



Sliding Fee Scale – Income Ranges for Family Planning Services

(Based on 2025 Federal Poverty Guidelines)

March 31, 2025 - March 31, 2026

	Time Frame	Family Size	Group I (≤100%)	Group II (101-130%)	Group III (131 – 150%)	Group IV (151– 180%)	Group V (181– 200%)	Group VI (201– 225%)	Group VII (226– 250%)	Group VIII (Above 250%)
	Sliding Fee Discount Rate >>>>		100%	85%	75%	60%	45%	35%	20%	0%
For Families/Households with more than 8 persons, add \$5,500 for each additional person. Title X Family Planning Patients that have an income below the 250 % of federal poverty guidelines are eligible for discounted care based on a sliding scale. Patients with financial concerns may ask to speak with the Executive Director. Famcare provides services to patients regardless of ability to pay.	Annually	1	\$0-\$15,060	\$15,061-\$19,578	\$19,579-\$22,590	\$22,591-\$27,108	\$27,109-\$30,120	\$30,121-\$33,885	\$33,886-\$37,650	\$37,651-+
	Monthly		\$0-\$1,304	\$1,305-\$1,695	\$1,696-\$1,956	\$1,957-\$2,347	\$2,348-\$2,608	\$2,348-\$2,934	\$2,935-\$3,260	\$3,261-+
	Weekly		\$0-\$301	\$302-\$391	\$392-\$452	\$453-\$542	\$543-\$602	\$543-\$677	\$678-\$753	\$754-+
	Annually	2	\$0-\$20,560	\$20,561-\$26,572	\$26,573-\$30,660	\$30,661-\$36,792	\$36,793-\$40,880	\$40,881-\$46,260	\$46,261-\$51,400	\$51,401-+
	Monthly		\$0-\$1,713	\$1,714-\$2,227	\$2,228-\$2,570	\$2,571-\$3,083	\$3,084-\$3,426	\$3,427-\$3,854	\$3,855-\$56,475	\$56,476-+
	Weekly		\$0-\$395	\$396-\$514	\$515-\$593	\$594-\$711	\$712-\$790	\$791-\$889	\$890-\$4,890	\$4,891-+
	Annually	3	\$0-\$26,060	\$26,061-\$33,566	\$33,567-\$38,730	\$38,731-\$46,476	\$46,477-\$51,640	\$51,641-\$58,635	\$58,636-\$65,150	\$65,151-+
	Monthly		\$0-\$2,172	\$2,173-\$2,824	\$2,825-\$3,258	\$3,259-\$3,910	\$3,911-\$4,344	\$4,345-\$4,887	\$4,888-\$5,430	\$5,431-+
	Weekly		\$0-\$501	\$502-\$651	\$652-\$752	\$753-\$902	\$903-\$1,002	\$1,003-\$1,127	\$1,128-\$1,253	\$1,254-+
	Annually	4	\$0-\$31,560	\$31,561-\$40,560	\$40,561-\$46,800	\$46,801-\$56,160	\$56,161-\$63,120	\$63,121-\$71,010	\$71,011-\$78,900	\$78,901-+
	Monthly		\$0-\$2,630	\$2,631-\$3,419	\$3,420-\$3,945	\$3,946-\$4,734	\$4,735-\$5,260	\$5,261-\$5,918	\$5,919-\$6,575	\$6,576-+
	Weekly		\$0-\$607	\$608-\$789	\$790-\$911	\$912-\$1,093	\$1,094-\$1,214	\$1,215-\$1,366	\$1,367-\$1,518	\$1,519-+
	Annually	5	\$0-\$37,060	\$37,061-\$47,554	\$47,555-\$54,870	\$54,871-\$65,844	\$65,845-\$74,120	\$74,121-\$83,385	\$83,386-\$92,650	\$92,651-+
	Monthly		\$0-\$3,088	\$3,089-\$4,014	\$4,015-\$4,632	\$4,633-\$5,558	\$5,559-\$8,029	\$8,030-\$6,948	\$6,949-\$7,720	\$7,721-+
	Weekly		\$0-\$713	\$714-\$927	\$928-\$1,070	\$1,071-\$1,283	\$1,284-\$1,854	\$1,855-\$1,604	\$1,605-\$1,783	\$1,784-+
	Annually	6	\$0-\$42,560	\$42,561-\$54,548	\$54,549-\$62,940	\$62,941-\$75,528	\$75,529-\$85,120	\$85,121-\$95,760	\$95,761-\$106,400	\$106,401-+
	Monthly		\$0-\$3,547	\$3,548-\$4,611	\$4,612-\$5,321	\$5,322-\$6,385	\$6,386-\$9,222	\$9,223-\$7,981	\$7,982-\$8,868	\$8,869-+
	Weekly		\$0-\$818	\$819-\$1,063	\$1,064-\$1,227	\$1,228-\$1,472	\$1,473-\$2,127	\$2,128-\$1,841	\$1,842-\$2,045	\$2,046-+
	Annually	7	\$0-\$48,060	\$48,061-\$61,542	\$61,543-\$71,010	\$71,011-\$85,212	\$85,213-\$94,680	\$94,681-\$108,135	\$108,136-\$120,150	\$120,151-+
	Monthly		\$0-\$4,005	\$4,006-\$5,207	\$5,208-\$6,008	\$6,009-\$7,209	\$7,210-\$10,413	\$10,414-\$9,011	\$9,012-\$10,013	\$10,014-+
	Weekly		\$0-\$924	\$925-\$1,201	\$1,202-\$1,386	\$1,387-\$1,663	\$1,664-\$2,402	\$2,403-\$2,079	\$2,080-\$2,310	\$2,311-+
	Annually	8	\$0-\$53,560	\$53,561-\$68,536	\$68,537-\$79,080	\$79,081-\$94,896	\$94,897-\$107,120	\$107,121-\$120,510	\$120,511-\$133,900	\$133,901-+
	Monthly		\$0-\$4,463	\$4,464-\$5,802	\$5,803-\$6,695	\$6,696-\$8,033	\$8,034-\$11,604	\$11,605-\$10,042	\$10,043-\$11,158	\$11,159-+
	Weekly		\$0-\$1,030	\$1,031-\$1,339	\$1,340-\$1,545	\$1,546-\$1,854	\$1,855-\$2,678	\$2,679-\$2,318	\$2,319-\$2,575	\$2,576-+



