

**Michigan Department of Community Health**

**CHAMPS**

**Family Planning Clinics Fee Schedule**

**January 2015**

<b>Code</b>	<b>Short Description</b>	<b>Modifier</b>	<b>Rate</b>	<b>Effective Date**</b>
11976	Remove Contraceptive Capsule		\$80.23	
11981	Insert Drug Implant Device		\$79.04	
11982	Remove Drug Implant Device		\$89.34	
11983	Remove/Insert Drug Implant		\$125.00	
55250	Removal Of Sperm Duct(S)		\$215.14	
57170	Fitting Of Diaphragm/Cap		\$33.88	
58300	Insert Intrauterine Device		\$39.22	
58301	Remove Intrauterine Device		\$53.29	
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-1antibody		\$9.76	
86702	Hiv-2 Antibody		\$11.56	
86703	Hiv-1/Hiv-2 1 Result Antbdy		\$11.56	
86780	Treponema Pallidum		\$13.80	
87070	Culture Othr Specimn Aerobic		\$9.31	
87075	Cultr Bacteria Except Blood		\$8.84	
87077	Culture Aerobic Identify		\$8.86	
87081	Culture Screen Only		\$4.74	
87110	Chlamydia Culture		\$13.65	
87205	Smear Gram Stain		\$4.31	
87207	Smear Special Stain		\$6.57	
87207	Smear Special Stain	26	\$10.50	
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		\$14.07	
99201	Office/Outpatient Visit New		\$24.17	
99202	Office/Outpatient Visit New		\$41.40	
99203	Office/Outpatient Visit New		\$60.42	
99204	Office/Outpatient Visit New		\$91.72	

\*\*Effective Date will only be populated when the rate begins after the published fee schedule date

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99205	Office/Outpatient Visit New		\$115.10	
99211	Office/Outpatient Visit Est		\$11.09	
99212	Office/Outpatient Visit Est		\$24.17	
99213	Office/Outpatient Visit Est		\$40.41	
99214	Office/Outpatient Visit Est		\$59.63	
99215	Office/Outpatient Visit Est		\$80.82	
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	
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		\$1.43	
J1050	Medroxyprogesterone Acetate		\$0.23	
J7300	Intraut Copper Contraceptive		\$229.83	
J7301	Levonorgestrel lu 13.5 Mg		\$507.33	
J7302	Levonorgestrel lu 52 Mg		\$344.00	
J7303	Contraceptive Vaginal Ring		\$16.06	
J7304	Contraceptive Hormone Patch		\$58.69	
J7307	Etonogestrel Implant System		\$435.15	
Q0144	Azithromycin Dihydrate, Oral		\$15.05	
S4989	Contracept Iud		\$87.80	
S4993	Contraceptive Pills For Bc		\$12.50	

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