

COUNTY OF MONTEREY MASTER FEE RESOLUTION ARTICLE I.b.
HEALTH DEPARTMENT CLINIC SERVICES BUREAU
SCHEUDLE OF FEES AND CHARGES
EFFECTIVE JULY 1, 2015

CODE	SERVICE DESCRIPTION	Prior to 2014	Current Fee	Proposed Fee
EVALUATION AND MANAGEMENT CODES				7/1/2015
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	64.00	75.00	119.00
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	110.00	128.00	155.00
99203	OFFICE VISIT, DETAILED- NEW	159.00	185.00	218.00
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	243.00	277.00	308.74
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	302.00	352.00	430.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	32.00	35.00	64.00
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	65.00	75.00	91.49
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	107.00	117.00	145.29
99214	OFFICE VISIT, DETAILED- ESTAB	157.00	169.00	213.24
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	213.00	247.00	284.16
99241	CONSULTATION, PROBLEM FOCUSED	72.00	80.00	94.00
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	134.00	148.00	219.68
99243	CONSULTATION, DETAILED	183.00	201.00	297.38
99244	CONSULTATION, COMPREHENSIVE/MODERATE	271.00	298.00	352.00
99245	CONSULTATION COMPREHENSIVE/HIGH	330.00	363.00	429.00
99342	HOME VISIT NEW PT 3 KEY COMPONENTS:EXPAND PROB FOCUS HX;EXF	119.00	135.00	159.44
99347	HOME VISIT EST PT 2+ KEY COMPONENTS: PROB FOCUS INTRVL HX; PRO	105.00	95.00	86.78
99348	HOME VISIT EST PT 2+ KEY COMPONENTS:EXPAND PROB FOCUS INT HX	120.00	143.00	132.47
99377	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	126.00	139.00	143.67
99378	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	135.00	189.00	223.02
99379	PHYSICIAN SUPERVISION, NURSING FACILITY 15-29 MIN	100.00	110.00	129.80
99380	PHYSICIAN SUPERVISION, NURSING FACILITY 30+ MIN	105.00	116.00	136.88
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	105.00	116.00	246.56
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	111.00	122.00	268.29
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	121.00	133.00	265.22
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	131.00	144.00	297.61
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	207.00	228.00	321.88
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	234.00	258.00	332.20
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	274.00	301.00	259.42
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	100.00	110.00	223.68
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	106.00	117.00	249.25
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	115.00	127.00	244.03
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	125.00	137.00	260.53
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	168.00	185.00	272.92
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	184.00	202.00	282.80
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	209.00	230.00	230.43
G0466	MEDICARE FQHC NEW PATIENT MEDICAL VISIT			258.57
G0467	MEDICARE FQHC ESTABLISHED PATIENT VISIT			168.13
G0470	MEDICARE FQHC ESTABLISHED PATIENT MENTAL HEALTH VISIT			181.52
G0469	MEDICARE FQHC NEW PATIENT MENTAL HEALTH VISIT			294.39
G0468	MEDICARE FQHCANNUAL WELLNESS VISIT			225.65
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE			38.00
G0010	ADMINISTRATION OF HEPATITIS B VACCINE			38.00

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G0101	MEDICARE WELL WOMAN EXAM	42.00	66.00	78.00
G0102	MEDICARE PROSTATE SCREENING	NEW	34.00	40.15
G0179	MEDICARE PHYSICIAN RE-CERTIFICATION FOR HOME HEALTH SERVICE	64.00	71.00	83.85
G0180	MEDICARE PHYSICIAN CERTIFICATION FOR HOME HEALTH SERVICES	83.00	92.00	108.65
G0181	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT RECEIVING HOME H	161.00	184.00	186.20
G0182	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT IN HOSPICE	163.00	185.00	195.33
G0402	MEDICARE INITIAL PREVENTIVE EXAM	229.00	283.00	334.22
G0403	MEDICARE EKG FOR INITIAL PREVENT EXAM	31.00	29.00	34.00
PSYCHIATRIC EVALUATION AND MANAGEMENT				
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	258.00	24.00	35.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	238.00	227.00	243.50
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	238.00	244.00	287.77
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	103.00	109.00	140.63
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	117.00	112.00	115.65
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	137.00	145.00	171.00
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	175.00	142.00	168.00
