

**Iowa Care for Yourself Program
2022 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 participant 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 participant
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
99202	New Patient Visit; expanded problem focused	1			68.66
99203	New Patient Visit; detailed, low complexity	1			105.58
99204	New Patient Visit; comprehensive history, exam, moderate complexity	2			158.17
99205	New Patient Visit; comprehensive history, exam, high complexity	1,2			209.32
99211	Established Patient Visit, may not require presence of physician				21.76
99212	Established Patient Visit, problem focused	1,3			53.19
99213	Established Patient Visit, expanded problem focused	1,3			86.01
99214	Established Patient Visit, comprehensive moderate complexity	1,3			121.88
99215	Established Patient Visit, comprehensive high complexity - paid at 99214	1,3			121.88
99385	New Patient Visit (18 - 39 y.o.) - paid at 99203 rate	4			105.58
99386	New Patient Visit (40 - 64 y.o.) - paid at 99203 rate	4			105.58
99387	New Patient Visit (65+ y.o.) - paid at 99203 rate	4			105.58
99395	Established Patient Visit (18 - 39 y.o.) - paid at 99213 rate	4			86.01
99396	Established Patient Visit (40 - 64 y.o.) - paid at 99213 rate	1,3,4			86.01
99397	Established Patient Visit (65+ y.o.) - paid at 99213 rate	4			86.01
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes				14.28
99422	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes				27.94
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes				45.35
CPT Code	Description	End Notes	RATE		
			26	TC	Total
A9575	Injection, gadoterate meglumine, 0.1 ml	5			0.00
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified, per ml	5			0.00
A9585	Injection, gadobutrol, 0.1 ml	5			0.00
C8937	CAD, including computer algorithm analysis of breast MRI data for lesion detection/characterization, pharmacokinetic	5			0.00
G0101	Cancer screening; pelvic and breast exam included.				36.52
G0123	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer				20.26
G0124	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician				21.07

CPT Code	Description	End Notes	RATE		
			26	TC	Total
G0141	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer				21.07
G0143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer				27.05
G0144	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer				43.97
G0145	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer				26.49
G0147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision				15.92
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		28.26	21.97	50.23
G0463	Hospital outpatient clinic visit for assessment and management of a patient Paid at 99203 rate				105.58
J1200	Injection, diphenhydramine HCl, up to 50 mg	5			0.00
J2175	Injection, meperidine hydrochloride, per 100 mg	5			0.00
J2250	Injection, midazolam hydrochloride, per 1 mg	5			0.00
J2405	Injection, Ondansetron hydrochloride, per 1 mg	5			0.00
J3010	Injection, fentanyl citrate, per 0.1 mg	5			0.00
J7030	Infusion, normal saline solution , 1000 cc	5			0.00
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision				15.92
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies.	15			75.00
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies.	15			75.00
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]				20.46 /unit
10004	Fine Needle Aspiration; w/o imaging guidance; each additional lesion				48.14
10005	Fine Needle Aspiration biopsy, including ultrasound guidance; first lesion				130.87
10006	Fine Needle Aspiration biopsy, including ultrasound guidance; each additional lesion				57.42
10007	Fine Needle Aspiration biopsy, including fluoroscopic guidance; first lesion				285.61
10008	Fine Needle Aspiration biopsy, including fluoroscopic guidance; each additional lesion				156.39
10009	Fine Needle Aspiration biopsy, including CT guidance; first lesion				429.54
10010	Fine Needle Aspiration biopsy, including CT guidance; each additional lesion				252.82
10011	Fine Needle Aspiration biopsy, including MR guidance; first lesion - paid at 10009 rate				429.54
10012	Fine Needle Aspiration biopsy, including MR guidance; each additional lesion - paid at 10010 rate				252.82
10021	Fine Needle Aspiration; w/o imaging guidance, first lesion				96.11
10035	Placement of soft tissue localization device(s), percutaneous, including imaging guidance, first lesion				359.83
10036	Placement of soft tissue localization device(s), percutaneous, including imaging guidance, each additional lesion				299.25
11104	Punch biopsy of skin (including simple closure, when performed); single lesion				120.13
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion				56.17
19000	Puncture aspiration of cyst of breast				97.71
19001	Puncture aspiration of cyst of breast, each additional cyst				25.31

