Lousiana Medicaid

Office of Public Health - Family Planning Clinic Fee Schedule Effective for Dates of Service January 1, 2020 through December 31, 2020

Family Planning Clinic beneficiary criteria:

- Female;
- Age 10 through 59 years;
- \bullet Desire services to prevent or to otherwise control family size; and
- Services must be medically necessary.

Column:

1 2 3 4

| TOS | Code | Description | Fee |
|-----|----------|--|----------|
| 10 | 11976 | Removal, implantable contraceptive capsules | \$92.48 |
| 10 | 11981 | Insertion, non-biodegradable drug delivery implant | \$83.08 |
| 10 | 11983 | Removal with reinsertion, non-biodegradable drug delivery implant | \$149.96 |
| 10 | 36415 | Collection of venous blood by Venipuncture | \$2.15 |
| 10 | 57170 | Diaphragm or cervical cap fitting with instructions | \$44.93 |
| 10 | 58300 | Insertion of intrauterine device (IUD) | \$50.77 |
| 10 | 58301 | Removal of intrauterine device (IUD) | \$62.38 |
| 10 | 81002 | Urinalysis, non-automated, without microscopy (use for a routine urinalysis) | \$2.54 |
| 10 | 81025 | Urine pregnancy test, by visual color comparison methods | \$6.31 |
| 10 | 85013 | Blood count; spun microhematocrit | \$2.36 |
| 10 | 85018 | Blood count; hemoglobin (Hgb) | \$2.36 |
| 10 | 87070 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates (OPH use: only for billing of a Gonorrhea culture) | \$8.57 |
| 10 | 87110 | Culture, chlamydia, any source | \$19.49 |
| 10 | 99201 | Office visit, New Patient, Problem - Straightforward (OPH use: for Intermediate Physician Visit for a new patient) | \$24.61 |
| 10 | 99202 | Office visit, New Patient, Expanded – Straightforward (OPH use: for the Initial Family Planning Clinic Visit for a new patient) | \$42.77 |
| 10 | 99211-AJ | Office visit, Established Patient, Minimal Problems (OPH use: for Social Services Counseling provided by a Social Worker) | \$12.36 |
| 10 | 99211 | Office visit, Established Patient, Minimal Problems (OPH use: for Sterilization-Physician Counseling). | \$12.36 |
| 10 | 99212 | Office visit, Established Patient, Problem – Straightforward (OPH use: for Intermediate Physician Visit for an established patient) | \$24.83 |
| 10 | 99213 | Office visit, Established Patient, Expanded – Low Complexity (use for Annual Family Planning Clinic Visit for an established patient) | \$41.53 |
| 10 | 99441 | Telephone evaluation and management service; 5-10 minutes of medical discussion (OPH use: for Outreach Phone or Follow-up Phone Call to a Patient by a physician or other qualified healthcare professional) | \$1.93 |
| 10 | 99442 | Telephone evaluation and management service; 11-20 min (OPH use: for Outreach Phone or Follow-up Phone Call to a Patient by a physician or other qualified healthcare professional) | \$3.86 |
| 10 | 99443 | Telephone evaluation and management service; 21-30 min (OPH use: for Outreach Phone or Follow-up Phone Call to a Patient by a physician or other qualified healthcare professional) | \$5.79 |

Column:

1 2 3 4

| TOS | Code | Description | Fee |
|-----|-------|--|---------|
| 10 | A4267 | Contraceptive supply, condom, male, each | \$0.06 |
| 10 | A4268 | Contraceptive supply, condom, female, each | \$0.06 |
| 10 | A4269 | Contraceptive supply, spermacide (e.g., foam, gel), each | \$2.42 |
| 10 | S4993 | Contraceptive Pills for Birth Control (One Month Supply) | \$12.69 |
| 10 | S9470 | Nutritional Counseling (OPH use: to report counseling by a licensed dietician/nutritionist) | \$15.18 |
| 10 | 11001 | Nursing Assessment, Evaluation (OPH use: for the nursing assessment/evaluation when the physician is unable to be present for the scheduled Initial/Reopen/Annual Visit and the patient is rescheduled to return for the physician services) | \$15.18 |
| 10 | T1002 | RN Services (OPH use: for the Routine Return Visit to the clinic requiring non-physician services) | \$7.62 |
| 10 | Q0091 | Screening Papanicolaou (Pap) Smear | \$7.63 |

Column:

1 2 3

| TOS | Code | Description | Fee |
|-----|-------|---|----------|
| 10 | J1050 | Injection, medroxyprogesterone acetate, 1 mg | \$0.56 |
| 10 | J7296 | Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg | \$953.51 |
| 10 | J7297 | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg | \$786.87 |
| 10 | J7298 | Levonorgestrel-releasing Intrauterine contraceptive system (Mirena), 52 mg | \$953.51 |
| 10 | J7300 | Intrauterine copper contraceptive | \$884.50 |
| 10 | J7301 | Levonorgestrel-releasing Intrauterine contraceptive system (Skyla), 13.5 mg | \$793.96 |
| 10 | J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies | \$934.82 |

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Listed below are some aids to help you understand this fee schedule. If, further clarification of an item is needed, please contact DXC Technology Provider Relations at 1-800-473-2783.

Column 1: TOS (Type of Service) Definition: Files on which codes are loaded and from which claims are paid. The file to which

a claim goes for pricing is determined by, among other things, the type of provider who is billing.

TOS 10: Family Planning Clinic claims are priced off this file.

Column 2: Procedure code

Column 3: Procedure code description
Column 4: Reimbursement rate on file