

## Federally Qualified Health Center Billing Codes

**2019**

\*Requires prior authorization

<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, 98941, 98942	Chiropractic Manipulation	Cost-based

<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>Dental Services Codes</b>		
<b>CODE</b>	<b>DESCRIPTION OF SERVICES</b>	<b>MAXIMUM FEE</b>
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*

<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 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](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 – 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**

<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

**Immunization Codes**

<b>CODE</b>	<b>DESCRIPTION OF SERVICES</b>	<b>MAXIMUM FEE</b>
90471- 90474	Administration of Vaccines to Medicaid recipients from birth through 18 years	\$5.50 per vaccine dose