

**COUNTY OF MONTEREY MASTER FEE RESOLUTION ARTICLE I.b.**  
**HEALTH DEPARTMENT CLINIC SERVICES BUREAU**  
**SCHEDULE OF FEES AND CHARGES**  
**EFFECTIVE JULY 1, 2014**

CODE	SERVICE DESCRIPTION	CURRENT FEE	2014 PROPOSED FEE
<b>EVALUATION AND MANAGEMENT CODES</b>			
99201	NEW PATIENT OFFICE VISIT, PROBLEM FOCUSED	64.00	75.00
99202	NEW PATIENT OFFICE VISIT, EXPANDED PROBLEM FOCUSED	110.00	128.00
99203	NEW PATIENT OFFICE VISIT, DETAILED	159.00	185.00
99204	NEW PATIENT OFFICE VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	243.00	277.00
99205	NEW PATIENT OFFICE VISIT, COMPREHENSIVE/HIGH COMPLEXITY	302.00	352.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	32.00	35.00
99212	OFFICE VISIT, PROBLEM FOCUSED	65.00	75.00
99213	OFFICE VISIT, EXPANDED PROBLEM FOCUSED	107.00	117.00
99214	OFFICE VISIT, DETAILED- ESTABLISHED PATIENT	157.00	169.00
99215	OFFICE VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	213.00	247.00
99241	CONSULTATION, PROBLEM FOCUSED	72.00	80.00
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	134.00	148.00
99243	CONSULTATION, DETAILED	183.00	201.00
99244	CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY	271.00	298.00
99245	CONSULTATION COMPREHENSIVE/HIGH COMPLEXITY	330.00	363.00
99342	HOME VISIT NEW PATIENT - EXPAND PROBLEM FOCUS HISTORY AND EXAM; LOW COMPLEXITY MEDICAL DECISION MAKING	119.00	135.00
99347	HOME VISIT ESTABLISHED PATIENT - EXPAND PROBLEM FOCUS HISTORY OR EXAM; STRAIGHTFORWARD MEDICAL DECISION MAKING	105.00	95.00
99348	HOME VISIT ESTABLISHED PATIENT - EXPAND PROBLEM FOCUS HISTORY OR EXAM; LOW COMPLEXITY MEDICAL DECISION MAKING	120.00	143.00
99377	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	126.00	139.00
99378	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	135.00	189.00
99379	PHYSICIAN SUPERVISION, NURSING FACILITY 15-29 MIN	100.00	110.00
99380	PHYSICIAN SUPERVISION, NURSING FACILITY 30+ MIN	105.00	116.00
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	105.00	145.39
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	111.00	151.46
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	121.00	157.54
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	131.00	177.18
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	207.00	228.00
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	234.00	258.00
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	274.00	301.00
99391	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT <1YR	100.00	130.46
99392	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 1-4YRS	106.00	138.82
99393	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 5-11YRS	115.00	138.35
99394	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 12-17YRS	125.00	151.44
99395	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 18-39YRS	168.00	185.00
99396	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 40-64YRS	184.00	202.00
99397	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE >=65YR	209.00	230.00
G0101	MEDICARE WELL WOMAN EXAM	42.00	66.00
G0102	MEDICARE PROSTATE SCREENING	NEW	34.00
G0179	MEDICARE PHYSICIAN RE-CERTIFICATION FOR HOME HEALTH SERVICES	64.00	71.00
G0180	MEDICARE PHYSICIAN CERTIFICATION FOR HOME HEALTH SERVICES	83.00	92.00
G0181	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT RECEIVING HOME HEALTH CARE	161.00	184.00
G0182	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT IN HOSPICE	163.00	185.00
G0402	MEDICARE INITIAL PREVENTIVE EXAM	229.00	283.00

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G0403	MEDICARE EKG FOR INITIAL PREVENT EXAM	31.00	29.00
<b>PSYCHIATRIC EVALUATION AND MANAGEMENT (E&amp;M)</b>			
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	258.00	24.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	238.00	227.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION W/MEDICAL SERVICES	238.00	244.00
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	103.00	109.00
90833	PSYCHOTHERAPY PATIENT &/FAMILY W/ E&M 30 MIN	117.00	112.00
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	137.00	145.00
