Alabama Medicaid Fee Schedule
Physician Alabama Primary Care Enhanced Rates Fee Schedule
Updated: 05/27/2015

PROCEDURE CODE	DESCRIPTION	AMOUNT	EFFECTIVE DATE
90633	HEP A VACC PED/ADOL 2 DOSE	$19.79	1/1/2013
90636	HEP A/HEP B VACC ADULT IM	$19.79	1/1/2013
90645	HIB VACCINE HBOC IM	$19.79	1/1/2013
90647	HIB VACCINE PRP-OMP IM	$19.79	1/1/2013
90648	HIB VACCINE PRP-T IM	$19.79	1/1/2013
90649	HPV VACCINE 4 VALENT IM	$19.79	1/1/2013
90650	HPV VACCINE 2 VALENT IM	$19.79	1/1/2013
90655	FLU VAC NO PRSV 3 VAL 6-35 M	$19.79	1/1/2013
90656	FLU VACCINE NO PRESERV 3 & >	$19.79	1/1/2013
90657	FLU VACCINE 3 YRS IM	$19.79	1/1/2013
90658	FLU VACCINE 3 YRS & > IM	$19.79	1/1/2013
90660	FLU VACCINE NASAL	$19.79	1/1/2013
90669	PNEUMOCOCCAL VACC 7 VAL IM	$19.79	1/1/2013
90670	PNEUMOCOCCAL VACC 13 VAL IM	$19.79	1/1/2013
90672	FLU VACCINE 4 VALENT NASAL	$19.79	7/1/2013
90680	ROTOVIRUS VACC 3 DOSE ORAL	$19.79	1/1/2013
90681	ROTAVIRUS VACC 2 DOSE ORAL	$19.79	1/1/2013
90685	FLU VAC NO PRSV 4 VAL 6-35 M	$19.79	7/1/2013
90686	FLU VAC NO PRSV 4 VAL 3 YRS+	$19.79	7/1/2013
90687	FLU VACCINE 4 VAL 6-35 MO IM	$19.79	6/11/2014
90688	FLU VACC 4 VAL 3 YRS PLUS IM	$19.79	1/1/2013
90696	DTAP-IPV VACC 4-6 YR IM	$19.79	1/1/2013
90698	DTAP-HIB-IP VACCINE IM	$19.79	1/1/2013
90700	DTAP VACCINE < 7 YRS IM	$19.79	1/1/2013
90702	DT VACCINE < 7 YRS IM	$19.79	1/1/2013
90707	MMR VACCINE SC	$19.79	1/1/2013
90710	MMRV VACCINE SC	$19.79	1/1/2013
90713	POLIOVIRUS IPV SC/IM	$19.79	1/1/2013
90714	TD VACCINE NO PRSRV 7/> IM	$19.79	1/1/2013
90715	TDAP VACCINE 7 YRS/> IM	$19.79	1/1/2013
90716	CHICKEN POX VACCINE SC	$19.79	1/1/2013
90721	DTAP/HIB VACCINE IM	$19.79	1/1/2013
90723	DTAP-HEP B-IPV VACCINE IM	$19.79	1/1/2013
90732	PNEUMOCOCCAL VACC 23 VAL IM	$19.79	1/1/2013
90733	MENINGOCOCCAL VACCINE SC	$19.79	1/1/2013
90734	MENINGOCOCCAL VACCINE IM	$19.79	1/1/2013
90744	HEPB VACC PED/ADOL 3 DOSE IM	$19.79	1/1/2013
90748	HEP B/HIB VACCINE IM	$19.79	1/1/2013
99201	OFFICE/OUTPATIENT VISIT NEW	$40.04	3/1/2014
99202	OFFICE/OUTPATIENT VISIT NEW	$69.27	3/1/2014
99203	OFFICE/OUTPATIENT VISIT NEW	$100.52	3/1/2014
99204	OFFICE/OUTPATIENT VISIT NEW	$155.25	3/1/2014

99205	OFFICE/OUTPATIENT VISIT NEW	$194.18	3/1/2014
99211	OFFICE/OUTPATIENT VISIT EST	$18.46	3/1/2014
99212	OFFICE/OUTPATIENT VISIT EST	$40.36	3/1/2014
99213	OFFICE/OUTPATIENT VISIT EST	$68.17	3/1/2014
