




Medical Assistance BULLETIN

ISSUE DATE April 16, 2025	EFFECTIVE DATE May 1, 2025	NUMBER 08-25-35
SUBJECT Federally Qualified Health Center and Rural Health Clinic Procedure Codes		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/en/agencies/dhs/resources/providers/provider-enrollment-information/provider-enrollment-documents.html>.

PURPOSE:

The purpose of this bulletin is to advise Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) of the procedure codes, modifiers and places of service (POS) for FQHCs and RHCs to utilize when billing for covered services provided to Medical Assistance (MA) beneficiaries.

SCOPE:

This bulletin applies to FQHCs and RHCs enrolled in the MA Program that provide services to MA beneficiaries in the Fee-for-Service delivery system. Providers rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any billing or coding questions.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) issued MA Bulletin 08-07-16, titled "Revision to Medical Assistance Program Fee Schedule for Federally Qualified Health Centers and Rural Health Clinics", on December 21, 2007 (https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_004997.pdf). This MA Bulletin included a fee schedule attachment with all modifier combinations that could

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html>

be used with procedure code T1015 at the time, which identified billable encounters paid at the FQHC or RHC provider-specific Prospective Payment System rate (https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_004998.pdf).

Separate MA Bulletins have been issued to announce updates to the MA Program Fee Schedule since that date. Refer to the appropriate MA Bulletin in the Resource section for additional guidance of billing for those services.

No additional changes are being announced to the FQHC and RHC MA Program Fee Schedule with the issuance of this MA Bulletin.

PROCEDURE:

Attached is the list of procedure codes for FQHCs and RHCs to utilize when billing for services rendered to MA beneficiaries. FQHCs and RHCs are to refer to the bulletins listed below for guidance on the use of these procedure codes. FQHCs and RHCs can also refer to the online version of the MA Program Fee Schedule at: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html>.

For additional instructions, please refer to the MA Program's Provider Handbook and Billing Guides available on the Department's website at: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html>.

RESOURCES:

- MA Bulletin 08-10-50, titled "Dental Encounter Payment for Dental Services Rendered by Rural Health Clinics and Federally Qualified Health Centers", may be accessed at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_006371.pdf.
- MA Bulletin 08-16-30, titled "Federally Qualified Health Center Alternative Payment Methodologies for Delivery Services", may be accessed at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/c_251590.pdf.
- MA Bulletin 08-20-03, titled "Behavioral Health Group Therapy Provided in the Federally Qualified Health Center and Rural Health Clinic Settings", may be

accessed at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2020091502.pdf>.

- MA Bulletin 08-20-04, titled “Vision Services Provided in the Federally Qualified Health Center and Rural Health Clinic Settings”, may be accessed at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2020091501.pdf>.
- MA Bulletin 08-20-68, titled “Federally Qualified Health Center and Rural Health Clinic Payment for SARS-CoV-2 Vaccine Administration”, may be accessed at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2022061001.pdf>.
- MA Bulletin 08-22-13, titled “Teledentistry Guidelines and Dental Fee Schedule Updates”, may be accessed at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2022061301.pdf>.
- MA Bulletin 08-22-19, titled “Naloxone Distribution by Federally Qualified Health Centers and Rural Health Clinics”, may be accessed at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2022082901.pdf>.
- MA Bulletin 99-23-08, titled “Updates to Guidelines for the Delivery of Physical Health Services via Telehealth”, may be accessed at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023080201.pdf>.
- MA Bulletin 08-23-27, titled “2023 Updates to Childhood Nutrition and Weight Management Services”, may be accessed at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023091301.pdf>.
- MA Bulletin 08-23-29, titled “Street Medicine”, may be accessed at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023091301.pdf>.

[omap/MAB2023092902.pdf](#).

