

Medical Assistance BULLETIN

ISSUE DATE

EFFECTIVE DATE

NUMBER

April 16, 2025

May 1, 2025

08-25-35

SUBJECT

Federally Qualified Health Center and Rural Health Clinic Procedure Codes

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Deputy Secre

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/forproviders/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/copapwppagov/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-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: <a href="https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-pagov/en/dhs/documents/docs/publications/documents/documen

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		Provider	The and Nure	Place of	Pricing	Info		ment system		
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Comments		
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				21, 27, 31,			Provider			
T1015	Clinic visit/encounter, all-inclusive	08	080	32, 50, 99			Specific Rate			
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				21, 27, 31,			Provider			
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				02, 10, 12,						
				21, 27, 31,			Provider			
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				02, 10, 27,			Provider	Substance Abuse		
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				02, 10, 27,			Provider	Substance Abuse		
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T1015 Clinic visit/encounter, all-inclusive 08 080 50 TJ Specific Rate Services Childhood Nutrition & Weight Management Services Childhood Nutrition & Weight Management Services T1015 Clinic visit/encounter, all-inclusive 08 081 72 TJ Specific Rate Services Childhood Nutrition & Weight Management Services Childhood Nutrition & Weight Management Services T1015 Clinic visit/encounter, all-inclusive 08 080 50 TS Specific Rate Services Childhood Nutrition & Services Childhood Nutrition & Services Childhood Nutrition & Services	T1015	Clinic visit/encounter, all-inclusive	08	081	27, 72	FP	Specific Rate	Family Planning Services
T1015 Clinic visit/encounter, all-inclusive 08 080 50 TJ Specific Rate Services Childhood Nutrition & Weight Management T1015 Clinic visit/encounter, all-inclusive 08 081 72 TJ Specific Rate Services TJ Specific Rate Services Childhood Nutrition & Clinic visit/encounter, all-inclusive 08 081 72 TJ Specific Rate Services Childhood Nutrition & Weight Management T1015 Clinic visit/encounter, all-inclusive 08 080 50 TS Specific Rate Services Childhood Nutrition & Services Childhood Nutrition & Services								Childhood Nutrition &
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T1015 Clinic visit/encounter, all-inclusive 08 081 72 TJ Specific Rate Services Childhood Nutrition & O2, 10, 27, Provider Specific Rate Services 102, 10, 27, Provider Specific Rate Services Childhood Nutrition & O2, 10, 27, Provider Specific Rate Services T1015 Clinic visit/encounter, all-inclusive 08 080 50 TS Specific Rate Services Childhood Nutrition & Childhoo	T1015	Clinic visit/encounter, all-inclusive	08	080	50	TJ	Specific Rate	Services
T1015 Clinic visit/encounter, all-inclusive 08 081 72 TJ Specific Rate Services Childhood Nutrition & Provider Weight Management T1015 Clinic visit/encounter, all-inclusive 08 080 50 TS Specific Rate Services Childhood Nutrition & Childh					1 1			Childhood Nutrition &
T1015 Clinic visit/encounter, all-inclusive 08 08 08 08 08 08 08 08 08 08 08 08 08								
T1015 Clinic visit/encounter, all-inclusive 08 08 080 090 000 000 000 000 000 000	T1015	Clinic visit/encounter, all-inclusive	08	081	72	TJ	Specific Rate	
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Childhood Nutrition &								
	T1015	Clinic visit/encounter, all-inclusive	08	080	50	TS	Specific Rate	
ı ı l Provider I Weight Management					02 40 27		B	
	T4045	Clinia visit / an assumbary of the state	20	004				
T1015 Clinic visit/encounter, all-inclusive 08 081 72 TS Specific Rate Services	11015	Clinic visit/encounter, all-inclusive	08	081	12	15	Specific Rate	
Childhood Nutrition & 02, 10, 27, Provider Weight Management					02 10 27		Drovidos	
	T101F	Clinic visit/oncounter all inclusive	00	000		T1 TC		
T1015 Clinic visit/encounter, all-inclusive 08 080 50 TJ, TS Specific Rate Services Childhood Nutrition &	11015	Clinic visit/encounter, all-inclusive	U8	080	30	13, 15	Specific Kate	
02, 10, 27, Provider Weight Management					02 10 27		Drovidor	
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	ITOTO	Temme visity embouniter, an-indusive	1 00	001	14	11, 13	Specific Nate	JEI VICES

