



COUNTY OF MONTEREY HEALTH DEPARTMENT

FEE SCHEDULE ANALYSIS

Monterey County Health Department

APRIL 7, 2022

PURPOSE

Per HRSA's requirement, Monterey County Health Department (MCHD) is responsible for creating a Fee Schedule reflective of local prevailing rates and the health center's cost of services. The Fee Schedule is a list of charges per procedure code (CPT code) that are charged to all patients universally, regardless of the patient's third-party payor or if they are a self-pay patient. Once the charge for service to a patient is calculated, third party contractual agreements or the sliding fee schedule most often reduce the rate to the agreed upon fees. Patients without third party payors and who earn over 200 percent of the Federal Poverty Guideline pay the entire full charge created for that visit.

METHODOLOGIES

Local Prevailing Rates

To determine local prevailing rates, we acquired three RVU components; physician work, practice expense, and malpractice, and weighed them accordingly to Geographic Practice Cost Indices (GPCIs) in the local area from data collected by the Center for Medicare & Medicaid Services (CMS).

Cost-Based Rates

To determine charges based on costs, we use Relative Value Units (RVU), which adjust each procedure code based on the time it takes to complete, the facility costs it absorbs, and the malpractice costs needed to cover the procedure. The RVUs are also obtained from CMS.

RECOMMENDATION

Once we've concluded the calculations for both methods, we compare the results for each method to the Current Fee Schedule and recommend changes to the Current Fee Schedule where appropriate. The New Fee is determined by the comparison of the Cost-Based Rate and the Local Prevailing Rate, where the Cost-Based Rate will become the New Fee if the rate falls between 40% to 80% above the Local Prevailing Rate. If the Cost-Based Rate is higher than 80% above the Local Rate, then it is capped at 80% above the Local Prevailing Rate to mitigate drastic fee schedule increases. If lower than 40%, then a minimum of 40% above the Local Prevailing Rate is the New Fee. In the event the Current Fee is still higher than the New Fee, then it is an indication that the Current Fee should be decreased and is capped to 80% above the Local Prevailing Rate. The recommended fee schedule is shown under "New Fee."



COUNTY OF MONTEREY HEALTH DEPARTMENT

CALCULATION OF FEE SCHEDULE METHODOLOGIES

1. HEALTH CENTER COST-BASED METHODOLOGY

- I. Calculate **Cost per RVU** for a weighted average across used CPT codes:
 - a. Find RVU value by CPT/DPT code (according to CMS)
 - b. Multiply the number of times the CPT/DPT code was used by the RVU value:

$$\text{Total RVUs} = \text{RVU} \times \text{CPT/DPT Count}$$

- c. Take **total service line costs** and divide by **total service line RVUs**

$$\text{Cost per service line RVU} = \frac{\text{Service Line Costs}}{\text{Total Service Line RVUs}}$$

- d. Each CPT code is valued according to the **Cost per service line RVU** multiplied by its RVUs.

2. LOCAL PREVAILING RATE COMPARISON METHODOLOGY

- I. Multiply each RVU component by its comparative GPCI ("Geographic Practice Cost Indices") according to local area and add them together

$$\text{Total RVU} = (\text{PW RVU} \times \text{PW GPCI}) + (\text{PE RVU} \times \text{PE GPCI}) + (\text{MP RVU} \times \text{MP GPCI})$$

- II. Multiply by the Medicare Factor of 34.8931 for 2022

$$\text{Local Rate} = \text{Total RVU} \times \text{Medicare Factor}$$

Additional Notes:

1. Any fee used by the health center which has no value based on CMS RVUs will be kept at the same fee, and any rate changes will apply only at the discretion of the CFO.



