Michigan Medicaid
Family Planning Clinic Database
Effective 8-1-01

HCPCS*	Description	Status	8-1-01 Fee
11975	INSERT CONTRACEPTIVE CAP	A	68.86
11976	REMOVAL OF CONTRACEPTIVE CAP	A	76.93
11977	REMOVAL/REINSERT CONTRA CAP	A	128.75
55250	REMOVAL OF SPERM DUCT(S)	C	265.12
57170	FITTING OF DIAPHRAGM/CAP	A	50.02
58300	INSERT INTRAUTERINE DEVICE	A	54.28
58301	REMOVE INTRAUTERINE DEVICE	A	62.13
81000	URINALYSIS, NONAUTO W/SCOPE	A	3.00
81001	URINALYSIS, AUTO W/SCOPE	A	3.00
81002	URINALYSIS NONAUTO W/O SCOPE	A	1.25
81003	URINALYSIS, AUTO, W/O SCOPE	A	1.25
81015	MICROSCOPIC EXAM OF URINE	A	1.75
81025	URINE PREGNANCY TEST	A	5.37
82465	ASSAY, BLD/SERUM CHOLESTEROL	A	3.01
82947	ASSAY, GLUCOSE, BLOOD QUANT	A	2.59
82948	REAGENT STRIP/BLOOD GLUCOSE	A	1.50
84703	CHORIONIC GONADOTROPIN ASSAY	A	4.73
85013	HEMATOCRIT	A	2.83
85014	HEMATOCRIT	A	2.83
85018	HEMOGLOBIN	A	2.83
85660	RBC SICKLE CELL TEST	A	5.93
86631	CHLAMYDIA ANTIBODY	A	7.21
87072	CULTURE OF SPECIMEN BY KIT	A	4.79
87081	CULTURE SCREEN ONLY	A	5.37
87082	CULTURE OF SPECIMEN BY KIT	A	5.37
87205	SMEAR, GRAM STAIN	A	4.89
87207	SMEAR, SPECIAL STAIN	A	7.45
87210	SMEAR, WET MOUNT, SALINE/INK	A	2.83
87220	TISSUE EXAM FOR FUNGI	A	2.83
99211	OFFICE/OUTPATIENT VISIT, EST	A	15.48
99212	OFFICE/OUTPATIENT VISIT, EST	A	23.78
99213	OFFICE/OUTPATIENT VISIT, EST	A	31.63
99383	PREV VISIT, NEW, AGE 5-11	A	61.23
99384	PREV VISIT, NEW, AGE 12-17	A	66.84
99385	PREV VISIT, NEW, AGE 18-39	A	67.07
99386	PREV VISIT, NEW, AGE 40-64	A	79.18
99387	PREV VISIT, NEW, 65 & OVER	A	85.91
99393	PREV VISIT, EST, AGE 5-11	A	49.12
99394	PREV VISIT, EST, AGE 12-17	A	54.73
99395	PREV VISIT, EST, AGE 18-39	A	55.40
99396	PREV VISIT, EST, AGE 40-64	A	61.46
99397	PREV VISIT, EST, 65 & OVER	A	67.51
99401	PREVENTIVE COUNSELING, INDIV	A	9.37
99402	PREVENTIVE COUNSELING, INDIV	A	9.37
99429	UNLISTED PREVENTIVE SERVICE	M	0.01
A4260	LEVONORGESTREL IMPLANT	A	301.00
A4261	CERVICAL CAP CONTRACEPTIVE	A	26.01
J0696	CEFTRIAXONE SODIUM INJECTION	A	10.24
J1055	MEDRXYPROGESTER ACETATE INJ	A	22.42
J7300	INTRAUT COPPER CONTRACEPTIVE	A	121.00

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HCPCS*	Description	Status	8-1-01 Fee
X4634	COST OF PROGESTASERT IUD	A	87.80
Z8003	MONISTAT CREAM	A	14.78
Z8004	SULTRIN CREAM	A	4.62
Z8005	TERAZOL CREAM	A	13.80
Z8006	NYSTATIN CREAM	A	2.18
Z8050	AMOXICILLIN 250MG - 30 CAPS	A	1.76
Z8051	AMOXICILLIN 250 MG-40 CAPS	A	2.35
Z8052	AMOXICILLIN 500MG-40 CAPS	A	4.70
Z8053	AMPICILLIN 250MG-40 CAPS	A	1.67
Z8054	AMPICILLIN 500 MG - 28 CAPS	A	3.14
Z8055	AMPICILLIN 500MG-7 TABS	A	0.66
Z8056	AMPICILLIN 500MG-20 TABS	A	1.88
Z8057	BAC/SEP 400/80MG 40 TABS	A	1.48
Z8058	BAC/SEP 800/160 MG	A	3.68
Z8059	BENEMID 500MG-28 TABS	A	1.18
Z8060	DIFLUCAN 150 MG-1 TAB	A	7.66
Z8061	ERYTHROMYCIN 250 MG 40 TABS	A	1.50
Z8062	ERYTHROMYCIN 500 MG 28 TABS	A	3.70
Z8063	KEFLEX 250 MG- 40 CAPS	A	3.81
Z8064	KEFLEX 500 MG- 28 CAPS	A	5.33
Z8065	SUPRAX 200 MG- 20 CAPS	A	65.38
Z8066	SUPRAX 400 MG- 1 CAPS	A	6.87
Z8067	SUPRAX 400 MG- 10 CAPS	A	68.70
Z8068	TETRACYCLINE 250 MG-40 CAPS	A	0.84
Z8069	TETRACYCLINE 500 MG-28 CAPS	A	1.39
Z8070	TMP-SMZ-DS-28 TABS	A	3.68
Z8071	TRIMETHOPRIM 100 MG-6 TABS	A	1.60
Z8072	TRIMETHOPRIM 100 MG-28 TABS	A	7.46
Z8073	TRIMETHOPRIM 200 MG-28 TABS	A	5.60
Z8074	VIBRAMYCIN 50 MG - 20 CAPS	A	1.90
Z8075	VIBRAMYCIN 100 MG-14 CAPS	A	1.95
Z8076	ZITHROMAX 250 MG-6 CAPS	A	33.47
Z8077	ZITHROMAX 1 GM-SUSPENSION	A	10.00
Z8080	TERAZOL INSERTS - 3	A	16.03
Z8081	TERAZOL INSERTS - 7	A	13.07
Z8082	MONISTAT INSERTS - 7	A	29.56
Z8090	FLAGYL - 4TABS	A	1.29
Z8091	FLAGYL -14TABS	A	4.53
Z8092	FLOXIN 400 MG-1 TAB	A	3.35
Z8500	ORAL CONTRACEPTIVE ONE MONTH CYCLE	A	6.25
Z8505	PREVEN (EMERGENCY CONTRACEPT	A	10.00
Z8506	PLAN B (EMERGENCY CONTRACEP)	A	2.25
Z8510	DIAPHRAGM	A	4.08
Z8511	CONDOMS, MALE, ONE DOZEN	A	0.54
Z8512	CONDOMS,FEMALE, EACH	A	0.68
Z8513	FOAM/JELLY/CREAM PER PACKAGE	A	4.08
Z8515	LUNELLE MONTHLY CONTRACEPTIVE INJ	A	16.61

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