

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

**Adopted Resolution No. 19-140 Amending Article)
I.d. of the Monterey County Master Fee Resolution)
effective July 1, 2019, 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, 2019.
- 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 charges for inspections and services reflect no more than the actual cost of the service or benefit received by the payor. Any nominal discount offered is recaptured through has a zero on the departmental budget, results in a zero impact on General Fund Contribution (as are the entire Clinic Services program costs, and implementation of those discount do not result in increased charges to other patrons.
- E. By definition, these inspection and service charges 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:

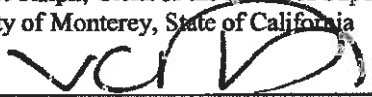
- I. Article I.d. of the Monterey County Fee Resolution is amended effective July 1, 2019 and thereafter with all schedules, tables, fees, taxes, penalties, and charges contained therein are hereby adopted as described in the attachment to this resolution.
- II. All prior resolutions regarding such fees are hereby repealed.

PASSED AND ADOPTED on this 14th day of May 2019 by the following vote, to wit:

**AYES: Supervisors Parker, Adams, Phillips, Lopez and Alejo
NOES: None
ABSENT: None**

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 on May 14, 2019.

Dated: May 14, 2019
Legistar File ID No. 19-0320
Agenda Item No. 25

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



Monterey County

Board of Supervisors
168 W. Alisal St., 1st Floor
Salinas, CA 93901

Board Report

Legistar File Number: 19-0320

May 14, 2019

Introduced: 4/29/2019

Current Status: Agenda Ready

Version: 1

Matter Type: General Agenda Item

Adopt a Resolution amending Article I.d. of the Monterey County Master Fee Resolution effective July 1, 2019, to adjust certain fees related to the Health Department's Clinic Services Bureau pursuant to the attached Fee Schedule.

RECOMMENDATION:

It is recommended that the Board of Supervisors:

Adopt a Resolution amending Article I.d. of the Monterey County Master Fee Resolution effective July 1, 2019, to adjust certain fees related to the Health Department's Clinic Services Bureau pursuant to the attached Fee Schedule.

SUMMARY/DISCUSSION:

The Health Department's Clinic Services Bureau (Clinic Services) operates Federally Qualified Health Center Look-Alike (FQHC-LA) clinics that are required, by the Health Resources and Services Administration (HRSA), to periodically review its fee schedule to ensure that it accurately reflects the costs of services provided and that fees are consistent with local prevailing rates or charges. In compliance with the requirements, Clinic Services has been reviewing and adjusting its fee schedules annually. Proposed fees for FY2019-20 increase an average of 8.13% from FY2018-19.

Additionally, Clinic Services is mandated by HRSA to offer Sliding Fee Discount Program (SFDP) for patients whose income is at or below 200% of the Federal Poverty Level (FPL). Effective 8/1/2018, Clinic Services increased SFDP fees to \$0, \$40, \$70, \$105 and \$130, respectively for those who were eligible if a patient's income is at 100% or below, under 120%, under 133%, under 185% and at 200% or below of the FPL. Since the increase, data reflects average number of visits per year per patient decreased from 1.48 to 1.38 for patients with FPL between 101% and 200%. Although there might be many factors contributing to this trend, in order to keep services affordable and accessible, Clinic Services will not increase SFDP fees in FY 2019-2020 and keep the current patient responsibility amounts.

Calculations and documents in support of all fee adjustments recommended herein are attached and are on file with the Clerk of the Board along with a SFDP chart reflecting calendar year 2019 FPL. In all cases, the proposed fees reflect no more than the actual, reasonable, fully loaded costs of the services provided to the payor/applicant. By definition, these service charges 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': charge imposed for specific benefit conferred/ privilege/ service or product provided or granted to the payor).

The work supports the Monterey County Health Department's 2018-2022 Strategic Plan Initiatives: 1.) Empower the community to improve health; and 3.) Ensure access to culturally and linguistically

appropriate, customer-friendly, quality health services. It also supports the following of the ten essential public health services, specifically: 5.) Develop policies and plans that support individual and community health efforts; and 7.) Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

OTHER AGENCY INVOLVEMENT:

County Counsel has reviewed as to legal form.