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	216.00	217.00	194.72
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	245.00	187.00	195.34
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	144.00	181.00	205.48
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	90.00	99.00	117.00
PATIENT EDUCATION AND SELF MANAGEMENT				
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	33.00	36.00	42.52
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	32.00	35.00	41.34
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	30.00	33.00	38.97
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	8.00	9.00	10.63
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	30.00	33.00	38.97
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	30.00	33.00	38.97
97802	MEDICAL NUTRITION, INDIV, INIATIAL	40.00	44.00	52.00
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	40.00	44.00	52.00
97804	MEDICAL NUTRITION, GROUP	15.00	16.00	19.00
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED			83.00
97802	MEDICAL NUTRITION, INDIV, INIATIAL	40.00	44.00	52.00
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	40.00	44.00	52.00
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	20.00	22.00	44.50
99402	PREVENTIVE COUNSELING, IND 30 MIN	40.00	44.00	134.21
99403	PREVENTIVE COUNSELING, IND 45 MIN	90.00	99.00	194.20
99404	PREVENTIVE COUNSELING, IND 60 MIN	155.00	155.00	254.02
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIA	21.00	23.00	32.38
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE >	41.00	45.00	53.15
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURE	48.00	53.00	62.59
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURE	70.00	77.00	90.94
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	40.00	44.00	51.96
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	50.00	55.00	64.96
99420	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTP	200.00	220.00	81.18
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIV	85.00	94.00	111.01
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROU	30.00	33.00	50.00
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INT	43.00	47.00	55.51
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INT	22.00	24.00	28.34

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G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED	16.00	18.00	21.26
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	48.00	53.00	62.59
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	104.00	114.00	134.63
G0437	SMOKING CESSATION COUNSELING 3-10 MIN	new	48.00	56.69
G0438	SMOKING CESSATION COUNSELING 11+ MIN	new	293.00	266.00
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	new	31.00	35.00
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	new	44.00	51.00
G0444	DEPRESSION SCREENING/COUNSELING	new	31.00	35.00
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	new	46.00	57.03
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	new	44.00	49.00
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	new	44.00	49.00
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	67.00	74.00	87.39
PUBLIC HEALTH VISIT FEES				
LCODE	HIV - CONFIDENTIAL VISIT	32.00	35.00	41.34
LCODE	HIV - ANONYMOUS VISIT	32.00	35.00	41.34
LCODE	HIV COUNSELING/EDUCATION WITH STD VISIT	57.00	63.00	74.40
LCODE	HIV COUNSELING AND EDUCATION, COURT ORDERED	142.00	156.00	184.24
LCODE	WOUND MANAGEMENT VISIT	32.00	35.00	41.34
LCODE	HEPATITIS A CONTACT VISIT	57.00	63.00	74.40
LCODE	LATENT TUBERCULOSIS (TB) CLEARANCE VISIT	32.00	35.00	41.34
LCODE	HEPATITIS B VACCINE, PUBLIC SAFETY/PUBLIC HEALTH WORKER	68.00	75.00	88.58
LCODE	RABIES VACCINE PRE-EXPOSURE (STAFF ONLY)	160.00	176.00	207.86
LCODE	LATENT TB PREVENTION VISIT	32.00	35.00	41.34
LCODE	PPD/TB SCREENING TEST/READ	32.00	35.00	41.34
LCODE	POSITIVE PPD TEST COUNSELING VISIT	32.00	35.00	41.34
LCODE	INTERNATIONAL IMMUNIZATION CARD AND STAMP	20.00	22.00	25.00
LCODE	TRANSCRIBE NEW IMMUNIZATION RECORD (TM990)	15.00	17.00	20.00
LCODE	PRINT DUPLICATE REGISTRY FORM (TM899)	15.00	17.00	20.00
LCODE	RETURNED CHECK FEE (TA008)	25.00	25.00	25.00
LCODE	ISONIAZID 50 MG 30 DAY SUPPLY	25.00	20.00	23.62
LCODE	ISONIAZID 100 MG 30 DAY SUPPLY (TB018)	25.00	20.00	23.62
LCODE	ISONIAZID 150 MG 30 DAY SUPPLY	25.00	20.00	23.62
LCODE	ISONIAZID 200 MG 30 DAY SUPPLY	25.00	20.00	23.62
LCODE	ISONIAZID 250 MG 30 DAY SUPPLY	25.00	20.00	23.62
LCODE	ISONIAZID 300 MG 30 DAY SUPPLY (TB023)	25.00	20.00	23.62
LCODE	ETHAMBUTOL 400 MG 30 DAY SUPPLY		21.00	24.80
LCODE	LEVOFLOXIN 750 MG		8.00	9.45