90836	PSYCHOTHERAPY PATIENT &/FAMILY W/ E&M 45 MIN	175.00	142.00
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	216.00	217.00
90838	PSYCHOTHERAPY PATIENT&/FAMILY W/ E&M 60 MIN	245.00	187.00
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	144.00	181.00
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	90.00	99.00
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	57.00	63.00
<b>PATIENT EDUCATION AND SELF MANAGEMENT</b>			
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	33.00	36.00
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	32.00	35.00
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	30.00	33.00
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	8.00	9.00
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	30.00	33.00
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	30.00	33.00
97802	MEDICAL NUTRITION, INDIVIDUAL, INIATIAL	40.00	44.00
97803	MEDICAL NUTRITION, INDIVIDUAL, SUBSEQUENT	40.00	44.00
97804	MEDICAL NUTRITION, GROUP	15.00	16.00
97802	MEDICAL NUTRITION, INDIVIDUAL, INIATIAL	40.00	44.00
97803	MEDICAL NUTRITION, INDIVIDUAL, SUBSEQUENT	40.00	44.00
97804	MEDICAL NUTRITION, GROUP	15.00	16.00
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	20.00	22.00
99402	PREVENTIVE COUNSELING, IND 30 MIN	40.00	44.00
99403	PREVENTIVE COUNSELING, IND 45 MIN	90.00	99.00
99404	PREVENTIVE COUNSELING, IND 60 MIN	155.00	155.00
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE BETWEEN 3 TO 10 MINUTES	21.00	23.00
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > THAN 10 MINUTES	41.00	45.00
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	48.00	53.00
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES > THAN 30 MINUTES	70.00	77.00
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	40.00	44.00
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	50.00	55.00
99420	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	200.00	220.00
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MIN	85.00	94.00
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 +) PER 30 MIN	30.00	33.00
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S), INDIVIDUAL PER 15 MIN	43.00	47.00
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S), GROUP PER 30 MIN	22.00	24.00

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G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER	16.00	18.00
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	48.00	53.00
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	104.00	114.00
G0437	SMOKING CESSATION COUNSELING 3-10 MIN	new	48.00
G0438	SMOKING CESSATION COUNSELING 11+ MIN	new	293.00
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	new	31.00
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	new	44.00
G0444	DEPRESSION SCREENING/COUNSELING	new	31.00
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	new	46.00
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	new	44.00
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	new	44.00
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	67.00	74.00
<b>PUBLIC HEALTH VISIT FEES</b>			
LCODE	HIV - CONFIDENTIAL VISIT	32.00	35.00
LCODE	HIV - ANONYMOUS VISIT	32.00	35.00
LCODE	HIV COUNSELING/EDUCATION WITH STD VISIT	57.00	63.00
LCODE	HIV COUNSELING AND EDUCATION, COURT ORDERED	142.00	156.00
LCODE	WOUND MANAGEMENT VISIT	32.00	35.00
LCODE	HEPATITIS A CONTACT VISIT	57.00	63.00
LCODE	LATENT TUBERCULOSIS (TB) CLEARANCE VISIT	32.00	35.00
LCODE	HEPATITIS B VACCINE, PUBLIC SAFETY/PUBLIC HEALTH WORKER	68.00	75.00
LCODE	RABIES VACCINE PRE-EXPOSURE (STAFF ONLY)	160.00	176.00
LCODE	LATENT TB PREVENTION VISIT	32.00	35.00
LCODE	PPD/TB SCREENING TEST/READ	32.00	35.00
LCODE	POSITIVE PPD TEST COUNSELING VISIT	32.00	35.00
LCODE	INTERNATIONAL IMMUNIZATION CARD AND STAMP	20.00	22.00
LCODE	TRANSCRIBE NEW IMMUNIZATION RECORD (TM990)	15.00	17.00
LCODE	PRINT DUPLICATE REGISTRY FORM (TM899)	15.00	17.00
LCODE	RETURNED CHECK FEE (TA008)	25.00	28.00
LCODE	ISONIAZID 50 MG 30 DAY SUPPLY	25.00	20.00
LCODE	ISONIAZID 100 MG 30 DAY SUPPLY (TB018)	25.00	20.00