**COUNTY OF MONTEREY
HEALTH DEPARTMENT**

**Monterey County Health Department
Fee Schedule Analysis 2022**

| CPT Code | CPT Description | Utilization | Current Fee | New Fee |
|----------|---|-------------|-------------|-------------|
| 0001A | IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE | 813 | \$ 47.00 | \$ 47.00 |
| 0002A | IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE | 308 | \$ 32.00 | \$ 32.00 |
| 0003A | PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION - THIRD | 55 | \$ 32.00 | \$ 32.00 |
| 0004A | ADM DILUENT PFIZER COVID-19 BOOSTER | 315 | \$ 32.00 | \$ 32.00 |
| 0011A | IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE | 1312 | \$ 47.00 | \$ 47.00 |
| 0012A | IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE | 1315 | \$ 32.00 | \$ 32.00 |
| 0013A | MODERNA COVID-19 VACCINE ADMINISTRATION - THIRD DOSE | 254 | \$ 32.00 | \$ 32.00 |
| 0031A | IMM ADMN SARSCOV2 AD26 5X1010VP/0.5 ML 1 DOSE | 40 | \$ 47.00 | \$ 47.00 |
| 0064A | ADM MODERNA COVID-19 BOOSTER | 237 | \$ 32.00 | \$ 32.00 |
| 0071A | ADM SARSCV2 10MCG TRS-SUCR 1 | 131 | \$ 47.00 | \$ 47.00 |
| 0072A | ADM SARSCV2 10MCG TRS-SUCR 2 | 1 | \$ 32.00 | \$ 32.00 |
| 10060 | INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE | 31 | \$ 280.00 | \$ 280.00 |
| 10061 | INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE | 2 | \$ 446.00 | \$ 446.00 |
| 10120 | INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE | 4 | \$ 363.00 | \$ 363.00 |
| 10180 | INCISION & DRAINAGE COMPLEX PO WOUND INFECTION | 1 | \$ 572.00 | \$ 572.00 |
| 11104 | PUNCH BIOPSY SKIN SINGLE LESION | 6 | \$ 180.00 | \$ 244.00 |
| 11200 | REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15 | 45 | \$ 190.00 | \$ 190.00 |
| 11201 | REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10 | 3 | \$ 62.00 | \$ 62.00 |
| 11300 | SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM< | 4 | \$ 199.00 | \$ 199.00 |
| 11301 | SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM | 2 | \$ 277.00 | \$ 277.00 |
| 11311 | SHVG SKIN LESION 1 F/E/N/L/M DIAM 0.6-1.0 CM | 1 | \$ 253.00 | \$ 265.00 |
| 11401 | EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM | 3 | \$ 285.00 | \$ 301.00 |
| 11421 | EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM | 2 | \$ 317.00 | \$ 317.00 |
| 11422 | EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM | 2 | \$ 322.00 | \$ 345.00 |
| 11730 | AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1 | 25 | \$ 236.00 | \$ 236.00 |
| 11750 | EXCISION NAIL MATRIX PERMANENT REMOVAL | 13 | \$ 425.00 | \$ 425.00 |
| 11765 | WEDGE EXCISION SKIN NAIL FOLD | 2 | \$ 372.00 | \$ 372.00 |
| 11976 | REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES | 651 | \$ 370.00 | \$ 370.00 |
| 11981 | INSERTION DRUG DELIVERY IMPLANT | 328 | \$ 388.00 | \$ 388.00 |
| 15852 | DRESSING CHANGE UNDER ANESTHESIA | 1 | \$ 63.00 | \$ 89.00 |
| 17000 | DESTRUCTION PREMALIGNANT LESION 1ST | 22 | \$ 143.00 | \$ 143.00 |
| 17003 | DESTRUCTION PREMALIGNANT LESION 2-14 EA | 8 | \$ 18.00 | \$ 18.00 |
| 17110 | DESTRUCTION BENIGN LESIONS UP TO 14 | 163 | \$ 247.00 | \$ 247.00 |
| 17111 | DESTRUCTION BENIGN LESIONS 15/> | 2 | \$ 298.00 | \$ 298.00 |
| 17250 | CHEMICAL CAUTERIZATION OF GRANULATION TISSUE | 2 | \$ 215.00 | \$ 215.00 |
| 17340 | CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE | 18 | \$ 9.00 | \$ 99.00 |
| 2022F | DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY | 10 | \$ - | \$ - |
| 2028F | FOOT EXAMINATION PERFORMED | 1 | \$ - | \$ - |
| 20526 | INJECTION THERAPEUTIC CARPAL TUNNEL | 9 | \$ 228.00 | \$ 228.00 |
| 20552 | INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES | 11 | \$ 144.00 | \$ 144.00 |
| 20600 | ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US | 2 | \$ 152.00 | \$ 152.00 |
| 20605 | ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US | 19 | \$ 138.00 | \$ 138.00 |
| 20606 | ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US | 2 | \$ 170.00 | \$ 170.00 |
| 20610 | ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US | 100 | \$ 170.00 | \$ 170.00 |
| 20611 | ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US | 10 | \$ 310.00 | \$ 310.00 |
| 20612 | ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ | 1 | \$ 158.00 | \$ 158.00 |
| 23076 | EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM | 2 | \$ 220.00 | \$ 1,043.00 |
| 29130 | APPLICATION FINGER SPLINT STATIC | 5 | \$ 106.00 | \$ 106.00 |
| 30300 | REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE | 2 | \$ 167.00 | \$ 408.00 |
| 3142F | BIARIUM SWALLOW TEST ORDERED | 1 | \$ - | \$ - |
| 4030F | LONG-TERM OXYGEN THERAPY PRESCRIBED | 1 | \$ - | \$ - |
| 45005 | I&D SUBMUCOSAL ABSCESS RECTUM | 1 | \$ 594.00 | \$ 629.00 |
| 46600 | ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD | 4 | \$ 213.00 | \$ 236.00 |
| 51701 | INSJ NON-NDWELLG BLADDER CATHETER | 37 | \$ 142.00 | \$ 142.00 |
| 51702 | INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE | 1 | \$ 200.00 | \$ 200.00 |
| 56405 | I&D VULVA/PERINEAL ABSCESS | 4 | \$ 257.00 | \$ 288.00 |
| 56501 | DESTRUCTION LESIONS VULVA SIMPLE | 12 | \$ 386.00 | \$ 386.00 |

