



## Monterey County Board of Supervisors

### Board Order

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1st Floor  
Salinas, CA 93901  
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www.co.monterey.ca.us

A motion was made by Supervisor John M. Phillips, seconded by Supervisor Chris Lopez to:

#### **Adopt Resolution No.: 21-127**

Amend Article I.d. of the Monterey County Master Fee Resolution effective July 1, 2021, to adjust certain fees related to the Health Department's Clinic Services Bureau (Clinic Services) pursuant to the attached Fee Schedule.

PASSED AND ADOPTED on this 4<sup>th</sup> day of May 2021, by roll call vote:

AYES: Supervisors Alejo, Phillips, Lopez, Askew and Adams

NOES: None

ABSENT: None

(Government Code 54953)

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting May 4, 2021.

Dated: May 5, 2021  
File ID: RES 21-062  
Agenda Item No.: 25

Valerie Ralph, Clerk of the Board of Supervisors  
County of Monterey, State of California

  
Julian Lorenzana, Deputy

**Before the Board of Supervisors in and for the  
County of Monterey, State of California**

**Resolution No.:21-127**

Adopt a Resolution amending Article I.d. of the )  
Monterey County Master Fee Resolution effective July )  
1, 2021, to adjust certain fees related to the Health )  
Department’s Clinic Services Bureau pursuant to the )  
attached Fee Schedule..... )

**THE MONTEREY COUNTY BOARD OF SUPERVISORS FINDS:**

- A. Section 1.40.010 of Chapter 1.40 of Monterey County Code provides that all fees, penalties, refunds, reimbursements and charges of any kind by the County may be specified in the Monterey County Fee Resolution.
- B. The Health Department’s Clinic Services Bureau has service fees which are appropriate to specify in the Monterey County Master Fee Resolution, Article I.d effective July 1, 2021.
- C. This action to modify charges to meet operational expenses is statutorily exempt from environmental review [Pub Res. Code sec. 21080 subd. (b)(8)].
- D. Any and all adjustments to fees for services reflect no more than the actual, reasonable, fully loaded cost of the service or benefit received by the payor. Any nominal discount offered has a zero impact to the departmental budget, resulting in a zero impact on General Fund Contribution and implementation of that discount does not result in increased charges to other patients.
- E. By definition, these service fees are not a ‘tax’ and are exempt from voter approval pursuant to Article XIII C section 1(e)(1)-(2) of the California Constitution (‘Prop. 26’; charges imposed for specific benefit conferred/privilege/service or product provided or granted to the payor).

**THE MONTEREY COUNTY BOARD OF SUPERVISORS RESOLVES:**

- I. Article I.d. of the Monterey County Fee Resolution is amended effective July 1, 2021 and thereafter with all schedules, tables, fees, taxes, penalties, and charges contained therein are hereby adopted as described in the attachment to this resolution.
- II. All prior resolutions regarding such fees are hereby repealed.


**PASSED AND ADOPTED** on this 4<sup>th</sup> day of May 2021, by roll call vote:

AYES: Supervisors Alejo, Phillips, Lopez, Askew and Adams  
NOES: None  
ABSENT: None  
(Government Code 54953)

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting May 4, 2021.

Dated: May 5, 2021  
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Valerie Ralph, Clerk of the Board of Supervisors  
County of Monterey, State of California



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Julian Lorenzana, Deputy

Article I.D - Clinic Services Bureau  
COUNTY OF MONTEREY HEALTH DEPARTMENT  
SCHEDULE OF FEES AND CHARGES  
Article I.d - Clinic Services Bureau

