

**County Health Department Billing Codes
January 1, 2026**

*Requires prior authorization

Adult Health Screening Codes		
CODE	DESCRIPTION OF SERVICES	Maximum Fee
99385	Adult Health Screening, new patient, age 21-39 yrs.	Cost-based
99386	Adult Health Screening, new patient, age 40-64 yrs.	Cost-based
99387	Adult Health Screening, new patient, age 65 yrs. and over	Cost-based
99395	Adult Health Screening, established patient, age 21-39 yrs.	Cost-based
99396	Adult Health Screening, established patient, age 40-64 yrs.	Cost-based
99397	Adult Health Screening, established patient, 65 yrs. and over	Cost-based

Dental Services Codes		
CODE	DESCRIPTION OF SERVICES	Maximum Fee
D0150	Comprehensive Oral Evaluation	Cost-based
D0120	Periodic Oral Evaluation	Cost-based
D5211	Upper Partial-Resin Base	Cost-based*
D5212	Lower Partial-Resin Base	Cost-based*
D5213	Maxillary Partial Denture	Cost-based*
D5214	Mandibular Partial Denture	Cost-based*
D5820	Interim Partial Denture (Maxillary)	Cost-based*
D5821	Interim Partial Denture (Mandibular)	Cost-based*

Well Child Visit (Child Health Check-Up) Codes			
CODE	MODIFIER	DESCRIPTION OF SERVICES	Maximum Fee
99381		Well Child Visit – new patient <1year	Cost-based
99382		Well Child Visit – new patient 1 through 4 years	Cost-based
99383		Well Child Visit – new patient 5 through 11 years	Cost-based
99384		Well Child Visit – new patient 12 through 17 years	Cost-based
99385	EP	Well Child Visit – new patient 18 through 20 years	Cost-based
99391		Well Child Visit – established patient <1 year	Cost-based
99392		Well Child Visit – established patient 1 through 4 years	Cost-based
99393		Well Child Visit – established patient 5 through 11 years	Cost-based
99394		Well Child Visit – established patient 12 through 17 years	Cost-based
99395	EP	Well Child Visit – established patient 18 through 20 years	Cost-based

Family Planning Codes			
CODE	MODIFIER	DESCRIPTION OF SERVICES	Maximum Fee
99383	FP	Family Planning—Initial Family Planning Examination – age 5-11 years	Cost-based
99384	FP	Family Planning—Initial Family Planning Examination – age 12-17 years	Cost-based
99385	FP	Family Planning—Initial Family Planning Examination – age 18-39 years	Cost-based
99386	FP	Family Planning—Initial Family Planning Examination – age 40-64 years	Cost-based
99393	FP	Family Planning—Annual Family Planning Examination – age 5-11 years	Cost-based
99394	FP	Family Planning—Annual Family Planning Examination – age 12-17 years	Cost-based
99395	FP	Family Planning—Annual Family Planning Examination – age 18-39 years	Cost-based
99396	FP	Family Planning—Annual Family Planning Examination – age 40-64 years	Cost-based
99403	FP	Family Planning Counseling Visit	Cost-based
99211	FP	Family Planning Supply Visit	Cost-based
99401 99402	FP	HIV Counseling	Cost-based

Family Planning Waiver Codes <i>For more information about the family planning waiver program, visit: http://ahca.myflorida.com/Medicaid/Family_Planning/index.shtml</i>			
CODE	MODIFIER	DESCRIPTION OF SERVICES	Maximum Fee
99384	FP	Family Planning—Initial Family Planning Examination – age 12-17 years	Cost-based
99385	FP	Family Planning—Initial Family Planning Examination – age 18-39 years	Cost-based
99386	FP	Family Planning—Initial Family Planning Examination – age 40-55 years	Cost-based
99394	FP	Family Planning—Annual Family Planning Examination – age 12-17 years	Cost-based
99395	FP	Family Planning—Annual Family Planning Examination – age 18-39 years	Cost-based
99396	FP	Family Planning—Annual Family Planning Examination – age 40-55 years	Cost-based
99403	FP	Family Planning--Counseling Visit	Cost-based
99211	FP	Family Planning--Supply Visit	Cost-based
99401, 99402	FP	HIV Counseling	Cost-based
57452, 57454, 57460	FP	Colposcopy Surgeries (Billed with the Fee-For-Service Group Practitioner Provider Number)	See Practitioner Fee Schedule

Primary Medical Care Codes		
CODE	DESCRIPTION OF SERVICES	Maximum Fee
99201	Office or other outpatient visit	Cost-based
99202	Office or other outpatient visit	Cost-based
99203	Office or other outpatient visit	Cost-based
99204	Office or other outpatient visit	Cost-based
99205	Office or other outpatient visit	Cost-based
99211	Office or other outpatient visit	Cost-based
99212	Office or other outpatient visit	Cost-based
99213	Office or other outpatient visit	Cost-based
99214	Office or other outpatient visit	Cost-based
99215	Office or other outpatient visit	Cost-based
H1000	Antepartum Care only	Cost-based
59430	Postpartum Care only	Cost-based

Registered Nurse Services Code			
CODE	MODIFIER	DESCRIPTION OF SERVICES	Maximum Fee
99211	TD	Services provided by registered nurses	Cost-based
		Exception: Bill adult health screenings, Well Child Visit screenings (Child Health Check-Up screenings), family planning services, and antepartum services rendered by RNs with the applicable service procedure code rather than 99211 TD.	

Immunization Codes			
CODE	MODIFIER	DESCRIPTION OF SERVICES	Maximum Fee
Bill the Appropriate CPT Code		Administration of Vaccines to Medicaid recipients	\$10.00 per vaccine dose

- Procedure codes listed on the Prescribed Drugs Physician Administered Billing Codes and the Prescribed Drugs Immunization Fee Schedule in Rule 59G-4.002, F.A.C., are reimbursed separately outside of the encounter rate.