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|-------|--|------|----|--------|-----------|
| 56605 | BIOPSY VULVA/PERINEUM 1 LESION SPX | 10 | \$ | 251.00 | \$ 251.00 |
| 57061 | DESTRUCTION VAGINAL LESIONS SIMPLE | 5 | \$ | 385.00 | \$ 385.00 |
| 57160 | FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI | 19 | \$ | 153.00 | \$ 153.00 |
| 57421 | COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX | 2 | \$ | 497.00 | \$ 497.00 |
| 57452 | COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA | 43 | \$ | 224.00 | \$ 244.00 |
| 57454 | COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE | 117 | \$ | 501.00 | \$ 501.00 |
| 57455 | COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX | 122 | \$ | 367.00 | \$ 367.00 |
| 57456 | COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE | 31 | \$ | 410.00 | \$ 410.00 |
| 57460 | COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX | 32 | \$ | 674.00 | \$ 674.00 |
| 57461 | COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX | 10 | \$ | 593.00 | \$ 688.00 |
| 57500 | BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX | 6 | \$ | 396.00 | \$ 396.00 |
| 57505 | ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C | 8 | \$ | 304.00 | \$ 304.00 |
| 58100 | ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX | 171 | \$ | 303.00 | \$ 303.00 |
| 58300 | INSERTION INTRAUTERINE DEVICE IUD | 424 | \$ | 237.00 | \$ 237.00 |
| 58301 | REMOVAL INTRAUTERINE DEVICE IUD | 427 | \$ | 323.00 | \$ 323.00 |
| 69200 | RMVL FB XTRNL AUDITORY CANAL W/O ANES | 5 | \$ | 228.00 | \$ 228.00 |
| 69209 | REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT | 191 | \$ | 54.00 | \$ 54.00 |
| 69210 | REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT | 228 | \$ | 96.00 | \$ 96.00 |
| 76801 | US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT | 1 | \$ | 223.00 | \$ 227.00 |
| 81002 | URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP | 14 | \$ | 15.00 | \$ 15.00 |
| 82947 | GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP | 2 | \$ | 19.00 | \$ 19.00 |
| 83655 | ASSAY OF LEAD | 45 | \$ | 20.00 | \$ 20.00 |
| 85018 | BLOOD COUNT HEMOGLOBIN | 4 | \$ | 15.00 | \$ 15.00 |
| 86580 | SKIN TEST TUBERCULOSIS INTRADERMAL | 1062 | \$ | 30.00 | \$ 30.00 |
| 87086 | URINE CULTURE/COLONY COUNT | 1 | \$ | 20.00 | \$ 20.00 |
| 90396 | VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM | 7 | \$ | 232.00 | \$ 232.00 |
| 90471 | IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE | 9038 | \$ | 48.00 | \$ 48.00 |
| 90472 | IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE | 3965 | \$ | 32.00 | \$ 32.00 |
| 90620 | MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM | 60 | \$ | 293.00 | \$ 293.00 |
| 90632 | HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 110 | \$ | 127.00 | \$ 127.00 |
| 90633 | HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE | 45 | \$ | 67.00 | \$ 67.00 |
| 90648 | HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE | 16 | \$ | 69.00 | \$ 69.00 |
| 90649 | 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 23 | \$ | 232.00 | \$ 232.00 |
| 90651 | 9VHPV VACC 2/3 DOSE SCHED IM USE | 259 | \$ | 327.00 | \$ 327.00 |
| 90662 | IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 1063 | \$ | 68.00 | \$ 68.00 |
| 90670 | PCV13 VACCINE FOR INTRAMUSCULAR USE | 246 | \$ | 291.00 | \$ 291.00 |
| 90680 | RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 29 | \$ | 217.00 | \$ 217.00 |
| 90681 | RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 7 | \$ | 197.00 | \$ 197.00 |
| 90682 | RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM | 359 | \$ | 68.00 | \$ 68.00 |
| 90685 | IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE | 1 | \$ | 40.00 | \$ 40.00 |
| 90686 | IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 4551 | \$ | 40.00 | \$ 40.00 |
| 90688 | IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE | 66 | \$ | 35.00 | \$ 35.00 |
| 90696 | DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 22 | \$ | 140.00 | \$ 140.00 |
| 90698 | DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 26 | \$ | 120.00 | \$ 120.00 |
| 90700 | DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 29 | \$ | 64.00 | \$ 64.00 |
| 90707 | MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 107 | \$ | 103.00 | \$ 103.00 |
| 90710 | MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 13 | \$ | 245.00 | \$ 245.00 |
| 90713 | POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 29 | \$ | 61.00 | \$ 61.00 |
| 90714 | TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE | 99 | \$ | 53.00 | \$ 53.00 |
| 90715 | TDAP VACCINE 7 YRS/> IM | 1833 | \$ | 78.00 | \$ 78.00 |
| 90716 | VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 207 | \$ | 166.00 | \$ 166.00 |
| 90723 | DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 3 | \$ | 126.00 | \$ 126.00 |
| 90732 | PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 460 | \$ | 140.00 | \$ 140.00 |
| 90733 | MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE | 17 | \$ | 179.00 | \$ 179.00 |
| 90734 | MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 85 | \$ | 235.00 | \$ 235.00 |
| 90739 | HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE | 36 | \$ | 122.00 | \$ 122.00 |
| 90743 | HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM | 1 | \$ | 94.00 | \$ 94.00 |
| 90744 | HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 44 | \$ | 68.00 | \$ 68.00 |
| 90746 | HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 391 | \$ | 123.00 | \$ 123.00 |
| 90750 | HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX | 41 | \$ | 20.00 | \$ 20.00 |
| 90756 | CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE | 1 | \$ | 20.00 | \$ 20.00 |
| 90791 | PSYCHIATRIC DIAGNOSTIC EVALUATION | 19 | \$ | 300.00 | \$ 348.00 |
| 90792 | PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES | 23 | \$ | 345.00 | \$ 373.00 |
| 90832 | PSYCHOTHERAPY W/PATIENT 30 MINUTES | 1010 | \$ | 168.00 | \$ 168.00 |
| 90834 | PSYCHOTHERAPY W/PATIENT 45 MINUTES | 1396 | \$ | 188.00 | \$ 199.00 |
| 90837 | PSYCHOTHERAPY W/PATIENT 60 MINUTES | 465 | \$ | 254.00 | \$ 293.00 |
| 91300 | PFIZER-BIONTECH COVID-19 VACCINE | 1503 | \$ | - | \$ - |
| 91301 | MODERNA COVID-19 VACCINE | 2954 | \$ | - | \$ - |
| 91303 | JANSSSEN SARS-COV-2 (COVID-19) VACCINE, AD26, PRESERVATIVE | 40 | \$ | - | \$ - |
| 91306 | MODERNA COVID-19 VACCINE BOOSTER | 219 | \$ | - | \$ - |