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
<b>SLIDING SCALE DISCOUNT</b>			
	FEDERAL POVERTY LEVEL 0 % to 100 %	0	0
	FEDERAL POVERTY LEVEL 101 to 119 %	40	45
	FEDERAL POVERTY LEVEL 120 to 132 %	70	75
	FEDERAL POVERTY LEVEL 133 to 184 %	105	110
	FEDERAL POVERTY LEVEL 185 to 200 %	130	130
	FEDERAL POVERTY LEVEL over 200%	No Discount	
<b>EVALUATION AND MANAGEMENT CODES</b>		Current	Effective 7/1/2020
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	123	123
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	195	195
99203	OFFICE VISIT, DETAILED- NEW	268	268
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	308	308
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	383	383
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	65	65
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	120	120
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	184	184
99214	OFFICE VISIT, DETAILED- ESTAB	263	263
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	290	290
99241	CONSULTATION, PROBLEM FOCUSED	86	92
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	209	209
99243	CONSULTATION, DETAILED	282	282
99244	CONSULTATION, COMPREHENSIVE/MODERATE	395	395
99245	CONSULTATION COMPREHENSIVE/HIGH	395	423
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	272	272
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	283	283
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	291	291
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	323	323
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	313	313
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	355	355
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	397	425
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	244	244
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	257	256
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	256	256
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	276	276
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	281	281
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	297	297
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	244	261
99441	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICES, 5 to 10 MIN		65
99442	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICES, 11 to 20 MIN		75
99443	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICES, 21 to 30 MIN		85
G2012	MEDICARE TELEHEALTH VISIT		75
G0466	FQHC VISIT NEW PATIENT	351	376

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
G0467	FQHC VISIT, ESTAB PT	225	241
G0470	FQHC VISIT, MH ESTAB PT	169	181
G0469	FQHC VISIT, MH NEW PT	351	376
G0468	FQHC VISIT, IPPE OR AWW	225	241
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	41	44
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	46	49
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	48	51
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	102	109
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	48	51
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	95	102
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	114	122
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	443	474
G0247	ROUTINE FOOT CARE BY A PHYSICIAN, FOR PT W/ DIABETIC SENSORY NEUROPATHY	63	67
G0402	PR INITIAL PREVENTIVE EXAM	288	308
G0403	PR EKG FOR INITIAL PREVENT EXAM	34	36
<b>PSYCHIATRIC EVALUATION AND MANAGEMENT</b>			0
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	35	37
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	250	281
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	293	323
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	157	157
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	141	141
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	159	176
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	234	251
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	238	238
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	237	254
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	163	175
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	219	235
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	117	125
<b>PATIENT EDUCATION AND SELF MANAGEMENT</b>			0
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	40	43
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	33	35
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	40	43
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	15	16
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	40	43
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	40	43
96160	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	55	55
97802	MEDICAL NUTRITION, INDIV, INIATIAL	46	46
97804	MEDICAL NUTRITION, GROUP	40	43
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	75	79
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	110	110
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	134	137
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	46	49
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	99	74
99402	PREVENTIVE COUNSELING, IND 30 MIN	149	108
99403	PREVENTIVE COUNSELING, IND 45 MIN	198	185
99404	PREVENTIVE COUNSELING, IND 60 MIN	247	191

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE BETWEEN 3 TO 10 MINUTES	30	32
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > THAN 10 MINUTES	60	64
99490	CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH	74	80
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	52	56
99497	ADVANCE CARE PLANNING FIRST 30 MINS	139	149
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES > THAN 30 MINUTES	86	92
99499	UNLISTED EVALUATION & MANAGEMENT SERVICE	99	0
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	45	48
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	75	120
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MIN	90	96
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 +) PER 30 MIN	45	48
G2012	BRIEF TELEMEDICINE COMMUNICATION		0
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S), INDIVIDUAL PER 15 MIN	32	34
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S), GROUP PER 30 MIN	28	30
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER	21	22
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	75	80
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	118	126
G0438	SMOKING CESSATION COUNSELING 11+ MIN	266	285
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	35	37
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	60	64
G0444	DEPRESSION SCREENING/COUNSELING	39	42
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	75	80
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	45	48
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	45	48
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	75	80
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	98	105
<b>PROCEDURE CODES</b>			
10022	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	77	82
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	280	280
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	446	446
10080	DRAINAGE OF PILONIDAL CYST, SIMPLE	338	342
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	363	363
11000	DEBRIDE INFECTED SKIN	136	146
10140	DRAINAGE OF HEMATOMA/FLUID	332	356
10160	PUNCTURE DRAINAGE OF LESION	265	273
10180	COMPLEX DRAINAGE, WOUND	499	534
11000	DEBRIDE INFECTED SKIN	136	146
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	212	212
11101	BIOPSY, SKIN ADDITIONAL LESION	71	76
11200	REMOVAL OF SKIN TAGS	184	190

