

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

CODE	SERVICE DESCRIPTION	2015 FEES
EVALUATION AND MANAGEMENT CODES		
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	119.00
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	155.00
99203	OFFICE VISIT, DETAILED- NEW	218.00
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	308.74
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	430.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	64.00
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	91.49
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	145.29
99214	OFFICE VISIT, DETAILED- ESTAB	213.24
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	284.16
99241	CONSULTATION, PROBLEM FOCUSED	94.00
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	219.68
99243	CONSULTATION, DETAILED	297.38
99244	CONSULTATION, COMPREHENSIVE/MODERATE	352.00
99245	CONSULTATION COMPREHENSIVE/HIGH	429.00
99342	HOME VISIT NEW PT 3 KEY COMPONENTS:EXPAND PROB FOCUS HX;EXPAN	159.44
99347	HOME VISIT EST PT 2+ KEY COMPONENTS: PROB FOCUS INTRVL HX; PROB	86.78
99348	HOME VISIT EST PT 2+ KEY COMPONENTS:EXPAND PROB FOCUS INT HX;EX	132.47
99377	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	143.67
99378	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	223.02
99379	PHYSICIAN SUPERVISION, NURSING FACILITY 15-29 MIN	129.80
99380	PHYSICIAN SUPERVISION, NURSING FACILITY 30+ MIN	136.88
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	246.56
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	268.29
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	265.22
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	297.61
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	321.88
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	332.20
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	259.42
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	223.68
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	249.25
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	244.03
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	260.53
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	272.92
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	282.80
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	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 FQHC ANNUAL WELLNESS VISIT	225.65
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	38.00
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	38.00

CODE	SERVICE DESCRIPTION	2015 FEES
G0101	MEDICARE WELL WOMAN EXAM	78.00
G0102	MEDICARE PROSTATE SCREENING	40.15
G0179	MEDICARE PHYSICIAN RE-CERTIFICATION FOR HOME HEALTH SERVICES	83.85
G0180	MEDICARE PHYSICIAN CERTIFICATION FOR HOME HEALTH SERVICES	108.65
G0181	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT RECEIVING HOME HEALTH SERVICES	186.20
G0182	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT IN HOSPICE	195.33
G0402	MEDICARE INITIAL PREVENTIVE EXAM	334.22
G0403	MEDICARE EKG FOR INITIAL PREVENT EXAM	34.00
PSYCHIATRIC EVALUATION AND MANAGEMENT		
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	35.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	243.50
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	287.77
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	140.63
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	115.65
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	171.00
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	168.00
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	194.72
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	195.34
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	205.48
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	117.00
PATIENT EDUCATION AND SELF MANAGEMENT		
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	42.52
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	41.34
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	38.97
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	10.63
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	38.97
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	38.97
97802	MEDICAL NUTRITION, INDIV, INITIAL	52.00
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	52.00
97804	MEDICAL NUTRITION, GROUP	19.00
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	83.00
97802	MEDICAL NUTRITION, INDIV, INITIAL	52.00
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	52.00
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	44.50
99402	PREVENTIVE COUNSELING, IND 30 MIN	134.21
99403	PREVENTIVE COUNSELING, IND 45 MIN	194.20
99404	PREVENTIVE COUNSELING, IND 60 MIN	254.02
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE	32.38
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > TH	53.15
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED	62.59
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED	90.94
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	51.96
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	64.96
99420	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUM	81.18
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL	111.01
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP	50.00
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERV	55.51
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERV	28.34