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|-------|--|--------|----|--------|-----------|
| 91307 | SARSCOV2 VAC 10 MCG TRS-SUCR | 132 | \$ | - | \$ - |
| 92551 | SCREENING TEST PURE TONE AIR ONLY | 10704 | \$ | 36.00 | \$ 36.00 |
| 92552 | PURE TONE AUDIOMETRY AIR ONLY | 1 | \$ | 50.00 | \$ 64.00 |
| 93000 | ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 242 | \$ | 64.00 | \$ 64.00 |
| 93306 | ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D | 3 | \$ | 424.00 | \$ 424.00 |
| 94010 | BREATHING CAPACITY TEST | 45 | \$ | 68.00 | \$ 68.00 |
| 94375 | RESPIRATORY FLOW VOLUME LOOP | 13 | \$ | 66.00 | \$ 73.00 |
| 94640 | AIRWAY INHALATION TREATMENT | 10 | \$ | 64.00 | \$ 64.00 |
| 94760 | NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER | 545 | \$ | 20.00 | \$ 20.00 |
| 94762 | NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR | 1 | \$ | 69.00 | \$ 69.00 |
| 96110 | DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 5 | \$ | 20.00 | \$ 20.00 |
| 96160 | PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM | 287 | \$ | 59.00 | \$ 59.00 |
| 96372 | THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM | 575 | \$ | 48.00 | \$ 48.00 |
| 98925 | OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS | 7 | \$ | 84.00 | \$ 84.00 |
| 98926 | OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS | 4 | \$ | 117.00 | \$ 117.00 |
| 99000 | HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB | 894 | \$ | 25.00 | \$ 25.00 |
| 99173 | SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT | 10920 | \$ | 32.00 | \$ 32.00 |
| 99202 | OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES | 1931 | \$ | 208.00 | \$ 208.00 |
| 99203 | OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES | 3021 | \$ | 286.00 | \$ 286.00 |
| 99204 | OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES | 438 | \$ | 329.00 | \$ 329.00 |
| 99205 | OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES | 60 | \$ | 409.00 | \$ 417.00 |
| 99211 | OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP | 114 | \$ | 69.00 | \$ 69.00 |
| 99212 | OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN | 31224 | \$ | 128.00 | \$ 128.00 |
| 99213 | OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN | 159653 | \$ | 196.00 | \$ 196.00 |
| 99214 | OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN | 19418 | \$ | 281.00 | \$ 281.00 |
| 99215 | OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN | 2028 | \$ | 309.00 | \$ 341.00 |
| 99243 | OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN | 10 | \$ | 301.00 | \$ 301.00 |
| 99381 | INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR | 278 | \$ | 290.00 | \$ 290.00 |
| 99382 | INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS | 175 | \$ | 302.00 | \$ 302.00 |
| 99383 | INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS | 320 | \$ | 310.00 | \$ 310.00 |
| 99384 | INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR | 241 | \$ | 345.00 | \$ 345.00 |
| 99385 | INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 37 | \$ | 334.00 | \$ 334.00 |
| 99386 | INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 17 | \$ | 379.00 | \$ 379.00 |
| 99387 | INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&> | 2 | \$ | 485.00 | \$ 485.00 |
| 99391 | PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y | 7995 | \$ | 260.00 | \$ 260.00 |
| 99392 | PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS | 11625 | \$ | 273.00 | \$ 273.00 |
| 99393 | PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS | 10486 | \$ | 273.00 | \$ 273.00 |
| 99394 | PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS | 7171 | \$ | 294.00 | \$ 294.00 |
| 99395 | PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS | 1051 | \$ | 300.00 | \$ 300.00 |
| 99396 | PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS | 169 | \$ | 317.00 | \$ 317.00 |
| 99397 | PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER | 5 | \$ | 299.00 | \$ 299.00 |
| 99401 | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN | 282 | \$ | 79.00 | \$ 79.00 |
| 99402 | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN | 57 | \$ | 115.00 | \$ 122.00 |
| 99403 | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN | 52 | \$ | 197.00 | \$ 197.00 |
| 99404 | PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN | 1 | \$ | 204.00 | \$ 213.00 |
| 99408 | ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN | 1 | \$ | 64.00 | \$ 67.00 |
| 99441 | PHYS/QHP TELEPHONE EVALUATION 5-10 MIN | 570 | \$ | 87.00 | \$ 106.00 |
| 99442 | PHYS/QHP TELEPHONE EVALUATION 11-20 MIN | 3854 | \$ | 139.00 | \$ 171.00 |
| 99443 | PHYS/QHP TELEPHONE EVALUATION 21-30 MIN | 362 | \$ | 191.00 | \$ 242.00 |
| 99497 | ADVANCE CARE PLANNING FIRST 30 MINS | 1 | \$ | 170.00 | \$ 170.00 |
| 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE | 32 | \$ | - | \$ - |
| A4216 | STERILE WATER/SALINE, 10 ML | 2 | \$ | - | \$ - |
| A4663 | BLOOD PRESSURE CUFF ONLY | 999 | \$ | - | \$ - |
| E0445 | OXIMETER NON-INVASIVE | 65 | \$ | - | \$ - |
| E0455 | OXYGEN TENT EXCL CROUP/PED T | 1 | \$ | - | \$ - |
| E1639 | SCALE, EACH | 239 | \$ | - | \$ - |
| G0008 | ADMIN INFLUENZA VIRUS VAC | 1212 | \$ | 50.00 | \$ 50.00 |
| G0009 | ADMIN PNEUMOCOCCAL VACCINE | 244 | \$ | 57.00 | \$ 57.00 |
| G0010 | ADMIN HEPATITIS B VACCINE | 53 | \$ | 59.00 | \$ 59.00 |
| G0101 | CA SCREEN;PELVIC/BREAST EXAM | 3 | \$ | 125.00 | \$ 125.00 |
| G0102 | PROSTATE CA SCREENING; DRE | 1 | \$ | 59.00 | \$ 59.00 |
| G0121 | COLON CA SCRN NOT HI RSK IND | 1 | \$ | 542.00 | \$ 665.00 |
| G0245 | INITIAL FOOT EXAM PT LOPS | 12 | \$ | 99.00 | \$ 124.00 |
| G0246 | FOLLOWUP EVAL OF FOOT PT LOP | 1 | \$ | 77.00 | \$ 77.00 |
| G0247 | ROUTINE FOOTCARE PT W LOPS | 158 | \$ | 77.00 | \$ 160.00 |
| G0438 | PPPS, INITIAL VISIT | 4 | \$ | 325.00 | \$ 325.00 |
| G0442 | ANNUAL ALCOHOL SCREEN 15 MIN | 1270 | \$ | 43.00 | \$ 43.00 |
| G2012 | BRIEF CHECK IN BY MD/QHP | 3 | \$ | 139.00 | \$ 139.00 |
| G2023 | SPECIMEN COLLECT COVID-19 | 7626 | \$ | 25.00 | \$ 32.00 |
| H0028 | ALCOHOL AND/OR DRUG PREVENTI | 1 | \$ | - | \$ - |