CPT Code	Description	End Notes	RATE		
			26	TC	Total
19020	Mastotomy with exploration or drainage of abscess, deep				442.25
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	6			486.57
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	6			379.76
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	6			492.09
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	6			375.85
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	6			755.77
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	6			587.96
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance				144.87
19101	Biopsy of breast; open, incisional				311.43
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				482.97
19125	Excision of breast lesion identified by pre-operative placement of radiological marker, open; single lesion				531.83
19126	Excision of breast lesion identified by pre-operative placement of radiological marker; each additional lesion				146.97
19281	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	7			228.49
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	7			162.11
19283	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	7			248.55
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	7			185.00
19285	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	7			362.65
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	7			298.48
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	7			627.75
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	7			486.60

CPT Code	Description	End Notes	RATE		
			26	TC	Total
36415	Collection of venous blood by venipuncture	1,3,16			3.00
38505	Biopsy or excision of lymph node(s); by needle, superficial				170.08
57420	Colposcopy of the entire vagina, w cervix if present - paid at 57452				119.78
57421	Colposcopy of the entire vagina, w cervix if present; w biopsy(s) of vagina/cervix - paid at 57454				160.13
57452	Colposcopy of the cervix including upper/adjacent vagina				119.78
57454	Colposcopy of the cervix including upper/adjacent vagina: w biopsy(s) of the cervix & endocervical curettage				160.13
57455	Colposcopy of the cervix including upper/adjacent vagina: w biopsy(s) of the cervix				152.98
57456	Colposcopy of the cervix including upper/adjacent vagina: w endocervical curettage				143.62
57460	Colposcopy of the cervix including upper/adjacent vagina: w loop electrode biopsy(s) of the cervix	8			302.15
57461	Colposcopy of the cervix including upper/adjacent vagina: w loop electrode conization of the cervix	8			336.92
57500	Biopsy of cervix, single or multiple, or local excision of lesion, w or w/o fulguration				148.05
57505	Endocervical curettage				148.33
57520	Conization of cervix, w or w/o fulguration, w or w/o dilation & curettage, w or w/o repair; cold knife or laser	8			335.24
57522	Conization of cervix, w or w/o fulguration, w or w/o dilation & curettage, w or w/o repair; loop electrode excision	8			288.06
58100	Endometrial sampling (biopsy) w or w/o endocervical sampling (biopsy), w/o cervical dilation, any method (separate	8			96.92
58110	Endometrial sampling (biopsy) performed in conjunction w colposcopy	8			46.93
76098	Radiological examination, surgical specimen		14.79	23.69	38.48
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete		34.01	64.81	98.82
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited		31.65	49.43	81.08
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		22.59	30.91	53.49
76942	Ultrasonic guidance for needle placement, (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation		29.74	25.57	55.31
77046	Magnetic resonance imaging, breast, w/o contrast material(s); unilateral	9,10	67.68	145.93	213.61
77047	Magnetic resonance imaging, breast, w/o contrast material(s); bilateral	9,10	74.44	145.31	219.74
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	9,10	97.69	240.41	338.10
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	9,10	106.95	238.53	345.48
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation		16.83	33.73	50.57
77063	Screening digital breast tomosynthesis; bilateral		28.26	21.97	50.23
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral		37.72	82.07	119.79
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral		46.64	104.67	151.31
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed		35.36	86.46	121.83
81002	Urinalysis, non-automated, without microscopy	16			3.48
84702	Gonadotropin, chorionic (hCG): quantitative	16			15.05
85027	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	16			6.47
87426	Infectious agent antigen detection by nucelic acid (DNA or RNA); amplified probe technique; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	15			0.00

CPT Code	Description	End Notes	RATE		
			26	TC	Total
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)	11,12			35.09
87625	Infectious agent antigen detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	11,12			40.55
87635	Infectious agent antigen detection by immunoassay; qualitative or semiquantitative; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	15			51.31
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	15			0.00
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician				21.07
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer				20.26
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer				23.04
88160	Cytopathology, smears, any other source; Screening and interpretation		24.67	42.52	67.19
88161	Cytopathology, smears, any other source; preparation, screening, and interpretation		24.36	44.72	69.07
88164	Cytopathology, slides, cervical or vaginal (The Bethesda System); manual screening under physician supervision				15.92
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		34.07	17.72	51.79
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report		67.52	80.31	147.84
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
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				26.61
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site		20.96	6.59	27.55
88305	Level IV - Surgical pathology, gross and microscopic examination		36.15	31.22	67.37
88307	Level V - Surgical pathology, gross and microscopic examination		79.15	188.29	267.44
88329	Pathology consultation during surgery				54.22
88331	Pathology consultation during surgery; first tissue block, w frozen section(s), single specimen		59.68	37.5	97.18
88332	Pathology consultation during surgery; each additional tissue block w frozen section		29.35	22.12	51.47
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure	13	27.06	55.87	82.93
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	13	33.47	61.35	94.83
88360	Morpometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each specimen, each single antibody stain procedure; manual	13	40.23	73.28	113.52
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	13	42.44	71.08	113.52
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	13	42.05	125.85	167.89
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	13	33.16	95.88	129.04