LCODE	ISONIAZID 150 MG 30 DAY SUPPLY	25.00	20.00
LCODE	ISONIAZID 200 MG 30 DAY SUPPLY	25.00	20.00
LCODE	ISONIAZID 250 MG 30 DAY SUPPLY	25.00	20.00
LCODE	ISONIAZID 300 MG 30 DAY SUPPLY (TB023)	25.00	20.00
LCODE	ETHAMBUTOL 400 MG 30 DAY SUPPLY		21.00
LCODE	LEVOFLOXIN 750 MG		8.00
LCODE	VITAMIN B 6 PYRIDOXINE UP TO 25 MG	17.00	9.00
LCODE	PYRAZINAMIDE 500 MG 30 DAY SUPPLY		187.00
LCODE	RIFADIN 300 MG		9.00
LCODE	RIFAMPIN 150 MG 30 DAY SUPPLY (TB027)	65.00	36.00
LCODE	RIFAMPIN 300 MG 30 DAY SUPPLY (TB028)	65.00	28.00
<b>PROCEDURE CODES</b>			
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	169.00	201.00
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	278.00	354.00
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	209.00	260.00
10121	REMOVE FOREIGN BODY, COMPLICATED	402.00	474.00
10140	DRAINAGE OF HEMATOMA/FLUID	239.00	282.00
10160	PUNCTURE DRAINAGE OF LESION	194.00	223.00

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10180	COMPLEX DRAINAGE, WOUND	359.00	423.00
11040	DEBRIDE INFECTED SKIN	21.00	23.00
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	160.00	177.00
11101	BIOPSY, SKIN ADDITIONAL LESION	51.00	56.00
11200	REMOVAL OF SKIN TAGS	130.00	138.00
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	29.00	32.00
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	99.00	167.00
11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	121.00	205.00
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	106.00	171.00
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	129.00	210.00
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	121.00	195.00
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	143.00	190.00
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	183.00	213.00
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	222.00	255.00
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	247.00	284.00
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	182.00	212.00
11421	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 0.6-1CM	235.00	253.00
11440	EXCISION, OTHER BENING LESION, FACE W/ MARGINS <= 0.5 CM	201.00	234.00
11441	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	251.00	289.00
11730	REMOVAL OF NAIL PLATE	146.00	172.00
11732	REMOVE NAIL PLATE, ADDON	67.00	62.00
11750	REMOVAL OF NAIL BED	329.00	332.00
11765	EXCISION OF NAIL FOLD, TOE	213.00	234.00
11975	INSERT CONTRACEPTIVE CAP	184.00	203.00
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	150.00	230.00
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	177.00	189.00
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	190.00	206.00
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	411.00	444.00
12052	LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	469.00	504.00
16000	INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	103.00	105.00
16020	DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBESEQUENT BURN TRT	126.00	142.00
17000	DESTRUCTION OF LESIONS, 1ST LESION	125.00	130.00
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	12.00	18.00
17004	DESTRUCTION OF LESIONS, 15 OR MORE	265.00	179.00
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	170.00	178.00
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	203.00	143.00
19000	DRAINAGE OF BREAST LESION	171.00	196.00
19001	DRAIN BREAST LESION ADD-ON	41.00	46.00
19100	BIOPSY OF BREAST PERCUTANEOUS, W/O IMAGE	219.00	259.00
20526	INJECTION, THERAPEUTIC, CARPAL TUNNEL	113.00	131.00
20550	INJECTION(S), SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	87.00	101.00
20551	INJECTION(S), SINGLE TENDON ORIGIN INSERTION	88.00	105.00
20552	INJECTION(S), SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	81.00	96.00
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	92.00	111.00
20600	DRAIN/INJECT, JOINT/BURSA SMALL	82.00	82.00
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	90.00	96.00
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	119.00	103.00
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	103.00	113.00