FINANCING:

The recommended fee adjustments are intended to recapture service costs with considerations of operational cost, relative value units, payor reimbursements and prevailing local charges, without generating additional revenue. The proposed fee levels assure that the programs remain revenue neutral with no additional impact on the County's General Fund Contribution. The fee increase is also intended to stay compliant with HRSA's requirements.

BOARD OF SUPERVISORS STRATEGIC INITIATIVES:

Check the related Board of Supervisors Strategic Initiatives:

Economic Development:

- Through collaboration, strengthen economic development to ensure a diversified and healthy economy.

Administration:

- Promote an organization that practices efficient and effective resource management and is recognized for responsiveness, strong customer orientation, accountability and transparency.

Health & Human Services:

- Improve health and quality of life through County supported policies, programs, and services; promoting access to equitable opportunities for healthy choices and healthy environments in collaboration with communities.

Infrastructure:

- Plan and develop a sustainable, physical infrastructure that improves the quality of life for County residents and supports economic development results.

Public Safety:

- Create a safe environment for people to achieve their potential, leading businesses and communities to thrive and grow by reducing violent crimes as well as crimes in general.

Prepared by: Nan Kyung Kim, Finance Manager, x1308

Approved by: Elsa Jimenez, Director of Health, x4526

Attachments:

Proposed Resolution is on file with the Clerk of the Board

Proposed Article I.d. Fee Schedule is on file with the Clerk of the Board

Fee Schedule comparing current and proposed fees is on file with the Clerk of the Board

Sliding Scale Discount Chart, Effective July 1, 2019, is on file with the Clerk of the Board

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

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
SLIDING SCALE DISCOUNT		
	FEDERAL POVERTY LEVEL 0 % to 100 %	0
	FEDERAL POVERTY LEVEL 101 to 119 %	40
	FEDERAL POVERTY LEVEL 120 to 132 %	70
	FEDERAL POVERTY LEVEL 133 to 184 %	105
	FEDERAL POVERTY LEVEL 185 to 200 %	130
	FEDERAL POVERTY LEVEL over 200%	No Discount
EVALUATION AND MANAGEMENT CODES		
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	130
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	173
99203	OFFICE VISIT, DETAILED- NEW	238
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	343
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	447
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	62
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	108
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	158
99214	OFFICE VISIT, DETAILED- ESTAB	230
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	310
99241	CONSULTATION, PROBLEM FOCUSED	103
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	184
99243	CONSULTATION, DETAILED	249
99244	CONSULTATION, COMPREHENSIVE/MODERATE	358
99245	CONSULTATION COMPREHENSIVE/HIGH	468
99342	HOME VISIT NEW PT 3 KEY COMPONENTS:EXPAND PROB FOCUS HX;EXPAND PROB FOCUS EXAM; MED DECN LOW COMPLEX	174
99347	HOME VISIT EST PT 2+ KEY COMPONENTS: PROB FOCUS INTRVL HX; PROB FOCUS EXAM; STRTFWD MED DECISION	95
99348	HOME VISIT EST PT 2+ KEY COMPONENTS:EXPAND PROB FOCUS INT HX;EXPAND PROB FOCUS EXAM;MED DEC LOW COMP	145
99377	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	157
99378	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	244
99379	PHYSICIAN SUPERVISION, NURSING FACILITY PATIENT; 15-29 MIN	142
99380	PHYSICIAN SUPERVISION, NURSING FACILITY PATIENT; 30+ MIN	150
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	270
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	293
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	289
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	325
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	334
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	362
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	283
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	252
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	270
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	269
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	295

