

**County Health Department
Billing Codes
Effective January 1, 2017**

| 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, 64 yrs. and over | 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 | Cost-based* |

| Child Health Check-Up Codes | | | |
|------------------------------------|-----------------|---|--------------------|
| CODE | MODIFIER | DESCRIPTION OF SERVICES | Maximum Fee |
| 99381 | | Child Health Check-Up Screening – new patient <1year | Cost-based |
| 99382 | | Child Health Check-Up Screening – new patient 1 through 4 years | Cost-based |
| 99383 | | Child Health Check-Up Screening – new patient 5 through 11 years | Cost-based |
| 99384 | | Child Health Check-Up Screening – new patient 12 through 17 years | Cost-based |
| 99385 | EP | Child Health Check-Up Screening – new patient 18 through 20 years | Cost-based |
| 99391 | | Child Health Check-Up Screening – established patient <1 year | Cost-based |
| 99392 | | Child Health Check-Up Screening – established patient 1 through 4 years | Cost-based |
| 99393 | | Child Health Check-Up Screening – established patient 5 through 11 years | Cost-based |
| 99394 | | Child Health Check-Up Screening – established patient 12 through 17 years | Cost-based |
| 99395 | EP | Child Health Check-Up Screening – established patient 18 through 20 years | 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 | | HIV Counseling | Cost-based |

| Family Planning Waiver Codes | | | |
|-------------------------------------|-----------------|---|-------------------------------|
| CODE | MODIFIER | DESCRIPTION OF SERVICES | Maximum Fee |
| 99393 | FP | Family Planning—Initial Family Planning Examination – age 5-11 years | Cost-based |
| 99394 | FP | Family Planning—Initial Family Planning Examination – age 12-17 years | Cost-based |
| 99395 | FP | Family Planning—Initial Family Planning Examination – age 18-39 years | Cost-based |
| 99396 | FP | Family Planning—Initial Family Planning Examination – age 40-64 years | Cost-based |
| 99383 | FP | Family Planning—Annual Family Planning Examination – age 5-11 years | Cost-based |
| 99384 | 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 | | HIV Counseling | Cost-based |
| 57452, 57454, 57460 | | Colposcopy Surgeries (Billed with the Fee-For-Service Group Practitioner Provider Number) | See Practitioner Fee Schedule |

| 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 |

| Registered Nurse Services Code | | | |
|--------------------------------|----------|---|-------------|
| CODE | MODIFIER | DESCRIPTION OF SERVICES | Maximum Fee |
| 99211 | TD | <p>Services provided by registered nurses</p> <p><u>Exception:</u> Bill adult health screenings, Child Health Check-Up screenings, family planning services, and antepartum services rendered by RNs with the applicable service procedure code rather than 99211 TD.</p> | Cost-based |

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

*Requires prior authorization