29130	APPLICATION, FINGER SPLINT; STATIC	60.00	71.00
29260	STRAPPING; ELBOW/WRIST	78.00	89.00

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29280	STRAPPING; HAND/FINGER	76.00	88.00
29550	STRAPPING; TOES	43.00	55.00
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY &/OR PACKING) ANY METHOD	148.00	166.00
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY &/OR PACKING) ANY METHOD	306.00	365.00
36000	INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	40.00	55.00
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	37.00	46.00
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	27.00	33.00
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	25.00	25.00
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	71.00	83.00
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	60.00	69.00
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	163.00	170.00
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	394.00	455.00
45330	DIAGNOSTIC SIGMOIDOSCOPY	216.00	240.00
46320	REMOVAL OF HEMORRHOID CLOT	264.00	303.00
46600	DIAGNOSTIC ANOSCOPY	128.00	70.00
46900	DESTRUCTION, ANAL LESION(S)	278.00	212.00
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	134.00	143.00
51701	INSERT NON-INDWELLING BLADDER CATHETER	150.00	95.00
51702	INSERT TEMPORARY INWELLING BLADDER CATHETER	122.00	123.00
51725	SIMPLE CYSTOMETROGRAM	310.00	131.00
52320	CYSTOURETHROSCOPY; W/REMOVAL, URETERAL CALCULUS	387.00	420.00
53660	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION;INITIAL	117.00	122.00
53661	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION; SUBSEQUENT	116.00	120.00
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	205.00	226.00
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	220.00	244.00
54100	BIOPSY OF PENIS	313.00	340.00
54150	CIRCUMCISION	200.00	220.00
55250	VASECTOMY, UNILATERAL OR BILATERAL	675.00	667.00
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	167.00	190.00
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	191.00	211.00
56501	DESTROY, VULVA LESIONS, SIMPLE	201.00	227.00
56515	DESTROY VULVA LESION/S COMPLEX	341.00	388.00
57061	DESTROY VAGINAL LESIONS, SIMPLE	176.00	197.00
57065	DESTROY VAGINAL LESIONS, EXTENSIVE	292.00	333.00
57100	BIOPSY OF VAGINA	134.00	153.00
57150	TREATMENT OF VAGINA INFECTION	74.00	79.00
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	119.00	129.00
57170	FITTING OF DIAPHRAGM/CAP	99.00	105.00
57180	INTRODUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BLEEDING, NON-OBSTETRIC (SEP PROC)	218.00	244.00
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	162.00	185.00
57415	REMOVAL IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	243.00	277.00
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	176.00	201.00
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	166.00	188.00
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	233.00	264.00
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	204.00	247.00
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	206.00	234.00
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF CERVIX	452.00	494.00

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57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	483.00	558.00
57500	BIOPSY OF CERVIX	203.00	223.00
57505	ENDOCERVICAL CURETTAGE	157.00	177.00
57510	CAUTERIZATION, CERVIX; ELECTRO/THERMAL	200.00	227.00
57511	CRYOCAUTERY OF CERVIX	222.00	251.00
58100	BIOPSY OF UTERUS LINING	167.00	188.00
58300	INSERT INTRAUTERINE DEVICE	176.00	246.00
58301	REMOVE INTRAUTERINE DEVICE	147.00	165.00
59410	VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY &/OR FORCEPS); W/POSTPARTUM CARE	1,361.00	1,758.00
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	96.66	778.00
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	90.00	1,394.00
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	201.00	315.00
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	173.00	196.00
62270	SPINAL FLUID TAP, DIAGNOSTIC	241.00	279.00