LCODE	VITAMIN B 6 PYRIDOXINE UP TO 25 MG	17.00	9.00	10.63
LCODE	PYRAZINAMIDE 500 MG 30 DAY SUPPLY		187.00	220.85
LCODE	RIFADIN 300 MG		9.00	10.63
LCODE	RIFAMPIN 150 MG 30 DAY SUPPLY (TB027)	65.00	36.00	42.52
LCODE	RIFAMPIN 300 MG 30 DAY SUPPLY (TB028)	65.00	28.00	33.07
PROCEDURE CODES				
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	169.00	201.00	215.27
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	278.00	354.00	377.13
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	209.00	260.00	282.44
11000	DEBRIDE INFECTED SKIN		21.00	25.00
10140	DRAINAGE OF HEMATOMA/FLUID	239.00	282.00	332.96

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10160	PUNCTURE DRAINAGE OF LESION	194.00	223.00	263.30
10180	COMPLEX DRAINAGE, WOUND	359.00	423.00	499.44
11040	DEBRIDE INFECTED SKIN	21.00	23.00	27.16
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	160.00	177.00	172.32
11101	BIOPSY, SKIN ADDITIONAL LESION	51.00	56.00	66.00
11200	REMOVAL OF SKIN TAGS	130.00	138.00	160.95
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	29.00	32.00	44.58
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	99.00	167.00	128.00
11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	121.00	205.00	242.11
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	106.00	171.00	201.95
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	129.00	210.00	248.01
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	121.00	195.00	230.30
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	143.00	190.00	224.39
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	183.00	213.00	251.55
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	222.00	255.00	247.45
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	247.00	284.00	301.76
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	182.00	212.00	250.00
11421	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 0.6-1CM	235.00	253.00	298.79
11422	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/Margin 1.1 TO 2			321.52
11440	EXCISION, OTHER BENING LESION, FACE W/ MARGINS <= 0.5 CM	201.00	234.00	276.35
11441	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	251.00	289.00	341.31
11730	REMOVAL OF NAIL PLATE	146.00	172.00	203.00
11732	REMOVE NAIL PLATE, ADDON	67.00	62.00	55.06
11750	REMOVAL OF NAIL BED	329.00	332.00	392.00
11765	EXCISION OF NAIL FOLD, TOE	213.00	234.00	243.91
11900	INJECTION INTO SKIN LESIONS		63.00	101.55
11975	INSERT CONTRACEPTIVE CAP	184.00	203.00	239.74
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	150.00	230.00	363.86
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM			289.22
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	177.00	189.00	294.08
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	190.00	206.00	243.29
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	411.00	444.00	524.36
12052	LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	469.00	504.00	524.36
15851	REMOVAL OF SUTURES (correct cpt)			187.36
16000	INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	103.00	105.00	124.01
16020	DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT BURN TF	126.00	142.00	168.00
17000	DESTRUCTION OF LESIONS, 1ST LESION	125.00	130.00	125.93
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	12.00	18.00	18.53
17004	DESTRUCTION OF LESIONS, 15 OR MORE	265.00	179.00	275.33
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	170.00	178.00	177.97
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	203.00	143.00	198.29
17250	CHEMICAL CAUTERY, TISSUE			128.11
17340	CRYOTHERAPY OF SKIN			93.84
19000	DRAINAGE OF BREAST LESION	171.00	196.00	231.00
19001	DRAIN BREAST LESION ADD-ON	41.00	46.00	84.00
19100	BX BREAST PERCUT W/O IMAGE	219.00	259.00	305.88
20526	THER INJECTION, CARP TUNNEL	113.00	131.00	199.08
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	87.00	101.00	119.00

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20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	88.00	105.00	124.00
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	81.00	96.00	141.52
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	92.00	111.00	165.04
20600	DRAIN/INJECT, JOINT/BURSA SMALL	82.00	82.00	117.74
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	90.00	96.00	123.47
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	119.00	103.00	151.58
20612	ASPIRATE/INJECTION GANGLION CYST			158.64
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	103.00	113.00	133.45
29130	APPLICATION, FINGER SPLINT; STATIC	60.00	71.00	93.17
