

## DSHS Family Planning Procedure Codes For Title V and XX Contractors

Procedure Code	Description	Fees
<b>Exams and Office Visits</b>		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided.	\$48.27
or 99214	or Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity; counseling and/or coordination of care.	\$41.46
with modifier FP		
99213	Office or other outpatient visit	\$29.52
<b>Radiology</b>		
74000	Radiological examination, abdomen; single anteroposterior view	\$22.91
74010	Radiological examination, abdomen; anteroposterior and additional oblique and cone views	\$27.00
76815	Echography, pregnant uterus, B-scan and /or real time with image documentation: limited (fetal size, heartbeat, placental location, fetal position, or emergency in the delivery room)	\$69.55
<b>Contraceptive Devices and Related Procedures</b>		
J7300	Intrauterine copper contraceptive	\$321.13
J7302	Levonorgestrel intrauterine contraceptive	\$426.97
J7303	Hormonal Vaginal ring, each	\$35.80
11976	Removal, implantable contraceptive capsules	\$152.25
57170	Diaphragm or cervical cap fitting with instructions	\$38.00
58300	Insertion of intrauterine device (IUD)	\$69.00
58301	Removal of intrauterine device (IUD)	\$39.01
A4261	Cervical cap for contraceptive use	\$24.22
A4266	Diaphragm for contraceptive use	\$10.01
<b>Drugs and Supplies</b>		
A4267	Contraceptive supply, condom, male, each	\$0.22
A4268	Contraceptive supply, condom, female, each	\$2.00

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Procedure Code	Description	Fees
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each (6 suppositories or film are quantity of 1)	\$4.00
A9150 with modifier FP	Non Prescription Drugs (use for antimonilia medication for genital infection)	\$14.00
J1055	Injection, IM, medroxyprogesterone acetate for contraceptive use, 150mg	\$48.10
J3490	Unclassified drugs	\$5.90
J7304	Hormonal contraceptive patch, each	\$10.62
S4993	Contraceptive pills for birth control	\$2.80
S4993	Emergency Contraceptive Pills	\$2.80
<b>Medical Counseling and Education</b>		
H1010	Nonmedical Family Planning education, per session * (Instruction in Natural Family Planning)	\$7.61
S9445 with modifier FP	Patient education, not otherwise classified, nonphysician provider, individual, per session (Introduction to Family Planning in a Hospital Setting)	\$7.00
S9470**	Nutritional Counseling	\$30.00
99401 with modifier FP	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes (Method Specific Education)	\$8.42
99402 with modifier FP	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Problem Counseling)	\$10.45
99411***	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes (Teen group Counseling)	\$1.50 per person for groups of 5-49 \$75.00 flat rate for groups of 50 or more
99429 with modifier FP	Unlisted preventive medicine service (Initial Patient Education/Counseling)	\$11.67
<p>*This consists of two sessions. Each session may not be billed separately or the two sessions may be billed together for a total of \$15.22.  **Title V only.  ***Title XX only.</p>		

Procedure Code	Description	Title V Fees	Title XX Fees
<b>Laboratory Procedures</b>			
81002	Urinalysis, by dip stick or tablet reagent, without microscopy, non automated	\$3.54	\$3.54
81015	Urinalysis; microscopic only	\$4.20	\$4.20
81025	Urine pregnancy test, by visual color comparison methods	\$8.74	\$8.74
84478	Triglycerides	\$7.95	\$7.95
85013	Blood Count; spun microhematocrit	\$3.27	\$3.27
87070	Culture, bacterial; any other source than blood or stool, with isolation and presumptive identification of isolates	\$11.90	\$11.90
87205	Smear, primary source, with interpretation; routine stain for bacteria, fungi or cell types	\$5.90	\$5.90
85018	Blood count;hemoglobin	\$3.27	\$3.27
85660	Sickling of RBC, reduction, slide method (limited to one per client, per provider, per lifetime)	\$7.63	\$7.63
86580	Skin test, tuberculosis, intradermal	\$7.36	\$7.36
85025	Blood count; complete (CBC), automated (HGB, HCT, RBC, WBC, and Platelet count), and automated complete differential WBC count	\$10.74	\$10.74
82465	Cholesterol, serum or whole blood, total	\$0*	\$6.02
82947	Glucose; quantitative, blood (except reagent strip)	\$0*	\$5.42
86592	Syphilis test; qualitative (for example, VDRL, RPR, ART)	\$0*	\$5.90
86762	Antibody Rubella	\$0*	\$19.89
87797	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique. (if submitted for chlamydia and gonorrhea testing, may bill code twice. Add modifier 76 to the second procedure code.)	\$0*	\$27.71
88142	Cytopathology, slides, cervical/vaginal; collected in preservative fluid, automated thin layer	\$0*	\$25.00
88150	Cytopathology, slides, cervical/vaginal; manual screening under physician supervision	\$0*	\$14.60
80061	Lipid profile and cholesterol screen	\$0*	N/A
81099	Unlisted urinalysis procedure	\$0*	N/A
83020	Hemoglobin; electrophoresis	\$0*	N/A
86689	HTLV/HIV confirmatory test	\$0*	\$26.75
86701	Antibody; HIV-1	\$0*	\$12.28
88230	Tissue culture for non-neoplastic disorders; lymphocyte	\$0*	N/A

\*Title V providers do not receive reimbursement for services performed free of charge by DSHS Laboratory. For correct tracking of services performed, providers are required to include these services on their Title V Family Planning claims filed with TMHP.

## DSHS Family Planning Procedure Codes For Title V and XX Contractors

Procedure Code	Description	Fees for Title V and XX
<b>Sterilization and Sterilization-Related Procedures</b>		
55250*	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	\$253.75
58600*	Ligation or transection of fallopian tube (s), abdominal or vaginal approach, unilateral or bilateral	\$1800.00
*Global fee (includes all services, i.e., facility, physician, anesthesia, recovery, and pre- and post-surgical care)		

### Incomplete Sterilizations \*

Diagnosis Code	Description
<b>Incomplete Sterilizations*</b>	
V641	Surgical or other procedure not carried out because of contraindication
V642	Surgical or other procedure not carried out because of patients decision
V643	Procedure not carried out for other reasons
*Diagnosis code must be present on claim form in addition to procedure code and diagnosis code for sterilization	