64435	NERVE BLOCK INJECTION, PARACERVICAL	217.00	235.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE/BRANCH	159.00	141.00
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	82.00	100.00
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAMP	85.00	100.00
69210	REMOVE IMPACTED EAR WAX	77.00	85.00
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	31.00	34.00
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	216.00	240.00
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	36.00	19.00
<b>ULTRASONOGRAPHY AND OTHER TESTING CODES</b>			
74742	TRANSCERVICAL CATHETERIZATION, FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	265.00	54.00
76801	ULTRASOUND, PREGNANT UTERUS WITH IMAGE, FETAL & MATERNAL EVALUATION, FIRST TRIMESTER	133.00	82.00
76805	ULTRASOUND, PREGNANT UTERUS WITH IMAGE, FETAL & MATERNAL EVALUATION, AFTER FIRST TRIMESTER	163.00	85.00
76810	ULTRASOUND, ADDITIONAL GESTATION	81.00	85.00
76811	US, PREG UTER, REAL TIME W/IMAGE DOC, FETL & MATRNL, + DETL FETL EXM, TRANSABD; SINGL/1ST ADD'L GEST	162.00	165.00
76815	ULTRASOUND, PREGNANT UTERUS WITH IMAGE, LIMITED	97.00	56.00
76816	ULTRASOUND, PREGNANT UTERUS, FOLLOW UP, PER FETUS	122.00	74.00
76818	FETAL BIOPHYSICAL PROFILE, W/ NON STRESS TESTING	115.00	92.00
76825	ECHOCARDIOGRAPHY, FETAL CARDIOVASCULAR SYSTEM, W/IMAGE	221.00	143.00
76830	ULTRASOUND, TRANSVAGINAL	148.00	60.00
76856	ULTRASOUND, PELVIC, W/ IMAGE, COMPLETE	147.00	59.00
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	32.00	33.00
76977	US BONE DENSITY MEASUREMENT & INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	13.00	13.00
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	21.00	23.00
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	23.00	55.00
92567	TYMPANOMETRY (IMPEDANCE TESTING)	24.00	25.00
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT	34.00	29.00
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRACING ONLY	17.00	14.00
94010	BREATHING CAPACITY TEST	51.00	15.00
94375	RESPIRATORY FLOW VOLUME LOOP	39.00	26.00
94640	AIRWAY INHALATION TREATMENT	26.00	32.00



CODE	SERVICE DESCRIPTION	CURRENT FEE	2014 PROPOSED FEE
94760	MEASURE BLOOD OXYGEN LEVEL	5.00	6.00
95115	PROFESSIONAL SERVICE, ALLERGEN IMMUNOTHERAPY NON-PROVISION EXTRACTS; SINGLE INJECTION	17.00	16.00
96110	DEVELOPMENTAL TEST, I&R	25.00	27.00
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOISTIC INJECTION SUBCUTANEOUS OR INTRAMUSCULAR	37.00	44.00
96373	THERAPEUTIC PROPHYLACTIC/DIAGNOSITIC INJECTION INTRA-ARTERIAL	30.00	34.00
96374	THERAPEUTIC PROPH/DIAGNOSTIC INJECTION IV PUSH SINGLE/INITIAL SUBSTANCE/DRUG	89.00	99.00
99000	HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFFICE TO LAB	8.00	9.00
99075	MEDICAL TESTIMONY	245.00	270.00
99080	SPECIAL REPORTS/INSURANCE FORMS	40.00	44.00
99173	VISUAL ACUITY	5.00	6.00
<b>INHOUSE LABORATORY, SPECIMEN COLLECTION</b>			
80061	LIPID PANEL	21.00	23.00
81000	URINALYSIS, DIPSTICK NON-AUTOMATED, W/MICROSCOPY	7.00	8.00
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	8.00	9.00
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	5.00	6.00
82106	ALPHA-FETOPROTEIN, AMNIOTIC FLUID	36.00	40.00
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	7.00	8.00
82465	CHOLESTEROL, BLOOD/SERUM	7.00	8.00
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	8.00	9.00
82948	GLUCOSE; BLOOD, REAGENT STRIP	7.00	8.00
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	22.00	24.00
85018	BLOOD COUNT; HEMOGLOBIN	5.00	6.00
85610	PROTHROMBIN TIME	9.00	10.00
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	17.00	14.00
86710	INFLUENZA VIRUS ANTIBODY	30.00	33.00
87210	WET MOUNT FOR INFECTIOUS AGENTS (KOH , SALINE, INDIA INK PREPS)	12.00	13.00
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	10.00	11.00
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS	21.00	23.00
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	21.00	23.00
88720	BILIRUBIN TOTAL,TRANSCUTANEOUS	12.00	13.00
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE	26.00	29.00
Q0111	WET MOUNT	NEW	9.00
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	30.00	78.00
