School-Based Health Center Scope of Services (Services described in MAD policy; scope to be reviewed annually and updated as necessary)

	Evaluation & Management			
CPT Code	Service Type	Service Description	Medicaid FFS Rate	
99201	New patient	Office or other outpatient visit (problem focused)	\$35.90	
99202	New patient	Office or other outpatient visit (expanded problem focused)	\$64.02	
99203	New patient	Office or other outpatient visit (detailed)	\$95.43	
99204	New patient	Office or other outpatient visit (comprehensive, moderate)	\$135.41	
99205	New patient	Office or other outpatient visit (comprehensive, high)	\$172.64	
99211	Established patient	Office or other outpatient visit (minimal)	\$20.67	
99212	Established patient	Office or other outpatient visit (problem focused)	\$37.64	
99213	Established patient	Office or other outpatient visit (expanded)	\$51.55	
99214	Established patient	Office or other outpatient visit (detailed)	\$81.08	
99215	Established patient	Office or other outpatient visit (comprehensive, high)	\$118.65	
99354	Prolonged services	Prolonged physician service; face-to-face pt. contact; beyond usual services	\$99.44	
CPT Code	Service Type	Preventive Medicine Services (EPSDT) Service Description	Medicaid FFS Rate	
99381	New patient	Initial comprehensive preventive medicine (age under 1 year)	\$144.00	
99382	New patient	Early childhood (age 1 through 4 years)	\$144.00	
99383	New patient	Late childhood (age 5 through 11 years)	\$144.00	
99384	New patient	Adolescent (age 12 through 17 years)	\$144.00	
99385	New patient	Age 18 through 39 years	\$144.00	
99391	Established patient	Periodic comprehensive preventive medicine (age under 1 year)	\$85.92	
99392	Established patient	Early childhood (age 1 through 4 years)	\$85.92	
99393	Established patient	Late childhood (age 5 through 11 years)	\$85.92	
99394	Established patient	Adolescent (age 12 through 17 years)	\$85.92	
99395	Established patient	Age 18 through 39 years	\$85.92	
		Counseling and/or Risk Factor Reduction Intervention		
CPT Code	Service Type	Service Description	Medicaid FFS Rate	
99401	New or established patient	Preventive medicine counseling to an individual, approx. 15 minutes		
99402	New or established patient	Preventive medicine counseling to an individual, approx. 30 minutes	Managed care only:These codes are not	
99403	New or established patient	Preventive medicine counseling to an individual, approx. 45 minutes		
99404	New or established patient	Preventive medicine counseling to an individual, approx. 60 minutes	reimbursed under	
99411	New or established patient	Preventive medicine, group counseling, approx. 30 minutes	the Medicaid FFS	
99412	New or established patient	Preventive medicine, group counseling, approx. 60 minutes	program	

School-Based Health Center Scope of Services (Services described in MAD policy; scope to be reviewed annually and updated as necessary)

CPT Code	Service Type	Service Description	MD/DO Rate	Mid-Lev Rate
90801	Psychiatric diagnostic or evaluative	Psychiatric diagnostic interview examination	\$135.00	\$50.0
90804	Office or other outpatient facility	Individual psychotherapy, 20-30 minutes	\$58.00	\$25.0
90805	Office or other outpatient facility	Individual psychotherapy, 20-30 minutes, with med. eval. & management	\$64.00) N/A
90806	Office or other outpatient facility	Individual psychotherapy, 45-50 minutes	\$88.00	\$50.0
90807	Office or other outpatient facility	Individual psychotherapy, 45-50 minutes, with med. eval & management	\$93.00) N//
90808	Office or other outpatient facility	Individual psychotherapy, 75-80 minutes	\$129.65	\$75.0
90847	Other psychotherapy	Family psychotherapy	\$104.00	\$50.0
90853	Other psychotherapy	Group psychotherapy	\$29.83	\$20.0
90862	Other psychiatric services	Pharmacologic management	\$50.00) N/A
T1016	Behavioral health enhanced	Behavioral health enhanced	Manageo	d care only
		Procedures and Laboratory		
CPT Code	Service Type	Service Description	Medicaid	l FFS Bat