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	62	62
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	189	199
11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	242	259
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	188	201
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	223	239
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	220	236
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	221	237
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	244	261
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	249	267
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	322	331
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	226	242
11421	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 0.6-1CM	277	297
11423	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 2.1-3CM	372	398
11440	EXCISION, OTHER BENING LESION, FACE W/ MARGINS <= 0.5 CM	256	274
11600	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	314	336
11730	REMOVAL OF NAIL PLATE	236	236
11732	REMOVE NAIL PLATE, ADDON	87	93
11750	REMOVAL OF NAIL BED	425	425
11765	EXCISION OF NAIL FOLD, TOE	325	348
11900	INJECTION INTO SKIN LESIONS	128	129
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	372	370
11981	REMOVAL OF CONTRACEPTIVE	388	388
11983	REMOVAL W/REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	558	598
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM	294	294
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	309	331
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	344	368
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	549	588
12052	LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	557	597
15850	REMOVAL OF SUTURES	116	116
16000	INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	147	157
16020	DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT BURN TRT	202	216
17000	DESTRUCTION OF LESIONS, 1ST LESION	133	143
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	17	18
17004	DESTRUCTION OF LESIONS, 15 OR MORE	276	296
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	235	247
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	298	298
17250	CHEMICAL CAUTERY, TISSUE	188	201
19001	DRAIN BREAST LESION ADD-ON	84	90
19100	BX BREAST PERCUT W/O IMAGE	305	327
20526	THER INJECTION, CARP TUNNEL	200	228
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	136	158
20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	136	155
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	144	144
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	166	166
20600	DRAIN/INJECT, JOINT/BURSA SMALL	133	142
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	134	138
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	163	170
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	239	310

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
20612	ASPIRATE/INJECTION GANGLION CYST	158	158
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	168	172
29130	APPLICATION, FINGER SPLINT; STATIC	106	106
29260	STRAPPING; ELBOW/WRIST	95	102
29280	STRAPPING; HAND/FINGER	84	90
29550	STRAPPING; TOES	64	69
29580	STRAPPING; UNNA BOOT	120	129
27603	INCISION & DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEMATOMA	687	736
28001	INCISION & DRAINAGE, BURSA, FOOT	425	455
30300	REMOVAL FB, INTRANASAL; OFFICE TYPE PROC	146	156
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY &/OR PACKING) ANY METHOD	210	235
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY &/OR PACKING) ANY METHOD	431	462
36000	INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	72	77
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	54	58
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	38	41
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	25	27
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	88	94
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	40	43
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	410	439
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	519	594
45330	DIAGNOSTIC SIGMOIDOSCOPY	243	260
46320	REMOVAL OF HEMORRHOID CLOT	372	398
46600	DIAGNOSTIC ANOSCOPY	213	213
46900	DESTRUCTION, ANAL LESION(S)	433	464
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	143	153
51701	INSERT NON-INDWELLING BLADDER CATHETER	144	142
51702	INSERT TEMPORARY INWELLING BLADDER CATHETER	197	200
51725	SIMPLE CYSTOMETROGRAM	368	368
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	331	452
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	400	428
54100	BIOPSY OF PENIS	275	295
54150	CIRCUMCISION	370	396
55250	VASECTOMY, UNILATERAL OR BILATERAL	682	730
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	293	257
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	367	367
56501	DESTROY, VULVA LESIONS, SIMPLE	386	386
56515	DESTROY VULVA LESION/S COMPLEX	420	450
56605	BIOPSY OF VULVA/PERINEUM	216	251
57061	DESTROY VAG LESIONS, SIMPLE	336	360
57065	DESTROY VAG LESIONS, COMPLEX	366	392
57100	BIOPSY OF VAGINA	235	252
57150	TREATMENT OF VAGINA INFECTION	89	95
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	166	153
57170	FITTING OF DIAPHRAGM/CAP	173	185
57180	INTRODUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BLEEDING, NON-OBSTETRIC (SEP PROC)	277	297
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	218	233



CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
57415	REMOVAL IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	292	313
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	286	286
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	224	224
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	501	501
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	367	367
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	419	410
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	674	674
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	593	593
57500	BIOPSY OF CERVIX	396	396
57505	ENDOCERVICAL CURETTAGE	304	304
57510	CAUTERIZATION, CERVIX; ELECTRO/THERMAL	244	261
57511	CRYOCAUTERY OF CERVIX	279	299
58100	BIOPSY OF UTERUS LINING	288	303
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	90	96
58145	MYOMECTOMY 1-4 MYOMA(S), W/TOTAL WEIGHT 250 GMS/;< VAGINAL APPROACH	784	784
58300	INSERT INTRAUTERINE DEVICE	237	237
58301	REMOVE INTRAUTERINE DEVICE	323	323
59400	ROUTINE OBSTETRIC CARE, ANTEPARTUM CARE, VAGINAL DELIVERY, & POSTPARTUM CARE	194	208
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	229	574
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	256	256
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	332	332
60100	BX THYROID, PERCUTANEOUS CORE NEEDLE	202	216
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	138	148
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAMP	154	165
69200	CLEAR OUTER EAR CANAL	238	228
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	54	54
69210	REMOVE IMPACTED EAR WAX	96	96
<b>UTRASONOGRAPHY (US) AND OTHER TESTING CODES</b>			
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	59	59
76801	OB US LESS THAN 14 WKS, SINGLE FETUS	223	223
76805	OB US GREATER THAN OR EQUAL TO 14 WKS, SINGLE FETUS	257	257
76810	US, PREG UTER, REAL TIME W/IMAGE DOCUMENT EA ADD'L GEST	168	168
76811	US, PREG UTER, REAL TIME W/IMAGE DOC, FETL & MATRNL, + DETL FETL EXM, TRANSABD; SINGL/1ST ADD'L GEST	328	328
76815	OB US, LIMITED, FETUS(S)	74	74
76816	OB US, FOLLOW UP, PER FETUS	208	208
76818	FETAL BIOPHYS PROFILE W/NST	222	222
76825	ECHO EXAM OF FETAL HEART	507	507
76830	TRANSVAGINAL US, NON OB	225	225
76856	US EXAM, PELVIC, COMPLETE	202	202
76946	US GUIDANCE, AMNIOCENTESIS, IMAGING S&I	59	59
76977	US BONE DENSITY MEASUREMENT & INTERPRETATION, PERIPHERAL SITE(S)	13	13
91020	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	152	152
92283	COLOR VISION EXAMINATION	40	40
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	36	36
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	50	50

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
92567	TYMPANOMETRY (IMPEDANCE TESTING)	44	44
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT (I&R)	64	64
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	27	27
93271	ECG/MONITORING AND ANALYSIS	496	496
93306	ECHO TTHRC R-T 2D -+M-MODE COMPL SPEC&COLOR DOP	424	424
93770	MEASURE VENOUS PRESSURE	20	20
94010	BREATHING CAPACITY TEST	68	68
94375	RESPIRATORY FLOW VOLUME LOOP	66	66
94640	AIRWAY INHALATION TREATMENT	64	64
94760	MEASURE BLOOD OXYGEN LEVEL	20	20
94762	NONINVASIVE EAR/PULSE OXIMETRY, OXYGEN SATURATION; CONTINUOUS OVERNIGHT MONITORING	69	69
95115	PROFESSIONAL SVC, ALLERGEN IMMUNOTHERAPY NON-PROVISION EXTRACTS; SINGLE INJECTION	20	20
96110	DEVELOPMENTAL TEST, I&R	20	20
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOISTIC INJECTION SUBCUTANEOUS OR INTRAMUSCULAR	48	48
99075	MEDICAL TESTIMONY	270	270
99080	SPECIAL REPORTS/INSURANCE FORMS	48	48
99173	VISUAL ACUITY	32	32
<b>INHOUSE LABORATORY, SPECIMEN COLLECTION</b>			0
80061	LIPID PANEL	47	47
81000	URINALYSIS, DIPSTICK NON-AUTOMATED, W/MICROSCOPY	15	15
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	15	15
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	25	25
82105	ALPHA-FETOPROTEIN, AMNIOTIC FLUID	25	25
82239	BILE ACIDS, TOTAL	47	47
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	17	17
82465	CHOLESTEROL, BLOOD/SERUM	20	20
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	19	19
82948	GLUCOSE; BLOOD, REAGENT STRIP	16	16
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	40	40
83655	LEAD, BLOOD	20	20
84702	HCG, CHORIONIC GONADOTROPIN QUANT	30	30
85018	BLOOD COUNT; HEMOGLOBIN	15	15
85610	PROTHROMBIN TIME	20	20
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	30	30
87086	URINE CULTURE/COLONY COUNT	20	20
86710	INFLUENZA VIRUS ANTIBODY	38	38
87210	KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	21	21
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	22	22
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS SMEAR, DFA	0	0
87804	RAPID FLU,Influenza assay w/optic	40	40
87807	RSV IMMUNOASSAY, EIA, WASH/ASPIRATE/SWAB	48	48
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	41	41
88720	BILIRUBIN TOTAL,TRANSCUTANEOUS	20	20
88738	HGB QUANT TRANSCUTANEOUS (MTYHD)	20	20
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHN*	20	20
Q0111	WET MOUNT	15	15