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	Sliding Fee Discount Rate >>>>		100%	85%	75%	60%	45%	35%	20%	0%
ICD -10 CODES	CPT CODES	TYPES OF VISITS	DISCOUNTED SERVICE FEE SCHEDULE							
	NEW E&M									
Diagnostic Code	99202	New Exam 15-29 min	\$0	\$26.00	\$44.00	\$70.00	\$97.00	\$114.00	\$141.00	\$176.00
	99203	New Exam 30-44 min	\$0	\$34.00	\$57.00	\$90.00	\$124.00	\$147.00	\$181.00	\$226.00
Medicaid TE	99203 FP 22	New Exam 30-44 min								\$326.00
	99204	New Exam 45-59 min	\$0	\$51.00	\$86.00	\$137.00	\$189.00	\$223.00	\$274.00	\$343.00
	99205	New Exam 60-74 min	\$0	\$51.00	\$86.00	\$137.00	\$189.00	\$223.00	\$274.00	\$343.00
NEW PREVENTIVE ANNUALS										
Z01.419/411, Z30.8	99384	Age 12-17	\$0	\$34.00	\$57.00	\$90.00	\$124.00	\$147.00	\$181.00	\$226.00
Z01.419/411, Z30.8	99385	Age 18-39	\$0	\$34.00	\$57.00	\$90.00	\$124.00	\$147.00	\$181.00	\$226.00
Z01.419/411, Z30.8	99395	Medicaid (All Ages)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00
Z01.419/411, Z30.8	99386	Age 40-64	\$0	\$34.00	\$57.00	\$90.00	\$124.00	\$147.00	\$181.00	\$226.00
Z01.419/411, Z30.8	99387	Age 65+	\$0	\$34.00	\$57.00	\$90.00	\$124.00	\$147.00	\$181.00	\$226.00
	ESTABLISHED E&M									
Diagnostic Code	99211	Minimal -Revisit / Nurse	\$0	\$10.00	\$16.00	\$26.00	\$36.00	\$42.00	\$52.00	\$65.00
	99212	Clinician (Low) 10-19 mins.	\$0	\$20.00	\$33.00	\$52.00	\$72.00	\$85.00	\$104.00	\$130.00
Medicaid TE	99213 FP 22	Age < 21								\$295.00
	99213	Moderate 20-29 mins.	\$0	\$29.00	\$49.00	\$78.00	\$107.00	\$127.00	\$156.00	\$195.00
	99214	Moderate 30-39 mins.	\$0	\$33.00	\$56.00	\$89.00	\$123.00	\$145.00	\$178.00	\$223.00
	99215	High 40-54 mins.	\$0	\$33.00	\$56.00	\$89.00	\$123.00	\$145.00	\$178.00	\$223.00
EST PREVENTIVE ANNUALS										
Z01.419/411, Z30.8	99394	Age 12-17	\$0	\$29.00	\$48.00	\$76.00	\$105.00	\$124.00	\$152.00	\$190.00
Z01.419/411, Z30.8	99395	Age 18-39	\$0	\$29.00	\$48.00	\$76.00	\$105.00	\$124.00	\$152.00	\$190.00
Z01.419/411, Z30.8	99395	Medicaid (All Ages)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00
Z01.419/411, Z30.8	99396	Age 40-64	\$0	\$29.00	\$48.00	\$76.00	\$105.00	\$124.00	\$152.00	\$190.00
Z01.419/411, Z30.8	99397	Age 65 and older	\$0	\$29.00	\$48.00	\$76.00	\$105.00	\$124.00	\$152.00	\$190.00



