

Ten Procedure Codes for Comparison		Alabama		Florida		Mississippi		North Carolina		South Carolina		Arkansas		Illinois		Louisiana		Virginia	
Procedure Code	Definitions	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate	Medicaid non-facility payment rate	BCBS/PPO non-facility payment rate
58300	Insertion of Intrauterine Device			\$34.55	\$96.00			\$69.35		\$ 59.69	\$ 102.00			\$44.00				\$73.68	data not available
58301	Removal of Intrauterine Device			\$48.49	\$143.00			\$83.36		\$ 71.77	\$ 116.00			\$37.40				\$89.10	data not available
58670	Laparoscopy with fulguration of oviducts (with or without transection)			\$186.12	\$505.00			\$305.89		\$ 263.47	\$ 602.00			\$363.45				\$330.37	data not available
58671	Laparoscopy with occlusion of oviducts by device (e.g., band, clip)			\$186.12	\$505.00			\$306.12		\$ 263.61	\$ 605.00			\$363.45				\$330.37	data not available
99203	Office or other outpatient visit for the evaluation and management of a new patient			does not cover	\$105.00			\$82.16		\$ 71.16	\$ 85.00			\$41.60				\$63.27 (≥ 21 years) \$73.08 (<21 years)	data not available
99204	Office or other outpatient visit for the evaluation and management of a new patient			does not cover	\$149.00			\$125.96		\$ 109.40	\$ 131.00			\$66.40				\$97.02 (≥ 21 years) \$112.06 (<21 years)	data not available
99212	Office or other outpatient visit for the evaluation and management of an established patient			does not cover	\$42.00			\$33.53		\$ 29.01	\$ 34.00			\$24.25				\$25.56 (≥ 21 years) \$29.52 (<21 years)	data not available
99213	Office or other outpatient visit for the evaluation and management of an established patient			does not cover	\$57.00			\$54.37		\$ 47.31	\$ 56.00			\$28.35				\$41.44 (≥ 21 years) \$47.86 (<21 years)	data not available
99385	New Patient Physical Exam: 18 To 39 Years			\$52.04 (≥ 21 years) \$54.12 (<21 years)	doesn't not cover			\$93.97		\$ 97.23	\$ 110.00			\$32.15*				not covered	data not available
99395	Established Patient Physical Exam: 18 To 39 Years			\$45.96 (≥ 21 years) \$47.79 (<21 years)	doesn't not cover			\$79.63		\$ 82.45	\$ 91.00			\$32.15*				not covered	data not available
State-Specific Notes														99385 and 99395 are not approved codes under the waiver				Fees for individuals <20 yrs of age are higher to support primary care for children. These fees are for all Medicaid and SCHIP services, not just the FPW.	