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	118	118
<b>IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES</b>			
90281	HUMAN IG, IM	20	20
90384	RH IG, FULL DOSE, IM	304	304
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	232	232
90471	IMMUNIZATION ADMIN	48	48
90472	IMMUNIZATION ADMIN, EACH ADD	32	32
90473	IMADM INTRANSL/ORAL 1 VACC	48	48
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SINGLE/COMBINATION VACCINE/TOXOID	37	37
90620	MENB RECOMBINANT PROT W/OUT MEMBR VESIC VACC IM	293	293
90632	HEP A VACCINE, ADULT IM	127	127
90633	HEP A VACC, PED/ADOL, 2 DOSE	67	67
90636	HEP A/HEP B VACC, ADULT IM	211	211
90648	CHDP HIB (PRP-T)	69	69
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE, FOR IM USE	232	232
90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT), 3 DOSE, FOR IM USE	309	309
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	327	327
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	25	25
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	20	20
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	30	30
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	31	31
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	78	78
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	36	36
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	34	34
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, IM USE	20	20
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS , IM USE	35	35
90660	FLU VACCINE, NASAL	35	35
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE & ANTIBIOTIC FREE FOR IM USE	39	39
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED IMMUNOGENICITY VIA INCRESASEDAANTIGENT CONTENT, IM USE	68	68
90670	PNEUMOCOCCAL VACC 13 VAL IM	291	291
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	55	55
90673	INFLUENZA VIRUS VACCINE, TRIVALENT	65	65
90674	INFLUENZA VIRUS VACCINE, QUAROVALENT	46	46
90675	RABIES VACCINE, IM	434	434
90680	ROTAVIRUS PENTAVALENT, LIVE	217	217
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED,2 DOSE	197	197
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 6 - 35 M	40	40
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 3 + Y	40	40
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	35	35
90696	DTAP/IPV (KINRIX)	140	140
90698	DTAP/IPV/HIB	120	120
90700	DTAP VACCINE, IM	64	64
90702	DT (<7 YEARS)	22	22

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q USE	103	103
90710	MMRV, LIVE	245	245
90713	POLIOVIRUS, IPV, SC OR IM	61	61
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 + Y, FOR IM USE	53	53
90715	TDAP (7 + YEARS)	78	78
90716	CHICKEN POX VACCINE, SC	166	166
90723	DTAP HEP B IPV VACCINE, IM	126	126
90732	PNEUMOCOCCAL VACCINE	140	140
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S, SUB Q USE	179	179
90734	MENINGOCOCCAL VACCINE, CONJUGATE	235	235
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	317	317
90739	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	122	122
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	221	221
90743	HEP B VACCINE, ADULT 2 DOSE, IM	94	94
90744	HEP B VACC PED/ADOL 3 DOSE IM	68	68
90746	HEP B VACCINE, ADULT, IM	123	123
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT,4 DOSE,IM	133	133
90748	HEP B/HIB VACCINE, IM	248	248
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	1	1
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	4	4
A9150	NON-PRESCRIPTION DRUGS	18	18
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	15	15
A9270	NON-COVERED ITEM OR SERVICE	18	18
J0171	INJECTION, ADRENALIN EPINEPHRINE, 0.1 MG	7	7
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	15	15
J0520	BICILLIN TO 5 MG	15	15
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	17	17
J0558	PENG BENZATHINE/PROCAINE INJ	17	17
J0570	AZITHROMYCIN 250 MG TABS	66	66
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	10	10
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	17	17
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE, PER 3MG	20	20
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	35	35
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	45	45
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	133	133
J0897	INJECTION, DENOSUMAB	37	37
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	17	17
J1050	MEDROXYPROGESTERONE ACETATE	1	1
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	36	36
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	25	25
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22	22
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22	22
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	17	17
J1815	INJECTION, INSULIN, PER 5 UNITS	47	47
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	43	43
J1950	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	2398	2398
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	9	9

