MDCH
Family Planning Clinics Database
July 2013

HCPCS Code	Short Description	HCPCS Action Code	Maximum Fee	Comments
11976	Remove Contraceptive Capsule		$73.48	
11981	Insert Drug Implant Device		$65.37	
55250	Removal Of Sperm Duct(s)		$297.91	Consent/Cert. Form Required
57170	Fitting Of Diaphragm/Cap		$49.52	
58300	Insert Intrauterine Device		$50.50	
58301	Remove Intrauterine Device		$54.27	
80048	Metabolic Panel Total Ca		$9.31	
80076	Hepatic Function Panel		$5.03	
81000	Urinalysis Nonauto W/Scope		$2.64	
81001	Urinalysis Auto W/Scope		$2.64	
81002	Urinalysis Nonauto W/O Scope		$1.10	
81003	Urinalysis Auto W/O Scope		$1.10	
81015	Microscopic Exam Of Urine		$1.54	
81025	Urine Pregnancy Test		$4.74	
82465	Assay Bld/Serum Cholesterol		$2.65	
82947	Assay Glucose Blood Quant		$2.29	
82948	Reagent Strip/Blood Glucose		$1.32	
84703	Chorionic Gonadotropin Assay		$4.18	
85013	Spun Microhematocrit		$2.50	
85014	Hematocrit		$2.50	
85018	Hemoglobin		$2.50	
85660	Rbc Sickle Cell Test		$2.50	
86701	HIV-1 Antibody		$9.76	
86702	HIV-2 Antibody		$11.56	
86703	HIV-1/HIV-2 1 Result Antibody		$11.56	
87070	Culture Othr Specimn Aerobic		$9.31	
87075	Culture Bacteria Except Blood		$8.84	
87077	Culture Aerobic Identify		$8.86	
87081	Culture Screen Only		$4.74	
87110	Culture Chlamydia		$13.65	
87205	Smear Gram Stain		$4.31	
87207	Smear Special Stain		$6.57	
87210	Smear Wet Mount Saline/Ink		$2.50	
87270	Chlamydia Trachomatis Ag If		$13.18	
87274	Herpes Simplex 1 Ag If		$13.18	
87320	Chylmd Trach Ag Eia		$13.18	
87340	Hepatitis B Surface Ag Eia		$11.35	
96372	Ther/Proph/Diag Inj Sc/Im		$11.49	
99201	Office/Outpatient Visit New		$19.20	
99202	Office/Outpatient Visit New		$34.07	
99203	Office/Outpatient Visit New		$50.71	
99204	Office/Outpatient Visit New		$71.70	
99205	Office/Outpatient Visit New		$91.12	
99211	Office/Outpatient Visit Est		$11.29	
99212	Office/Outpatient Visit Est		$20.20	
99213	Office/Outpatient Visit Est		$28.19	
99214	Office/Outpatient Visit Est		$43.18	
99215	Office/Outpatient Visit Est		$62.79	
99383	Prev Visit New Age 5-11		$91.46	
99384	Prev Visit New Age 12-17		$99.37	
99385	Prev Visit New Age 18-39		$99.37	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDCH
Family Planning Clinics Database
July 2013

HCPCS Code	Short Description	HCPCS Action Code	Maximum Fee	Comments
99386	Prev Visit New Age 40-64		$117.10	
99387	Init Pm E/M New Pat 65+ Yrs		$126.92	
99393	Prev Visit Est Age 5-11		$72.79	
99394	Prev Visit Est Age 12-17		$80.39	
99395	Prev Visit Est Age 18-39		$81.34	
99396	Prev Visit Est Age 40-64		$89.89	
99397	Per Pm Reeval Est Pat 65+ Yr		$99.06	
A4266	Diaphragm		$18.50	
A4267	Male Condom		$0.06	
A4268	Female Condom		$0.68	
A4269	Spermicide		$4.95	
J0696	Ceftriaxone Sodium Injection		$1.31	
J1050	Medroxyprogesterone Acetate		$0.22	
J7300	Intraut Copper Contraceptive		$225.00	
J7302	Levonorgestrel IU Contracept		$359.17	
J7303	Contraceptive Vaginal Ring		$24.42	
J7304	Contraceptive Hormone Patch		$15.00	
J7307	Etonogesterel Implant System		$435.15	
Q0090	Skyla 13.5Mg	A	M	
Q0144	Azithromycin Dihydrate, Oral		$15.05	
S4989	Contracept IUD		$87.80	
S4993	Contraceptive Pill For Bc		$12.50	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.