CODE	SERVICE DESCRIPTION	Fee (Effective 9/1/2018)
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	301
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	309
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	252
G0466	FQHC VISIT NEW PATIENT	285
G0467	FQHC VISIT, ESTAB PT	186
G0470	FQHC VISIT, MH ESTAB PT	201
G0469	FQHC VISIT, MH NEW PT	300
G0468	FQHC VISIT, IPPE OR AWW	246
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	45
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	58
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	85
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	44
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	92
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	119
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES	203
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE	213
G0402	PR INITIAL PREVENTIVE EXAM	365
G0403	PR EKG FOR INITIAL PREVENT EXAM	38
PSYCHIATRIC EVALUATION AND MANAGEMENT		
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	39
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	265
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	307
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	180
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	127
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	209
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	184
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	258
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	213
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	240
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	128
PATIENT EDUCATION AND SELF-MANAGEMENT		
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	47
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	46
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	43
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	12
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	43
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	43
97802	MEDICAL NUTRITION, INDIV, INITIAL	57
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	57
97804	MEDICAL NUTRITION, GROUP	21
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	99
97802	MEDICAL NUTRITION, INDIV, INITIAL	57
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	57
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	60
99402	PREVENTIVE COUNSELING, IND 30 MIN	147
99403	PREVENTIVE COUNSELING, IND 45 MIN	212
99404	PREVENTIVE COUNSELING, IND 60 MIN	277

CODE	SERVICE DESCRIPTION	Fee (Effective 6/1/2018)
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE BETWEEN 3 TO 10 MINUTES	36
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > THAN 10 MINUTES	58
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	69
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES > THAN 30 MINUTES	100
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	57
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	71
99420	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	55
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MIN	121
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2+) PER 30 MIN	63
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S), INDIVIDUAL PER 15 MIN	61
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S), GROUP PER 30 MIN	31
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER	24
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	69
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	147
G0437	SMOKING CESSATION COUNSELING 3-10 MIN	38
G0438	SMOKING CESSATION COUNSELING 11+ MIN	290
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	39
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	56
G0444	DEPRESSION SCREENING/COUNSELING	39
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	63
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	54
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	54
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	96
PUBLIC HEALTH VISIT FEES		
TM	VACCINATION under VFC, 317 Program	25
LCODE	HIV - CONFIDENTIAL VISIT	46
LCODE	HIV - ANONYMOUS VISIT	46
LCODE	HIV COUNSELING/EDUCATION WITH STD VISIT	82
LCODE	HIV COUNSELING AND EDUCATION, COURT ORDERED	201
LCODE	WOUND MANAGEMENT VISIT	46
LCODE	HEPATITIS A CONTACT VISIT	82
LCODE	LATENT TUBERCULOSIS (TB) CLEARANCE VISIT	46
LCODE	HEPATITIS B VACCINE, PUBLIC SAFETY/PUBLIC HEALTH WORKER	97
LCODE	RABIES VACCINE PRE-EXPOSURE (STAFF ONLY)	227
LCODE	LATENT TB PREVENTION VISIT	46
LCODE	PPD/TB SCREENING TEST/READ	46
LCODE	POSITIVE PPD TEST COUNSELING VISIT	46
LCODE	INTERNATIONAL IMMUNIZATION CARD AND STAMP	25
LCODE	TRANSCRIBE NEW IMMUNIZATION RECORD (TM990)	25
LCODE	PRINT DUPLICATE REGISTRY FORM (TM899)	25
LCODE	RETURNED CHECK FEE (TA008)	25
LCODE	ISONIAZID 50 MG 30 DAY SUPPLY	26
LCODE	ISONIAZID 100 MG 30 DAY SUPPLY (TB018)	26