CPT Code	Description	End Notes	RATE		
			26	TC	Total
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	13	59.84	206.2	266.04
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe, using computer-assisted technology, per specimen; initial single probe stain procedure	13	32.63	73.60	106.22
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	13	24.93	40.49	65.42
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe, using computer-assisted technology, per specimen; initial single probe stain procedure; each multiplex probe stain procedure	13	42.06	261.61	303.67
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure		40.02	87.55	127.57
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure		31.28	76.73	108.01
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure		61.93	315.43	377.35
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	16			13.40
93005	Electrocardiogram, routine ECG with at least 12 leads	16			5.48
93010	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report only	16			7.91
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.				72.30
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.				59.31

Not every participant 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 participant you are providing services to is eligible. Participants receiving services for which they are not eligible will be responsible for the charges.

CPT Code	Description	End Note	RATE		
			26	TC	Total
36415	Collection of venous blood by venipuncture	1,3			3.00
80061	Lipid panel (only after nine-hour fast)				13.39
80061 QW	Lipid panel (CLIA waived) (only after nine-hour fast)				13.39
82947	Glucose; quantitative, blood (except reagent strip) (only after nine-hour fast)				3.93
82947 QW	Glucose; quantitative, blood (except reagent strip) (CLIA waived) (only after nine-hour fast)				3.93
82948	Glucose; quantitative, blood reagent strip				5.04
83036	Hemoglobin; glycosylated (HbA1c)				9.71
83036 QW	Hemoglobin; glycosylated (HbA1c) (CLIA waived)				9.71
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	14			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	14			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)	14			10.00

END NOTES:

1	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.
2	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. Codes 99204-99205 are typically not appropriate for the Iowa CFY screening visits, but may be used when provider spends extra time to do a detailed risk assessment.
3	One follow-up cardiovascular diagnostic visit per year may be billed for a participant with an abnormal or alert value blood pressure measurement. Care for Yourself/WISEWOMAN will not pay for additional testing at this visit.
4	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.
5	Reimbursement for this code is bundled into the reimbursement of the procedure performed. No additional funds are allotted.
6	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.
7	Codes 19281-19288 are for image guidance placement of a localized device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
8	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 515.371.6045.

END NOTES: (cont'd)

9	<p>Breast MRI can be reimbursed by the CFY Program in conjunction with a mammogram when a participant has (a):</p> <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% 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 <p>To preauthorize for reimbursement call 515.371.6045.</p>
10	<p>Breast MRI can not be reimbursed by the CFY Program for a participant, if the breast MRI is done:</p> <ul style="list-style-type: none"> - 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 <p>To preauthorize for reimbursement call 515.371.6045.</p>
11	<p>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.</p>
12	<p>HPV DNA testing is not reimbursable if used:</p> <ul style="list-style-type: none"> - For low-risk HPV DNA testing - As an adjunctive screening test to the Pap for women under 30 years of age
13	<p>Codes 88341, 88342, 88343, 88360, 88361, 88365, 88367, and 88374 are to be billed to the CFY Program if the woman is not going to receive ongoing Medicaid for reimbursement of treatment.</p>
14	<p>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 Care for Yourself WISEWOMAN Program.</p>
15	<p>States received federal funding and test kits for free COVID-19 testing. These funds were provided so that uninsured people could get free testing. This funding should be the first resource for any COVID-19 testing required by a provider prior to any procedure. When that resource cannot cover testing then CFY can cover the required COVID-19 antigen testing. If this program pays for COVID testing, the program needs to be able to track all tests results and link them to an actual screening or diagnostic procedure.</p>
16	<p>Reimbursement for this code is to be used for evaluation prior to a CFY Program Operating Room procedure.</p>