



Ocean Health Initiatives, Inc.

**Ocean Health Initiatives
Sliding Fee Schedule**

Based on 2023 Federal Poverty Guidelines (Revised)

Family Planning Office Visit

CPT Codes: 99201-99205, 99211-99215

	A	B	C	D	E	F	G
Discount	100%	70%	65%	50%	50%	20%	0%
Slide Amount	\$ -	\$ 5	\$ 10	\$ 15	\$ 15	\$ 20	\$225
% Poverty	100%	101%-133%	134%-150%	151%-185%	186%-200%	201%-250%	251%+
Family Size							
1	14,580	19,391	21,870	26,973	29,160	36,450	36,596
2	19,720	26,228	29,580	36,482	39,440	49,300	49,497
3	24,860	33,064	37,290	45,991	49,720	62,150	62,399
4	30,000	39,900	45,000	55,500	60,000	75,000	75,300
5	35,140	46,736	52,710	65,009	70,280	87,850	88,201
6	40,280	53,572	60,420	74,518	80,560	100,700	101,103
7	45,420	60,409	68,130	84,027	90,840	113,550	114,004
8	50,560	67,245	75,840	93,536	101,120	126,400	126,906

HCCPS CODE	Name	A	B	C	D	E	F	G
		100%	70%	65%	50%	50%	20%	\$225
		100%	101%-133%	134%-150%	151%-185%	186%-200%	201%-250%	251%+
J7298	Mirena	\$0.00	\$408.60	\$476.70	\$681.00	\$681.00	\$1,089.60	\$1,362.00
J7300	ParaGard	\$0.00	\$347.70	\$405.65	\$579.50	\$579.50	\$927.20	\$1,159.00
J7297	Liletta	\$0.00	\$291.90	\$340.55	\$486.50	\$486.50	\$778.40	\$973.00
J7296	Kyleena	\$0.00	\$408.60	\$476.70	\$681.00	\$681.00	\$1,089.60	\$1,362.00
J7301	Skyla	\$0.00	\$340.50	\$397.25	\$567.50	\$567.50	\$908.00	\$1,135.00
J7307	Nexplanon	\$0.00	\$405.30	\$472.85	\$675.50	\$675.50	\$1,080.80	\$1,351.00
58300	Insert Intrauterine Device	\$0.00	\$75.00	\$87.50	\$125.00	\$125.00	\$200.00	\$250.00
58301	Removal Intrauterine Device	\$0.00	\$75.00	\$87.50	\$125.00	\$125.00	\$200.00	\$250.00
Add both codes separately	Removal/insert Intrauterine Device	\$0.00	\$150.00	\$175.00	\$250.00	\$250.00	\$400.00	\$500.00
11981	Insertion, Nexplanon	\$0.00	\$75.00	\$87.50	\$125.00	\$125.00	\$200.00	\$250.00
11982	Removal, Nexplanon	\$0.00	\$75.00	\$87.50	\$125.00	\$125.00	\$200.00	\$250.00
11983	Removal with Insertion, Nexplanon	\$0.00	\$150.00	\$175.00	\$250.00	\$250.00	\$400.00	\$500.00
J1050	Depo-Provera	\$0.00	\$37.35	\$42.57	\$62.25	\$62.25	\$80.00	\$124.50
96372	Depo-Provera Administration Fee	\$0.00	\$13.58	\$15.84	\$22.62	\$22.62	\$36.20	\$45.24
J0696	Injection,Ceftiaxone Sodium per 250 MG	\$0.00	\$11.10	\$12.95	\$18.50	\$18.50	\$29.60	\$37.00
J0561	Penicillin Injection	\$0.00	\$13.50	\$17.85	\$25.50	\$25.50	\$40.80	\$51.00



Ocean Health Initiatives
Honorarios de Acuerdo a los Ingresos
Basado en las Normas Federales de Pobreza en 2023 (Revised)

Family Planning Office Visit
 Mas Uno

CPT Codes: 99201-99205, 99211-99215

	A	B	C	D	E	F	G
Descuento	100%	70%	65%	50%	50%	20%	0%
Cantidad de diapositivas	\$ -	\$ 5	\$ 10	\$ 15	\$ 15	\$ 20	\$ 225
% Pobreza	100%	101%-133%	134%-150%	151%-185%	186%-200%	201%-250%	251%+
Tamaño de la familia							
1	14,580	19,391	21,870	26,973	29,160	36,450	36,596
2	19,720	26,228	29,580	36,482	39,440	49,300	49,497
3	24,860	33,064	37,290	45,991	49,720	62,150	62,399
4	30,000	39,900	45,000	55,500	60,000	75,000	75,300
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