



<p>ISSUE DATE</p> <p>November 26, 2016</p>	<p>EFFECTIVE DATE</p> <p>December 1, 2016</p>	<p>NUMBER</p> <p>01-16-33, 08-16-31, 09-16-30, 28-16-02, 31-16-35, 33-16-29</p>
<p>SUBJECT</p> <p>MA Program Fee Schedule Updates for Certain Family Planning Services</p>		<p>BY</p> <p><i>Leesa M. Allen</i> Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs</p>

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISe to check their revalidation date and submit a revalidation application at least 60 days prior. Enrollment (revalidation) applications may be found at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to notify providers of updates to the Medical Assistance (MA) Program Fee Schedule for certain family planning and family planning-related services, effective with dates of service on and after December 1, 2016.

SCOPE:

This bulletin applies to MA enrolled acute care general hospitals and providers who render family planning services to MA beneficiaries in the MA Fee-for-Service (FFS) delivery system.

Providers who render family planning services to MA beneficiaries in the managed care delivery system should direct any fee-related questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

As one method to prevent unplanned pregnancies, long-acting reversible contraception (LARC) can be used immediately postpartum to facilitate adequate spacing between pregnancies. Research demonstrates that inadequate birth spacing can heighten the risk of

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

encountering placental abruption, placenta previa, autism in second born children, low birth weight, and preterm birth.¹

Utilization of LARC is a growing choice among women due to the device's durability and effectiveness. In 2007, the Contraceptive CHOICE Project, run by Washington University in St. Louis, Missouri, began recruiting women into a large prospective cohort study (10,000 participants). Participants were given medically accurate information on all contraceptive methods and were provided with the contraceptive of their choice at no cost for the duration of the project (2–3 years). Seventy-five percent of participants in the CHOICE project selected LARC methods (compared with 8.5% nationally). In addition, satisfaction and 12-month continuation rates were much higher in LARC users compared with women using non-LARC methods.²

Women who receive LARC postpartum, during their obstetrical delivery hospital admission, have higher incidence of practicing family planning than those women scheduled to receive LARC during the outpatient postpartum follow-up visit. Research demonstrates that up to 35% of women do not attend their outpatient postpartum appointment.³ This suggests that there are missed opportunities for action to prevent unplanned pregnancies because over half of unintended pregnancies occur within 2 years following delivery.⁴

To optimize LARC usage, prevent unplanned pregnancies, and improve maternal and child health outcomes, the Department of Human Services (Department) will pay hospitals for LARC intrauterine devices and contraceptive implants in addition to the All Patient Refined–Diagnosis Related Group (APR-DRG) payment for obstetrical deliveries under the FFS delivery system.

Additionally, the Department will update the MA Program fees for certain family planning and family planning-related services. This update is expected to prevent an estimated 870 unplanned pregnancies annually due to an increase in family planning service utilization.

PROCEDURE:

Effective for dates of service on and after December 1, 2016, the Department will pay hospitals for LARC intrauterine devices and contraceptive implants in addition to the APR-DRG for an obstetrical delivery. Hospitals are to submit their claims for LARC in an outpatient hospital claim format using the applicable procedure codes and modifiers identified in Attachment 1 to this bulletin.

The Department is also updating the MA Program fees for certain family planning and family planning-related services, effective for dates of service on and after December 1, 2016.

¹ Mayo Clinic Staff. (2014). Family planning: Get the facts about pregnancy spacing. Retrieved from: <http://www.mayoclinic.org/healthy-lifestyle/getting-pregnant/in-depth/family-planning/art-20044072>

² Secura, G.M., Allsworth, J.E., Madden, T. et al. (2010). "The Contraceptive CHOICE Project: Reducing barriers to long-acting reversible contraception." *Am J Obstet Gynecol.*, vol. 203(2), 115.e1–115.e7.

³ Daniels K., Daugherty J., Jones J. (2014). "Current contraceptive status among women aged 15–44: United States, 2011–2013." *National Center for Health Statistics Data Brief*, no.173, 1-8D.

⁴ Potter, J.E., Hopkins, K., Aiken, A.R.A., Hubert, C., Stevenson A.J., Whitec, K., Grossman, D., (2014). "Unmet demand for highly effective postpartum contraception in Texas." *Contraception*, vol.90(5), 488-95.

MA providers should refer to Attachment 2 to this bulletin for the list of procedure codes and updated MA fee amounts.

Providers may view the on-line version of the MA Program Fee Schedule by accessing the following website link:

<http://www.dhs.pa.gov/publications/forproviders/schedules/mafeeschedules/index.htm#.V13MJXarTcs>.

ATTACHMENTS:

- MA Program Fee Schedule for Long-Acting Reversible Contraceptive Devices Provided During the Post-Partum Time Frame in the Inpatient Hospital Setting (Attachment 1)
- MA Program Fee Schedule Updates for Certain Family Planning Services (Attachment 2)

**MA Program Fee Schedule for Long-Acting Reversible Contraceptive Devices
Provided During the Post-Partum Time Frame in the Inpatient Hospital Setting**

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Informational Modifier	MA Fee Effective December 1, 2016
J7297	Levonorgestrel- releasing intrauterine contraceptive system, 52 mg, 3 year duration	01	010	22	FP	\$645.00
J7298	Levonorgestrel- releasing intrauterine contraceptive system, 52 mg, 5 year duration	01	010	22	FP	\$885.80
J7300	Intrauterine copper contraceptive	01	010	22	FP	\$762.65
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg	01	010	22	FP	\$737.57
J7307	Etonogestrel(contraceptive) implant system, including implant and supplies	01	010	22	FP	\$796.20
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	01	010	22	FP	\$800.00

