**Federal regulations require the Department to utilize certain medical data billing code sets. 45 C.F.R. §162.1000. Each code set is valid within the dates specified by the organization responsible for maintaining that code set. 45 C.F.R. §1011. Approximately quarterly, the Centers for Medicare and Medicaid Services (CMS) issues to States a Healthcare Common Procedure Coding System Transaction List that includes**

Effective 11/18/14

**additions to and deletions from this schedule of billing codes. Providers will be notified of all such additions and deletions through the publication of notices of reimbursement methodology change, pursuant to 42 C.F.R. §447.205, through regular mail, by a revised Allowances for Family Planning Agency Services, or by revised billing instructions, as appropriate.**

**Please note: As of the 7/1/11 effective date of this rule, Family Planning agencies will be reimbursed at the same fee for service rates as other providers of these services, including Section 90, Physicians Services where applicable. All information below is current on the effective date of this rule. Subsequent to the effective date, the rates in effect and other information will be posted and available at:** [**www.maine.gov/dhhs/audit/rate-setting/index.shtml**](http://www.maine.gov/dhhs/audit/rate-setting/index.shtml)**.**

**\*\* MaineCare payment under these codes is dependent upon approval by the Centers for Medicare and Medicaid of a state plan amendment.**

**Billing codes that “prevent or delay pregnancy or otherwise control family size” now require an FP modifier in MIHMS. The “Modifier” column below is listed for guidance only. Professional judgment should be used in determining whether the service being provided is “to prevent or delay pregnancy or otherwise control family size” and the modifier appropriately applied.**