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	82	82
J2426	INJECTION, PALIPERIDONE PALMITATE	121	121
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	58	58
J2675	INJECTION, PROGESTERONE PER 50 MG	47	47
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	103	103
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	338	338
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	58	58
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	54	54
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	15	15
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	48	48
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	58	58
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	48	48
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	58	58
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	15	15
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	688	688
J7298	MIRENA, 52 MG	761	761
J7510	PREDNISOLONE ORAL, PER 5 MG	20	20
J7512	PREDNISONE IR OR DR ORAL 1MG	1	1
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	13	13
J7611	ALBUTEROL, INHALATION SOLUTION	13	13
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED INHALATION SOLN	20	20
J7626	BUDESONIDE INHALATION SOLN, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM UP TO 0.5 MG	20	20
J8540	DEXAMETHASONE, ORAL, 0.25 MG	1	1
J9260	METHOTREXATE SODIUM, 50 MG	4	4
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	20	20
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	118	118
Q0111	WET MOUNTS, INCL PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	15	15
Q0144	AZITHROMYCIN DIHYDRATE	20	20
Q0162	ONDANSETRON ORAL	2	2
S0020	INJECTION, BUPIVACAINE HYDROCHLORIDE, 30 ML	14	14
S0119	ONDANSETRON 4 MG	2	2
S0191	MISOPROSTOL, ORAL, 200 MCG	53	53
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	4	4
S0630	REMOVAL OF SUTURES; BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY	57	57
S9061	HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G., PENTAMIDINE);	0	0
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	75	75
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	0	0
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	56	56
TA073	INTERIM BILLING	0	0
TB018	CHARGE FOR ISONIAZID 100MG	31	31
TB023	CHARGE FOR ISONIAZID 300MG	31	31
TB027	CHARGE FOR RIFAMPIN 150MG	50	50
TB028	CHARGE FOR RIFAMPIN 300MG	44	44
TB039	CHARGE FOR RIFAPENTINE 150 MG	12	12

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2020
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	61	61
TP010	CHARGE FOR IBUPROFEN 800MG	5	5
TP2331	CHARGE FOR INSTA-GLUCOSE ORAL GEL, PER TUBE	6	6
X1500	SPERMICIDAL GEL	18	18
X1500	SPERMICIDAL FORM	18	18
<b>COMPREHENSIVE PERINATAL SERVICES PROGRAM</b>			
Z1032	INITIAL ANTEPARTUM	478	478
Z1034	ANTEPARTUM VISITS	142	142
Z1036	10TH ANTEPARTUM	239	239
Z1038	POSTPARTUM	142	142
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	15	15
Z6200	INITIAL NUTRITION ASSESSMENT AND DEVELOPMENT OF CARE PLAN; FIRST 30 MIN	60	60
Z6202	EACH SUBSEQUENT 15 MINUTES (MAXIMUM OF 1½ HOURS)	15	15
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	30	30
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	60	60
Z6210	PRENATAL VITAMINS (3 BOTTLES / 300 DAY SUPPLY)	22	22
Z6300	PSYCHOSOCIAL ASSESSMENT	60	60
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	75	75
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	45	45
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	30	30
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	29	29
Z6400	CLIENT ORIENTATION	45	45
Z6402	HEALTH ASSESSMENT	75	75
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	60	60
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	30	30
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	25	25
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	45	45
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	25	25
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	60	60
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	272	272
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	98	98
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	110	110
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	240	240

\* Average Increase of FY21 Proposed Fee is 7.105 %

\* Fees of medical supplies are subject to change, result of purchase price change