

**Federally Qualified Health Center Billing Codes
2023**

*Requires prior authorization

| Adult Health Screening Codes | | |
|-------------------------------------|---|--------------------|
| CODE | DESCRIPTION OF SERVICES | MAXIMUM FEE |
| 99385 | Adult Health Screening, new patient, age 21-39 yrs. | Cost based |
| 99386 | Adult Health Screening, new patient, age 40-64 yrs. | Cost based |
| 99387 | Adult Health Screening, new patient, age 65 yrs. and over | Cost based |
| 99395 | Adult Health Screening, established patient, age 21-39 yrs. | Cost based |
| 99396 | Adult Health Screening, established patient, age 40-64 yrs. | Cost based |
| 99397 | Adult Health Screening, established patient, 65 yrs. and over | Cost based |

| Chiropractic Services Codes | | |
|------------------------------------|--------------------------------|--------------------|
| CODE | DESCRIPTION OF SERVICES | MAXIMUM FEE |
| 99203 | New Patient Visit | Cost-based |
| 98940, 98941, 98942 | Chiropractic Manipulation | Cost-based |

| Well Child Visit (Child Health Check-Up) Codes | | | |
|---|-----------------|--|--------------------|
| CODE | MODIFIER | DESCRIPTION OF SERVICES | MAXIMUM FEE |
| 99381 | | Well Child Visit– new patient <1year | Cost-based |
| 99382 | | Well Child Visit – new patient 1 through 4 years | Cost-based |
| 99383 | | Well Child Visit – new patient 5 through 11 years | Cost-based |
| 99384 | | Well Child Visit – new patient 12 through 17 years | Cost-based |
| 99385 | EP | Well Child Visit – new patient 18 through 20 years | Cost-based |
| 99391 | | Well Child Visit – established patient <1 year | Cost-based |
| 99392 | | Well Child Visit – established patient 1 through 4 | Cost-based |
| 99393 | | Well Child Visit – established patient 5 through 11 | Cost-based |
| 99394 | | Well Child Visit – established patient 12 through 17 years | Cost-based |
| 99395 | EP | Well Child Visit – established patient 18 through 20 years | Cost-based |

| Dental Services Codes | | |
|------------------------------|--------------------------------------|--------------------|
| CODE | DESCRIPTION OF SERVICES | MAXIMUM FEE |
| D0150 | Comprehensive Oral Evaluation | Cost-based |
| D0120 | Periodic Oral Evaluation | Cost based |
| D5211 | Upper Partial-Resin Base | Cost-based* |
| D5212 | Lower Partial-Resin Base | Cost-based* |
| D5213 | Maxillary Partial Denture | Cost-based* |
| D5214 | Mandibular Partial Denture | Cost-based* |
| D5820 | Interim Partial Denture (Maxillary) | Cost-based* |
| D5821 | Interim Partial Denture (Mandibular) | Cost-based* |

| Family Planning Codes | | | |
|------------------------------|-----------------|---|--------------------|
| CODE | MODIFIER | DESCRIPTION OF SERVICES | MAXIMUM FEE |
| 99383 | FP | Family Planning—Initial Family Planning Examination – age 5-11 years | Cost-based |
| 99384 | FP | Family Planning—Initial Family Planning Examination – age 12-17 years | Cost-based |
| 99385 | FP | Family Planning—Initial Family Planning Examination – age 18-39 years | Cost-based |
| 99386 | FP | Family Planning—Initial Family Planning Examination – age 40-64 years | Cost-based |
| 99393 | FP | Family Planning—Annual Family Planning Examination – age 5-11 years | Cost-based |
| 99394 | FP | Family Planning—Annual Family Planning Examination – age 12-17 years | Cost-based |
| 99395 | FP | Family Planning—Annual Family Planning Examination – age 18-39 years | Cost-based |
| 99396 | FP | Family Planning—Annual Family Planning Examination – age 40-64 years | Cost-based |
| 99403 | FP | Family Planning Counseling Visit | Cost-based |
| 99211 | FP | Family Planning Supply Visit | Cost-based |
| 99401 99402 | FP | HIV Counseling | Cost-based |

Family Planning Waiver Codes

For more information about the family planning waiver program, visit:
http://ahca.myflorida.com/Medicaid/Family_Planning/index.shtml

| CODE | MODIFIER | DESCRIPTION OF SERVICES | MAXIMUM FEE |
|-----------------|----------|---|-------------|
| 99384 | FP | Family Planning—Initial Family Planning Examination – age 12-17 years | Cost-based |
| 99385 | FP | Family Planning—Initial Family Planning Examination – age 18-39 years | Cost-based |
| 99386 | FP | Family Planning—Initial Family Planning Examination – age 40-55 years | Cost-based |
| 99394 | FP | Family Planning—Annual Family Planning Examination – age 12-17 years | Cost-based |
| 99395 | FP | Family Planning—Annual Family Planning Examination – age 18-39 years | Cost-based |
| 99396 | FP | Family Planning—Annual Family Planning Examination – age 40-55 years | Cost-based |
| 99211 | FP | Family Planning--Supply Visit | Cost-based |
| 99403 | FP | Family Planning--Counseling Visit | Cost-based |
| 99401, 99402 | FP | HIV Counseling | Cost-based |

Primary Medical Care Codes

| CODE | DESCRIPTION OF SERVICES | MAXIMUM FEE |
|-------|----------------------------------|-------------|
| 99201 | Office or other outpatient visit | Cost-based |
| 99202 | Office or other outpatient visit | Cost-based |
| 99203 | Office or other outpatient visit | Cost-based |
| 99204 | Office or other outpatient visit | Cost-based |
| 99205 | Office or other outpatient visit | Cost-based |
| 99211 | Office or other outpatient visit | Cost-based |
| 99212 | Office or other outpatient visit | Cost-based |
| 99213 | Office or other outpatient visit | Cost-based |
| 99214 | Office or other outpatient visit | Cost-based |
| 99215 | Office or other outpatient visit | Cost-based |
| H1000 | Antepartum Care only | Cost-based |
| 59430 | Postpartum Care only | Cost-based |

| Mental Health Services Code | | |
|------------------------------------|--|--------------------|
| CODE | DESCRIPTION | MAXIMUM FEE |
| H0004 | Individual and/or Group Therapy by Mental Health Practitioner (45--50 minutes) | Cost-based |

| Optometric Services Codes | | |
|----------------------------------|-------------------------------------|--------------------|
| CODE | DESCRIPTION | MAXIMUM FEE |
| 99201-99205 | Optometric Care-New patient | Cost-based |
| 99211-99215 | Optometric Care-Established patient | Cost-based |

| Podiatry Services Codes | | |
|--------------------------------|---|--------------------|
| CODE | DESCRIPTION | MAXIMUM FEE |
| 99201-99215 | See Primary Medical Care for descriptors. | Cost-based |

| Immunization Codes | | |
|---------------------------|---|-------------------------|
| CODE | DESCRIPTION OF SERVICES | MAXIMUM FEE |
| 90471- 90474 | Administration of Vaccines to Medicaid recipients from birth through 18 years | \$5.50 per vaccine dose |

- Procedure codes listed on the Prescribed Drugs Physician Administered Billing Codes in Rule 59G-4.002, F.A.C., are reimbursed separately outside of the encounter rate.