

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 7/1/2021
SLIDING SCALE DISCOUNT			
	FEDERAL POVERTY LEVEL 0 % to 100 %	0	0
	FEDERAL POVERTY LEVEL 101 to 119 %	45	45
	FEDERAL POVERTY LEVEL 120 to 132 %	75	75
	FEDERAL POVERTY LEVEL 133 to 184 %	110	110
	FEDERAL POVERTY LEVEL 185 to 200 %	130	130
	FEDERAL POVERTY LEVEL over 200%	No Discount	
EVALUATION AND MANAGEMENT CODES		Current	FY22 Proposed
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	123	131
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	195	208
99203	OFFICE VISIT, DETAILED- NEW	268	286
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	308	329
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	383	409
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	65	69
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	120	128
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	184	196
99214	OFFICE VISIT, DETAILED- ESTAB	263	281
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	290	309
99241	CONSULTATION, PROBLEM FOCUSED	99	106
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	209	223
99243	CONSULTATION, DETAILED	282	301
99244	CONSULTATION, COMPREHENSIVE/MODERATE	395	421
99245	CONSULTATION COMPREHENSIVE/HIGH	453	483
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	272	290
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	283	302
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	291	310
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	323	345
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	313	334
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	355	379
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	455	485
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	244	260
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	256	273
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	256	273
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	276	294
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	281	300
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	297	317
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	280	299
99441	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICES, 5 to 10 MIN	82	87
99442	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICES, 11 to 20 MIN	130	139
99443	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICES, 21 to 30 MIN	179	191
G2012	MEDICARE TELEHEALTH VISIT	130	139
G0466	FQHC VISIT NEW PATIENT	402	429

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G0467	FQHC VISIT, ESTAB PT	258	269
G0470	FQHC VISIT, MH ESTAB PT	194	288
G0469	FQHC VISIT, MH NEW PT	402	429
G0468	FQHC VISIT, IPPE OR AWV	258	275
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	47	50
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	53	57
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	55	59
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	117	125
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	55	59
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	109	116
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	131	140
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	508	542
G0247	ROUTINE FOOT CARE BY A PHYSICIAN, FOR PT W/ DIABETIC SENSORY NEUROPATHY	72	77
G0402	PR INITIAL PREVENTIVE EXAM	330	352
G0403	PR EKG FOR INITIAL PREVENT EXAM	39	42
PSYCHIATRIC EVALUATION AND MANAGEMENT			
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	40	43
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	281	300
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	323	345
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	157	168
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	141	150
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	176	188
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	268	286
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	238	254
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	272	290
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	187	200
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	251	268
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	134	143
PATIENT EDUCATION AND SELF MANAGEMENT			
		0	
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	46	49
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	38	41
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	46	49
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	17	18
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	46	49
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	46	49
96160	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	55	59
97802	MEDICAL NUTRITION, INDIV, INIATIAL	46	49
97804	MEDICAL NUTRITION, GROUP	46	49
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	79	84
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	110	117
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	137	146
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	53	57

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99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	74	79
99402	PREVENTIVE COUNSELING, IND 30 MIN	108	115
99403	PREVENTIVE COUNSELING, IND 45 MIN	185	197
99404	PREVENTIVE COUNSELING, IND 60 MIN	191	204
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE BETWEEN 3 TO 10 MINUTES	34	36
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > THAN 10 MINUTES	69	74
99490	CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH	80	85
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	60	64
99497	ADVANCE CARE PLANNING FIRST 30 MINS	159	170
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES > THAN 30 MINUTES	99	106
99499	UNLISTED EVALUATION & MANAGEMENT SERVICE	0	0
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	52	55
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	120	128
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MIN	103	110
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 +) PER 30 MIN	52	55
G2012	BRIEF TELEMEDICINE COMMUNICATION	0	0
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S), INDIVIDUAL PER 15 MIN	37	39
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S), GROUP PER 30 MIN	32	34
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER	24	26
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	86	92
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	135	144
G0438	SMOKING CESSATION COUNSELING 11+ MIN	305	325
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	40	43
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	69	74
G0444	DEPRESSION SCREENING/COUNSELING	45	48
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	86	92
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	52	55
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	52	55
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	86	92
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	112	120
PROCEDURE CODES		0	
10022	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	88	88
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	342	342
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	363	363
11000	DEBRIDE INFECTED SKIN	156	156
10140	DRAINAGE OF HEMATOMA/FLUID	380	380
10160	PUNCTURE DRAINAGE OF LESION	273	273

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10180	COMPLEX DRAINAGE, WOUND	572	572
11000	DEBRIDE INFECTED SKIN	156	156
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	212	212
11101	BIOPSY, SKIN ADDITIONAL LESION	81	81
11200	REMOVAL OF SKIN TAGS	190	190
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	62	62
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	199	199
11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	277	277
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	215	215
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	256	256
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	252	252
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	253	253
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	280	280
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	285	285
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	331	331
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	259	259
11421	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 0.6-1CM	317	317
11423	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 2.1-3CM	426	426
11440	EXCISION, OTHER BENING LESION, FACE W/ MARGINS <= 0.5 CM	293	293
11600	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	360	360
11730	REMOVAL OF NAIL PLATE	236	236
11732	REMOVE NAIL PLATE, ADDON	100	100
11750	REMOVAL OF NAIL BED	425	425
11765	EXCISION OF NAIL FOLD, TOE	372	372
11900	INJECTION INTO SKIN LESIONS	129	129
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	370	370
11981	REMOVAL OF CONTRACEPTIVE	388	388
11983	REMOVAL W/REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	639	639
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM	294	294
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	354	354
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	394	394
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	629	629
12052	LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	638	638
15850	REMOVAL OF SUTURES	116	116
16000	INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	168	168
16020	DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT BURN TRT	231	231
17000	DESTRUCTION OF LESIONS, 1ST LESION	143	143
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	18	18
17004	DESTRUCTION OF LESIONS, 15 OR MORE	316	316
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	247	247
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	298	298
17250	CHEMICAL CAUTERY, TISSUE	215	215
17340	CRYOTHERAPY OF SKIN	118	118
19001	DRAIN BREAST LESION ADD-ON	96	96
19100	BX BREAST PERCUT W/O IMAGE	350	350
20526	THER INJECTION, CARP TUNNEL	228	228
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	158	158