							I	Childhood Nutrition &
				02, 10, 27,			Provider	Weight Management
T1015	Clinic visit/encounter, all-inclusive	08	080	50		TT	Specific Rate	Services
11013	emile visity emedanter, an inclusive		000	30			Speeme nate	Childhood Nutrition &
				02, 10, 27,			Provider	Weight Management
T1015	Clinic visit/encounter, all-inclusive	08	081	72		TT	Specific Rate	Services
11013	Cilino Visity chedunical, an inclusive		001	,,,			Speeme nate	Childhood Nutrition &
				02, 10, 27,			Provider	Weight Management
T1015	Clinic visit/encounter, all-inclusive	08	080	50		HR	Specific Rate	Services
11013	emile visity emedanter, an inclusive			30		1111	Specific Rate	Childhood Nutrition &
				02, 10, 27,			Provider	Weight Management
T1015	Clinic visit/encounter, all-inclusive	08	081	72		HR	Specific Rate	Services
11013	chine visity encounter, an inclusive	00	001	,,,		1111	Specific Rate	Childhood Nutrition &
				02, 10, 27,			Provider	Weight Management
T1015	Clinic visit/encounter, all-inclusive	08	080	50		AE	Specific Rate	Services
11013	chine visity encounter, an inclusive	00	000	30		712	Specific Rate	Childhood Nutrition &
				02, 10, 27,			Provider	Weight Management
T1015	Clinic visit/encounter, all-inclusive	08	081	72		AE	Specific Rate	Services
11013	emile visity emedanter, an inclusive		001	,,,		,,,_	Speeme nate	Services
				02, 10, 27,			Provider	
T1015	Clinic visit/encounter, all-inclusive	08	080	50		U3	Specific Rate	Vision Encounter
							op come mate	1.0.0.1 =1.00 0.110.1
				02, 10, 27,			Provider	
T1015	Clinic visit/encounter, all-inclusive	08	081	72		U3	Specific Rate	Vision Encounter
11010				, =			opeome nate	7.0.0.1 2.1.00 0.1.10
				02, 10, 27,			Provider	
T1015	Clinic visit/encounter, all-inclusive	08	080	50		U9	Specific Rate	Dental Encounter
11010							op come made	
				02, 10, 27,			Provider	
T1015	Clinic visit/encounter, all-inclusive	08	081	72		U9	Specific Rate	Dental Encounter
	re Codes to be used for Tracking Purposes. FQHC				aim line an		<u> </u>	
	,			ond claim line				
	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							Medication Therapy
99605	patient	08	080	50	AT		\$0.00	Management
	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							Medication Therapy
99605	patient	08	081	72	AT		\$0.00	Management

	Medication therapy management service(s)		I		ı		1
	1, 5						
	provided by a pharmacist, individual, face-to-						
	face with patient, with assessment and						
	intervention if provided; initial 15 minutes,					4	Medication Therapy
99606	established patient	08	080	50	AT	\$0.00	Management
	Medication therapy management service(s)						
	provided by a pharmacist, individual, face-to-						
	face with patient, with assessment and						
	intervention if provided; initial 15 minutes,						Medication Therapy
99606	established patient	08	081	72	AT	\$0.00	Management
	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						Medication Therapy
99607	primary service)	08	080	50	AT	\$0.00	Management
	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						Medication Therapy
99607	primary service)	08	081	72	AT	\$0.00	Management
	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			12, 31, 32,			
G1028	to code for primary procedure	08	080	50		\$0.00	Naloxone Distribution
	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			12, 31, 32,			
G1028	to code for primary procedure	08	081	72		\$0.00	Naloxone Distribution
51020	Take home supply of nasal naloxone; 2-pack of		001	, -		φυ.υυ	Taloxoffe Distribution
	4 mg per 0.1 ml nasal spray (provision of the						
	services by a Medicare-enrolled Opioid						
	Treatment Program); list separately in addition			12 21 22			
G2215	to code for primary procedure	08	080	12, 31, 32, 50		\$0.00	Naloxone Distribution
92213		Uδ	080	30		Ψ.υ. υ	ואמוטגטוופ טוטנווטנוטנו
	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			12, 31, 32,			
G2215	to code for primary procedure	80	081	72		\$0.00	Naloxone Distribution