| **Procedure Code** | **Description** | **Modifier** | **Rate** |
| --- | --- | --- | --- |
| 11976 | Removal, implantable contraceptive capsules | FP | $87.91\* |
|  |  |  |  |
| 11981\*\* | Insertion, non-biodegradable drug delivery implant | FP | 80.56 |
|  |  |  |  |
| 54050 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; chemical | No | $78.12\* |
|  |  |  |  |
| 54055 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; electrodessication | No | $74.66\* |
|  |  |  |  |
| 54056 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; cryosurgery  Effective  11/18/14 | No | $81.48\* |
|  |  |  |  |
| 54057 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; laser | No | $71.81\* |
|  |  |  |  |
| 54060 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; surgical excision | No | $121.18\* |
|  |  |  |  |
| 54065 | Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), extensive; (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery) | No | $139.32\* |
|  |  |  |  |
| 56501 | Destruction of lesion(s) vulva; simple (laser surgery, electrosurgery, cryosurgery, chemosurgery) | No | $79.25\* |
|  |  |  |  |
| 56515 | Destruction of lesion(s); vulva; extensive (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery) | No | $138.60\* |
|  |  |  |  |
| 56605 | Biopsy of vulva or perineum (separate procedure); one lesion | No | $51.25\* |
|  |  |  |  |
| 56606 | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to the 56605 billing code for primary procedure.) | No | $23.77\* |
|  |  |  |  |
| 56820 | Colposcopy of the vulva; | No | $68.06\* |
|  |  |  |  |
| 56821 | Colposcopy of the vulva; with biopsy(s) | No | $91.16\* |
|  |  |  |  |
| 57061 | Destruction of vaginal lesion(s); simple (laser surgery, electrosurgery, cryosurgery, chemosurgery) | No | $68.87\* |
|  |  |  |  |
| 57065 | Destruction of vaginal lesion(s); extensive (laser surgery, electrosurgery, cryosurgery, chemosurgery) | No | $117.82\* |
|  |  |  |  |
| 57170 | Diaphragm or cervical cap fitting with instructions | FP | $46.38\* |
|  |  |  |  |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina | No | $67.39\* |
|  |  |  |  |
| 57454 | Colposcopy with biopsy(s) of the cervix and endocervical curettage | No | $95.67\* |
|  |  |  |  |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) | No | $80.03\* |
|  |  |  |  |
| 57511 | Cautery of cervix; electro or thermal; cryocautery, initial or repeat | No | $88.98\* |
|  |  |  |  |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) | No | $67.91\* |
|  |  |  |  |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)  [Use 58110 in conjunction with 57452-57454.] | No | $30.48\* |
|  |  |  |  |
| 58300 | Insertion of intrauterine device (IUD) | FP | $43.27\* |
| Effective 11/18/14 |  |  |  |
| 58301 | Removal of intrauterine device (IUD) | FP | $59.18\* |
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| 81025 | Urine pregnancy test, by visual color comparison methods | FP | $9.83\* |
|  |  |  |  |
| 85018 | Hemoglobin (Hgb)(To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.) |  | $2.88\* |
|  |  |  |  |
| 86703 | HIV-1 and HIV-2, single assay (ex. Oraquick Advance Rapid ½. (If positive result, providers must recommend Western Blot confirmatory testing and collect a sample, blood or saliva, during the same encounter to send to an outside professional lab for testing. Prepaid Kits to collect the sample are to be purchased from the Maine Center for Disease Control and Prevention, Health and Environmental Testing Laboratory in accordance with *MaineCare Benefits Manual*, Section 90.04-24). | No | $39.34\* |
|  |  |  |  |
| 87086 | Culture, bacterial; quantitative colony count, urine (To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.) | No | $7.35\* |
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| 87210 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; wet mount for infectious agents (e.g. saline, India ink, KOH preps) | No | $7.08\* |
|  |  |  |  |
| 90636 | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage for intramuscular use (If under eighteen (18) years of age, “Vaccines For Children” program must be used for this service and documented. If under age twenty-one (21) all *MaineCare Benefits Manual*, Section 94, “Early, Periodic, Screening, Diagnosis and Treatment (EPSDT)” requirements for this service must be met and documented. | No | $110.64\* |
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| 90649  Effective 11/18/14 | Human Papilloma Virus (HPV) vaccine types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use. (For administration to both men and women from nine (9) years until twenty-seven (27) years. If under eighteen (18) years of age, “Vaccines For Children” program must be used for this service and documented. If under age twenty-one (21) all *MaineCare Benefits Manual*, Section 94, “Early, Periodic, Screening, Diagnosis and Treatment (EPSDT)” requirements for this service must be met and documented.) | No | $120.00\* |
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| 99201 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family. (Physician assistants and nurse practitioners may also perform these services within the scope of their licensure.) | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $23.91\* |
|  |  |  |  |
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3)key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend twenty (20) minutes face-to-face with the patient and/or family. | Apply FPmodifier if visit is only to prevent or delaypregnancy or to otherwise control family size | $41.55\* |
|  |  |  |  |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) 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 consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend thirty (30) minutes face-to-face with the patient and/or family. | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $60.20\* |
|  |  |  |  |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty-five (45) minutes face-to-face with the patient and/or family. | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $93.60\* |
|  |  |  |  |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend sixty (60) minutes face-to-face with the patient and/or family. | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $118.41\* |
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| 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five (5) minutes are spent performing or supervising these services. | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $13.17\* |
|  |  |  |  |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family. | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $24.14\* |
|  |  |  |  |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend fifteen (15) minutes face-to-face with the patient and/or family. | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $40.51\* |
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| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend twenty-five (25) minutes face-to-face with the patient and/or family. | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $61.05\* |
|  |  |  |  |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty (40) minutes face-to-face with the patient and/or family. | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $82.60\* |
|  |  |  |  |
| 99384 | Initial comprehensive preventative 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). (All providers of these services must meet all *MaineCare Benefits Manual*, Section 94 “Early, Periodic, Screening, Diagnostic and Treatment (EPSDT)” periodicity requirements for MaineCare members up to their twenty-first (21) birthday.) | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $62.06\* |
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| 99385 | Initial comprehensive preventative 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 18-39 years. (All providers of these services must meet all *MaineCare Benefits Manual*, Section 94 “Early, Periodic, Screening, Diagnostic and Treatment (EPSDT)” periodicity requirements for MaineCare members up to their twenty-first (21) birthday.) | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $61.43\* |
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| 99386 | Initial comprehensive preventative 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 40-64) | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $63.32\* |
|  |  |  |  |
| 99387 | Initial comprehensive preventative 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 (65 years and older) | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $65.89\* |
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| 99394 | Periodic comprehensive preventative 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). (All providers of these services must meet all *MaineCare Benefits Manual*, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.) | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $58.37\* |
|  |  |  |  |
| 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 appropriate laboratory/diagnostic procedures, established patient; age 18-39 years. (All providers of these services must meet all *MaineCare Benefits Manual*, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.) | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $58.74\* |
|  |  |  |  |
| 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 appropriate laboratory/diagnostic procedures, established patient; 40-64 years | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $58.74\* |
|  |  |  |  |
| 99397 | Periodic comprehensive preventative 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 (65 years and older) | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $58.74\* |
|  |  |  |  |
|  |  |  |  |
| 99401 | Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes (Family planning professionals and other qualified staff may provide.] | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $6.15\* |
|  |  |  |  |
| 99402 | Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Family planning professionals and other qualified staff may provide.] | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $27.05\* |
|  |  |  |  |
| 99403 | Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes (Family planning professionals and other qualified staff may provide.] | Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size | $12.29\* |
| A4266 | Diaphragm for contraceptive use | FP | $21.48\* |
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| A4267 | Contraceptive supply, condom, male, each | FP | $0.65\* |
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| A4268 | Contraceptive supply, condom, female, each | FP | $2.10\* |
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| A4269 | Contraceptive supply, spermicide (e.g., foam, gel) each | FP | $8.60\* |
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| J1050  Effective 11/18/14 | Injection, medroxyprogesterone acetate, 1 mg | FP | $00.24\* |
|  |  |  |  |
| J7300 | Intrauterine copper contraceptive (Paragard T3880A) | FP | $600.00\* |
|  |  |  |  |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla) | **FP** | $675.73\* |
|  |  |  |  |
| J7302 | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena) | FP | $716.00\* |
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| J7303 | Contraceptive Supply, hormone containing vaginal ring, each | FP | $41.78\* |
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| J7304 | Contraceptive Supply, hormone containing patch, each | FP | $14.78\* |
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| J7307 | Etongestrel (contraceptive) implant system, including implant and supplies (Implanon and Nexplanon) | FP | $588.38\* |
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| S4993 | Contraceptive pills for birth control | FP | $12.40 |
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