99214	OFFICE/OUTPATIENT VISIT EST	$100.91	3/1/2014
99215	OFFICE/OUTPATIENT VISIT EST	$135.59	3/1/2014
99217	OBSERVATION CARE DISCHARGE	$69.05	3/1/2014
99218	INITIAL OBSERVATION CARE	$95.26	3/1/2014
99219	INITIAL OBSERVATION CARE	$129.99	3/1/2014
99220	INITIAL OBSERVATION CARE	$177.75	3/1/2014
99221	INITIAL HOSPITAL CARE	$96.75	3/1/2014
99222	INITIAL HOSPITAL CARE	$131.65	3/1/2014
99223	INITIAL HOSPITAL CARE	$194.33	3/1/2014
99224	SUBSEQUENT OBSERVATION CARE	$38.13	3/1/2014
99225	SUBSEQUENT OBSERVATION CARE	$69.64	3/1/2014
99226	SUBSEQUENT OBSERVATION CARE	$100.37	3/1/2014
99231	SUBSEQUENT HOSPITAL CARE	$37.61	3/1/2014
99232	SUBSEQUENT HOSPITAL CARE	$69.20	3/1/2014
99233	SUBSEQUENT HOSPITAL CARE	$99.74	3/1/2014
99234	OBSERV/HOSP SAME DATE	$128.89	3/1/2014
99235	OBSERV/HOSP SAME DATE	$162.00	3/1/2014
99236	OBSERV/HOSP SAME DATE	$209.13	3/1/2014
99238	HOSPITAL DISCHARGE DAY	$69.17	3/1/2014
99239	HOSPITAL DISCHARGE DAY	$102.17	3/1/2014
99241	OFFICE CONSULTATION	$45.45	3/1/2014
99242	OFFICE CONSULTATION	$85.87	3/1/2014
99243	OFFICE CONSULTATION	$117.58	3/1/2014
99244	OFFICE CONSULTATION	$175.38	3/1/2014
99245	OFFICE CONSULTATION	$214.62	3/1/2014
99251	INPATIENT CONSULTATION	$47.62	3/1/2014
99252	INPATIENT CONSULTATION	$72.80	3/1/2014
99253	INPATIENT CONSULTATION	$111.33	3/1/2014
99254	INPATIENT CONSULTATION	$161.12	3/1/2014
99255	INPATIENT CONSULTATION	$194.58	3/1/2014
99281	EMERGENCY DEPT VISIT	$20.32	3/1/2014
99282	EMERGENCY DEPT VISIT	$39.79	3/1/2014
99283	EMERGENCY DEPT VISIT	$59.51	3/1/2014
99284	EMERGENCY DEPT VISIT	$113.30	3/1/2014
99285	EMERGENCY DEPT VISIT	$166.91	3/1/2014
99291	CRITICAL CARE FIRST HOUR	$259.10	3/1/2014
99292	CRITICAL CARE ADDL 30 MIN	$116.93	3/1/2014
99304	NURSING FACILITY CARE INIT	$88.42	3/1/2014
99305	NURSING FACILITY CARE INIT	$126.01	3/1/2014
99306	NURSING FACILITY CARE INIT	$160.16	3/1/2014
99307	NURSING FAC CARE SUBSEQ	$42.51	3/1/2014
99308	NURSING FAC CARE SUBSEQ	$65.48	3/1/2014
99309	NURSING FAC CARE SUBSEQ	$86.42	3/1/2014
99310	NURSING FAC CARE SUBSEQ	$128.66	3/1/2014
99315	NURSING FAC DISCHARGE DAY	$69.68	3/1/2014
99316	NURSING FAC DISCHARGE DAY	$100.39	3/1/2014
99318	ANNUAL NURSING FAC ASSESSMNT	$91.63	3/1/2014

99324	DOMICIL/R-HOME VISIT NEW PAT	$53.07	3/1/2014
99325	DOMICIL/R-HOME VISIT NEW PAT	$77.46	3/1/2014
99326	DOMICIL/R-HOME VISIT NEW PAT	$133.74	3/1/2014