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|------------|--|--------|----|--------|-----------|
| J0401 | INJ ARIPIRAZOLE EXT REL 1MG | 1 | \$ | - | \$ - |
| J0558 | PENG BENZATHINE/PROCAINE INJ | 1 | \$ | 17.00 | \$ 17.00 |
| J0561 | PENICILLIN G BENZATHINE INJ | 104 | \$ | 17.00 | \$ 17.00 |
| J0696 | CEFTRIAZONE SODIUM INJECTION | 62 | \$ | 17.00 | \$ 17.00 |
| J0702 | BETAMETHASONE ACET&SOD PHOSP | 1 | \$ | 20.00 | \$ 20.00 |
| J0897 | DENOSUMAB INJECTION | 1 | \$ | 37.00 | \$ 37.00 |
| J1050 | MEDROXYPROGESTERONE ACETATE | 44 | \$ | 1.00 | \$ 1.00 |
| J1071 | INJ TESTOSTERONE CYPIONATE | 7 | \$ | 1.00 | \$ 1.00 |
| J1100 | DEXAMETHASONE SODIUM PHOS | 67 | \$ | 36.00 | \$ 36.00 |
| J1200 | DIPHENHYDRAMINE HCL INJECTIO | 1 | \$ | 25.00 | \$ 25.00 |
| J1610 | GLUCAGON HYDROCHLORIDE/1 MG | 1 | \$ | 28.00 | \$ 28.00 |
| J1726 | MAKENA, 10 MG | 33 | \$ | - | \$ - |
| J1815 | INSULIN INJECTION | 15 | \$ | 47.00 | \$ 47.00 |
| J1885 | KETOROLAC TROMETHAMINE INJ | 195 | \$ | 43.00 | \$ 43.00 |
| J2001 | INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG | 122 | \$ | 9.00 | \$ 9.00 |
| J2315 | NALTREXONE, DEPOT FORM | 3 | \$ | - | \$ - |
| J2426 | PALIPERIDONE PALMITATE INJ | 19 | \$ | 121.00 | \$ 121.00 |
| J2550 | PROMETHAZINE HCL INJECTION | 40 | \$ | 58.00 | \$ 58.00 |
| J2790 | RHO D IMMUNE GLOBULIN INJ | 27 | \$ | 338.00 | \$ 338.00 |
| J2930 | METHYLPREDNISOLONE INJECTION | 1 | \$ | 54.00 | \$ 54.00 |
| J3301 | TRIAMCINOLONE ACET INJ NOS | 138 | \$ | 58.00 | \$ 58.00 |
| J3420 | VITAMIN B12 INJECTION | 56 | \$ | 58.00 | \$ 58.00 |
| J3490 | DRUGS UNCLASSIFIED INJECTION | 1390 | \$ | 137.00 | \$ 137.00 |
| J7297 | LILETTA, 52 MG | 83 | \$ | 482.00 | \$ 482.00 |
| J7298 | MIRENA, 52 MG | 31 | \$ | 761.00 | \$ 761.00 |
| J7300 | INTRAUT COPPER CONTRACEPTIVE | 97 | \$ | 688.00 | \$ 688.00 |
| J7307 | ETONOGESTREL IMPLANT SYSTEM | 318 | \$ | 831.00 | \$ 831.00 |
| J7510 | PREDNISOLONE ORAL PER 5 MG | 3 | \$ | 20.00 | \$ 20.00 |
| J7512 | PREDNISONE IR OR DR ORAL 1MG | 5 | \$ | 1.00 | \$ 1.00 |
| J7610 | ALBUTEROL COMP CON | 1 | \$ | 13.00 | \$ 13.00 |
| J7611 | ALBUTEROL NON-COMP CON | 1 | \$ | 13.00 | \$ 13.00 |
| J7613 | ALBUTEROL NON-COMP UNIT | 5 | \$ | 17.00 | \$ 17.00 |
| J8540 | ORAL DEXAMETHASONE | 2 | \$ | 1.00 | \$ 1.00 |
| LAS156 | SOFIA2 SARS ANTIGEN FIA (COVID) POCT | 14 | \$ | 54.00 | \$ 54.00 |
| LBS206 | BINAXNOW COVID-19 AG CARD POCT | 2682 | \$ | 30.00 | \$ 30.00 |
| LES051 | COVID-19 POCT | 44 | \$ | 30.00 | \$ 30.00 |
| LV1424 | LIPIDS (MTYHD IN-HOUSE) | 5 | \$ | 28.00 | \$ 28.00 |
| LV3910 | LEAD, WHOLE BLOOD (PEDIATRIC) LABCORP | 2248 | \$ | 25.00 | \$ 25.00 |
| LV465 | URINE HCG (PREG) (MTY IN-HOUSE) | 240 | \$ | 9.00 | \$ 9.00 |
| LV466 | RAPID STREP (MTY IN-HOUSE) | 748 | \$ | 29.00 | \$ 29.00 |
| LV467 | HEMOGLOBIN FINGERSTICK (MTYHD IN-HOUSE) | 5 | \$ | - | \$ - |
| LV468 | GLUCOSE FINGERSTICK (MTYHD IN-HOUSE) | 3 | \$ | - | \$ - |
| LV469 | UA DIP (MTYHD IN-HOUSE) | 3 | \$ | - | \$ - |
| LV469 - TC | UA DIP (MTYHD IN-HOUSE) | 88 | \$ | - | \$ - |
| LV470 | HGA1C FINGERSTICK (MTYHD IN-HOUSE) | 7 | \$ | - | \$ - |
| LV473 | RAPID FLU, IN-HOUSE (87804) | 1 | \$ | 16.00 | \$ 16.00 |
| LV4901 | URINALYSIS DIPSTICK (MCKESSON) | 41 | \$ | 13.00 | \$ 13.00 |
| LV4922 | RSV BINAXNOW (POCT) | 43 | \$ | 15.00 | \$ 15.00 |
| LV4933 | HCG URINE MCKESSON (POCT) | 4868 | \$ | 9.00 | \$ 9.00 |
| LV497 | BILIRUBIN TEST (MTYHD IN-HOUSE) | 10 | \$ | 13.00 | \$ 13.00 |
| LV5114 | INFLUENZA A & B BD VERITOR (POCT) | 92 | \$ | 16.00 | \$ 16.00 |
| LV5262 | GLUCOSE HEMOCUE (POCT) | 1809 | \$ | 18.00 | \$ 18.00 |
| LV5383 | HEMOGLOBIN, HEMOCUE (POCT) | 14428 | \$ | 13.00 | \$ 13.00 |
| LV5550 | FECAL OCCULT BLOOD SCREENING, CONSULT DIAGNOSTICS (PO | 14 | \$ | 8.00 | \$ 8.00 |
| LV5581 | A1C, SIEMENS (POCT) | 1805 | \$ | 37.00 | \$ 37.00 |
| LV5584 | LIPID PANEL, CHOLESTECH (POCT) | 11 | \$ | 28.00 | \$ 28.00 |
| LV5629 | BILIRUBIN, TRANSCUTANEOUS OPTICAL (BILICHEK) | 1762 | \$ | 12.00 | \$ 12.00 |
| LV5670 | WET MOUNT AND PH, VAGINAL (POCT) | 85 | \$ | 14.00 | \$ 14.00 |
| LV5812 | URINE DIP CLINITEK (POCT) | 4355 | \$ | 15.00 | \$ 15.00 |
| Q0091 | OBTAINING SCREEN PAP SMEAR | 2260 | \$ | 118.00 | \$ 118.00 |
| S0020 | INJECTION, BUPIVACAINE HYDRO | 2 | \$ | 14.00 | \$ 14.00 |
| S0119 | ONDANSETRON 4 MG | 11 | \$ | 2.00 | \$ 2.00 |
| S0191 | MISOPROSTOL, ORAL, 200 MCG | 15 | \$ | 53.00 | \$ 53.00 |
| S0197 | PRENATAL VITAMINS 30 DAY | 4 | \$ | 4.00 | \$ 4.00 |
| S0630 | REMOVAL OF SUTURES | 45 | \$ | 57.00 | \$ 57.00 |
| S9470 | NUTRITIONAL COUNSELING, DIET | 9 | \$ | 92.00 | \$ 92.00 |
| S9981 | MED RECORD COPY ADMIN | 582 | \$ | - | \$ - |
| T1015 | CLINIC SERVICE | 134348 | \$ | 0.01 | \$ - |
| T1017 | TARGETED CASE MANAGEMENT | 3 | \$ | 56.00 | \$ 56.00 |
| TA008 | INSUFFICIENT FUNDS CHARGE | 2 | \$ | 38.00 | \$ 38.00 |

