

State Family Planning Program – Aid Type 906

Procedure Codes

Many factors contribute to the reimbursement rate. A specific example would be what provider type the rendering provider is enrolled as. Rates shown here are from the Provider Type 02 Fee Schedule and do not reflect any site of service reductions. Rates are subject to change with or without notice.

Code	Description	Reimbursement Rate
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	\$90.00
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	\$45.00
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	\$60.00
11976	Removal, implantable contraceptive capsules	\$112.36
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	\$107.44
11982	Removal, non-biodegradable drug delivery implant	\$122.72
11983	Removal with reinsertion, non-biodegradable drug delivery implant	\$199.96
36415	Collection of venous blood by venipuncture	\$3.17
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$3.17
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	\$299.83

Code	Description	Reimbursement Rate
57170	Diaphragm or cervical cap fitting with instructions	\$59.24
57410	Pelvic examination under anesthesia (other than local)	\$110.52
57420	Colposcopy of the entire vagina, with cervix if present;	\$72.59
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	\$93.81
57452	Colposcopy of the cervix including upper/adjacent vagina;	\$98.22
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	\$138.57
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	\$129.12
57511	Cautery of cervix; cryocautery, initial or repeat	\$120.34
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	\$240.58
58300	Insertion of intrauterine device (IUD)	\$72.31
58301	Removal of intrauterine device (IUD)	\$77.39
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	\$195.48
58562	Hysteroscopy, surgical; with removal of impacted foreign body	\$369.41
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	\$1,640.41
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	\$254.78

Code	Description	Reimbursement Rate
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	\$231.88
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	\$242.07
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	\$330.37
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	\$330.03
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	\$411.12
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	\$104.85
71045	Radiologic examination, chest; single view	\$17.59
71046	Radiologic examination, chest; 2 views	\$27.08
72190	Radiologic examination, pelvis; complete, minimum of 3 views	\$33.08
74740	Hysterosalpingography, radiological supervision and interpretation	\$62.85
76830	Ultrasound, transvaginal	\$85.35
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	\$85.35
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	\$54.56

Code	Description	Reimbursement Rate
76882	Ultrasound, limited, joint or focal evaluation of 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 with image documentation	\$27.35
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	\$15.02
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	\$4.50
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	\$4.50
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$3.64
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	\$3.18
81025	Urine pregnancy test, by visual color comparison methods	\$8.97
82948	Glucose; blood, reagent strip	\$4.50

Code	Description	Reimbursement Rate
84702	Gonadotropin, chorionic (hCG); quantitative	\$21.38
84703	Gonadotropin, chorionic (hCG); qualitative	\$10.66
85004	Blood count; automated differential WBC count	\$9.21
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	\$4.89
85013	Blood count; spun microhematocrit	\$3.03
85014	Blood count; hematocrit (Hct)	\$2.25
85018	Blood count; hemoglobin (Hgb)	\$3.03
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$11.03
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	\$8.17
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);	\$18.39
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	\$6.06
86593	Syphilis test, non-treponemal antibody; quantitative	\$6.25
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	\$11.50
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	\$8.32
87110	Culture, chlamydia, any source	\$27.84

Code	Description	Reimbursement Rate
87177	Ova and parasites, direct smears, concentration and identification	\$12.64
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	\$6.06
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	\$6.06
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	\$6.06
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	\$28.49
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	\$33.67
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	\$28.49
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	\$33.67
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	\$45.82
87624	Infectious agent 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), pooled result	\$45.82
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	\$45.82

Code	Description	Reimbursement Rate
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	\$24.67
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervisio	\$26.05
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervisio	\$28.79
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	\$15.64
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	\$21.17
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	\$15.00
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	\$15.00
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	\$15.00
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	\$15.00
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	\$15.00

Code	Description	Reimbursement Rate
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	\$15.00
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	\$15.00
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$26.05
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	\$26.05
88302	Level II - Surgical pathology	\$36.63
88305	Level IV - Surgical pathology	\$70.76
88307	Level V - Surgical pathology	\$143.53
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	\$12.49
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$25.65
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$14.70

Code	Description	Reimbursement Rate
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	\$8.19
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	\$8.19
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$3.77
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	\$3.17
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	\$5.27
99152	Moderate sedation; initial 15 minutes	\$45.58
99153	Moderate sedation; each additional 15 minutes	\$9.48
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	\$57.82
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$81.37

Code	Description	Reimbursement Rate
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	\$117.82
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	\$146.89
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	\$18.10
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	\$31.36
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	\$43.23

Code	Description	Reimbursement Rate
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$66.80
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	\$99.95
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	\$54.00
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$77.78
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	\$147.00

Code	Description	Reimbursement Rate
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	\$178.24
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	\$42.44
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	\$65.31
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	\$99.05
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	\$143.45

Code	Description	Reimbursement Rate
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	\$94.57
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	\$105.26
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	\$102.04
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	\$122.89
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	\$79.60

Code	Description	Reimbursement Rate
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	\$90.07
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	\$87.80
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	\$97.86
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	\$14.61
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	\$19.96
A4261	Cervical cap for contraceptive use	\$18.64
A4266	Diaphragm for contraceptive use	\$18.64
A4267	Contraceptive supply, condom, male, each	\$0.16
A4268	Contraceptive supply, condom, female, each	\$0.30
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	\$7.29

Code	Description	Reimbursement Rate
A4932	Rectal thermometer, reusable, any type, each	\$3.10
E1399	Durable medical equipment, miscellaneous	By Report
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	\$22.67
G0463	Hospital outpatient clinic visit for assessment and management of a patient	\$66.51
J1050	Injection, medroxyprogesterone acetate, 1 mg	\$0.55
J2250	Injection, midazolam HCl, per 1 mg	\$0.29
J3010	Injection, fentanyl citrate, 0.1 mg	\$1.38
J3490	Unclassified drugs	By Report
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	\$2,334.79
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	\$140.00
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	\$1,115.80
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	\$855.92
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	\$1,115.80
J7300	Intrauterine copper contraceptive	\$1,098.89
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	\$929.09

Code	Description	Reimbursement Rate
J7304	Contraceptive supply, hormone containing patch, each	\$33.46
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	By Report
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	\$1,171.08
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	By Report
S4989	Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies	\$91.18
S4993	Contraceptive pills for birth control	\$0.92
T1013	Sign language or oral interpretive services, per 15 minutes	\$1.63
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	By Report