |
| 19283 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance | 6 | | | 255.71 |
| 19284 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance | 6 | | | 192.96 |
| 19285 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance | 6 | | | 453.49 |
| 19286 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance | 6 | | | 390.59 |
| 19287 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance | 6 | | | 766.15 |
| 19288 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance | 6 | | | 612.32 |
| 57420 | Colposcopy of the entire vagina, w cervix if present - paid at 57452 | | | | 107.60 |
| 57421 | Colposcopy of the entire vagina, w cervix if present; w biopsy(s) of vagina/cervix - paid at 57454 | | | | 148.56 |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina | | | | 107.60 |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina: w biopsy(s) of the cervix & endocervical curettage | | | | 148.56 |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina: w biopsy(s) of the cervix | | | | 139.60 |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina: w endocervical curettage | | | | 131.30 |
| 57460 | Colposcopy of the cervix including upper/adjacent vagina: w loop electrode biopsy(s) of the cervix | 7 | | | 274.69 |
| 57461 | Colposcopy of the cervix including upper/adjacent vagina: w loop electrode conization of the cervix | 7 | | | 309.47 |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, w or w/o fulguration | | | | 125.62 |
| 57505 | Endocervical curettage | | | | 105.47 |
| 57520 | Conization of cervix, w or w/o fulguration, w or w/o dilation & curettage, w or w/o repair; cold knife or laser | 7 | | | 302.73 |
| 57522 | Conization of cervix, w or w/o fulguration, w or w/o dilation & curettage, w or w/o repair; loop electrode excision procedure | 7 | | | 258.91 |
| 58100 | Endometrial sampling (biopsy) w or w/o endocervical sampling (biopsy), w/o cervical dilation, any method (separate procedure) | 7 | | | 87.73 |
| 58110 | Endometrial sampling (biopsy) performed in conjunction w colposcopy | 7 | | | 47.91 |
| 76098 | Radiological examination, surgical specimen | | 7.88 | 7.67 | 15.55 |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | | 35.74 | 64.55 | 100.29 |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | | 33.29 | 48.86 | 82.15 |
| 76882 | Ultrasound, limited, joint or other nonvascular extremity structure(s) [eg, joint space,peri-articular tendon(s), muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es)], real-time w image documentation | | 24.00 | 29.90 | 53.90 |
| 76942 | Ultrasonic guidance for needle placement, (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation | | 31.47 | 22.71 | 54.17 |

| CPT Code | Description | End Note | RATE | | |
|----------|--|----------|--------|--------|--------|
| | | | 26 | TC | Total |
| 77046 | Magnetic resonance imaging, breast, w/o contrast material(s); unilateral | 8,9 | 70.80 | 161.96 | 232.76 |
| 77047 | Magnetic resonance imaging, breast, w/o contrast material(s); bilateral | 8,9 | 78.32 | 160.97 | 239.29 |
| 77048 | Magnetic resonance imaging, breast, w/o and w contrast material(s); including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral | 8,9 | 102.35 | 266.71 | 369.06 |
| 77049 | Magnetic resonance imaging, breast, w/o and w contrast material(s); including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral | 8,9 | 112.00 | 265.40 | 377.40 |
| 77053 | Mammary ductogram or galactogram, single duct, radiological supervision and interpretation | | 17.53 | 36.11 | 53.64 |
| 77061 | Digital breast tomosynthesis; unilateral - paid at 77063 rate | | 29.27 | 22.88 | 52.15 |
| 77062 | Digital breast tomosynthesis; bilateral - paid at 77063 rate | | 29.27 | 22.88 | 52.15 |
| 77063 | Screening digital breast tomosynthesis; bilateral | | 29.27 | 22.88 | 52.15 |
| 77065 | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral | | 39.76 | 85.14 | 124.90 |
| 77066 | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral | | 49.05 | 109.00 | 158.05 |
| 77067 | Screening mammography, bilateral (z-view study of each breast), including computer-aided detection (CAD) when performed | | 37.15 | 90.04 | 127.19 |
| 87624 | Infectious agent antigen detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) | 10,11 | | | 38.99 |
| 87625 | Infectious agent antigen detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed | 10,11 | | | 40.55 |
| 88104 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation | | 28.51 | 37.74 | 66.25 |
| 88112 | Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal | | 28.18 | 35.45 | 63.63 |
| 88141 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician | | | | 30.48 |
| 88142 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | | | | 22.51 |
| 88143 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; w manual screening and rescreening under physician supervision | | | | 23.04 |
| 88147 | Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision | | | | 50.56 |
| 88148 | Cytopathology smears, cervical or vaginal; screening by automated system w manual rescreening under physician supervision | | | | 16.88 |
| 88160 | Cytopathology, smears, any other source; Screening and interpretation | | 26.02 | 41.01 | 67.03 |
| 88161 | Cytopathology, smears, any other source; preparation, screening, and interpretation | | 25.36 | 37.09 | 62.45 |
| 88164 | Cytopathology, slides, cervical or vaginal (The Bethesda System); manual screening under physician supervision | | | | 14.99 |
| 88165 | Cytopathology, slides, cervical or vaginal (The Bethesda System); w manual screening and rescreening under physician supervision | | | | 42.22 |
| 88172 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site | | 36.29 | 17.80 | 54.09 |
| 88173 | Cytopathology, evaluation of fine needle aspirate; interpretation and report | | 71.14 | 73.85 | 145.00 |
| 88174 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision | | | | 25.37 |

