Family Planning Services Fee Schedule

FY2015-16

Effective January 1, 2016

Proc Code	Service Description	Mod 1	Mod 2	Rate Effective 07/01/2014-09/25/2015	Rate Effective 09/26/2015-06/30/2016	Unit Max	Comments
11976	Remove contraceptive capsule	FP		$ 156.35	$ 157.13	1	
11980	Implant hormone pellet(s)	FP		$ 110.26	$ 110.81	6	
11981	Insert drug implant device	FP		$ 147.53	$ 148.27	1	
11982	Remove drug implant device	FP		$ 166.50	$ 167.33	1	
11983	Remove/insert drug implant	FP		$ 226.48	$ 227.61	1	
55250	VASECTOMY, UNILATERAL OR BILATERAL (INDE	FP		$ 412.78	$ 414.85	9999	
55450	LIGATION (PERCUTANEOUS) VAS DEFERENS, UN	FP		$ 380.38	$ 382.28	9999	
55870	Electroejaculation	FP		$ 185.31	$ 186.24	9999	ONLY a FP service if a check following a Sterilization procedure
57170	DIAPHRAGM OR CERVI CAP FIT W/INSTRUCTION	FP		$ 65.41	$ 65.74	9999	
57452	Exam of cervix w/scope	FP		$ 117.89	$ 118.48	1	Do not use 57454-57461 with 57452
58300	Insertion of Intrauterine Device (IUD)	FP		$ 50.66	$ 50.91	1	
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	FP		$ 103.75	$ 104.27	9999	
58340	Catheter for hysterography	FP		$ 130.26	$ 130.91	9999	If used for Infertility evaluation, **NOT** Family Planning and **NOT** a COVERED benefit
58565	Hysteroscopy sterilization (Office)	FP		$ 665.48	$ 668.81	1	
58565	Hysteroscopy sterilization (Hospital, ASC)	FP		$ 448.99	$ 451.23	1	
58600	LIG OR TRANS FALL TUBE, ABD OR VAG APPRO	FP		$ 394.88	$ 396.85	9999	
58605	TRANSECTION OF FAILOPIAN TUBE, UNILATERA	FP		$ 356.45	$ 358.23	9999	
58611	Ligate oviduct(s) add-on	FP		$ 84.44	$ 84.86	9999	
58615	OCCLUSION OF FALL TUBE(S) BY DEVICE VAG	FP		$ 337.72	$ 339.41	9999	
58661	Laparoscopy remove adnexa	FP		$ 692.58	$ 696.04	2	Must have sterilization dx code & be "complete", NOT FP if Partial
58670	Laparoscopy tubal cautery	FP		$ 395.61	$ 397.59	1	
58671	Laparoscopy tubal block	FP		$ 395.61	$ 397.59	1	
64435	N block inj paracervical	FP		$ 148.27	$ 149.01	1	
74742	X-ray fallopian tube	FP	26	$ 33.65	$ 33.82	2	
76830	Transvaginal us non-ob	FP		$ 81.65	$ 82.06	9999	Global Service
76830	Transvaginal us non-ob	FP	26	$ 35.98	$ 36.16	9999	
76830	Transvaginal us non-ob	FP	TC	$ 45.68	$ 45.91	9999	
76831	Echo exam uterus	FP		$ 138.36	$ 139.05	9999	Global Service
76831	Echo exam uterus	FP	26	$ 38.16	$ 38.35	9999	
76831	Echo exam uterus	FP	TC	$ 100.19	$ 100.69	9999	
76856	Us exam pelvic complete	FP		$ 136.17	$ 136.85	1	Global Service
76856	Us exam pelvic complete	FP	26	$ 35.25	$ 35.43	1	
76856	Us exam pelvic complete	FP	TC	$ 100.92	$ 101.42	1	
76857	Us exam pelvic limited	FP		$ 89.38	$ 89.83	9999	Global Service
76857	Us exam pelvic limited	FP	26	$ 19.92	$ 20.02	9999	
76857	Us exam pelvic limited	FP	TC	$ 69.46	$ 69.81	9999	
Please refer to the Medicaid Fee Schedule for rates listed below (https://www.colorado.gov/pacific/hcpf/provider-rates-fee-schedule)							
J7297	Levonorgestrel iu 52mg, **three year**	FP		MFS 1/1/2015	MFS 1/1/2015	1	Replaces J3490 effective 1/1/2016
J7298	Levonorgestrel iu 52mg, **five year**	FP		MFS 1/1/2015	MFS 1/1/2015	1	Replaces J7302 effective 1/1/2016
J7301	Levonorgestrel iu 13.5 mg	FP		MFS 1/1/2015	MFS 1/1/2015	1	
J7302	Levonorgestrel iu 52mg, five year	FP		MFS 1/1/2015	MFS 1/1/2015	1	Code closed effective 1/1/2016