CODE	SERVICE DESCRIPTION	Fee (Effective 1/1/2018)
LCODE	ISONIAZID 150 MG 30 DAY SUPPLY	26
LCODE	ISONIAZID 200 MG 30 DAY SUPPLY	26
LCODE	ISONIAZID 250 MG 30 DAY SUPPLY	26
LCODE	ISONIAZID 300 MG 30 DAY SUPPLY (TB023)	26
LCODE	ETHAMBUTOL 400 MG 30 DAY SUPPLY	28
LCODE	LEVOFLOXIN 750 MG	11
LCODE	VITAMIN B 6 PYRIDOXINE UP TO 25 MG	12
LCODE	PYRAZINAMIDE 500 MG 30 DAY SUPPLY	241
LCODE	RIFADIN 300 MG	12
LCODE	RIFAMPIN 150 MG 30 DAY SUPPLY (TB027)	47
LCODE	RIFAMPIN 300 MG 30 DAY SUPPLY (TB028)	37
PROCEDURE CODES		
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	257
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	434
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	331
11000	DEBRIDE INFECTED SKIN	120
10140	DRAINAGE OF HEMATOMA/FLUID	363
10160	PUNCTURE DRAINAGE OF LESION	287
10180	COMPLEX DRAINAGE, WOUND	545
11040	DEBRIDE INFECTED SKIN	120
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	222
11101	BIOPSY, SKIN ADDITIONAL LESION	72
11200	REMOVAL OF SKIN TAGS	176
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	60
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	159
11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	264
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	221
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	271
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	251
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	245
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	275
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	272
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	329
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	273
11421	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS 0.6-1CM	326
11422	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ Margin 1.1 TO 2	351
11440	EXCISION, OTHER BENING LESION, FACE W/ MARGINS <= 0.5 CM	302
11441	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	372
11730	REMOVAL OF NAIL PLATE	222
11732	REMOVE NAIL PLATE, ADDON	60
11750	REMOVAL OF NAIL BED	428
11765	EXCISION OF NAIL FOLD, TOE	266
11900	INJECTION INTO SKIN LESIONS	130
11975	INSERT CONTRACEPTIVE CAP	130
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	397
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM	288
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	321
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	266

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	572
12052	LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	572
15851	REMOVAL OF SUTURES (correct cpt)	205
16000	INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	136
16020	DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT BURN TRT	184
17000	DESTRUCTION OF LESIONS, 1ST LESION	148
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	28
17004	DESTRUCTION OF LESIONS, 15 OR MORE	301
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	203
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	229
17250	CHEMICAL CAUTERY, TISSUE	159
19000	DRAINAGE OF BREAST LESION	254
19001	DRAIN BREAST LESION ADD-ON	92
19100	BX BREAST PERCUT W/O IMAGE	334
20526	THER INJECTION, CARP TUNNEL	217
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	130
20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	136
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	142
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	164
20600	DRAIN/INJECT, JOINT/BURSA SMALL	129
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	159
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	169
20612	ASPIRATE/INJECTION GANGLION CYST	173
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	146
29130	APPLICATION, FINGER SPLINT; STATIC	93
29260	STRAPPING; ELBOW/WRIST	93
29280	STRAPPING; HAND/FINGER	103
29550	STRAPPING; TOES	71
27603	INCISION & DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEMATOMA	1372
28001	INCISION & DRAINAGE, BURSA, FOOT	686
29130	APPLICATION, FINGER SPLINT; STATIC	93
30300	REMOVAL FB, INTRANASAL; OFFICE TYPE PROC	160
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY &/OR PACKING) ANY METHOD	214
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY &/OR PACKING) ANY METHOD	470
36000	INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	71
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	60
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	43
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	33
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	107
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	89
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	448
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	586
45330	DIAGNOSTIC SIGMOIDOSCOPY	309
46320	REMOVAL OF HEMORRHOID CLOT	390
46600	DIAGNOSTIC ANOSCOPY	204
46900	DESTRUCTION, ANAL LESION(S)	574
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	226