CODE	SERVICE DESCRIPTION	2015 FEES
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED	21.26
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	62.59
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	134.63
G0437	SMOKING CESSATION COUNSELING 3-10 MIN	56.69
G0438	SMOKING CESSATION COUNSELING 11+ MIN	266.00
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	35.00
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	51.00
G0444	DEPRESSION SCREENING/COUNSELING	35.00
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	57.03
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	49.00
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	49.00
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	87.39
PUBLIC HEALTH VISIT FEES		
LCODE	HIV - CONFIDENTIAL VISIT	41.34
LCODE	HIV - ANONYMOUS VISIT	41.34
LCODE	HIV COUNSELING/EDUCATION WITH STD VISIT	74.40
LCODE	HIV COUNSELING AND EDUCATION, COURT ORDERED	184.24
LCODE	WOUND MANAGEMENT VISIT	41.34
LCODE	HEPATITIS A CONTACT VISIT	74.40
LCODE	LATENT TUBERCULOSIS (TB) CLEARANCE VISIT	41.34
LCODE	HEPATITIS B VACCINE, PUBLIC SAFETY/PUBLIC HEALTH WORKER	88.58
LCODE	RABIES VACCINE PRE-EXPOSURE (STAFF ONLY)	207.86
LCODE	LATENT TB PREVENTION VISIT	41.34
LCODE	PPD/TB SCREENING TEST/READ	41.34
LCODE	POSITIVE PPD TEST COUNSELING VISIT	41.34
LCODE	INTERNATIONAL IMMUNIZATION CARD AND STAMP	25.00
LCODE	TRANSCRIBE NEW IMMUNIZATION RECORD (TM990)	20.00
LCODE	PRINT DUPLICATE REGISTRY FORM (TM899)	20.00
LCODE	RETURNED CHECK FEE (TA008)	25.00
LCODE	ISONIAZID 50 MG 30 DAY SUPPLY	23.62
LCODE	ISONIAZID 100 MG 30 DAY SUPPLY (TB018)	23.62
LCODE	ISONIAZID 150 MG 30 DAY SUPPLY	23.62
LCODE	ISONIAZID 200 MG 30 DAY SUPPLY	23.62
LCODE	ISONIAZID 250 MG 30 DAY SUPPLY	23.62
LCODE	ISONIAZID 300 MG 30 DAY SUPPLY (TB023)	23.62
LCODE	ETHAMBUTOL 400 MG 30 DAY SUPPLY	24.80
LCODE	LEVOFLOXIN 750 MG	9.45
LCODE	VITAMIN B 6 PYRIDOXINE UP TO 25 MG	10.63
LCODE	PYRAZINAMIDE 500 MG 30 DAY SUPPLY	220.85
LCODE	RIFADIN 300 MG	10.63
LCODE	RIFAMPIN 150 MG 30 DAY SUPPLY (TB027)	42.52
LCODE	RIFAMPIN 300 MG 30 DAY SUPPLY (TB028)	33.07
PROCEDURE CODES		
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	215.27
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	377.13
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	282.44
11000	DEBRIDE INFECTED SKIN	25.00
10140	DRAINAGE OF HEMATOMA/FLUID	332.96

CODE	SERVICE DESCRIPTION	2015 FEES
10160	PUNCTURE DRAINAGE OF LESION	263.30
10180	COMPLEX DRAINAGE, WOUND	499.44
11040	DEBRIDE INFECTED SKIN	27.16
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	172.32
11101	BIOPSY, SKIN ADDITIONAL LESION	66.00
11200	REMOVAL OF SKIN TAGS	160.95
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	44.58
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	128.00
11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	242.11
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	201.95
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	248.01
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	230.30
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	224.39
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	251.55
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	247.45
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	301.76
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	250.00
11421	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 0.6-1CM	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	276.35
11441	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	341.31
11730	REMOVAL OF NAIL PLATE	203.00
11732	REMOVE NAIL PLATE, ADDON	55.06
11750	REMOVAL OF NAIL BED	392.00
11765	EXCISION OF NAIL FOLD, TOE	243.91
11900	INJECTION INTO SKIN LESIONS	101.55
11975	INSERT CONTRACEPTIVE CAP	239.74
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	363.86
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM	289.22
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	294.08
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	243.29
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	524.36
12052	LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	524.36
15851	REMOVAL OF SUTURES (correct cpt)	187.36
16000	INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	124.01
16020	DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT BURN TRT	168.00
17000	DESTRUCTION OF LESIONS, 1ST LESION	125.93
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	18.53
17004	DESTRUCTION OF LESIONS, 15 OR MORE	275.33
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	177.97
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	198.29
17250	CHEMICAL CAUTERY, TISSUE	128.11
17340	CRYOTHERAPY OF SKIN	93.84
19000	DRAINAGE OF BREAST LESION	231.00
19001	DRAIN BREAST LESION ADD-ON	84.00
19100	BX BREAST PERCUT W/O IMAGE	305.88
20526	THER INJECTION, CARP TUNNEL	199.08
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	119.00