	Take have somely of injectable relevans		<u> </u>	T		<u> </u>	
	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			12, 31, 32,			
G2216	procedure	08	080	50		\$0.00	Naloxone Distribution
	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			12, 31, 32,			
G2216	procedure	08	081	72		\$0.00	Naloxone Distribution
Procedure	e Codes Billable Under the Federally Qualified Heal	th Center A	lternate Pay	ment Methodo	ology for Deli	veries in the Acute Care	General Hospital Setting
	Vaginal delivery only (with or without					T	
59409	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	
	Vaginal delivery only, after previous cesarean						
	delivery (with or without episiotomy and/or						
59612	forceps);	08	080	21		\$1,500.00	
3332	Cesarean delivery only, following attempted					Ψ = ,0000.00	
	vaginal delivery after previous cesarean						
59620	delivery;	08	080	21		\$1,500.00	
33020	Cesarean delivery only, following attempted	00	000	21		71,300.00	
E0620	vaginal delivery after previous cesarean	08	080	21	80	\$300.00	
59620	delivery;		1			<u> </u>	
Procedure	e Codes Billable Under the Federally Qualified Hea		Rural Health accine-Only		e Payment M	lethodology for Novel (Coronavirus (SARS-CoV-2)
	T	•		Visits			
	Severe acute respiratory syndrome coronavirus						
	2 (SARS-CoV-2) (coronavirus disease [COVID-						
	[19]) vaccine, recombinant spike protein						
	nanoparticle, saponin-based adjuvant, 5			12, 27, 31,			
91304	mcg/0.5 mL dosage, for intramuscular use	08	080	32, 50, 99		\$40.00	
31304	meg/ 0.5 me dosage, for incramasediar ase	00	000	32, 30, 33		740.00	
	Severe acute respiratory syndrome coronavirus						
	2 (SARS-CoV-2) (coronavirus disease [COVID-						
	19]) vaccine, recombinant spike protein			12 27 24			
	nanoparticle, saponin-based adjuvant, 5	0.5		12, 27, 31,		4	
91304	mcg/0.5 mL dosage, for intramuscular use	08	081	32, 72, 99		\$40.00	
	Severe acute respiratory syndrome coronavirus						
			I	1	i I		
	2 (SARS-CoV-2) (coronavirus disease [COVID-						
	19]) vaccine, mRNA-LNP, spike protein, 3						
				12, 27, 31,			