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
51701	INSERT NON-INDWELLING BLADDER CATHETER	176
51702	INSERT TEMPORARY INWELLING BLADDER CATHETER	201
51725	SIMPLE CYSTOMETROGRAM	383
52320	CYSTOURETHROSCOPY; W/REMOVAL, URETERAL CALCULUS	683
53660	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION; INITIAL	158
53661	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION; SUBSEQUENT	155
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	295
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	350
54100	BIOPSY OF PENIS	300
54150	CIRCUMCISION	356
55250	VASECTOMY, UNILATERAL OR BILATERAL	859
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	289
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	321
56501	DESTROY, VULVA LESIONS, SIMPLE	342
56515	DESTROY VULVA LESION/S COMPLEX	590
56605	BIOPSY OF VULVA/PERINEUM	225
57061	DESTROY VAG LESIONS, SIMPLE	325
57065	DESTROY VAG LESIONS, COMPLEX	429
57100	BIOPSY OF VAGINA	288
57150	TREATMENT OF VAGINA INFECTION	102
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	167
57170	FITTING OF DIAPHRAGM/CAP	190
57180	INTRODUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BLEEDING, NON-OBSTETRIC (SEP PROC)	389
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	269
57415	REMOVAL IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	419
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	301
57451	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT; W/BIOPSY(S)	468
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	296
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	454
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	366
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	417
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	655
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	1085
57500	BIOPSY OF CERVIX	338
57505	ENDOCERVICAL CURETTAGE	288
57510	CAUTERIZATION, CERVIX; ELECTRO/THERMAL	455
57511	CRYOCAUTERY OF CERVIX	323
58100	BIOPSY OF UTERUS LINING	293
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	279
58145	MYOMECTOMY 1-4 MYOMA(S), W/TOTAL WEIGHT 250 GMS/;<; VAGINAL APPROACH	1407
58300	INSERT INTRAUTERINE DEVICE	367
58301	REMOVE INTRAUTERINE DEVICE	242
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	199
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	212
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	409
60100	BX THYROID, PERCUTANEOUS CORE NEEDLE	339

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
62270	SPINAL FLUID TAP, DIAGNOSTIC	381
62273	INJECTION, EPIDURAL, BLOOD/CLOT PATCH	485
64435	NERVE BLOCK INJECTION, PARACERVICAL	325
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE/BRANCH	291
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	2269
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	141
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAMP	204
69200	CLEAR OUTER EAR CANAL	297
69210	REMOVE IMPACTED EAR WAX	127
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	44
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	309
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	758
ULTRASONOGRAPHY (US) AND OTHER TESTING CODES		0
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	65
76801	OB US LESS THAN 14 WKS, SINGLE FETUS	293
76805	OB US GREATER THAN OR EQUAL TO 14 WKS, SINGLE FETUS	168
76810	US, PREG UTER, REAL TIME W/IMAGE DOCUMENT EA ADD'L GEST	23
76811	US, PREG UTER, REAL TIME W/IMAGE DOC, FETL & MATRNL, + DETL FETL EXM, TRANSABD; SINGL/1ST ADD'L GEST	213
76815	OB US, LIMITED, FETUS(S)	73
76816	OB US, FOLLOW UP, PER FETUS	96
76818	FETAL BIOPHYS PROFILE W/NST	119
76825	ECHO EXAM OF FETAL HEART	185
76830	TRANSVAGINAL US, NON OB	170
76856	US EXAM, PELVIC, COMPLETE	245
76946	US GUIDANCE, AMNIOCENTESIS, IMAGING S&I	98
76977	US BONE DENSITY MEASUREMENT & INTERPRETATION, PERIPHERAL SITE(S)	38
92283	COLOR VISION EXAMINATION	48
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	45
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	53
92567	TYMPANOMETRY (IMPEDANCE TESTING)	51
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT (I&R)	69
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	30
93271	ECG/MONITORING AND ANALYSIS	483
93306	ECHO TTHRC R-T 2D -M-MODE COMPL SPEC&COLOR DOP	463
93770	MEASURE VENOUS PRESSURE	20
94010	BREATHING CAPACITY TEST	67
94375	RESPIRATORY FLOW VOLUME LOOP	67
94640	AIRWAY INHALATION TREATMENT	56
94760	MEASURE BLOOD OXYGEN LEVEL	34
94762	NONINVASIVE EAR/PULSE OXIMETRY, OXYGEN SATURATION; CONTINUOUS OVERNIGHT MONITORING	85
95115	PROFESSIONAL SVC, ALLERGEN IMMUNOTHERAPY NON-PROVISION EXTRACTS; SINGLE INJECTION	21
96110	DEVELOPMENTAL TEST, I&R	53
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION SUBCUTANEOUS OR INTRAMUSCULAR	45
96373	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION INTRA-ARTERIAL	44