| CPT Code | Description | End Note | RATE | | |
|----------|---|----------|-------|--------|--------|
| | | | 26 | TC | Total |
| 88175 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; w screening by automated system and manual rescreening, under physician supervision | | | | 29.44 |
| 88177 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site | | 22.15 | 6.54 | 28.69 |
| 88305 | Level IV - Surgical pathology, gross and microscopic examination | | 38.12 | 27.61 | 65.73 |
| 88307 | Level V - Surgical pathology, gross and microscopic examination | | 83.41 | 168.97 | 252.38 |
| 88329 | Pathology consultation during surgery | | | | 49.60 |
| 88331 | Pathology consultation during surgery; first tissue block, w frozen section(s), single specimen | | 62.96 | 30.22 | 93.18 |
| 88332 | Pathology consultation during surgery; each additional tissue block w frozen section | | 31.22 | 19.76 | 50.99 |
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure | 12 | 28.83 | 58.51 | 87.34 |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure | 12 | 35.67 | 64.55 | 100.21 |
| 88360 | Morpometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each specimen, each single antibody stain procedure; manual | 12 | 42.71 | 77.29 | 120.00 |
| 88361 | Morpometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each specimen, each single antibody stain procedure; using computer-assisted technology | 12 | 45.98 | 78.28 | 124.26 |
| 88365 | In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure | 12 | 44.11 | 121.42 | 165.54 |
| 88367 | Morpometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe, using computer-assisted technology, per specimen; initial single probe stain procedure | 12 | 34.96 | 67.82 | 102.78 |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older. | | | | 76.13 |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes of intraservice time, patient age 5 years or older. | | | | 61.94 |

Not every woman receiving breast and cervical cancer screening is eligible for heart disease risk screening. Please check with the coordinator of your local program to see if the woman you are providing services to is eligible. A woman receiving services for which she is not eligible will be responsible for the charges.

| CPT Code | Description | End Note | RATE | | |
|----------|---|----------|------|----|-------|
| | | | 26 | TC | Total |
| 36415 | Collection of venous blood by venipuncture | 3,4 | | | 3.00 |
| 80061 | Lipid panel (only after nine-hour fast) | 3,4 | | | 14.88 |
| 80061 QW | Lipid panel (CLIA waived) (only after nine-hour fast) | 3,4 | | | 16.53 |
| 82947 | Glucose; quantitative, blood (except reagent strip) (only after nine-hour fast) | | | | 4.37 |
| 82947 QW | Glucose; quantitative, blood (except reagent strip) (CLIA waived) (only after nine-hour fast) | | | | 4.85 |
| 82948 | Glucose; quantitative, blood reagent strip | | | | 5.04 |
| 83036 | Hemoglobin; glycosylated (HbA1c) | | | | 10.79 |

| CPT Code | Description | End Note | RATE | | |
|----------|---|----------|------|----|-------|
| | | | 26 | TC | Total |
| 83036 QW | Hemoglobin; glycosylated (HbA1c) (CLIA waived) | | | | 11.99 |
| 99605 | Medication therapy management services(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient | 13 | | | 45.00 |
| 99606 | Medication therapy management services(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient | 13 | | | 20.00 |
| 99607 | Medication therapy management services(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service) | 13 | | | 10.00 |

| END NOTES: | |
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| 1 | All consultations should be billed through the standard "new" patient office visit CPT codes. Consultations billed as 99204 or 99205 must meet the criteria for these codes. |
| 2 | The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up with the Iowa CFY Program. Reimbursement rates should not exceed those published by Medicare. 9938X codes shall be reimbursed at the 99203 rate and 9939X codes shall be reimbursed at the 99213 rate per CDC direction. |
| 3 | One heart disease risk screening may be conducted in a 12 - 18 month period. It must be conducted during the breast and cervical cancer screening office visit. Billing may not be separate. |
| 4 | One follow-up cardiovascular diagnostic visit per year may be billed for a participant with an abnormal or alert value blood pressure measurement and/or an alert value glucose or A1C measurement at baseline screening. Care for Yourself/WISEWOMAN will not pay for additional testing at this visit. |
| 5 | Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288. |
| 6 | Code 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086. |
| 7 | A LEEP or conization of the cervix may be reimbursed based on ASCCP recommendations as a diagnostic procedure for Pap results HSIL, AGC or AIS. To preauthorize for reimbursement call 515.242.6200. |
| 8 | Breast MRI can be reimbursed by the CFY Program in conjunction with a mammogram when a participant has (a): <ul style="list-style-type: none"> - BRCA 1 or 2 genetic mutation - First-degree relative with BRCA 1 or 2 genetic mutation (parent, sibling, child) - First degree relative with premenopausal breast cancer (mother, sibling, child) - Lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history - A history of radiation treatment to the chest area before the age of 30 - Ashkenazi Jewish heritage - Areas of concern on a mammogram that need better assessment - Past history of breast cancer (completed treatment) and needs screening To preauthorize for reimbursement call 515.242.6200. |

END NOTES: (cont'd)

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| 9 | Breast MRI can not be reimbursed by the <i>CFY</i> Program for a participant, if the breast MRI is done: - Alone as a breast cancer screening tool for a woman with a lifetime breast cancer risk less than 20% by risk assessment models largely dependent on family history - To assess the extent of disease in a participant already diagnosed with breast cancer To preauthorize for reimbursement call 515.242.6200. |
| 10 | High-risk HPV DNA testing only will be reimbursed. The Program will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. |
| 11 | HPV DNA testing is not reimbursable if used: - For low-risk HPV DNA testing - As an adjunctive screening test to the Pap for women under 30 years of age |
| 12 | Codes 88341, 88342, 88343, 88360, 88361, 88365 and 88367 are to be billed to the <i>CFY</i> Program if the woman is not going to receive ongoing Medicaid for reimbursement of treatment. |
| 13 | Code 99605, 99606, and 99607 are not listed as reimbursed by Medicare Part B. Rate of payment to pharmacist for providing these services were set by the Iowa <i>Care for Yourself WISEWOMAN</i> Program. |