<b>IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES</b>			
90281	HUMAN IG, INTRAMUSCULAR USE (IM)	45.00	50.00
90384	RH IG, FULL DOSE, INTRAMUSCULAR USE (IM)	120.00	181.00
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	950.00	1,045.00
90460	VACCINE ADMINISTRATION		41.00
90471	IMMUNIZATION ADMIN	37.00	41.00
90472	IMMUNIZATION ADMIN, EACH ADD	18.00	22.00
90473	IMADM INTRANSL/ORAL 1 VACC	26.00	44.00
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SINGLE/COMBINATION VACCINE/TOXOID	18.00	22.00
90632	HEP A VACCINE, ADULT INTRAMUSCULAR USE	77.00	84.00
90633	HEP A VACC, PED/ADOL, 2 DOSE	43.00	49.00
90636	HEP A/HEP B VACC, ADULT, INTRAMUSCULAR USE	154.00	142.00

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90645	HIB VACCINE, HBOC, 4 DOSE, INTRAMUSCULAR USE	36.00	41.00
90646	HIB PRP-D, BOOSTER	38.00	42.00
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE, FOR IM USE	221.00	208.00
90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT), 3 DOSE, FOR INTRAMUSCULAR USE	198.00	198.00
90653	INFLUENZA VACCINE, INACTIVIATED, SUBUNIT, ADJUVANETED, IM USE	198.00	218.00
Q2033	MEDICARE INFLUENZA VACCINE (FLU BLOCK)	new	20.00
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	new	19.00
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	new	14.00
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	new	25.00
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	new	20.00
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	35.00	35.00
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	29.00	33.00
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	32.00	25.00
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, INTRAMUSCULAR USE	14.00	16.00
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS, INTRAMUSCULAR USE	25.00	26.00
90660	FLU VACCINE, NASAL	32.00	34.00
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE & ANTIBIOTIC FREE FOR INTRAMUSCULAR USE	14.00	53.00
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED IMMUNOGENICITY VIA INCRESASED ANTIGENT CONTENT, INTRAMUSCULAR	14.00	53.00
90669	PNEUMOCOCCAL VACC 7 VALENT, INTRAMUSCULAR USE	117.00	150.00
90670	PNEUMOCOCCAL VACC 13 VAL, INTRAMUSCULAR USE	117.00	225.00
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	117.00	36.00
90673	INFLUENZA VIRUS VACCINE, TRIVALENT	117.00	36.00
90675	RABIES VACCINE, INTRAMUSCULAR USE	298.00	328.00
90680	ROTAVIRUS PENTAVALENT, LIVE	67.00	74.00
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED,2 DOSE	135.00	149.00
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 6 - 35 M	19.17	21.00
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 3 + Y	15.41	17.00
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 6-35 M	19.17	21.00
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	15.41	17.00
90698	DTAP/IPV/HIB	136.00	150.00
90700	DTAP VACCINE, INTRAMUSCULAR USE	39.00	43.00
90702	DT (<7 YEARS), INTRAMUSCULAR USE	17.00	40.58
90703	TETANUS TOXOID, ADSORBED	42.00	46.00
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q USE	89.00	98.00
90710	MMRV, LIVE	84.00	162.53
90713	POLIOVIRUS VACINE, INACTIVATED, SUBCUTANEOUS OR INTRAMUSCULAR	90.00	99.00
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 + Y, INTRAMUSCULAR USE	29.00	32.00
90715	TDAP (7 + YEARS)	61.00	67.00
90716	CHICKEN POX VACCINE, SUBCUTANEOUS	149.00	164.00
90718	TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	36.00	40.00
90723	DTAP HEP B IPV VACCINE, INTRAMUSCULAR USE	126.00	139.00
90732	PNEUMOCOCCAL VACCINE	86.00	95.00
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUPS), FOR SUBCUTAENOUS USE	156.00	172.00
90734	MENINGOCOCCAL VACCINE, CONJUGATE	183.00	201.00



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90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	196.00	216.00
90739	HEP B VACCINE, ADULT 2 DOSE, INTRAMUSCULAR USE	196.00	216.00
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	189.00	208.00
90743	HEP B VACCINE, ADOLESCENT 2 DOSE, IM	189.00	208.00
90744	HEP B VACC PED/ADOL 3 DOSE, INTRAMUSCULAR USE	102.00	112.00