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|--------|---|------|----|----------|-------------|
| TB023 | CHARGE FOR ISONIAZID 300MG | 2 | \$ | 31.00 | \$ 31.00 |
| TB028 | CHARGE FOR RIFAMPIN 300MG | 1 | \$ | 44.00 | \$ 44.00 |
| TC010 | NUTRITIONAL AND OR OBESITY EDUCATION | 1 | \$ | - | \$ - |
| TM012 | CHDP PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT | 4343 | \$ | 20.00 | \$ 20.00 |
| TM1001 | CHDP HPV 9-VALENT | 2663 | \$ | 20.00 | \$ 20.00 |
| TM104 | MENINGOCOCCAL VAC, CONJUGATE | 9 | \$ | 20.00 | \$ 20.00 |
| TM135 | CHDP DTAP/IPV | 1095 | \$ | 20.00 | \$ 20.00 |
| TM141 | CHDP DTAP | 1548 | \$ | 20.00 | \$ 20.00 |
| TM143 | CHDP TDAP | 1759 | \$ | 20.00 | \$ 20.00 |
| TM147 | CHDP TD | 52 | \$ | 13.50 | \$ 14.00 |
| TM149 | CHDP TD BOOSTER, ADULT | 28 | \$ | 20.00 | \$ 20.00 |
| TM151 | CHDP IPV | 625 | \$ | 20.00 | \$ 20.00 |
| TM155 | CHDP PNEUMOCOCCAL POLYSACCHARIDE (23PS) | 47 | \$ | 20.00 | \$ 20.00 |
| TM157 | CHDP MENINGOCOCCAL VACCINE, CONJUGATE | 2432 | \$ | 20.00 | \$ 20.00 |
| TM159 | CHDP MMRV | 1108 | \$ | 20.00 | \$ 20.00 |
| TM161 | CHDP MMR | 1691 | \$ | 20.00 | \$ 20.00 |
| TM163 | CHDP HIB (PRP-T) | 4353 | \$ | 20.00 | \$ 20.00 |
| TM165 | CHDP HEPB | 320 | \$ | 20.00 | \$ 20.00 |
| TM167 | CHDP HEPB ADULT | 1 | \$ | 20.00 | \$ 20.00 |
| TM169 | CHDP VAR (VARICELLA) | 1923 | \$ | 20.00 | \$ 20.00 |
| TM171 | CHDP HEPA | 2828 | \$ | 20.00 | \$ 20.00 |
| TM173 | CHDP HEPA ADULT | 1 | \$ | 20.00 | \$ 20.00 |
| TM177 | CHDP DTAP/HEPB/IPV (PEDIARIX) | 3257 | \$ | 20.00 | \$ 20.00 |
| TM180 | FLUMIST QUAD | 1 | \$ | 20.00 | \$ 20.00 |
| TM181 | CHDP INFLUENZA, SPLIT, IM | 1 | \$ | - | \$ - |
| TM184 | CHDP HPV VACCINE BIVALENT 3 DOSE IM - CERVARIX | 3 | \$ | 20.00 | \$ 20.00 |
| TM185 | CHDP ROTAVIRUS | 2796 | \$ | 20.00 | \$ 20.00 |
| TM186 | HPV 9 VACCINE | 33 | \$ | 20.00 | \$ 20.00 |
| TM187 | CHDP DTAP/IPV/HIB (PENTACEL) | 1 | \$ | 20.00 | \$ 20.00 |
| TM246 | HEP A ADULT | 2 | \$ | 20.00 | \$ 20.00 |
| TM247 | HEP B ADULT | 95 | \$ | 20.00 | \$ 20.00 |
| TM251 | VFC FLU VAC NO PRS 4 VAL | 9351 | \$ | 20.00 | \$ 20.00 |
| TM254 | FLU VAC 4 VAL 3 YRS+ | 309 | \$ | 20.00 | \$ 20.00 |
| TM267 | CHDP MENINGOCOCCAL RECOMB PROTEIN & OUT MEMBRANE V | 1211 | \$ | 20.00 | \$ 20.00 |
| TM281 | HEPATITIS B VACCINE ADULT 2 DOSE IM | 1 | \$ | 20.00 | \$ 20.00 |
| TM315 | VFC HEP B-SINGLE | 1 | \$ | - | \$ - |
| TM774 | TDAP | 144 | \$ | 20.00 | \$ 20.00 |
| TN205 | INJECTION, PALIPERIDONE PALMITATE (3-MONTH) 410 MG/1.315 | 7 | \$ | - | \$ - |