99327	DOMICIL/R-HOME VISIT NEW PAT	$178.21	3/1/2014
99328	DOMICIL/R-HOME VISIT NEW PAT	$207.05	3/1/2014
99334	DOMICIL/R-HOME VISIT EST PAT	$57.78	3/1/2014
99335	DOMICIL/R-HOME VISIT EST PAT	$90.71	3/1/2014
99336	DOMICIL/R-HOME VISIT EST PAT	$128.17	3/1/2014
99337	DOMICIL/R-HOME VISIT EST PAT	$184.64	3/1/2014
99341	HOME VISIT NEW PATIENT	$52.75	3/1/2014
99342	HOME VISIT NEW PATIENT	$76.38	3/1/2014
99343	HOME VISIT NEW PATIENT	$125.12	3/1/2014
99344	HOME VISIT NEW PATIENT	$174.37	3/1/2014
99345	HOME VISIT NEW PATIENT	$210.30	3/1/2014
99347	HOME VISIT EST PATIENT	$53.02	3/1/2014
99348	HOME VISIT EST PATIENT	$80.49	3/1/2014
99349	HOME VISIT EST PATIENT	$121.89	3/1/2014
99350	HOME VISIT EST PATIENT	$169.81	3/1/2014
99354	PROLONGED SERVICE OFFICE	$95.26	3/1/2014
99355	PROLONGED SERVICE OFFICE	$93.35	3/1/2014
99356	PROLONGED SERVICE INPATIENT	$88.00	3/1/2014
99357	PROLONGED SERVICE INPATIENT	$87.37	3/1/2014
99360	PHYSICIAN STANDBY SERVICES	$59.48	3/1/2014
99374	HOME HEALTH CARE SUPERVISION	$66.49	3/1/2014
99377	HOSPICE CARE SUPERVISION	$66.49	3/1/2014
99401	PREVENTIVE COUNSELING INDIV	$34.12	3/1/2014
99402	PREVENTIVE COUNSELING INDIV	$58.98	3/1/2014
99406	BEHAV CHNG SMOKING 3-10 MIN	$13.31	3/1/2014
99407	BEHAV CHNG SMOKING > 10 MIN	$26.26	3/1/2014
99460	INIT NB EM PER DAY HOSP	$91.49	3/1/2014
99461	INIT NB EM PER DAY NON-FAC	$91.86	3/1/2014
99462	SBSQ NB EM PER DAY HOSP	$40.50	3/1/2014
99463	SAME DAY NB DISCHARGE	$109.83	3/1/2014
99464	ATTENDANCE AT DELIVERY	$68.83	3/1/2014
99465	NB RESUSCITATION	$141.60	3/1/2014
99466	PED CRIT CARE TRANSPORT	$243.17	3/1/2014
99467	PED CRIT CARE TRANSPORT ADDL	$118.37	3/1/2014
99468	NEONATE CRIT CARE INITIAL	$893.00	3/1/2014
99469	NEONATE CRIT CARE SUBSQ	$381.89	3/1/2014
99471	PED CRITICAL CARE INITIAL	$819.41	3/1/2014
99472	PED CRITICAL CARE SUBSQ	$386.89	3/1/2014
99475	PED CRIT CARE AGE 2-5 INIT	$551.91	3/1/2014
99476	PED CRIT CARE AGE 2-5 SUBSQ	$333.40	3/1/2014
99477	INIT DAY HOSP NEONATE CARE	$334.91	3/1/2014
99478	IC LBW INF < 1500 GM SUBSQ	$132.41	3/1/2014
99479	IC LBW INF 1500-2500 G SUBSQ	$120.14	3/1/2014
99480	IC INF PBW 2501-5000 G SUBSQ	$115.58	3/1/2014
99485	SUPRV INTERFACILTY TRANSPORT	$74.12	3/1/2014
99486	SUPRV INTERFAC TRNSPORT ADDL	$64.36	3/1/2014
99495	TRANS CARE MGMT 14 DAY DISCH	$153.08	3/1/2014
99496	TRANS CARE MGMT 7 DAY DISCH	$216.47	3/1/2014