90746	HEP B VACCINE, ADULT 3 DOSE, INTRAMUSCULAR USE	102.00	112.00
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT,4 DOSE,IM	102.00	143.30
90748	HEP B/HIB VACCINE, INTRAMUSCULAR USE	79.00	87.00
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	0.30	0.35
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	3.00	3.50
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	15.00	12.00
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	25.00	9.00
J0520	BICILLIN TO 5 MG	20.00	9.00
J0530	BICILLIN 600,000 UNITS	10.00	9.00
J0540	BICILLIN 1.2 MILLION UNITS	20.00	9.00
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	15.00	15.00
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	13.00	8.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	24.00	8.00
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG	25.00	16.00
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	12.00	30.00
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	113.00	38.00
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	25.00	100.64
J0897	INJECTION, DENOSUMAB	19.00	28.00
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	11.00	13.00
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	122.00	122.00
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	11.00	11.00
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	21.00	21.00
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	10.00	7.00
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	12.00	8.00
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	16.00	19.00
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	16.00	18.00
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	16.00	14.00
J1815	INJECTION, INSULIN, PER 5 UNITS	12.00	34.00
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	16.00	19.00
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	16.00	19.00
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	16.00	15.00
J1815	INJECTION, INSULIN, PER 5 UNITS	12.00	34.00
J1820	INJECTION, INSULIN	12.00	13.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	12.00	32.00
J1950	INJECTION, LEUPROLIDE ACETATE (DEPOT SUSPENSION), PER 3.75 MG	1,308.00	3,358.29
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	1,557.00	1,713.00
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	10.00	30.00
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	14.00	48.00
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	14.00	69.00
J2426	INJECTION, PALIPERIDONE PALMITATE	18.00	81.00
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	11.00	41.00
J2675	INJECTION, PROGESTERONE PER 50 MG	11.00	40.00
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	66.00	73.00

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J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	233.00	256.00
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	16.00	41.00
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	60.00	46.00
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	11.00	12.00
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	11.00	41.00
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	14.00	42.00
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	10.00	41.00
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	11.00	44.00
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	11.00	12.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	640.00	704.00
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM,13.5 MG	1,251.00	1,376.00
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	1,051.00	1,156.00
J7506	PREDNISONE, ORAL, PER 5MG	15.00	16.00
J7510	PREDNISOLONE ORAL, PER 5 MG	12.00	13.00
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTRATED THROUGH DME, UNIT DOSE, 1 MG	10.00	11.00
J7619	ALBUTEROL INHALATION SOLUTION	10.00	11.00
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED INHALATION SOLUTION	12.00	13.00
J7626	BUDESONIDE INHALATION SOLUTION, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM UP TO 0.5 MG	12.00	13.00
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMIN THRU DME, UNIT DOSE FORM PER MG	12.00	13.00