| TP049 | CHARGE FOR ACETAMINOPHEN 325MG UD | 15 | \$ | - | \$ - |
| TP052 | CHARGE FOR ASPIRIN 325 MG, PO | 6 | \$ | - | \$ - |
| TP068 | CHARGE FOR CLONIDINE 0.1 MG | 7 | \$ | 17.00 | \$ 17.00 |
| TP070 | CHARGE FOR CLONIDINE 0.2 MG | 1 | \$ | 1.00 | \$ 1.00 |
| TP104 | CHARGE FOR NITROGLYCERIN 0.4 MG TAB | 5 | \$ | 1.00 | \$ 1.00 |
| TP107 | CHARGE FOR AZYTHROMYCIN 1GM UD STD | 1 | \$ | 62.00 | \$ 62.00 |
| TP1076 | CHARGE FOR DULAGLUTIDE 0.75 MG/0.5 ML INJECTION | 26 | \$ | - | \$ - |
| TP1116 | CHARGE FOR AZITHROMYCIN 250MG TAB, PER TAB | 10 | \$ | 11.00 | \$ 11.00 |
| TP1148 | CHARGE FOR ASPIRIN 81 MG CHEWABLE TAB, PER TAB | 2 | \$ | - | \$ - |
| TP1152 | CHARGE FOR IBUPROFEN 100 MG/5 ML ORAL SUSP, PER 5 ML | 20 | \$ | - | \$ - |
| TP1153 | CHARGE FOR IBUPROFEN 400 MG TAB, PER TAB | 1 | \$ | - | \$ - |
| TP1154 | CHARGE FOR IBUPROFEN 600 MG TAB, PER TAB | 27 | \$ | - | \$ - |
| TP1157 | FLUCONAZOLE 150MG | 1 | \$ | 13.00 | \$ 13.00 |
| TP1185 | CHARGE FOR METOPROLOL TARTRATE 25 MG, PER TAB | 4 | \$ | - | \$ - |
| TP1210 | CHARGE FOR ACETAMINOPHEN 160 MG/5 ML, PER 160MG (5ML) | 37 | \$ | - | \$ - |
| TP1215 | CHARGE FOR NEXPLANON 68MG SUBDERMAL IMPLANT | 1 | \$ | 1,243.00 | \$ 1,243.00 |
| TP122 | CHARGE FOR ZITHROMAX (AZITHROMYCIN) 1GRAM, PO | 6 | \$ | 55.00 | \$ 55.00 |
| TP124 | INJECTION, XYLOCAINE 1% INTRADERMAL | 12 | \$ | - | \$ - |
| TP128 | INJECTION, XYLOCAINE 1% W/EPINEPHRINE, INTRADERMAL | 180 | \$ | - | \$ - |
| TP1300 | CHARGE FOR PLAN B ONE-STEP 1.5 MG TABLET, PER TAB | 31 | \$ | 50.00 | \$ 50.00 |
| TP1319 | CHARGE FOR AZITHROMYCIN 500 MG TAB, PER TAB | 112 | \$ | 31.00 | \$ 31.00 |
| TP1395 | CHARGE FOR SILVER NITRATE APPLICATORS 75 %-25 % TOPICAL S | 35 | \$ | 15.00 | \$ 15.00 |
| TP1525 | FLUTICASONE NASAL SPRAY 50MCG/SPRAY 16GM | 1 | \$ | - | \$ - |
| TP161 | CHARGE FOR INJECTION, CEFTRIAZONE IM 500 MG | 42 | \$ | 60.00 | \$ 60.00 |
| TP2159 | CHARGE FOR METOPROLOL TARTRATE 50MG | 1 | \$ | 2.00 | \$ 2.00 |
| TP221 | CHARGE FOR DIPHENHYDRAMINE 25MG UD | 5 | \$ | - | \$ - |
| TP2331 | CHARGE FOR DEXTROSE ORAL GEL, PER TUBE | 2 | \$ | 6.00 | \$ 6.00 |
| TP2341 | CHARGE FOR SILVER SULFADIAZINE 1%, TOPICAL | 1 | \$ | - | \$ - |
| TP2346 | CHARGE FOR LIDOCAINE WITH EPINEPHRINE INJECTION 2% | 216 | \$ | - | \$ - |
| TP2351 | CHARGE FOR LABETALOL HYDROCHLORIDE 100 MG TABLET | 2 | \$ | - | \$ - |
| TP315 | CHARGE FOR IBUPROFEN 200MG UD | 8 | \$ | - | \$ - |
| TP379 | CHARGE FOR METRONIDAZOLE 500MG TAB | 4 | \$ | 3.75 | \$ 4.00 |