- MA Bulletin 08-24-02, titled “Pharmacist Billing”, may be accessed at:
<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2024021301.pdf>.
- MA Bulletin 08-24-15, titled “Federally Qualified Health Center and Rural Health Clinic Payment for SARS-CoV-2 Vaccine Administration”, may be accessed at:
<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2024101601.pdf>.
- MA Bulletin 08-25-01, titled “Federally Qualified Health Center and Rural Health Clinic Alternative Payment Methodology for Long-Acting Reversible Contraceptives”, may be accessed at:
<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/mab2025040301.pdf>.

ATTACHMENT:

Federally Qualified Health Centers and Rural Health Clinics Medical Assistance Program
Outpatient Fee Schedule, Effective May 1, 2025

**Federally Qualified Health Centers and Rural Health Clinics Medical Assistance Program Outpatient Fee Schedule,
Effective May 1, 2025**

Procedures Codes billable by Federally Qualified Health Center and Rural Health Clinic Services under the Prospective Payment System								
Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Comments
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 12, 21, 27, 31, 32, 50, 99			Provider Specific Rate	
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 12, 21, 27, 31, 32, 72, 99			Provider Specific Rate	
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 12, 21, 27, 31, 32, 50, 99		HE	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 12, 21, 27, 31, 32, 72, 99		HE	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10		HE, FQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10		HE, FQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		HE, HQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		HE, HQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	080	02		HE, HQ, FQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	081	02		HE, HQ, FQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		HF	Provider Specific Rate	Substance Abuse Program
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		HF	Provider Specific Rate	Substance Abuse Program
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10		HF, FQ	Provider Specific Rate	Mental Health Program

T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10		HF, FQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		HF, HQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		HF, HQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	080	02		HF, HQ, FQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	081	02		HF, HQ, FQ	Provider Specific Rate	Mental Health Program
T1015	Clinic visit/encounter, all-inclusive	08	080	12, 21, 31, 32, 50, 99		EP	Provider Specific Rate	EPSDT
T1015	Clinic visit/encounter, all-inclusive	08	081	12, 21, 31, 32, 72, 99		EP	Provider Specific Rate	EPSDT
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 12, 27, 50		FP	Provider Specific Rate	Family Planning Services
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 12, 27, 72		FP	Provider Specific Rate	Family Planning Services
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		TJ	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		TJ	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		TS	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		TS	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		TJ, TS	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		TJ, TS	Provider Specific Rate	Childhood Nutrition & Weight Management Services

T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		TT	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		TT	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		HR	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		HR	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		AE	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		AE	Provider Specific Rate	Childhood Nutrition & Weight Management Services
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		U3	Provider Specific Rate	Vision Encounter
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		U3	Provider Specific Rate	Vision Encounter
T1015	Clinic visit/encounter, all-inclusive	08	080	02, 10, 27, 50		U9	Provider Specific Rate	Dental Encounter
T1015	Clinic visit/encounter, all-inclusive	08	081	02, 10, 27, 72		U9	Provider Specific Rate	Dental Encounter
Procedure Codes to be used for Tracking Purposes. FQHCs/RHCs should bill T1015 on the first claim line and use the appropriate zero-pay procedure codes listed below on the second claim line.								
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	08	080	50	AT		\$0.00	Medication Therapy Management
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	08	081	72	AT		\$0.00	Medication Therapy Management

99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	08	080	50	AT		\$0.00	Medication Therapy Management
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	08	081	72	AT		\$0.00	Medication Therapy Management
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	08	080	50	AT		\$0.00	Medication Therapy Management
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	08	081	72	AT		\$0.00	Medication Therapy Management
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	080	12, 31, 32, 50			\$0.00	Naloxone Distribution
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	081	12, 31, 32, 72			\$0.00	Naloxone Distribution
G2215	Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	080	12, 31, 32, 50			\$0.00	Naloxone Distribution
G2215	Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	081	12, 31, 32, 72			\$0.00	Naloxone Distribution