CODE	SERVICE DESCRIPTION	2015 FEES
20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	124.00
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	141.52
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	165.04
20600	DRAIN/INJECT, JOINT/BURSA SMALL	117.74
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	123.47
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	151.58
20612	ASPIRATE/INJECTION GANGLION CYST	158.64
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	133.45
29130	APPLICATION, FINGER SPLINT; STATIC	93.17
29260	STRAPPING; ELBOW/WRIST	85.06
29280	STRAPPING; HAND/FINGER	94.43
29550	STRAPPING; TOES	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 &	196.05
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTE	431.07
36000	INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	64.96
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	54.33
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	38.97
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	29.53
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	98.02
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	81.49
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	410.22
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	537.00
45330	DIAGNOSTIC SIGMOIDOSCOPY	283.44
46320	REMOVAL OF HEMORRHOID CLOT	357.84
46600	DIAGNOSTIC ANOSCOPY	186.88
46900	DESTRUCTION, ANAL LESION(S)	525.50
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	207.00
51701	INSERT NON-INDWELLING BLADDER CATHETER	147.77
51702	INSERT TEMPORARY INWELLING BLADDER CATHER	184.00
51725	SIMPLE CYSTOMETROGRAM	301.00
52320	CYSTOURETHROSCOPY; W/REMOVAL, URETERAL CALCULUS	626.05
53660	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION;INITIA	144.08
53661	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION; SUBSE	141.72
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	262.02
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	275.11
54100	BIOPSY OF PENIS	275.11
54150	CIRCUMCISION	326.49
55250	VASECTOMY, UNILATERAL OR BILATERAL	787.73
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	224.39
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	249.00
56501	DESTROY, VULVA LESIONS, SIMPLE	268.00
56515	DESTROY VULVA LESION/S COMPLEX	458.23
56605	BIOPSY OF VULVA/PERINEUM	206.42
57061	DESTROY VAG LESIONS, SIMPLE	297.69

CODE	SERVICE DESCRIPTION	2015 FEES
57065	DESTROY VAG LESIONS, COMPLEX	393.27
57100	BIOPSY OF VAGINA	223.74
57150	TREATMENT OF VAGINA INFECTION	93.30
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	152.00
57170	FITTING OF DIAPHRAGM/CAP	173.82
57180	INTRODUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BLEEDING	356.07
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	246.62
57415	REMOVAL IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) U	383.80
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	275.70
57451	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT; W/BIOPSY(S)	391.32
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	271.18
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	368.54
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	354.94
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	335.22
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	583.00
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	843.35
57500	BIOPSY OF CERVIX	263.00
57505	ENDOCERVICAL CURETTAGE	263.91
57510	CAUTERIZATION, CERVIX; ELECTRO/THERMAL	417.00
57511	CRYOCAUTERY OF CERVIX	296.00
58100	BIOPSY OF UTERUS LINING	268.45
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLPOSCOPY	114.14
58145	MYOMECTOMY 1-4 MYOMA(S), W/TOTAL WEIGHT 250 GMS/<; VAGINAL APPROACH	1,291.03
58300	INSERT INTRAUTERINE DEVICE	270.11
58301	REMOVE INTRAUTERINE DEVICE	195.00
59410	VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY &/OR FORCEPS); W/POSTPARTUM CARE	2,225.91
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	154.00
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	164.00
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	372.00
60100	BX THYROID, PERCUTANEOUS CORE NEEDLE	310.86
62270	SPINAL FLUID TAP, DIAGNOSTIC	349.08
62273	INJECTION, EPIDURAL, BLOOD/CLOT PATCH	444.94
64435	NERVE BLOCK INJECTION, PARACERVICAL	298.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE/BRANCH	267.00
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE GRAFT)	2,081.92
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	128.59
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAMP	186.42
69200	CLEAR OUTER EAR CANAL	230.16
69210	REMOVE IMPACTED EAR WAX	97.39
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	40.15
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	283.44
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	695.00
ULTRASONOGRAPHY (US) AND OTHER TESTING CODES		
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	59.11
76801	OB US LESS THAN 14 WKS, SINGLE FETUS	268.71
76805	OB US GREATER THAN OR EQUAL TO 14 WKS, SINGLE FETUS	#REF!
76810	US, PREG UTER, REAL TIME W/IMAGE DOCUMENT EA ADD'L GEST	21.00
76811	US, PREG UTER, REAL TIME W/IMAGE DOC, FETL & MATRNL, + DETL FETL & MATRNL	194.87