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|--------|--|-------|----|--------|-----------|
| TP633 | CHARGE FOR TRICHLOROACETIC ACID 15 G/100 ML | 4 | \$ | - | \$ - |
| TP759 | CHARGE FOR ACETAMINOPHEN 120 MG RECTAL SUPPOSITORY U | 3 | \$ | - | \$ - |
| TP966 | CHARGE FOR GLUCOSE TABS | 1 | \$ | - | \$ - |
| TS008 | ACE BANDAGE 2 | 1 | \$ | - | \$ - |
| TS019 | PILL BOX | 1 | \$ | - | \$ - |
| TS047 | AEROCHAMBER WITH MASK INFANT | 1 | \$ | - | \$ - |
| TS055 | CONDOMS LATEX | 270 | \$ | 1.00 | \$ 1.00 |
| TS057 | CONDOMS NON LATEX | 3 | \$ | 1.00 | \$ 1.00 |
| TS094 | SPLINT-WRIST | 5 | \$ | 32.00 | \$ 32.00 |
| TS1000 | TAKE HOME STOOL CARD | 5 | \$ | - | \$ - |
| TS139 | SLING SMALL | 1 | \$ | - | \$ - |
| TS196 | BRACE THUMB | 5 | \$ | - | \$ - |
| TS197 | BRACE WRIST | 1 | \$ | - | \$ - |
| TS221 | TRAY - COLPO W/ BIOPSY & ECC | 1 | \$ | - | \$ - |
| TS882 | ALBUTEROL AEROSOL INHALER | 2 | \$ | - | \$ - |
| TX001 | NURSE ONLY VISIT | 773 | \$ | 69.00 | \$ 69.00 |
| TX003 | SOCIAL WORKER VISIT ONLY | 2 | \$ | - | \$ - |
| TX0044 | MISCELLANEOUS - NON BILLABLE | 201 | \$ | - | \$ - |
| TX0096 | SITZ BATH | 3 | \$ | - | \$ - |
| TX015 | ORTHOSTATIC BP | 2 | \$ | - | \$ - |
| TX016 | NP NON-BILLABLE VISIT | 3803 | \$ | - | \$ - |
| TX018 | PRENATAL ONLY VISIT | 29743 | \$ | - | \$ - |
| TX021 | PPD READING | 1 | \$ | - | \$ - |
| TX023 | LAB ONLY | 4 | \$ | - | \$ - |
| TX036 | LEFT WITHOUT SEEN | 439 | \$ | - | \$ - |
| TX117 | IMMUNIZATION ONLY VISIT | 8500 | \$ | - | \$ - |
| TX123 | X-RAY ONLY | 1 | \$ | - | \$ - |
| TX181 | SOCIAL WORKER CASE MANAGEMENT | 5 | \$ | - | \$ - |
| TX235 | DIABETIC FOOT EXAM | 5 | \$ | - | \$ - |
| Z1032 | INITIAL ANTEPARTUM | 1831 | \$ | 510.00 | \$ 510.00 |
| Z1034 | ANTEPARTUM VISITS | 17062 | \$ | 152.00 | \$ 152.00 |
| Z1036 | 10TH ANTEPARTUM | 1 | \$ | 255.00 | \$ 255.00 |
| Z1038 | POSTPARTUM | 909 | \$ | 152.00 | \$ 152.00 |
| Z6200 | INITIAL NUTRITION ASSESSMENT AND DEVELOPMENT OF CARE P | 861 | \$ | 64.00 | \$ 64.00 |
| Z6202 | EACH SUBSEQUENT 15 MINUTES (MAXIMUM OF 1½ HOURS) | 1 | \$ | 16.00 | \$ 16.00 |
| Z6204 | NUTRITION FOLLOW UP (INDIVIDUAL) | 1136 | \$ | 32.00 | \$ 32.00 |
| Z6208 | POSTPARTUM NUTRITIONAL ASSESSMENT | 1169 | \$ | 64.00 | \$ 64.00 |
| Z6300 | PSYCHOSOCIAL ASSESSMENT | 1321 | \$ | 64.00 | \$ 64.00 |
| Z6302 | PSYCHOSOCIAL INITIAL ASSESSMENT | 3 | \$ | 80.00 | \$ 80.00 |
| Z6304 | PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL) | 866 | \$ | 48.00 | \$ 48.00 |
| Z6308 | POSTPARTUM PSYCHOSOCIAL ASSESSMENT | 1662 | \$ | 31.00 | \$ 31.00 |
| Z6400 | CLIENT ORIENTATION | 4045 | \$ | 48.00 | \$ 48.00 |
| Z6402 | HEALTH ASSESSMENT | 1251 | \$ | 80.00 | \$ 80.00 |
| Z6404 | HEALTH EDUCATION INITIAL ASSESSMENTS | 15 | \$ | 64.00 | \$ 64.00 |
| Z6406 | HEALTH EDUCATION FOLLOW UP (INDIVIDUAL) | 1290 | \$ | 32.00 | \$ 32.00 |
| Z6410 | PERINATAL EDUCATION (INDIVIDUAL) | 10064 | \$ | 48.00 | \$ 48.00 |
| Z6414 | POSTPARTUM HEALTH EDUCATION ASSESSMENT | 3787 | \$ | 64.00 | \$ 64.00 |
| Z6500 | INITIAL COMPREHENSIVE ASSESSMENTS | 198 | \$ | 290.00 | \$ 290.00 |