	Severe acute respiratory syndrome coronavirus		Ī	I	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	2 (SARS-CoV-2) (coronavirus disease [COVID-							
	1 ' ' '							
	19]) vaccine, mRNA-LNP, spike protein, 3			40.07.04				
0.4.0.4.0	mcg/0.3 mL dosage, tris-sucrose formulation,			12, 27, 31,			4.0.00	
91318	for intramuscular use Severe acute respiratory syndrome coronavirus	08	081	32, 72, 99			\$40.00	
	1 ' ' '							
	2 (SARS-CoV-2) (coronavirus disease [COVID-							
	19]) vaccine, mRNA-LNP, spike protein, 10			12 27 24				
	mcg/0.3 mL dosage, tris-sucrose formulation,			12, 27, 31,			4	
91319	for intramuscular use	08	080	32, 50, 99			\$40.00	
	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,			12, 27, 31,				
91319	for intramuscular use	08	081	32, 72, 99			\$40.00	
	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,			12, 27, 31,				
91320	for intramuscular use	08	080	32, 50, 99			\$40.00	
	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,			12, 27, 31,				
91320	for intramuscular use	08	081	32, 72, 99			\$40.00	
	Severe acute respiratory syndrome coronavirus							
	2 (SARS-CoV-2) (coronavirus disease [COVID-							
	19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL			12, 27, 31,				
91321	dosage, for intramuscular use	08	080	32, 50, 99			\$40.00	
	Severe acute respiratory syndrome coronavirus							
	2 (SARS-CoV-2) (coronavirus disease [COVID-							
	19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL			12, 27, 31,				
91321	dosage, for intramuscular use	08	081	32, 72, 99			\$40.00	
	Severe acute respiratory syndrome coronavirus							
	2 (SARS-CoV-2) (coronavirus disease [COVID-							
	19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL			12, 27, 31,				
91322	dosage, for intramuscular use	08	080	32, 50, 99			\$40.00	
	Severe acute respiratory syndrome coronavirus			 				
	2 (SARS-CoV-2) (coronavirus disease [COVID-							
	19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL			12, 27, 31,				
91322	dosage, for intramuscular use	08	081	32, 72, 99			\$40.00	
					um atina Da	mart Best		ong Asting Daversible
Proced	dure Codes Billable Under the Federally Qualified		er/Rural Hea ntraceptive [mative Pay	ment Weth	loadlogy for L	ong-Acting Keversible
		COI		- CVICES			<u> </u>	
11976	Removal, implantable contraceptive capsules	08	080	50, 99		FP	\$118.05	
			1 000	30,33	1	· · · · · ·	7 1 1 0 . 0 0	I

		I	I				
11976	Removal, implantable contraceptive capsules	08	081	72, 99	FP	\$118.05	
	Insertion, drug-delivery implant (ie,			, = =		, , ,	
	bioresorbable, biodegradable, non-						
11981	biodegradable)	08	080	50, 99	FP	\$358.81	
	Insertion, drug-delivery implant (ie,			23,55		700000	
	bioresorbable, biodegradable, non-						
11981	biodegradable)	08	081	72, 99	FP	\$358.81	
	Removal, non-biodegradable drug delivery			, = =		,	
11982	implant	08	080	50, 99	FP	\$126.75	
	Removal, non-biodegradable drug delivery			,		· ·	
11982	implant	08	081	72, 99	FP	\$126.75	
	Removal with reinsertion, non-biodegradable			,		<u> </u>	
11983	drug delivery implant	08	080	50, 99	FP	\$382.51	
	Removal with reinsertion, non-biodegradable			·			
11983	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	
	Levonorgestrel-releasing intrauterine						
J7296	contraceptive system, (Kyleena), 19.5 mg	08	080	50, 99	FP	\$1,002.80	
	Levonorgestrel-releasing intrauterine						
J7296	contraceptive system, (Kyleena), 19.5 mg	08	081	72, 99	FP	\$1,002.80	
	Levonorgestrel-releasing intrauterine						
J7297	contraceptive system, (Liletta), 52 mg	08	080	50, 99	FP	\$769.24	
	Levonorgestrel-releasing intrauterine						
J7297	contraceptive system, (Liletta), 52 mg	08	081	72, 99	FP	\$769.24	
	Levonorgestrel-releasing intrauterine						
J7298	contraceptive system, (Mirena), 52 mg	08	080	50, 99	FP	\$1,002.80	
	Levonorgestrel-releasing intrauterine						
J7298	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	
	Levonorgestrel-releasing intrauterine						
J7301	contraceptive system, (Skyla), 13.5 mg	08	080	50, 99	FP	\$834.99	
	Levonorgestrel-releasing intrauterine						
J7301	contraceptive system, (Skyla), 13.5 mg	08	081	72, 99	FP	\$834.99	
	Etonogestrel (contraceptive) implant system,						
J7307	including implant and supplies	08	080	50, 99	FP	\$1,002.80	
	Etonogestrel (contraceptive) implant system,						
J7307	including implant and supplies	08	081	72, 99	FP	\$1,002.80	