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20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	155	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	152	152
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	138	138
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	170	170
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	310	310
20612	ASPIRATE/INJECTION GANGLION CYST	158	158
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	172	172
29130	APPLICATION, FINGER SPLINT; STATIC	106	106
29260	STRAPPING; ELBOW/WRIST	109	109
29280	STRAPPING; HAND/FINGER	96	96
29550	STRAPPING; TOES	73	73
29580	STRAPPING; UNNA BOOT	138	138
27603	INCISION & DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEMATOMA	787	787
28001	INCISION & DRAINAGE, BURSA, FOOT	487	487
30300	REMOVAL FB, INTRANASAL; OFFICE TYPE PROC	167	167
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY &/OR PACKING) ANY METHOD	235	235
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY &/OR PACKING) ANY METHOD	494	494
36000	INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	83	83
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	62	62
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	44	44
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	29	29
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	101	101
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	46	46
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	470	470
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	594	594
45330	DIAGNOSTIC SIGMOIDOSCOPY	278	278
46320	REMOVAL OF HEMORRHOID CLOT	426	426
46600	DIAGNOSTIC ANOSCOPY	213	213
46900	DESTRUCTION, ANAL LESION(S)	496	496
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	164	164
51701	INSERT NON-INDWELLING BLADDER CATHETER	142	142
51702	INSERT TEMPORARY INWELLING BLADDER CATHETER	200	200
51725	SIMPLE CYSTOMETROGRAM	368	368
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	452	452
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	458	458
54100	BIOPSY OF PENIS	315	315
54150	CIRCUMCISION	424	424
55250	VASECTOMY, UNILATERAL OR BILATERAL	782	782
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	257	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	481	481
56605	BIOPSY OF VULVA/PERINEUM	251	251

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57061	DESTROY VAG LESIONS, SIMPLE	385	385
57065	DESTROY VAG LESIONS, COMPLEX	419	419
57100	BIOPSY OF VAGINA	269	269
57150	TREATMENT OF VAGINA INFECTION	102	102
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	153	153
57170	FITTING OF DIAPHRAGM/CAP	198	198
57180	INTROUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BLEEDING, NON-OBSTETRIC (SEP PROC)	317	317
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	250	250
57415	REMOVAL IMPACTED VAGINAL FFOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	335	335
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	410	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	280	280
57511	CRYOCAUTERY OF CERVIX	320	320
58100	BIOPSY OF UTERUS LINING	303	303
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	103	103
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	222	222
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	574	574
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	256	256
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	332	332
60100	BX THYROID, PERCUTANEOUS CORE NEEDLE	231	231
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	158	158
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAMP	176	176
69200	CLEAR OUTER EAR CANAL	228	228
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	54	54
69210	REMOVE IMPACTED EAR WAX	96	96
ULTRASONOGRAPHY (US) AND OTHER TESTING CODES		0	0
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

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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
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
INHOUSE LABORATORY, SPECIMEN COLLECTION		0	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

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2021
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
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	118	118
IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES		0	0
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 INCREASEDAANTIGENT CONTENT, IM USE	68	68
90670	PNEUMOCOCCAL VACC 13 VAL IM	291	291
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	55	55

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2021
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
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, 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

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2021
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
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

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2021
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
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
COMPREHENSIVE PERINATAL SERVICES PROGRAM			
Z1032	INITIAL ANTEPARTUM	478	510
Z1034	ANTEPARTUM VISITS	142	152
Z1036	10TH ANTEPARTUM	239	255
Z1038	POSTPARTUM	142	152
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	15	16
Z6200	INITIAL NUTRITION ASSESSMENT AND DEVELOPMENT OF CARE PLAN; FIRST 30 MIN	60	64
Z6202	EACH SUBSEQUENT 15 MINUTES (MAXIMUM OF 1½ HOURS)	15	16
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	30	32
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	60	64
Z6210	PRENATAL VITAMINS (3 BOTTLES / 300 DAY SUPPLY)	22	23
Z6300	PSYCHOSOCIAL ASSESSMENT	60	64
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	75	80
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	45	48
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	30	32
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	29	31
Z6400	CLIENT ORIENTATION	45	48
Z6402	HEALTH ASSESSMENT	75	80
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	60	64
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	30	32
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	25	27
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	45	48
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	25	27
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	60	64

CODE	SERVICE DESCRIPTION	Current	Effective 7/1/2021
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	272	290
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	98	105
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	110	117
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	240	256

* Average Increase of FY22 Proposed Fee is 6.7 %

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