29260	STRAPPING; ELBOW/WRIST	78.00	89.00	85.06
29280	STRAPPING; HAND/FINGER	76.00	88.00	94.43
29550	STRAPPING; TOES	43.00	55.00	64.96
27603	INCISION & DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEMATOMA			1,259.02
28001	INCISION & DRAINAGE, BURSA, FOOT			628.66
29130	APPLICATION, FINGER SPLINT; STATIC			104.07
30300	REMOVAL FB, INTRANASAL; OFFICE TYPE PROC			146.00
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY)	148.00	166.00	196.05
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAU)	306.00	365.00	431.07
36000	INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	40.00	55.00	64.96
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	37.00	46.00	54.33
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	27.00	33.00	38.97
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	25.00	25.00	29.53
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	71.00	83.00	98.02
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	60.00	69.00	81.49
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	163.00	170.00	410.22
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	394.00	455.00	537.00
45330	DIAGNOSTIC SIGMOIDOSCOPY	216.00	240.00	283.44
46320	REMOVAL OF HEMORRHOID CLOT	264.00	303.00	357.84
46600	DIAGNOSTIC ANOSCOPY	128.00	70.00	186.88
46900	DESTRUCTION, ANAL LESION(S)	278.00	212.00	525.50
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	134.00	143.00	207.00
51701	INSERT NON-INDWELLING BLADDER CATHETER	150.00	95.00	147.77
51702	INSERT TEMPORARY INWELLING BLADDER CATHER	122.00	123.00	184.00
51725	SIMPLE CYSTOMETROGRAM	310.00	131.00	301.00
52320	CYSTOURETHROSCOPY; W/REMOVAL, URETERAL CALCULUS	387.00	420.00	626.05
53660	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION;INIT	117.00	122.00	144.08
53661	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION; SU	116.00	120.00	141.72
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	205.00	226.00	262.02
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	220.00	244.00	275.11
54100	BIOPSY OF PENIS	313.00	340.00	275.11
54150	CIRCUMCISION	200.00	220.00	326.49
55250	VASECTOMY, UNILATERAL OR BILATERAL	675.00	667.00	787.73
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	167.00	190.00	224.39
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	191.00	211.00	249.00
56501	DESTROY, VULVA LESIONS, SIMPLE	201.00	227.00	268.00
56515	DESTROY VULVA LESION/S COMPLEX	341.00	388.00	458.23
56605	BIOPSY OF VULVA/PERINEUM			206.42
57061	DESTROY VAG LESIONS, SIMPLE	176.00	197.00	297.69

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57065	DESTROY VAG LESIONS, COMPLEX	292.00	333.00	393.27
57100	BIOPSY OF VAGINA	134.00	153.00	223.74
57150	TREATMENT OF VAGINA INFECTION	74.00	79.00	93.30
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	119.00	129.00	152.00
57170	FITTING OF DIAPHRAGM/CAP	99.00	105.00	173.82
57180	INTROUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL B	218.00	244.00	356.07
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	162.00	185.00	246.62
57415	REMOVAL IMPACTED VAGINAL FFOREIGN BODY (SEPARATE PROCEDUR	243.00	277.00	383.80
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	176.00	201.00	275.70
57451	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT; W/BIOPSY(S)			391.32
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	166.00	188.00	271.18
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	233.00	264.00	368.54
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	204.00	247.00	354.94
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	206.00	234.00	335.22
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	452.00	494.00	583.00
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	483.00	558.00	843.35
57500	BIOPSY OF CERVIX	203.00	223.00	263.00
57505	ENDOCERVICAL CURETTAGE	157.00	177.00	263.91
57510	CAUTERIZATION, CERVIX; ELECTRO/THERMAL	200.00	227.00	417.00
57511	CRYOCAUTERY OF CERVIX	222.00	251.00	296.00
58100	BIOPSY OF UTERUS LINING	167.00	188.00	268.45
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLPOSCOPY (LIST S		64.00	114.14
58145	MYOMECTOMY 1-4 MYOMA(S), W/TOTAL WEIGHT 250 GMS/<; VAGINAL APPROACH		560.00	1,291.03
58300	INSERT INTRAUTERINE DEVICE	176.00	246.00	270.11
58301	REMOVE INTRAUTERINE DEVICE	147.00	165.00	195.00
59410	VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY &/OR FORCEPS); W/PC	1,361.00	1,758.00	2,225.91
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	96.66	778.00	154.00
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	90.00	1,394.00	164.00