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	Sliding Fee Discount Rate >>>>		100%	85%	75%	60%	45%	35%	20%	0%
EDUCATION & COUNSELING										
	99401	Prev. Counseling 15 Minutes	\$0	\$7.00	\$11.00	\$18.00	\$25.00	\$29.00	\$36.00	\$45.00
	99402	Prev. Counseling 30 Minutes	\$0	\$11.00	\$18.00	\$28.00	\$39.00	\$46.00	\$56.00	\$70.00
	99403	Prev. Counseling 45 Minutes	\$0	\$15.00	\$25.00	\$40.00	\$55.00	\$65.00	\$80.00	\$100.00
	99404	Prev. Counseling 60 Minutes	\$0	\$20.00	\$33.00	\$52.00	\$72.00	\$85.00	\$104.00	\$130.00
	TESTING									
Z11.8	86631	Chlamydia Test	\$0	\$6.00	\$10.00	\$16.00	\$22.00	\$26.00	\$32.00	\$40.00
Z11.8	86631	Chlamydia Test (under 29) Free	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	87491	Chlamydia SwabTest	\$0	\$6.00	\$10.00	\$16.00	\$22.00	\$26.00	\$32.00	\$40.00
Z11.3	87075	Gonorrhea Test	\$0	\$8.00	\$13.00	\$20.00	\$28.00	\$33.00	\$40.00	\$50.00
Z11.3	87075	Gonorrhea Test (under 29) Free	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	87591	Gonorrhea SwabTest	\$0	\$8.00	\$13.00	\$20.00	\$28.00	\$33.00	\$40.00	\$50.00
Z11.3	86592	Syphilis (Uninsured) Free	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Z12.4 / Z01.42	88142	Thin Prep	\$0	\$15.00	\$25.00	\$40.00	\$55.00	\$65.00	\$80.00	\$100.00
Z11.51	87621	HPV	\$0	\$10.00	\$16.00	\$26.00	\$36.00	\$42.00	\$52.00	\$65.00
A60.4	86695	Herpes 1 (HSV)	\$0	\$5.00	\$8.00	\$12.00	\$17.00	\$20.00	\$24.00	\$30.00
A60.4	86696	Herpes 2 (HSV)	\$0	\$5.00	\$8.00	\$12.00	\$17.00	\$20.00	\$24.00	\$30.00
A60.4	87255	Hepes 1 & 2 (HSV) Swab	\$0	\$5.00	\$8.00	\$12.00	\$17.00	\$20.00	\$24.00	\$30.00
	36415	Venipuncture	\$0	\$5.00	\$9.00	\$14.00	\$19.00	\$23.00	\$28.00	\$35.00
Z13.6	80061	Lipid Profile	\$0	\$9.00	\$15.00	\$24.00	\$33.00	\$39.00	\$48.00	\$60.00
Z13.0	85018	Hemoglobin	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00
Z32.02 / Z32.01	81025	Pregnancy Test	\$0	\$5.00	\$9.00	\$14.00	\$19.00	\$23.00	\$28.00	\$35.00
Z11.3	87210/ Q0111 FP	Wet Mounts	\$0	\$6.00	\$10.00	\$16.00	\$22.00	\$26.00	\$32.00	\$40.00
	81000	Urinalysis (4)	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
	81002	Urinalysis Dipstick	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00
Z11.4 / Z71.7	86703	Rapid HIV Test 1 & 2	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00



