

Annual PPNNE VT FP service rates and volumes

[VT Medicaid Fee Schedule](#)

(Non-Facility, Provider Speciality 000, with the exception of enhanced FP rates when applicable)

Core family planning services (eligible for ME add-on rates)

CPT/HCPCS code	Service description	Estimated PPNNE VT volume	New/proposed rate	Rate difference	Estimated current PPNNE VT total payment	Estimated new PPNNE VT total payment
11976	Removal, implan	0	\$ 321.99	\$ 199.73	\$ -	\$ -
11981	Insertion, non-bic	142	\$ 358.81	\$ 144.81	\$ 30,388.00	\$ 50,951.02
11982	Removal, non-bic	160	\$ 249.78	\$ 156.47	\$ 14,929.60	\$ 39,964.80
11983	Removal with rei	53	\$ 382.51	\$ 68.51	\$ 16,642.00	\$ 20,273.03
54050	Condyloma Treat	7	\$ 315.91	\$ 191.27	\$ 872.48	\$ 2,211.37
56501	Condyloma Treat	13	\$ 430.85	\$ 265.33	\$ 2,151.76	\$ 5,601.05
57170	Diaphragm/Cervi	0	\$ 174.45	\$ 108.81	\$ -	\$ -
57452	Colposcopy	0	\$ 282.90	\$ 175.39	\$ -	\$ -
57454	Colposcopy And	19	\$ 379.63	\$ 237.65	\$ 2,697.62	\$ 7,212.97
58300	Insertion of intra	269	\$ 366.78	\$ 252.78	\$ 30,666.00	\$ 98,663.82
58301	Removal of intra	198	\$ 247.60	\$ 154.13	\$ 18,507.06	\$ 49,024.80
81002	Urinalysis, by dip	282	\$ 8.62	\$ 5.17	\$ 972.90	\$ 2,430.84
81025	Urine pregnancy	1503	\$ 21.47	\$ 12.95	\$ 12,805.56	\$ 32,269.41
85018	Hemoglobin (Hgt	318	\$ 7.37	\$ 5.02	\$ 747.30	\$ 2,343.66
86703	HIV-1 and HIV-2	63	\$ 34.79	\$ 21.22	\$ 854.91	\$ 2,191.77
87210	Smear, primary s	734	\$ 14.36	\$ 8.60	\$ 4,227.84	\$ 10,540.24
90471	Immunization adr	213	\$ 39.94	\$ 22.09	\$ 3,802.05	\$ 8,507.22
96372	Injection, therape	792	\$ 31.75	\$ 19.44	\$ 9,749.52	\$ 25,146.00
99202	Office or other ou	405	\$ 161.19	\$ 99.54	\$ 24,968.25	\$ 65,281.95
99203	Office or other ou	790	\$ 249.05	\$ 154.49	\$ 74,702.40	\$ 196,749.50
99204	Office or other ou	113	\$ 374.38	\$ 232.80	\$ 15,998.54	\$ 42,304.94
99205	Office or other ou	2	\$ 494.91	\$ 308.44	\$ 372.94	\$ 989.82
99211	Office or other ou	1	\$ 50.72	\$ 30.54	\$ 20.18	\$ 50.72
99212	Office or other ou	816	\$ 125.50	\$ 77.15	\$ 39,453.60	\$ 102,408.00
99213	Office or other ou	1993	\$ 203.16	\$ 125.67	\$ 154,437.57	\$ 404,897.88
99214	Office or other ou	402	\$ 286.85	\$ 177.61	\$ 43,914.48	\$ 115,313.70
99215	Office or other ou	19	\$ 404.73	\$ 251.32	\$ 2,914.79	\$ 7,689.87
99384	Initial comprehen	0	\$ 300.01	\$ 186.75	\$ -	\$ -
99385	Initial comprehen	72	\$ 291.41	\$ 181.31	\$ 7,927.20	\$ 20,981.52
99386	Initial comprehen	28	\$ 337.13	\$ 210.34	\$ 3,550.12	\$ 9,439.64
99394	Periodic compref	0	\$ 255.96	\$ 158.87	\$ -	\$ -
99395	Periodic compref	197	\$ 261.76	\$ 162.50	\$ 19,554.22	\$ 51,566.72
99396	Periodic compref	64	\$ 279.85	\$ 174.40	\$ 6,748.80	\$ 17,910.40
99401	Preventative mec	25	\$ 86.12	\$ 53.27	\$ 821.25	\$ 2,153.00
99402	Preventative mec	39	\$ 142.82	\$ 89.68	\$ 2,072.46	\$ 5,569.98
Totals					\$ 547,471.40	\$ 1,400,639.64

Difference in PPNNE VT payment	\$ 853,168.24
FPOS eligibility State share	\$ 85,316.82
above Federal share	\$ 767,851.42

Notes:

- *Volumes are estimated
- *The above data was collected from publicly available fee schedules, all public sources have been linked
- *The above data does not reflect all services, nor all contracted rates
- *The above data does not reflect additional reimbursement considerations, such as facility fees or modifiers, unless otherwise indicated
- *The above data could change as reimbursement rates are updated