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	201.00	315.00	372.00
60100	BX THYROID, PERCUTANEOUS CORE NEEDLE	173.00	196.00	310.86
62270	SPINAL FLUID TAP, DIAGNOSTIC	241.00	279.00	349.08
62273	INJECTION, EPIDURAL, BLOOD/CLOT PATCH			444.94
64435	NERVE BLOCK INJECTION, PARACERVICAL	217.00	235.00	298.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE/BRANCH	159.00	141.00	267.00
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE			2,081.92
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	82.00	100.00	128.59
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAM	85.00	100.00	186.42
69200	CLEAR OUTER EAR CANAL			230.16
69210	REMOVE IMPACTED EAR WAX	77.00	85.00	97.39
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	31.00	34.00	40.15
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	216.00	240.00	283.44
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK			695.00
UTRASONOGRAPHY (US) AND OTHER TESTING CODES				
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)			59.11
76801	OB US LESS THAN 14 WKS, SINGLE FETUS	133.00	82.00	268.71
76805	OB US GREATER THAN OR EQUAL TO 14 WKS, SINGLE FETUS	163.00	85.00	153.85
76810	US, PREG UTER, REAL TIME W/IMAGE DOCUMENT EA ADD'L GEST	81.00	85.00	21.00
76811	US, PREG UTER, REAL TIME W/IMAGE DOC, FETL & MATRNL, + DETL FET	162.00	165.00	194.87

CODE	SERVICE DESCRIPTION	Prior to 2014	Current Fee	Proposed Fee
76815	OB US, LIMITED, FETUS(S)	97.00	56.00	66.14
76816	OB US, FOLLOW UP, PER FETUS	122.00	74.00	87.39
76818	FETAL BIOPHYS PROFILE W/NST	115.00	92.00	108.65
76825	ECHO EXAM OF FETAL HEART	221.00	143.00	168.88
76830	TRANSVAGINAL US, NON OB	148.00	60.00	155.51
76856	US EXAM, PELVIC, COMPLETE	147.00	59.00	224.61
76946	US GUIDANCE, AMNIOCENTESIS, IMAGING S&I	32.00	33.00	89.69
76977	US BONE DENSITY MEASUREMENT & INTERPRETATION, PERIPHERAL SITE	13.00	13.00	34.70
92283	COLOR VISION EXAMINATION			44.00
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	21.00	23.00	37.00
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	23.00	55.00	47.19
92567	TYMPANOMETRY (IMPEDANCE TESTING)	24.00	25.00	45.96
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT (I&R)	34.00	29.00	45.00
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	17.00	14.00	27.00
93271	ECG/MONITORING AND ANALYSIS			544.00
93306	ECHO TTHRC R-T 2D -+M-MODE COMPL SPEC&COLOR DOP			424.00
93770	MEASURE VENOUS PRESSURE			17.53
94010	BREATHING CAPACITY TEST	51.00	15.00	18.13
94375	RESPIRATORY FLOW VOLUME LOOP	39.00	26.00	31.06
94640	AIRWAY INHALATION TREATMENT	26.00	32.00	49.76
94760	MEASURE BLOOD OXYGEN LEVEL	5.00	6.00	10.19
94762	NONINVASIVE EAR/PULSE OXIMETRY, OXYGEN SATURATION; CONTINUOUS OVERNIGHT MONITORING			78.00
95115	PROFESSIONAL SVC, ALLERGEN IMMUNOTHERAPY NON-PROVISION EX	17.00	16.00	18.90
96110	DEVELOPMENTAL TEST, I&R	25.00	27.00	32.00
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOISTIC INJECTION SUBCUTANEOUS	37.00	44.00	46.00
96373	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION INTRA-ARTERIAL	30.00	34.00	40.15
96374	THERAPEUTIC PROPH/DIAGNOSTIC INJECTION IV PUSH SINGLE/INITIAL	89.00	99.00	116.92
97001	PHYSICAL THERAPY EVAL			121.00
99000	HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFF	8.00	9.00	15.00
99075	MEDICAL TESTIMONY	245.00	270.00	270.00
99080	SPECIAL REPORTS/INSURANCE FORMS	40.00	44.00	51.89
99173	VISUAL ACUITY	5.00	6.00	10.19
INHOUSE LABORATORY, SPECIMEN COLLECTION				
80061	LIPID PANEL	21.00	23.00	27.76
81000	URINALYSIS, DIPSTICK NON-AUTOMATED, W/MICROSCOPY	7.00	8.00	10.00
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	8.00	9.00	11.00
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	5.00	6.00	7.00
82105	ALPHA-FETOPROTEIN, AMNIOTIC FLUID	36.00	40.00	47.24
82239	BILE ACIDS, TOTAL			47.00
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	7.00	8.00	10.00
82465	CHOLESTEROL, BLOOD/SERUM	7.00	8.00	10.00
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	8.00	9.00	15.00
82948	GLUCOSE; BLOOD, REAGENT STRIP	7.00	8.00	14.00
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	22.00	24.00	28.00
83655	LEAD, BLOOD			25.15
84443	THYROID STIMULATING HORMONE (TSH)			36.96
84702	HCG, CHORIONIC GONADOTROPIN QUANT			28.14
85018	BLOOD COUNT; HEMOGLOBIN	5.00	6.00	10.00

CODE	SERVICE DESCRIPTION	Prior to 2014	Current Fee	Proposed Fee
85610	PROTHROMBIN TIME	9.00	10.00	11.81
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	17.00	14.00	24.91
87086	URINE CULTURE/COLONY COUNT			16.00
86710	INFLUENZA VIRUS ANTIBODY	30.00	33.00	38.97