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	Sliding Fee Discount Rate >>>>		100%	85%	75%	60%	45%	35%	20%	0%
	COLOPSCOPY									
	57452	Colp without biopsy	\$0	\$53.00	\$88.00	\$140.00	\$193.00	\$228.00	\$280.00	\$350.00
R87.810/R87.613	57454	Colp with biopsy	\$0	\$68.00	\$113.00	\$180.00	\$248.00	\$293.00	\$360.00	\$450.00
	58100	Endometrial Biopsy	\$0	\$41.00	\$69.00	\$110.00	\$151.00	\$179.00	\$220.00	\$275.00
	58110	BX Done W/Colposcopy add -on	\$0	\$10.00	\$16.00	\$26.00	\$36.00	\$42.00	\$52.00	\$65.00
	57505	Endo Cervical		\$28.00	\$46.00	\$74.00	\$102.00	\$120.00	\$148.00	\$185.00
78.11	17111	TCA / BCA	\$0	\$12.00	\$20.00	\$32.00	\$44.00	\$52.00	\$64.00	\$80.00
	CONTRACEPTIVES									
Z30.41	Norethindrone	Norethindrone	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.41	NORTREL	Nortrel	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.41	Tri-Sprintec	Tri-Sprintec	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.41	Tri-Lo-Marzia	Tri-Lo-Marzia	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.41	Yaz	Yaz	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.41	Camrese	Camrese	\$0	\$11.00	\$19.00	\$30.00	\$41.00	\$49.00	\$60.00	\$75.00
Z30.41	Camrese	Camrese-Lo	\$0	\$11.00	\$19.00	\$30.00	\$41.00	\$49.00	\$60.00	\$75.00
Z30.41	Sprintec	Sprintec	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.430	J7297	Lilleta	\$0	\$56.00	\$94.00	\$150.00	\$206.00	\$244.00	\$300.00	\$375.00
Z30.017	J7307	Nexplanon	\$0	\$143.00	\$238.00	\$380.00	\$523.00	\$618.00	\$760.00	\$950.00
Z30.46	11981	Nexplanon Insert	\$0	\$34.00	\$56.00	\$90.00	\$124.00	\$146.00	\$180.00	\$225.00
Z30.46	11982	Nexplanon Removal	\$0	\$38.00	\$63.00	\$100.00	\$138.00	\$163.00	\$200.00	\$250.00
Z30.46	11983	Implant Remove & Re-insert	\$0	\$83.00	\$138.00	\$220.00	\$303.00	\$358.00	\$440.00	\$550.00
Z30.014	J7300	Paragard	\$0	\$146.00	\$244.00	\$390.00	\$536.00	\$634.00	\$780.00	\$975.00
Z30.430	58300	IUD Insert	\$0	\$38.00	\$63.00	\$100.00	\$138.00	\$163.00	\$200.00	\$250.00
Z30.432	58301	IUD Removal	\$0	\$38.00	\$63.00	\$100.00	\$138.00	\$163.00	\$200.00	\$250.00
Z30.433	58300 & 58301	IUD Removal & reinsertion	\$0	\$75.00	\$125.00	\$200.00	\$275.00	\$325.00	\$400.00	\$500.00
Z30.42	96372	Injection /TX	\$0	\$7.00	\$11.00	\$18.00	\$25.00	\$29.00	\$36.00	\$45.00



