

**Rural Health Center Billing Codes  
2019**

| <b>Adult Health Screening Codes</b> |   |                    |
|-------------------------------------|---|--------------------|
| <b>CODE</b>                         | <b>DESCRIPTION OF SERVICES</b>                                | <b>MAXIMUM FEE</b> |
| 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         |

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

| <b>Well Child Visit (Child Health Check-Up) Codes</b> |                 |  |                    |
|---|-----------------|--|--------------------|
| <b>CODE</b>   | <b>MODIFIER</b> | <b>DESCRIPTION OF SERVICES</b>                             | <b>MAXIMUM FEE</b> |
| 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 years   | Cost-based         |
| 99393   |                 | Well Child Visit – established patient 5 through 11 years  | 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         |

| <b>Family Planning Codes</b> |                 |   |                    |
|------------------------------|-----------------|---|--------------------|
| <b>CODE</b>                  | <b>MODIFIER</b> | <b>DESCRIPTION OF SERVICES</b>                                  | <b>MAXIMUM FEE</b> |
| 99383                        | FP              | Family Planning—Initial Family Planning Examination – age 5-11  | Cost-based         |
| 99384                        | FP              | Family Planning—Initial Family Planning Examination – age 12-17 | Cost-based         |
| 99385                        | FP              | Family Planning—Initial Family Planning Examination – age 18-39 | Cost-based         |
| 99386                        | FP              | Family Planning—Initial Family Planning Examination – age 40-64 | Cost-based         |
| 99393                        | FP              | Family Planning—Annual Family Planning Examination – age 5-11   | Cost-based         |
| 99394                        | FP              | Family Planning—Annual Family Planning Examination – age 12-17  | Cost-based         |
| 99395                        | FP              | Family Planning—Annual Family Planning Examination – age 18-39  | Cost-based         |
| 99396                        | FP              | Family Planning—Annual Family Planning Examination – age 40-64  | Cost-based         |
| 99403                        | FP              | Family Planning Counseling Visit                                | Cost-based         |
| 99211                        | FP              | Family Planning Supply Visit                                    | Cost-based         |
| 99401<br>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](http://ahca.myflorida.com/Medicaid/Family_Planning/index.shtml)

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

**Primary Medical Care Codes**

| <b>CODE</b> | <b>DESCRIPTION OF SERVICES</b>   | <b>MAXIMUM FEE</b> |
|-------------|----------------------------------|--------------------|
| 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**

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

**Optometric Services Codes**

| <b>CODE</b> | <b>DESCRIPTION</b>                  | <b>MAXIMUM FEE</b> |
|-------------|-------------------------------------|--------------------|
| 99201-99205 | Optometric Care-New patient         | Cost-based         |
| 99211-99215 | Optometric Care-Established patient | Cost-based         |

**Podiatry Services Codes**

| <b>CODE</b> | <b>DESCRIPTION</b>                       | <b>MAXIMUM FEE</b> |
|-------------|--|--------------------|
| 99201-99215 | See Primary Medical Care for descriptors | Cost-based         |

**RHC Visits to Nursing Facility or Custodial Care Facility, i.e., Assisted Living Facility**

| <b>CODE</b> | <b>DESCRIPTION</b>  | <b>MAXIMUM FEE</b> |
|-------------|---------------------|--------------------|
| 99306       | Visit to a Facility | Cost-based         |

**Immunization Codes**

| <b>Code</b>                   | <b>DESCRIPTION</b>  | <b>MAXIMUM FEE</b>       |
|-------------------------------|---|--------------------------|
| Bill the Appropriate CPT Code | Administration of Vaccines to Medicaid recipients from birth through 18 years | \$10.00 per vaccine dose |