87210	KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	12.00	13.00	15.00
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNG	10.00	11.00	18.00
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS SMEAR, DFA	21.00	23.00	27.16
87329	GIARDIA LAMBLIA AG EIA, STOOL			20.42
87804	RAPID FLU,Influenza assay w/optic			38.65
87807	RSV IMMUNOASSAY, EIA, WASH/ASPIRATE/SWAB			55.00
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	21.00	23.00	30.00
88720	BILIRUBIN TOTAL,TRANSCUTANEOUS	12.00	13.00	20.00
88738	HGB QUANT TRANSCUTANEOUS (MTYHD)			15.46
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHN*	26.00	29.00	34.25
Q0111	WET MOUNT	NEW	9.00	10.63
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND C	30.00	78.00	92.12
IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES				
90281	HUMAN IG, IM	45.00	50.00	59.05
90384	RH IG, FULL DOSE, IM	120.00	181.00	229.89
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	950.00	1,045.00	175.42
90471	IMMUNIZATION ADMIN	37.00	41.00	46.83
90472	IMMUNIZATION ADMIN, EACH ADD	18.00	22.00	26.00
90473	IMADM INTRANSL/ORAL 1 VACC	26.00	44.00	45.74
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SING	18.00	22.00	25.98
90632	HEP A VACCINE, ADULT IM	77.00	84.00	126.13
90633	HEP A VACC, PED/ADOL, 2 DOSE	43.00	49.00	69.04
90636	HEP A/HEP B VACC, ADULT IM	154.00	142.00	168.00
90645	HIB VACCINE, HBOC, 4 DOSE IM	36.00	41.00	48.00
90646	HIB PRP-D, BOOSTER	38.00	42.00	49.60
90648	CHDP HIB (PRP-T)			48.00
90649	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUA	221.00	208.00	242.04
90650	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT)	198.00	198.00	234.00
90653	INFLUENZA VACCINE, INACTIVIATED, SUBUNIT, ADJUVANETED, IM USE	198.00	218.00	257.46
Q2033	MEDICARE INFLUENZA VACCINE (FLU BLOCK)	new	20.00	23.62
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	new	19.00	22.44
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	new	14.00	16.53
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	new	25.00	29.53
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	new	20.00	23.62
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	35.00	35.00	33.69
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	29.00	33.00	31.70
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	32.00	25.00	30.00
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, IM USE	14.00	16.00	19.00
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS , IM USE	25.00	26.00	25.96
90660	FLU VACCINE, NASAL	32.00	34.00	38.46
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT P	14.00	53.00	39.43
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED I	14.00	53.00	51.23
90669	PNEUMOCOCCAL VACC, PED LESS THAN 5	117.00	150.00	177.15
90670	PNEUMOCOCCAL VACC 13 VAL IM	117.00	225.00	181.78

CODE	SERVICE DESCRIPTION	Prior to 2014	Current Fee	Proposed Fee
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL US	117.00	36.00	43.00
90673	INFLUENZA VIRUS VACCINE, TRIVALENT	117.00	36.00	42.52
90674	INFLUENZA VIRUS VACCINE, QUAROVALENT			62.03
90675	RABIES VACCINE, IM	298.00	328.00	387.00
90680	ROTAVIRUS PENTAVALENT, LIVE	67.00	74.00	87.00
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED,2 DOSE	135.00	149.00	176.00
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE,	19.17	21.00	25.00
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE,	15.41	17.00	17.00
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	15.41	17.00	17.00
90696	DTAP/IPV (KINRIX)			125.24
90698	DTAP/IPV/HIB	136.00	150.00	98.96
90700	DTAP VACCINE, IM	39.00	43.00	49.99
90702	DT (<7 YEARS)	17.00	19.00	22.42
90703	TETANUS TOXOID, ADSORBED	42.00	46.00	54.28
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q US	89.00	98.00	106.55
90710	MMRV, LIVE	84.00	92.00	193.00
90713	POLIOVIRUS, IPV, SC OR IM	90.00	99.00	60.71
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE	29.00	32.00	38.00
90715	TDAP (7 + YEARS)	61.00	67.00	75.76
90716	CHICKEN POX VACCINE, SC	149.00	164.00	174.68
90718	TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	36.00	40.00	51.00
90723	DTAP HEP B IPV VACCINE, IM	126.00	139.00	164.00
90732	PNEUMOCOCCAL VACCINE	86.00	95.00	91.36
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S, SUB Q US	156.00	172.00	189.54
90734	MENINGOCOCCAL VACCINE, CONJUGATE	183.00	201.00	169.00
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	196.00	216.00	255.10
90739	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	196.00	216.00	255.10
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	189.00	208.00	245.65