CPT Code	Service Type	Service Description	Medicaid FFS Rate
	Integumentary system/surgery	I&D of abscess (simple)	\$92.58
	Integumentary system/surgery	Avulsion of nail plate (simple)	\$85.43
	Integumentary system/surgery	Simple repair of superficial wounds	\$141.77
	Integumentary system/surgery	Destruction of flat warts	\$83.97
36415	Cardiovascular system/surgery	Routine venipuncture	\$3.12
	Male genital system/surgery	Destruction of lesion(s), penis	\$109.66
56501	Female genital system/surgery	Destruction of lesion(s), vulva	\$129.14
57170	Female genital system/surgery	Diaphragm or cervical cap fitting with instructions	\$91.43
58300	Female genital system/surgery	Insertion of intrauterine device (IUD)	\$40.92
58301	Female genital system/surgery	Removal of intrauterine device (IUD)	\$101.43
69200	Auditory system/surgery	Removal foreign body from external auditory canal	\$115.94
69210	Auditory system/surgery	Removal impacted cerumen (one or both ears)	\$47.80
80061	Pathology & lab	Lipid panel	\$17.16
81000	Pathology & lab	Urinalysis by dipstick or tablet reagent	\$4.43
81001	Pathology & lab	Urinalysis, automated - with microscopy	\$4.43
81002	Pathology & lab	Urinalysis, non-automated - without microscopy	\$3.57
81003	Pathology & lab	Urinalysis, automated - without microscopy	\$3.14
81015	Pathology & lab	Urinalysis, microscopic only	\$4.24
81025	Pathology & lab	Urine pregnancy test - by visual color	\$8.84
82270	Pathology & lab	Blood, occult, guaiac, qualitative, feces	\$4.54
82465	Pathology & lab	Cholesterol, serum or whole blood, total	\$6.08
82947	Pathology & lab	Glucose, blood, quantitative	\$5.48
82948	Pathology & lab	Glucose, blood, reagent strip	\$4.43

School-Based Health Center Scope of Services (Services described in MAD policy; scope to be reviewed annually and updated as necessary)

Procedures and Laboratory (continued)				
CPT Code	Service Type	Service Description	Medicaid FFS Rate	
82962	Pathology & lab	Glucose, blood by glucose monitoring device	\$3.27	
84703	Pathology & lab	hCG pregnancy test (urine) - qualitative	\$10.49	
85013	Pathology & lab	Spun microhematocrit	\$3.31	
85018	Pathology & lab	Hemoglobin (Hgb)	\$3.31	
86308	Pathology & lab	Heterophile antibodies; screening (Mono-spot)	\$7.23	
86318	Pathology & lab	Immunoassay for infectious agent antibody, qualitative or semiquantitative (H. pylori)	\$18.09	
87210	Pathology & lab	Wet mount (e.g., saline) for infectious agents	\$5.96	
87220	Pathology & lab	Tissue examination by KOH slide	\$5.96	
87430	Pathology & lab	Streptococcus, group A	\$16.76	
Q0091	Pathology & lab	PAP smear, obtaining/preparation, conveyance to laboratory	Managed care only	
Q0111	Pathology & lab	Wet prep, obtaining/preparation	\$5.66	
90772	Therapeutic/prophylactic injections	Therapeutic, prophylactic or diagnostic injection, subcutaneous or intramuscular	\$17.88	
92567	Audiologic function testing	Tympanometry (impedance testing)	\$20.28	
94640	Pulmonary	Nonpressurized inhalation treatment for acute airway obstruction	\$11.18	