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	40.00	44.00
Q0162	ONDANSETRON 40 MG	NEW	15.00
X1500	SPERMICIDAL GEL	15.00	15.00
X1500	SPERMICIDAL FORM	15.00	15.00
<b>COMPREHENSIVE PERINATAL SERVICES PROGRAM</b>			
Z1032	INITIAL ANTEPARTUM	369.00	248.00
Z1034	ANTEPARTUM FOLLOW-UP OFFICE VISIT	91.00	91.00
Z1036	TENTH ANTEPARTUM VISIT	170.00	170.00
Z1038	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	91.00	91.00
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	12.00	13.00
Z6200	INITIAL NUTRIT ASSESSMENT/DEVELOP 30 MIN	18.00	25.00
Z6202	SUB NUTRITION ASSESS/DEVELOP EA SUB 15MN	9.00	13.00
Z6204	FOLLOW-UP ANTEPARTUM INDIVIDUAL EA 15MIN	9.00	13.00
Z6208	POSTPARTUM NUTR ASSE/TREAT/INTER IND 15M	9.00	13.00
Z6210	POSTPARTUM NUTRITIONAL ASSESSMENT	9.00	13.00
Z6300	INIT PSYCHOSOCIAL ASSESS/DEVEL FIRST 30	18.00	25.00
Z6302	SUB PSYCHOSOCIAL ASSESS/DEVELOP EA 15MIN	9.00	13.00
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	9.00	13.00
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	9.00	9.00
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT EA 15 MIN	9.00	13.00
Z6400	CLIENT ORIENTATION EA 15 MIN	13.00	13.00
Z6402	INITIAL HEALTH ED ASSESS/DEVELOP 30 MIN	18.00	25.00
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	9.00	13.00
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	9.00	13.00
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	9.00	9.00
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	9.00	13.00
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	9.00	9.00

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Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	9.00	13.00
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	136.00	204.00
Z7610	ZITHROMAX (AZITHROMYCIN) 1G	46.00	50.00
Z9750	F PACT COUNSEL CODES	6.00	7.00
Z9752	INITIAL INFANT HEAR-SCREEN	26.00	28.00
Z9753	COUNSELING INDIVIDUAL 30 MIN	42.00	46.00
Z9754	COUNSELING INDIVIDUAL 45 MIN	68.00	75.00
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	75.00	83.00
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	85.00	94.00
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	200.00	220.00
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	75.00	83.00
<b>FAMILY PLANNING/EDUCATION ( FAMILY PLANNING ACCESS CARE TREATMENT- PACT)</b>			
Z9750	F PACT COUNSEL CODES	6.00	7.00
Z9751	COUNSELING INDIVIDUAL 10 MIN	13.00	14.00
Z9752	INDIVIDUAL FAMILY PLANNING/COUNSELING, 5 MIN (PACT)	6.00	7.00
Z9753	INDIVIDUAL FAMILY PLANNING/COUNSELING, 10 MIN (PACT)	13.00	14.00
Z9754	INDIVIDUAL FAMILY PLANNING/COUNSELING, 15 MIN (PACT)	26.00	29.00
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 30 MIN (PACT)	42.00	46.00
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 45 MIN (PACT)	68.00	75.00
Z7610	ACYCLOVIR 200/400/800 MG TABS (PACT)	17.00	19.00
Z7610	AZITHROMYCIN 500 MG TABS/1 GM PACKET (PACT)	46.00	51.00
Z7610	BUTOCONAZOLE 2% CREAM (PACT)	32.00	35.00
Z7610	CEFIXIME 400 MG TABS (PACT)	12.00	13.00
Z7610	CEPHALEXIN 250/500 MG TABS (PACT)	11.00	12.00
Z7610	CIPROFLOXACIN 250 MG TABS (PACT)	6.00	7.00
Z7610	CLINDAMYCIN 2% CREAM (PACT)	38.00	42.00
Z7611	CLOTRIMAZOLE 1%/2% CREAM OR TABS (PACT)	10.00	11.00
Z7610	DOXYCYLINE 100 MG TABS (PACT)	11.00	12.00
Z7610	ESTRADIOL (PACT)	14.00	15.00
Z7611	FLUCONAZOLE 150 MG TABS (PACT)	12.00	13.00
Z7610	IMIQUIMOD 5% CREAM (PACT)	127.00	140.00
Z7610	METRONIADAZOLE 250/500 MG TABS, 0.75% GEL (PACT)	38.00	42.00
Z7610	MICONAZOLE 2%/4% CREAM OR TABS (PACT)	16.00	18.00
Z7610	OFLOXACIN 200/400 MG TABS (PACT)	125.00	138.00
Z7610	PODOFILOX 0.5% SOLUTION/GEL (PACT)	79.00	87.00
Z7610	PROBENECID 500 MG TABS (PACT)	5.00	6.00
X5854	TERCONAZOLE 0.4%/0.8% CREAM OR TABS (PACT)	46.00	51.00
X7716	TINIDAZOLE 250/500 MG TABS (PACT)	15.00	17.00
X7722	CEFOXITIN 1 GM/2 GM/IM (PACT)	22.00	24.00
J0570	AZITHROMYCIN 250 MG TABS (PACT)	6.00	7.00
J0580	EMERGENCY CONTRACEPTION (PACT)	21.00	23.00
H1001	BENZATHINE PCN 1.2 UNITS/CC (PACT)	60.00	66.00
H1001	BENZATHINE PCN 2.4 UNITS/CC (PACT)	117.00	129.00