G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	08	080	12, 31, 32, 50			\$0.00	Naloxone Distribution
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	08	081	12, 31, 32, 72			\$0.00	Naloxone Distribution
Procedure Codes Billable Under the Federally Qualified Health Center Alternate Payment Methodology for Deliveries in the Acute Care General Hospital Setting								
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	08	080	21			\$1,200.00	
59514	Cesarean delivery only;	08	080	21			\$1,200.00	
59514	Cesarean delivery only;	08	080	21	80		\$240.00	
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	08	080	21			\$1,500.00	
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	08	080	21			\$1,500.00	
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	08	080	21	80		\$300.00	
Procedure Codes Billable Under the Federally Qualified Health Center/Rural Health Clinic Alternate Payment Methodology for Novel Coronavirus (SARS-CoV-2) Vaccine-Only Visits								
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	08	080	12, 27, 31, 32, 50, 99			\$40.00	
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	08	081	12, 27, 31, 32, 72, 99			\$40.00	
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	08	080	12, 27, 31, 32, 50, 99			\$40.00	

91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	08	081	12, 27, 31, 32, 72, 99			\$40.00	
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	08	080	12, 27, 31, 32, 50, 99			\$40.00	
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	08	081	12, 27, 31, 32, 72, 99			\$40.00	
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	08	080	12, 27, 31, 32, 50, 99			\$40.00	
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	08	081	12, 27, 31, 32, 72, 99			\$40.00	
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	08	080	12, 27, 31, 32, 50, 99			\$40.00	
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	08	081	12, 27, 31, 32, 72, 99			\$40.00	
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	08	080	12, 27, 31, 32, 50, 99			\$40.00	
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	08	081	12, 27, 31, 32, 72, 99			\$40.00	
Procedure Codes Billable Under the Federally Qualified Health Center/Rural Health Clinic Alternative Payment Methodology for Long-Acting Reversible Contraceptive Devices								
11976	Removal, implantable contraceptive capsules	08	080	50, 99		FP	\$118.05	

11976	Removal, implantable contraceptive capsules	08	081	72, 99		FP	\$118.05	
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	08	080	50, 99		FP	\$358.81	
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	08	081	72, 99		FP	\$358.81	
11982	Removal, non-biodegradable drug delivery implant	08	080	50, 99		FP	\$126.75	
11982	Removal, non-biodegradable drug delivery implant	08	081	72, 99		FP	\$126.75	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	08	080	50, 99		FP	\$382.51	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	08	081	72, 99		FP	\$382.51	
58300	Insertion of intrauterine device (IUD)	08	080	50, 99		FP	\$366.78	
58300	Insertion of intrauterine device (IUD)	08	081	72, 99		FP	\$366.78	
58301	Removal of intrauterine device (IUD)	08	080	50, 99		FP	\$174.03	
58301	Removal of intrauterine device (IUD)	08	081	72, 99		FP	\$174.03	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	08	080	50, 99		FP	\$1,002.80	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	08	081	72, 99		FP	\$1,002.80	
J7297	Levonorgestrel-releasing intrauterine contraceptive system, (Liletta), 52 mg	08	080	50, 99		FP	\$769.24	
J7297	Levonorgestrel-releasing intrauterine contraceptive system, (Liletta), 52 mg	08	081	72, 99		FP	\$769.24	
J7298	Levonorgestrel-releasing intrauterine contraceptive system, (Mirena), 52 mg	08	080	50, 99		FP	\$1,002.80	
J7298	Levonorgestrel-releasing intrauterine contraceptive system, (Mirena), 52 mg	08	081	72, 99		FP	\$1,002.80	
J7300	Intrauterine copper contraceptive	08	080	50, 99		FP	\$940.36	
J7300	Intrauterine copper contraceptive	08	081	72, 99		FP	\$940.36	
J7301	Levonorgestrel-releasing intrauterine contraceptive system, (Skyla), 13.5 mg	08	080	50, 99		FP	\$834.99	
J7301	Levonorgestrel-releasing intrauterine contraceptive system, (Skyla), 13.5 mg	08	081	72, 99		FP	\$834.99	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	08	080	50, 99		FP	\$1,002.80	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	08	081	72, 99		FP	\$1,002.80	