



Family Planning Program
2019 Sliding Fee Scale

CODE	SERVICE	0%	25%	50%	75%	100%
99383	Initial visit 5-11	0	27.50	55.00	82.50	110.00
99384	Initial visit 12-17	0	30.25	60.50	90.75	121.00
99385	Initial visit 18-39	0	33.25	66.50	99.75	133.00
99386	Initial visit 40-64	0	33.00	66.00	99.00	132.00
99393	Annual visit 5-11	0	24.75	49.50	74.25	99.00
99394	Annual visit 12-17	0	25.75	51.50	77.25	103.00
99395	Annual visit 18-39	0	25.75	51.50	77.25	103.00
99396	Annual visit 40-64	0	26.12	52.25	78.37	104.50
99201	Problem focused	0	9.00	18.00	27.00	36.00
99202	Expanded problem focused	0	12.75	25.50	38.25	51.00
99203	Detailed	0	19.00	38.00	57.00	76.00
99211	Office visit 5 min.	0	5.25	10.50	15.75	21.00
99212	Office visit 10 min.	0	9.00	18.00	27.00	36.00
99213	Office visit 15 min.	0	14.00	28.00	42.00	56.00
87081	G.C. culture	0	0	0	0	0
87205	Pap Smear	0	5.75	11.50	17.25	23.00
85018	Hematocrit	0	2.00	4.00	6.00	8.00
87210	Wet mount	0	4.75	9.50	14.25	19.00
87270	Chlamydia (grant funded)	0	0	0	0	0
J0120	Doxycycline	0	0	0	0	0
A4269	Foams/Jelly/Cream	0	2.50	5.00	7.50	10.00
Z8091	Flagyl – 7 day	0	0	0	0	0
A4267	Condoms	0	0	0	0	0
A4993	Oral contraceptives	0	5.00	10.00	15.00	20.00
J1050	Depo-Provera injection	0	16.75	33.50	50.25	67.00
J7303	Nuva Ring	0	21.25	42.50	63.75	85.00
81025	Urine Pregnancy test	0	3.88	7.75	11.63	15.50
87591	Gonorrhea (without voucher)	0	6.35	12.70	19.05	25.40
87491	Chlamydia & Trich (without voucher, >30	0	9.25	18.50	27.75	37.00
87110	Chlamydia Culture	0	3.88	7.75	11.63	15.50
G0472	Hep C	0	3.00	6.00	9.00	12.00
86803	Hep C AB test	0	3.75	7.50	11.25	15.00
87340	Hep B Surface	0	3.75	7.50	11.25	15.00
87389	HIV 1AGw/HIV-1	0	0	0	0	0
86592	Syphilis (urs test)	0	3.25	6.50	9.75	13.00

10.22.19 UPDATED