90743	HEP B VACCINE, ADULT 2 DOSE, IM	189.00	208.00	100.14
90744	HEP B VACC PED/ADOL 3 DOSE IM	102.00	112.00	81.99
90746	HEP B VACCINE, ADULT, IM	102.00	112.00	122.74
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT,4 DOSE,IM	102.00	112.00	132.27
90748	HEP B/HIB VACCINE, IM	79.00	87.00	159.23
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	0.30	0.35	0.41
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	3.00	3.50	4.13
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	15.00	12.00	14.17
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	25.00	9.00	10.63
J0520	BICILLIN TO 5 MG	20.00	9.00	10.63
J0530	BICILLIN 600,000 UNITS	10.00	9.00	10.63
J0540	BICILLIN 1.2 MILLION UNITS	20.00	9.00	10.63
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	15.00	15.00	17.72
J0558	PENG BENZATHINE/PROCAINE INJ			84.00
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	13.00	8.00	9.45
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	24.00	8.00	9.45
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHO	25.00	16.00	18.90
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	12.00	30.00	35.43
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	113.00	38.00	44.88
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	25.00	100.64	118.86

CODE	SERVICE DESCRIPTION	Prior to 2014	Current Fee	Proposed Fee
J0897	INJECTION, DENOSUMAB	19.00	28.00	33.07
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	11.00	13.00	15.35
J1050	MEDROXYPROGESTERONE ACETATE			42.00
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE U	122.00	122.00	144.08
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, U	11.00	11.00	12.99
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	21.00	21.00	24.80
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	10.00	7.00	8.27
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	12.00	8.00	9.45
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	16.00	19.00	22.44
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	16.00	18.00	21.26
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	16.00	14.00	16.53
J1815	INJECTION, INSULIN, PER 5 UNITS	12.00	34.00	40.15
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	16.00	19.00	22.44
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	16.00	19.00	22.44
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	16.00	15.00	17.72
J1815	INJECTION, INSULIN, PER 5 UNITS	12.00	34.00	40.15
J1820	INJECTION, INSULIN	12.00	13.00	15.35
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	12.00	32.00	37.79
J1950	INJECTION, LEUPROLIDE ACETATE (DEPOT SUSPENSION), PER 3.75 MG	1,308.00	3,358.29	3,966.14
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	1,557.00	1,713.00	2,023.05
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	10.00	30.00	35.43
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	14.00	48.00	56.69
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	14.00	69.00	81.49
J2426	INJECTION, PALIPERIDONE PALMITATE	18.00	81.00	95.66
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	11.00	41.00	48.42
J2675	INJECTION, PROGESTERONE PER 50 MG	11.00	40.00	47.24
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	66.00	73.00	86.21
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	233.00	256.00	302.34
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	16.00	41.00	48.42
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	60.00	46.00	54.33
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	11.00	12.00	14.17
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	11.00	41.00	48.42
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	14.00	42.00	49.60
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	10.00	41.00	48.42
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	11.00	44.00	51.96
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	11.00	12.00	14.17
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	640.00	704.00	831.42
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	1,251.00	1,376.00	1,625.06
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	1,051.00	1,156.00	1,365.24
J7506	PREDNISONE, ORAL, PER 5MG	15.00	16.00	18.90
J7510	PREDNISOLONE ORAL, PER 5 MG	12.00	13.00	15.35
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTRATED THROUGH DME,	10.00	11.00	12.99
J7619	ALBUTEROL INH SOL U D	10.00	11.00	12.99
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG,	12.00	13.00	15.35
J7626	BUDESONIDE INHALATION SOLN, NON-COMPOUNDED, ADMIN THRU D	12.00	13.00	15.35