MA Program Fee Schedule Updates for Certain Family Planning Services

Procedure Code	Code Description	Pricing Modifier	Informational Modifier	Current MA Fee	MA Fee Effective December 1, 2016
11976	Removal, implantable contraceptive capsules		FP	\$30.50	\$118.05
11981	Insertion, non-biodegradable drug delivery implant		FP	\$75.73	\$103.91
11982	Removal, non-biodegradable drug delivery implant		FP	\$92.33	\$126.20
11983	Removal with reinsertion, non-biodegradable drug delivery implant		FP	\$165.98	\$219.10
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions		FP	\$49.00	\$85.20
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement) of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions.		FP	\$51.37	\$105.29
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical		FP	\$47.00	\$171.03
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery		FP	\$117.03	\$178.05
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		FP	\$115.00	\$230.08
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical		FP	\$20.50	\$129.69
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery		FP	\$28.00	\$136.79
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		FP	\$135.89	\$215.35

55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)		FP	\$148.50	\$282.79
56420	Incision and drainage of Bartholin's gland abscess		FP	\$50.50	\$112.73
56440	Marsupialization of Bartholin's gland cyst		FP	\$163.00	\$225.08
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		FP	\$63.50	\$141.09
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		FP	\$116.50	\$249.18
56605	Biopsy of vulva or perineum (separate procedure); one lesion		FP	\$55.51	\$75.38
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (list separately in addition to code for primary procedure)		FP	\$27.40	\$37.30
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		FP	\$70.00	\$120.58
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)		FP	\$154.44	\$216.16
57170	Diaphragm or cervical cap fitting with instructions		FP	\$42.31	\$60.55
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix		FP	\$112.78	\$155.89
57452	Colposcopy of the cervix including upper/adjacent vagina		FP	\$39.50	\$114.64
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage		FP	\$105.94	\$168.63
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix		FP	\$101.68	\$137.94
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage		FP	\$95.01	\$128.30
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix		FP	\$149.80	\$202.40
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix		FP	\$173.53	\$234.04
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate		FP	\$66.12	\$94.01

	procedure)				
57505	Endocervical curettage (not done as part of a dilation and curettage)		FP	\$22.00	\$113.13
57511	Cautery of cervix; cryocautery, initial or repeat		FP	\$51.50	\$162.30
57800	Dilation of cervical canal, instrumental (separate procedure)		FP	\$41.50	\$60.09
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		FP	\$51.00	\$108.89
58300	Insertion of intrauterine device (IUD)		FP	\$17.25	\$67.60
58301	Removal of intrauterine device (IUD)		FP	\$17.25	\$84.25
58562	Hysteroscopy, surgical; with removal of impacted foreign body		FP	\$237.08	\$359.51
64435	Injection, anesthetic agent; paracervical (uterine) nerve		FP	\$32.00	\$104.43
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete		FP	\$76.50	\$131.63
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	TC	FP	\$46.50	\$88.59
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	26	FP	\$30.00	\$43.04
76857	Ultrasound, pelvic (nonobstetric), real time w/ image documentation; limited or follow-up (eg, for follicles)		FP	\$32.00	\$57.83
76857	Ultrasound, pelvic (nonobstetric), real time w/ image documentation; limited or follow-up (eg, for follicles)	TC	FP	\$19.00	\$26.64
76857	Ultrasound, pelvic (nonobstetric), real time w/ image documentation; limited or follow-up (eg, for follicles)	26	FP	\$13.00	\$31.19
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy		FP	\$3.57	\$4.35
81025	Urine pregnancy test, by visual color comparison methods		FP	\$4.00	\$10.76
85018	Blood count; hemoglobin (HgB)		FP	\$3.23	\$4.04
86703	Antibody; HIV-1 and HIV-2, single result		FP	\$18.70	\$23.34

87086	Culture, bacterial; quantitative colony count, urine		FP	\$8.00	\$13.75
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)		FP	\$4.50	\$10.20
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	26	FP	\$15.21	\$22.83
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)		FP	\$5.82	\$7.28
87623	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)		FP	\$38.21	\$59.75
87624	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)		FP	\$38.21	\$59.75
87625	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed		FP	\$38.21	\$59.75
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy -		FP	\$34.00	\$88.53

	<p>without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy</p>				
88305	<p>Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa,</p>	TC	FP	\$9.00	\$39.94

	<p>biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/uterine Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy</p>				
88305	<p>Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic</p>	26	FP	\$25.00	\$48.59

	<p>pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy</p>				
<p>99201</p>	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the</p>		<p>FP</p>	<p>\$20.00</p>	<p>\$32.84</p>

	presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.		FP	\$35.33	\$62.20
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.		FP	\$54.25	\$95.13
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the		FP	\$90.37	\$160.89

	presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.				
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.		FP	\$117.54	\$209.15
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	U7	FP	\$20.00	\$31.15
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent		FP	\$26.00	\$31.15

	with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.		FP	\$35.00	\$63.14
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.		FP	\$54.42	\$96.91
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care		FP	\$78.05	\$137.24

	with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.				
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)		FP	\$20.00	\$126.41
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years		FP	\$20.00	\$121.14
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years		FP	\$20.00	\$147.46
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)		FP	\$20.00	\$107.53

99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years		FP	\$20.00	\$110.60
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years		FP	\$20.00	\$120.25