Immunizations

CPT Code	Service Type	Service Description	Medicaid FFS Rate
90471	Immunization administration	Immunization administration; one vaccine	Managed care only
90472	Immunization administration	Immunization administration; each additional vaccine	Managed care only
90633	Vaccines, toxoids	Hepatitis A vaccine, pediatric/adolescent	\$10.94
90645	Vaccines, toxoids	Hemophilius influenza b vaccine (HIB), HbOC conjugate	\$10.94
90646	Vaccines, toxoids	Hemophilius influenza b vaccine (HIB), PRP-D conjugate	\$10.94
90647	Vaccines, toxoids	Hemophilius influenza b vaccine (HIB), PRP-OMP conjugate	\$10.94
90648	Vaccines, toxoids	Hemophilius influenza b vaccine (HIB), PRP-T conjugate	\$10.94
90649 HB	Vaccines, toxoids	Human Papilloma Virus (HPV) vaccine - females 9-10 and 19-26 years of age	\$130.00
90649	Vaccines, toxoids	Human Papilloma Virus (HPV) vaccine - females 11-18 years of age	\$10.00
90657	Vaccines, toxoids	Influenza virus vaccine, split virus, 6-35 months of age	\$10.94
90658	Vaccines, toxoids	Influenza virus vaccine, split virus, 3 years and above	\$10.94
90659	Vaccines, toxoids	Influenza virus vaccine, whole virus	Managed care only
90669	Vaccines, toxoids	Pneumococcal conjugate vaccine, polyvalent, children under 5 years	\$26.60
90702	Vaccines, toxoids	Diphtheria, tetanus toxoids	\$10.94
90700	Vaccines, toxoids	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)	\$10.94
90701	Vaccines, toxoids	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP)	\$21.93
90707	Vaccines, toxoids	Measles, mumps, rubella vaccine (MMR)	\$10.94
90712	Vaccines, toxoids	Poliovirus vaccine (OPV) for oral use	\$10.94
90713	Vaccines, toxoids	Poliovirus virus (IPV) for subcutaneous or intramuscular use	\$10.94

School-Based Health Center Scope of Services (Services described in MAD policy; scope to be reviewed annually and updated as necessary)

	(Oel vices described	a in MAD policy, scope to be reviewed allitually and appared as necessary)	
Immunizations (continued)			
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CPT Code	Service Type	Service Description	Medicaid FFS Rate
90715	Vaccines, toxoids	Tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP)	\$10.9
90716	Vaccines, toxoids	Varicella virus vaccine	\$10.9
90718	Vaccines, toxoids	Tetanus and diphtheria toxoids (Td)	\$10.9
90732	Vaccines, toxoids	Pneumococcal polysaccharide vaccine 23-valent	\$27.0
90733	Vaccines, toxoids	Meningococcal polysaccharide vaccine	\$84.4
90734	Vaccines, toxoids	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent)	\$10.9
90744	Vaccines, toxoids	Hepatitis B vaccine, pediatric/adolescent dosage	\$10.9
90748	Vaccines, toxoids	Hepatitis B and hemophilius influenza b vaccine (HepB/Hib) combination	\$45.6
		Medications, Supplies & Durable Medical Equipment	
HCPCS			
Code	Service Type	Service Description	Medicaid FFS Rate
A4266	Supplies/DME	Diaphragm for contraceptive use	\$29.9
A4614	Supplies/DME	Peak flow meter, hand held	\$23.7
J0696	Drugs administered other than oral	Injection, Ceftriaxone 250 mg. IM per vial	\$1.7
J1055	Drugs administered other than oral	Injection, Depo Provera 150 mg. IM	\$58.1
J7300	Drugs administered other than oral	Intrauterine copper contraceptive	\$377.0
J7618	Drugs administered other than oral	Albuterol, all formulations	Managed care only
Q0144	Drugs administered	Azithromycin oral powder 1 gm.	Managed care only
Q3014	Telehealth	Telehealth originating site facility fee	\$22.47