CODE	SERVICE DESCRIPTION	2015 FEES
76815	OB US, LIMITED, FETUS(S)	66.14
76816	OB US, FOLLOW UP, PER FETUS	87.39
76818	FETAL BIOPHYS PROFILE W/NST	108.65
76825	ECHO EXAM OF FETAL HEART	168.88
76830	TRANSVAGINAL US, NON OB	155.51
76856	US EXAM, PELVIC, COMPLETE	224.61
76946	US GUIDANCE, AMNIOCENTESIS, IMAGING S&I	89.69
76977	US BONE DENSITY MEASUREMENT & INTERPRETATION, PERIPHERAL SITE(S)	34.70
92283	COLOR VISION EXAMINATION	44.00
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	37.00
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	47.19
92567	TYMPANOMETRY (IMPEDANCE TESTING)	45.96
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT (I&R)	45.00
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	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	18.13
94375	RESPIRATORY FLOW VOLUME LOOP	31.06
94640	AIRWAY INHALATION TREATMENT	49.76
94760	MEASURE BLOOD OXYGEN LEVEL	10.19
94762	NONINVASIVE EAR/PULSE OXIMETRY, OXYGEN SATURATION; CONTINUOU	78.00
95115	PROFESSIONAL SVC, ALLERGEN IMMUNOTHERAPY NON-PROVISION EXTRA	18.90
96110	DEVELOPMENTAL TEST, I&R	32.00
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOISTIC INJECTION SUBCUTANEOUS O	46.00
96373	THERAPEUTIC PROPHYLACTIC/DIAGNOSITIC INJECTION INTRA-ARTERIAL	40.15
96374	THERAPEUTIC PROPH/DIAGNOSTIC INJECTION IV PUSH SINGLE/INITIAL SU	116.92
97001	PHYSICAL THERAPY EVAL	121.00
99000	HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFFIC	15.00
99075	MEDICAL TESTIMONY	270.00
99080	SPECIAL REPORTS/INSURANCE FORMS	51.89
99173	VISUAL ACUITY	10.19
INHOUSE LABORATORY, SPECIMEN COLLECTION		
80061	LIPID PANEL	27.76
81000	URINALYSIS, DIPSTICK NON-AUTOMATED, W/MICROSCOPY	10.00
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	11.00
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	7.00
82105	ALPHA-FETOPROTEIN, AMNIOTIC FLUID	47.24
82239	BILE ACIDS, TOTAL	47.00
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	10.00
82465	CHOLESTEROL, BLOOD/SERUM	10.00
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	15.00
82948	GLUCOSE; BLOOD, REAGENT STRIP	14.00
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	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	10.00

CODE	SERVICE DESCRIPTION	2015 FEES
85610	PROTHROMBIN TIME	11.81
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	24.91
87086	URINE CULTURE/COLONY COUNT	16.00
86710	INFLUENZA VIRUS ANTIBODY	38.97
87210	KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	15.00
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAI	18.00
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS SMEAR, DFA	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	30.00
88720	BILIRUBIN TOTAL,TRANSCUTANEOUS	20.00
88738	HGB QUANT TRANSCUTANEOUS (MTYHD)	15.46
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHN*	34.25
Q0111	WET MOUNT	10.63
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CON	92.12
IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES		
90281	HUMAN IG, IM	59.05
90384	RH IG, FULL DOSE, IM	229.89
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	175.42
90471	IMMUNIZATION ADMIN	46.83
90472	IMMUNIZATION ADMIN, EACH ADD	26.00
90473	IMADM INTRANSL/ORAL 1 VACC	45.74
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SINGLE/	25.98
90632	HEP A VACCINE, ADULT IM	126.13
90633	HEP A VACC, PED/ADOL, 2 DOSE	69.04
90636	HEP A/HEP B VACC, ADULT IM	168.00
90645	HIB VACCINE, HBOC, 4 DOSE IM	48.00
90646	HIB PRP-D, BOOSTER	49.60
90648	CHDP HIB (PRP-T)	48.00
90649	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADR	242.04
90650	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT), 3	234.00
90653	INFLUENZA VACCINE, INACTIVIATED, SUBUNIT, ADJUVANETED, IM USE	257.46
Q2033	MEDICARE INFLUENZA VACCINE (FLU BLOCK)	23.62
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	22.44
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	16.53
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	29.53
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	23.62
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	33.69
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	31.70
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	30.00
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, IM USE	19.00
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS , IM USE	25.96
90660	FLU VACCINE, NASAL	38.46
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT PRES	39.43
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED IMM	51.23
90669	PNEUMOCOCCAL VACC, PED LESS THAN 5	177.15
90670	PNEUMOCOCCAL VACC 13 VAL IM	181.78

