

License for Use of Current Procedural Terminology, Fourth Edition (CPT)

You must indicate your agreement and acceptance of the following license agreement by clicking on the button labeled "Yes."

NOTE: CPT codes and descriptions only are copyright 1999-2008, American Medical Association. All Rights Reserved (or such other date of publication of CPT). Applicable FARS/DFARS apply.

You, your employees and agents are authorized to use CPT internally within your organization for the sole use by yourself, employees and agents. You agree to take all necessary steps to insure that your employees and agents abide by the terms of this agreement.

Any use not authorized herein is prohibited, including by way of illustration and not by way of limitation, making copies of CPT for resale and/or license, transferring copies of CPT to any party not bound by this agreement, creating any modified or derivative work of CPT, or making any commercial use of CPT. You should contact CPT Intellectual Property Services, American Medical Association, 515 N. State Street, Chicago, Illinois 60610 or at telephone number 312-464-5022 or at facsimile number 312-464-5131, should you wish to make additional uses of CPT.

Applicable FARS/DFARS Restrictions Apply to Government Use. U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-7015(b)(2)(June 1995) and/or subject to the restrictions of DFARS 227.7202-1(a) (June 1995) and DFARS 227.7202-3(a)(June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14(June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14(June 1987) and FAR 52.227-19(June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

Disclaimer of Warranties and Liabilities

CPT is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose. No fee schedules, basic unit, relative values or related listings are included in CPT. The American Medical Association (AMA) does not directly or indirectly practice medicine or dispense medical services. The responsibility for the content of this file/product is the Health Care Financing Administration and no endorsement by the AMA is intended or implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this file/product.

This Agreement will terminate upon notice if you violate its terms. The AMA is a third party beneficiary to this Agreement.

Should the foregoing terms and conditions be acceptable to you, please indicate your agreement and acceptance by clicking on the button labeled "Yes."

Table I-2.(a) 2010 CPT¹ Fee Schedule for Family Planning Services

Procedure	Description	Maximum Allowable
11975	INSERT CONTRACEPTIVE CAP	\$163.23
11976	REMOVAL OF CONTRACEPTIVE C	\$187.11
11977	REMOVAL/REINSERT CONTRA CA	\$302.45
36415	ROUTINE VENIPUNCTURE	\$3.00
54050	DESTRUCTION, PENIS LESION(S)	\$165.27
54056	CRYOSURGERY, PENIS LESION(S)	\$173.60
56501	DESTROY, VULVA LESIONS, SIM	\$169.97
56515	DESTROY VULVA LESION/S COMP	\$296.91
57061	DESTROY VAG LESIONS, SIMPLE	\$146.63
57065	DESTROY VAG LESIONS, COMPLE	\$255.60
57170	FITTING OF DIAPHRAGM/CAP	\$89.20
58300	INSERT INTRAUTERINE DEVICE	\$99.49
58301	REMOVE INTRAUTERINE DEVICE	\$126.58
64435	N BLOCK INJ, PARACERVICAL	\$178.70
76815	OB US, LIMITED, FETUS(S)	\$112.54
76816	OB US, FOLLOW-UP, PER FETUS	\$142.36
76830	TRANSVAGINAL US, NON-OB	\$148.30
80061	LIPID PANEL	\$19.19
81001	URINALYSIS, AUTO W/SCOPE	\$4.54
81020	URINALYSIS, GLASS TEST	\$5.28
82044	MICROALBUMIN, SEMIQUANT	\$6.56
82270	OCCULT BLOOD, FECES	\$4.66
82465	ASSAY, BLD/SERUM CHOLESTER	\$6.24
82985	GLYCATED PROTEIN	\$21.59
83718	ASSAY OF LIPOPROTEIN	\$11.73
83986	ASSAY PH BODY FLUID NOS	\$5.13

CPT code descriptions are shortened to 28 characters or less to comply with copyright restrictions.
For full descriptions, please refer to your current CPT book.

None of these codes require prior authorization or medical justification.

¹ CPT codes and descriptions only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

Family Planning Clinic
Coverage and rates are subject to change
Effective 1/1/2010 Dates of Service

Table I-2.(a) 2010 CPT¹ Fee Schedule for Family Planning Services

Procedure	Description	Maximum Allowable
84478	ASSAY OF TRIGLYCERIDES	\$8.24
86300	IMMUNOASSAY, TUMOR, CA 15-3	\$25.04
86318	IMMUNOASSAY,INFECTIOUS AGE	\$18.54
86901	BLOOD TYPING, RH (D)	\$4.27
87300	AG DETECTION, POLYVAL, IF	\$17.18
88300	SURGICAL PATH, GROSS	\$28.58
90470	IMMUNE ADMIN H1N1 IM/NASAL	\$29.82
90471	IMMUNIZATION ADMIN	\$27.63
90472	IMMUNIZATION ADMIN, EACH A	\$14.99
90649	HPV VACCINE 4 VALENT, IM	\$121.13
90650	HPV VACCINE 2 VALENT, IM	\$145.92
99201	OFFICE/OUTPATIENT VISIT, NEW	\$53.09
99202	OFFICE/OUTPATIENT VISIT, NEW	\$93.36
99203	OFFICE/OUTPATIENT VISIT, NEW	\$136.23
99204	OFFICE/OUTPATIENT VISIT, NEW	\$214.71
99205	OFFICE/OUTPATIENT VISIT, NEW	\$271.78
99211	OFFICE/OUTPATIENT VISIT, EST	\$25.25
99212	OFFICE/OUTPATIENT VISIT, EST	\$53.09
99213	OFFICE/OUTPATIENT VISIT, EST	\$92.05
99214	OFFICE/OUTPATIENT VISIT, EST	\$138.70
99215	OFFICE/OUTPATIENT VISIT, EST	\$188.34

CPT code descriptions are shortened to 28 characters or less to comply with copyright restrictions.
For full descriptions, please refer to your current CPT book.

None of these codes require prior authorization or medical justification.

¹ CPT codes and descriptions only are copyright 2009
American Medical Association. All Rights Reserved.
Applicable FARS/DFARS apply.

Family Planning Clinic
Coverage and rates are subject to change
Effective 1/1/2010 Dates of Service

Table I-2.(b) 2010 HCPC Fee Schedule for Family Planning Services

Procedure	Description	Maximum Allowable
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	\$45.00
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$48.10
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	By Report
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	By Report
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	By Report
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	By Report
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	By Report
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	By Report
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	By Report
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	By Report
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	\$6.11
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$6.11
S0190	MIFEPRISTONE, ORAL, 200 MG	By Report
S0191	MISOPROSTOL, ORAL, 200 MCG	By Report

None of these codes require prior authorization or medical justification.

Family Planning Clinic
 Coverage and rates are subject to change
 Effective 1/1/2010 Dates of Service