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
96374	THERAPEUTIC PROPH/DIAGNOSTIC INJECTION IV PUSH SINGLE/INITIAL SUBSTANCE/DRUG	128
97001	PHYSICAL THERAPY EVAL	154
99000	HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFFICE TO LAB	17
99075	MEDICAL TESTIMONY	295
99080	SPECIAL REPORTS/INSURANCE FORMS	39
99173	VISUAL ACUITY	17
INHOUSE LABORATORY SPECIMEN COLLECTION		107
80061	LIPID PANEL	46
81000	URINALYSIS, DIPSTICK NON-AUTOMATED, W/MICROSCOPY	11
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	17
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	11
82105	ALPHA-FETOPROTEIN, AMNIOTIC FLUID	52
82239	BILE ACIDS, TOTAL	52
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	18
82465	CHOLESTEROL, BLOOD/SERUM	11
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	22
82948	GLUCOSE; BLOOD, REAGENT STRIP	16
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	40
84443	THYROID STIMULATING HORMONE (TSH)	41
84702	HCG, CHORIONIC GONADOTROPIN QUANT	31
85018	BLOOD COUNT; HEMOGLOBIN	15
85610	PROTHROMBIN TIME	13
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	32
87086	URINE CULTURE/COLONY COUNT	18
86710	INFLUENZA VIRUS ANTIBODY	43
87210	KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	26
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAI LS, FUNGI/ECTOPARASITE OVA/MITES	20
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS SMEAR, DFA	30
87329	GIARDIA LAMBLIA AG EIA, STOOL	23
87804	RAPID FLU, Influenza assay w/optic	43
87807	RSV IMMUNOASSAY, EIA, WASH/ASPIRATE/SWAB	60
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	39
88720	BILIRUBIN TOTAL, TRANSCUTANEOUS	22
88738	HGB QUANT TRANSCUTANEOUS (MTYHD)	22
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHN*	38
Q0111	WET MOUNT	15
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	115
IMMUNIZATIONS; INJECTABLES; MEDICAL SUPPLIES		107
90281	HUMAN IG, IM	65
90384	RH IG, FULL DOSE, IM	296
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	226
90471	IMMUNIZATION ADMIN	52
90472	IMMUNIZATION ADMIN, EACH ADD	32
90473	IMADM INTRANSL/ORAL 1 VACC	51
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SINGLE/COMBINATION VACCINE/TOXOID	29

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
90632	HEP A VACCINE, ADULT IM	139
90633	HEP A VACC, PED/ADOL, 2 DOSE	82
90636	HEP A/HEP B VACC, ADULT IM	211
90645	HIB VACCINE, HBOC, 4 DOSE IM	211
90646	HIB PRP-D; BOOSTER	211
90648	CHDP HIB (PRP-T)	72
90649	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE, FOR IM USE	356
90650	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT), 3 DOSE, FOR IM USE	301
90653	INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJUVANATED, IM USE	281
Q2033	MEDICARE INFLUENZA VACCINE (FLU BLOCK)	25
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	25
Q2036	MEDICARE INFLUENZA VACCINE (FLU LAVAL)	19
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	93
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	31
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	85
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	35
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	33
90657	INFLUENZA VIRUS VACCINE, 6-35 MONTHS, IM USE	21
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS, IM USE	34
90660	FLU VACCINE, NASAL	53
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE & ANTIBIOTIC FREE FOR IM USE	43
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, IM USE	63
90669	PNEUMOCOCCAL VACC, PED LESS THAN 5	63
90670	PNEUMOCOCCAL VACC 13 VAL IM	264
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	47
90673	INFLUENZA VIRUS VACCINE, TRIVALENT	47
90674	INFLUENZA VIRUS VACCINE, QUAROVALENT	22
90675	RABIES VACCINE, IM	422
90680	ROTAVIRUS PENTAVALENT, LIVE	95
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE	192
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 6-35 M	28
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 3+Y	19
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+Y	19
90696	DTAP/IPV (KINRIX)	137
90698	DTAP/IPV/HIB	129
90700	DTAP VACCINE, IM	63
90702	DT (<7 YEARS)	25
90703	TETANUS TOXOID, ADSORBED	25
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q USE	117
90710	MMRV, LIVE	211
90713	POLIOVIRUS, IPV, SC OR IM	69
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 + Y, FOR IM USE	42
90715	TDAP (7 + YEARS)	89
90716	CHICKEN POX VACCINE, SC	191
90718	TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	107