J7644	IPRATROPIUM BROMIDE, INHALATION SOLN ADMIN THRU DME, UNIT E	12.00	13.00	15.35
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	40.00	44.00	51.96
Q0162	ONDANSETRON 40 MG	NEW	15.00	17.72

CODE	SERVICE DESCRIPTION	Prior to 2014	Current Fee	Proposed Fee
X1500	SPERMICIDAL GEL	15.00	15.00	17.72
X1500	SPERMICIDAL FORM	15.00	15.00	17.72
COMPREHENSIVE PERINATAL SERVICES PROGRAM				
Z1032	INITIAL ANTEPARTUM	369.00	248.00	292.89
Z1034	ANTEPARTUM VISITS	91.00	91.00	107.47
Z1036	10TH ANTEPARTUM	170.00	170.00	200.77
Z1038	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	91.00	91.00	107.47
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	12.00	13.00	15.35
Z6200	NUTRITIONAL ASSESSMENT	18.00	25.00	44.00
Z6202	NUTRITION INITIAL ASSESSMENTS	9.00	13.00	22.00
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	9.00	13.00	22.00
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	9.00	13.00	22.00
Z6210	POSTPARTUM NUTRITIONAL ASSESSMENT	9.00	13.00	22.00
Z6300	PSYCHOSOCIAL ASSESSMENT	18.00	25.00	44.00
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	9.00	13.00	22.00
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	9.00	13.00	22.00
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	9.00	9.00	22.00
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	9.00	13.00	22.00
Z6400	CLIENT ORIENTATION	13.00	13.00	22.00
Z6402	HEALTH ASSESSMENT	18.00	25.00	44.00
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	9.00	13.00	22.00
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	9.00	13.00	22.00
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	9.00	9.00	22.00
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	9.00	13.00	22.00
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	9.00	9.00	22.00
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	9.00	13.00	22.00
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	136.00	204.00	272.00
Z7610	ZITHROMAX (AZITHROMYCIN) 1G,PO	46.00	50.00	59.05
Z9750	F PACT COUNSEL CODES	6.00	7.00	8.27
Z9752	COUNSELING INDIVIDUAL 15 MIN	26.00	28.00	33.07
Z9753	COUNSELING INDIVIDUAL 30 MIN	42.00	46.00	54.33
Z9754	COUNSELING INDIVIDUAL 45 MIN	68.00	75.00	88.58
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGE	75.00	83.00	97.94
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	85.00	94.00	110.92
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	200.00	220.00	240.00
H0049	SBIRT ALCOHOL SCREENING			63.59
H0050	SBIRT BRIEF INTERVENTION			125.28
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	75.00	83.00	98.02
FAMILY PLANNING/EDUCATION (FAMILY PLANNING ACCESS CARE TREATMENT- PACT)				
Z9750	F PACT COUNSEL CODES	6.00	7.00	8.27
Z9751	COUNSELING INDIVIDUAL 10 MIN	13.00	14.00	16.53
Z9752	INDIVIDUAL FAMILY PLANNING/COUNSELING, 5 MIN (PACT)	6.00	7.00	8.27
Z9753	INDIVIDUAL FAMILY PLANNING/COUNSELING, 10 MIN (PACT)	13.00	14.00	16.53
Z9754	INDIVIDUAL FAMILY PLANNING/COUNSELING, 15 MIN (PACT)	26.00	29.00	34.25
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 30 MIN (PACT)	42.00	46.00	54.33
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 45 MIN (PACT)	68.00	75.00	88.58
Z7610	ACYCLOVIR 200/400/800 MG TABS (PACT)	17.00	19.00	22.44
Z7610	AZITHROMYCIN 500 MG TABS/1 GM PACKET (PACT)	46.00	51.00	60.23

CODE	SERVICE DESCRIPTION	Prior to 2014	Current Fee	Proposed Fee
Z7610	BUTOCONAZOLE 2% CREAM (PACT)	32.00	35.00	41.34
Z7610	CEFIXIME 400 MG TABS (PACT)	12.00	13.00	15.35
Z7610	CEPHALEXIN 250/500 MG TABS (PACT)	11.00	12.00	14.17
Z7610	CIPROFLOXACIN 250 MG TABS (PACT)	6.00	7.00	8.27
Z7610	CLINDAMYCIN 2% CREAM (PACT)	38.00	42.00	49.60
Z7611	CLOTRIMAZOLE 1%/2% CREAM OR TABS (PACT)	10.00	11.00	12.99
Z7610	DOXYCYCLINE 100 MG TABS (PACT)	11.00	12.00	14.17
Z7610	ESTRADIOL (PACT)	14.00	15.00	17.72
Z7611	FLUCONAZOLE 150 MG TABS (PACT)	12.00	13.00	15.35
Z7610	IMIQUIMOD 5% CREAM (PACT)	127.00	140.00	165.34
Z7610	METRONIADAZOLE 250/500 MG TABS, 0.75% GEL (PACT)	38.00	42.00	49.60
Z7610	MICONAZOLE 2%/4% CREAM OR TABS (PACT)	16.00	18.00	21.26
Z7610	OFLOXACIN 200/400 MG TABS (PACT)	125.00	138.00	162.98
Z7610	PODOFILOX 0.5% SOLUTION/GEL (PACT)	79.00	87.00	102.75
Z7610	PROBENECID 500 MG TABS (PACT)	5.00	6.00	7.09
X5854	TERCONAZOLE 0.4%/0.8% CREAM OR TABS (PACT)	46.00	51.00	60.23
X7716	TINIDAZOLE 250/500 MG TABS (PACT)	15.00	17.00	20.08
X7722	CEFOXITIN 1 GM/2 GM/IM (PACT)	22.00	24.00	28.34
J0570	AZITHROMYCIN 250 MG TABS (PACT)	6.00	7.00	8.27
J0580	EMERGENCY CONTRACEPTION (PACT)	21.00	23.00	27.16
H1001	BENZATHINE PCN 1.2 UNITS/CC (PACT)	60.00	66.00	77.88
H1001	BENZATHINE PCN 2.4 UNITS/CC (PACT)	117.00	129.00	152.22