

# Provider Performed Microscopy (PPM) Requirements

The following was excerpted from the Code of Federal Regulations: Title 42, Volume 3, Parts 430 to END (Revised 10/1/97) and contains the current list of provider-performed microscopy (PPM) procedures.

## **Sec. 493.19 Provider-performed microscopy (PPM) procedures.**

### **(a) Requirement:**

To be categorized as a PPM procedure, the procedure must meet the criteria specified in paragraph (b) of this section.

### **(b) Criteria:**

Procedures must meet the following specifications:

(1) The examination must be personally performed by one of the following practitioners:

(i) A physician during the patient's visit on a specimen obtained from his or her own patient or from a patient of a group medical practice of which the physician is a member or an employee.

(ii) A midlevel practitioner, under the supervision of a physician or in independent practice only if authorized by the State, during the patient's visit on a specimen obtained from his or her own patient or from a patient of a clinic, group medical practice, or other health care provider of which the midlevel practitioner is a member or an employee.

(iii) A dentist during the patient's visit on a specimen obtained from his or her own patient or from a patient of a group dental practice of which the dentist is a member or an employee.

(2) The procedure must be categorized as moderately complex.

(3) The primary instrument for performing the test is the microscope, limited to bright-field or phase-contrast microscopy.

(4) The specimen is labile or delay in performing the test could compromise the accuracy of the test result.

(5) Control materials are not available to monitor the entire testing process.

(6) Limited specimen handling or processing is required.

### **(c) A laboratory may qualify to perform tests under this section:**

If it restricts PPM examinations to one or more of the following procedures (or additional procedures added to this list as provided under paragraph (d) of this section), waived tests and no others:

(1) All direct wet mount preparations for the presence or absence of bacteria, fungi, parasites, and human cellular elements.

(2) All potassium hydroxide (KOH) preparations.

(3) Pinworm examinations.

(4) Fern tests.

(5) Post-coital direct, qualitative examinations of vaginal or cervical mucous.

(6) Urine sediment examinations.

(7) Nasal smears for granulocytes.

(8) Fecal leukocyte examinations.

(9) Qualitative semen analysis (limited to the presence or absence of sperm and detection of motility).

### **(d) Revisions to criteria and the list of PPM procedures:**

(1) The CLIAC conducts reviews upon HHS' request and recommends to HHS revisions to the criteria for categorization of procedures.

(2) HHS determines whether a laboratory procedure meets the criteria listed under paragraph (b) of this section for a PPM procedure. Revisions to the list of PPM procedures proposed by HHS are published in the Federal Register as a notice with an opportunity for public comment.

**(e) Laboratory requirements:**

Laboratories eligible to perform PPM examinations must--

(1) Meet the applicable requirements in subpart C or subpart D, and subparts F, H, J, K, M, and P of this part.

(2) Be subject to inspection as specified under subpart Q of this part. [60 FR 20044, Apr. 24, 1995]

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**PPM CPT Codes**

- **Q0111** - Wet mounts, including preparations of vaginal, cervical or skin specimens
- **Q0112** - All potassium hydroxide (KOH) preparations
- **Q0113** - Pinworm examinations
- **Q0114** - Fern test
- **Q0115** - Post-coital direct, qualitative examinations of vaginal or cervical mucous
- **81015** - Urinalysis; microscopic only
- **81000** - Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
- **81001** - Urinalysis, by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy (NOTE: May only be used when the lab is using an automated dipstick urinalysis instrument approved as waived.)
- **81020** - Urinalysis; two or three glass test (CWF effective date 7/14/97)
- **G0026** - Fecal leukocyte examination
- **G0027** - Semen analysis; presence and/or motility of sperm excluding Huhner
- **89190** - Nasal smears for eosinophils