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	Sliding Fee Discount Rate >>>>		100%	85%	75%	60%	45%	35%	20%	0%
Z30.42 / Z30.013	J1050	Depo Provera	\$0	\$5.00	\$8.00	\$12.00	\$17.00	\$20.00	\$24.00	\$30.00
Z30.49	J7303	Nuva Ring	\$0	\$7.00	\$11.00	\$18.00	\$25.00	\$29.00	\$36.00	\$45.00
Z30.012	J8499	Emergency Contra (My Way)	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.012	J8499	Emergency Contra (Next Choice)	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.013	J8499	Emergency Contra (Levonogestel 1.5M Tab)	\$0	\$4.00	\$6.00	\$10.00	\$14.00	\$16.00	\$20.00	\$25.00
Z30.012	Z4334	Plan B (Free to Rowan Students)	\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MEDICATIONS									
A60.4	J8499	Acyclovir Cream / Zovirax	\$0	\$2.00	\$4.00	\$6.00	\$9.00	\$10.00	\$13.00	\$16.00
A60.4	J8499	Acyclovir 400 MG #30	\$0	\$2.00	\$4.00	\$6.00	\$9.00	\$10.00	\$13.00	\$16.00
A60.4	J8499	Acyclovir 400 MG # 60	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00
A60.4	J8499	Valacyclovir 500 MG #30	\$0	\$5.00	\$8.00	\$12.00	\$17.00	\$20.00	\$24.00	\$30.00
N39.0	J8499	Amoxicilin 500 MG	\$0	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$15.00
N39.0	J8499	Bactrim # 6	\$0	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$15.00
N39.0	J8499	Bactrim #14	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00
N39.0	J8499	Ciprofloxin #14 500MG	\$0	\$2.00	\$3.00	\$5.00	\$7.00	\$8.00	\$10.00	\$12.00
N73.9	J8499	Doxycycline 100 MG	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00
Z30.40	J8499	Ferosul	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00
A59.01	J8499	Met4	\$0	\$2.00	\$4.00	\$6.00	\$9.00	\$10.00	\$13.00	\$16.00
N76.0	J8499	Met14	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00
N76.0	J8499	Met Gel	\$0	\$2.00	\$4.00	\$6.00	\$9.00	\$10.00	\$13.00	\$16.00
Z30.09	J8499	Misoprostol 200 MCG Tab	\$0	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
N39.0	J8499	Nitofurantoin #14 100 MG	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00
N91.2	J8499	Provera	\$0	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00
B37.3	J8499	Terazol 3 Sp.	\$0	\$2.00	\$4.00	\$6.00	\$9.00	\$10.00	\$13.00	\$16.00
B37.3	J8499	Terazol 7 Cr.	\$0	\$3.00	\$5.00	\$8.00	\$11.00	\$13.00	\$16.00	\$20.00



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