CODE	SERVICE DESCRIPTION	2015 FEES
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	43.00
90673	INFLUENZA VIRUS VACCINE, TRIVALENT	42.52
90674	INFLUENZA VIRUS VACCINE, QUAROVALENT	62.03
90675	RABIES VACCINE, IM	387.00
90680	ROTAVIRUS PENTAVALENT, LIVE	87.00
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE	176.00
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE,	25.00
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE,	17.00
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	17.00
90696	DTAP/IPV (KINRIX)	125.24
90698	DTAP/IPV/HIB	98.96
90700	DTAP VACCINE, IM	49.99
90702	DT (<7 YEARS)	22.42
90703	TETANUS TOXOID, ADSORBED	54.28
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q USE	106.55
90710	MMRV, LIVE	193.00
90713	POLIOVIRUS, IPV, SC OR IM	60.71
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE,	38.00
90715	TDAP (7 + YEARS)	75.76
90716	CHICKEN POX VACCINE, SC	174.68
90718	TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	51.00
90723	DTAP HEP B IPV VACCINE, IM	164.00
90732	PNEUMOCOCCAL VACCINE	91.36
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S, SUB Q USE	189.54
90734	MENINGOCOCCAL VACCINE, CONJUGATE	169.00
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255.10
90739	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255.10
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	245.65
90743	HEP B VACCINE, ADULT 2 DOSE, IM	100.14
90744	HEP B VACC PED/ADOL 3 DOSE IM	81.99
90746	HEP B VACCINE, ADULT, IM	122.74
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT, 4 DOSE, IM	132.27
90748	HEP B/HIB VACCINE, IM	159.23
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	0.41
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	4.13
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	14.17
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	10.63
J0520	BICILLIN TO 5 MG	10.63
J0530	BICILLIN 600,000 UNITS	10.63
J0540	BICILLIN 1.2 MILLION UNITS	10.63
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	17.72
J0558	PENG BENZATHINE/PROCAINE INJ	84.00
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	9.45
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	9.45
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE	18.90
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	35.43
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	44.88
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	118.86

CODE	SERVICE DESCRIPTION	2015 FEES
J0897	INJECTION, DENOSUMAB	33.07
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	15.35
J1050	MEDROXYPROGESTERONE ACETATE	42.00
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE	144.08
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO	12.99
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	24.80
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	8.27
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	9.45
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22.44
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	21.26
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	16.53
J1815	INJECTION, INSULIN, PER 5 UNITS	40.15
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22.44
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	22.44
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	17.72
J1815	INJECTION, INSULIN, PER 5 UNITS	40.15
J1820	INJECTION, INSULIN	15.35
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	37.79
J1950	INJECTION, LEUPROLIDE ACETATE (DEPOT SUSPENSION), PER 3.75 MG	3,966.14
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	2,023.05
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	35.43
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	56.69
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	81.49
J2426	INJECTION, PALIPERIDONE PALMITATE	95.66
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	48.42
J2675	INJECTION, PROGESTERONE PER 50 MG	47.24
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	86.21
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	302.34
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	48.42
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	54.33
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	14.17
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	48.42
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	49.60
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	48.42
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	51.96
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	14.17
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	831.42
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM,13	1,625.06
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 5	1,365.24
J7506	PREDNISONE, ORAL, PER 5MG	18.90
J7510	PREDNISOLONE ORAL, PER 5 MG	15.35
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTRATED THROUGH DME, UP	12.99
J7619	ALBUTEROL INH SOL U D	12.99
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, NO	15.35
J7626	BUDESONIDE INHALATION SOLN, NON-COMPOUNDED, ADMIN THRU DME	15.35
J7644	IPRATROPIUM BROMIDE, INHALATION SOLN ADMIN THRU DME, UNIT DOS	15.35
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	51.96
Q0162	ONDANSETRON 40 MG	17.72

