

County Health Department Billing Codes 2020

*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

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*

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 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

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
99403	FP	Family Planning--Counseling Visit	Cost-based
99211	FP	Family Planning--Supply Visit	Cost-based
99401, 99402	FP	HIV Counseling	Cost-based
57452, 57454, 57460	FP	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: Bill adult health screenings, Well Child Visit 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.</u></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