CODE	SERVICE DESCRIPTION	2015 FEES
X1500	SPERMICIDAL GEL	17.72
X1500	SPERMICIDAL FORM	17.72
COMPREHENSIVE PERINATAL SERVICES PROGRAM		
Z1032	INITIAL ANTEPARTUM	292.89
Z1034	ANTEPARTUM VISITS	107.47
Z1036	10TH ANTEPARTUM	200.77
Z1038	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	107.47
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	15.35
Z6200	NUTRITIONAL ASSESSMENT	44.00
Z6202	NUTRITION INITIAL ASSESSMENTS	22.00
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	22.00
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	22.00
Z6210	POSTPARTUM NUTRITIONAL ASSESSMENT	22.00
Z6300	PSYCHOSOCIAL ASSESSMENT	44.00
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	22.00
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	22.00
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	22.00
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	22.00
Z6400	CLIENT ORIENTATION	22.00
Z6402	HEALTH ASSESSMENT	44.00
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	22.00
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	22.00
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	22.00
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	22.00
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	22.00
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	22.00
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	272.00
Z7610	ZITHROMAX (AZITHROMYCIN) 1G,PO	59.05
Z9750	F PACT COUNSEL CODES	8.27
Z9752	COUNSELING INDIVIDUAL 15 MIN	33.07
Z9753	COUNSELING INDIVIDUAL 30 MIN	54.33
Z9754	COUNSELING INDIVIDUAL 45 MIN	88.58
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	97.94
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	110.92
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	240.00
H0049	SBIRT ALCOHOL SCREENING	63.59
H0050	SBIRT BRIEF INTERVENTION	125.28
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	98.02
FAMILY PLANNING/EDUCATION (FAMILY PLANNING ACCESS CARE TREATMENT- PACT)		
Z9750	F PACT COUNSEL CODES	8.27
Z9751	COUNSELING INDIVIDUAL 10 MIN	16.53
Z9752	INDIVIDUAL FAMILY PLANNING/COUNSELING, 5 MIN (PACT)	8.27
Z9753	INDIVIDUAL FAMILY PLANNING/COUNSELING, 10 MIN (PACT)	16.53
Z9754	INDIVIDUAL FAMILY PLANNING/COUNSELING, 15 MIN (PACT)	34.25
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 30 MIN (PACT)	54.33
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 45 MIN (PACT)	88.58
Z7610	ACYCLOVIR 200/400/800 MG TABS (PACT)	22.44
Z7610	AZITHROMYCIN 500 MG TABS/1 GM PACKET (PACT)	60.23

CODE	SERVICE DESCRIPTION	2015 FEES
Z7610	BUTOCONAZOLE 2% CREAM (PACT)	41.34
Z7610	CEFIXIME 400 MG TABS (PACT)	15.35
Z7610	CEPHALEXIN 250/500 MG TABS (PACT)	14.17
Z7610	CIPROFLOXACIN 250 MG TABS (PACT)	8.27
Z7610	CLINDAMYCIN 2% CREAM (PACT)	49.60
Z7611	CLOTRIMAZOLE 1%/2% CREAM OR TABS (PACT)	12.99
Z7610	DOXYCYLINE 100 MG TABS (PACT)	14.17
Z7610	ESTRADIOL (PACT)	17.72
Z7611	FLUCONAZOLE 150 MG TABS (PACT)	15.35
Z7610	IMIQUIMOD 5% CREAM (PACT)	165.34
Z7610	METRONIADAZOLE 250/500 MG TABS, 0.75% GEL (PACT)	49.60
Z7610	MICONAZOLE 2%/4% CREAM OR TABS (PACT)	21.26
Z7610	OFLOXACIN 200/400 MG TABS (PACT)	162.98
Z7610	PODOFILOX 0.5% SOLUTION/GEL (PACT)	102.75
Z7610	PROBENECID 500 MG TABS (PACT)	7.09
X5854	TERCONAZOLE 0.4%/0.8% CREAM OR TABS (PACT)	60.23
X7716	TINIDAZOLE 250/500 MG TABS (PACT)	20.08
X7722	CEFOXITIN 1 GM/2 GM/IM (PACT)	28.34
J0570	AZITHROMYCIN 250 MG TABS (PACT)	8.27
J0580	EMERGENCY CONTRACEPTION (PACT)	27.16
H1001	BENZATHINE PCN 1.2 UNITS/CC (PACT)	77.88
H1001	BENZATHINE PCN 2.4 UNITS/CC (PACT)	152.22