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
90723	DTAP HEP B IPV VACCINE, IM	179
90732	PNEUMOCOCCAL VACCINE	112
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S, SUB Q USE	223
90734	MENINGOCOCCAL VACCINE, CONJUGATE	238
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	278
90739	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	278
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	268
90743	HEP B VACCINE, ADULT 2 DOSE, IM	110
90744	HEP B VACC PED/ADOL 3 DOSE IM	90
90746	HEP B VACCINE, ADULT, IM	135
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT, 4 DOSE, IM	145
90748	HEP B/HIB VACCINE, IM	271
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	5
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	5
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	16
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	12
J0520	BICILLIN TO 5 MG	12
J0530	BICILLIN 600,000 UNITS	12
J0540	BICILLIN 1.2 MILLION UNITS	12
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	17
J0558	PENG BENZATHINE/PROCAINE INJ	17
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	11
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	17
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE, PER 3MG	21
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	39
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	49
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	130
J0897	INJECTION, DENOSUMAB	36
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	17
J1050	MEDROXYPROGESTERONE ACETATE	1
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	1
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	1
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	35
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	24
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	25
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	25
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	20
J1815	INJECTION, INSULIN, PER 5 UNITS	46
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	25
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	25
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	20
J1815	INJECTION, INSULIN, PER 5 UNITS	46
J1820	INJECTION, INSULIN	46
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	42
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	2205
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	62
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	89
J2426	INJECTION, PALIPERIDONE PALMITATE	112

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	57
J2675	INJECTION, PROGESTERONE PER 50 MG	52
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	101
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	330
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	57
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	60
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	16
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	53
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	57
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	53
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	57
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	17
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	724
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM,13.5 MG	741
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	741
J7506	PREDNISONE, ORAL, PER 5MG	268
J7510	PREDNISOLONE ORAL, PER 5 MG	20
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINSTRATED THROUGH DME, UNIT DOSE, 1.MG	17
J7619	ALBUTEROL INH SOL U D	17
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED INHALATION SOLN	20
J7626	BUDESONIDE INHALATION SOLN, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM UP TO 0.5 MG	20
J7644	IPRATROPIUM BROMIDE, INHALATION SOLN ADMIN THRU DME, UNIT DOSE FORM PER MG	20
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	67
X1500	SPERMICIDAL GEL	52
X1500	SPERMICIDAL FORM	52
COMPREHENSIVE PERINATAL SERVICES PROGRAM		0
Z1032	INITIAL ANTEPARTUM	339
Z1034	ANTEPARTUM VISITS	139
Z1036	10TH ANTEPARTUM	233
Z1038	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	139
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	17
Z6200	NUTRITIONAL ASSESSMENT	57
Z6202	NUTRITION INITIAL ASSESSMENTS	29
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	29
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	29
Z6210	POSTPARTUM NUTRITIONAL ASSESSMENT	24
Z6300	PSYCHOSOCIAL ASSESSMENT	57
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	29
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	29
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	29
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	29
Z6400	CLIENT ORIENTATION	29
Z6402	HEALTH ASSESSMENT	57
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	29
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	29
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	24

CODE	SERVICE DESCRIPTION	Fee (Effective 8/1/2018)
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	29
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	24
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	29
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	297
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	107
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	121
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	262
H0049	SBIRT ALCOHOL SCREENING	70
H0050	SBIRT BRIEF INTERVENTION	137
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	107
FAMILY PLANNING/EDUCATION (FAMILY PLANNING ACCESS CARE TREATMENT PACT)		10
Z9750	F PACT COUNSEL CODES	10
Z9751	COUNSELING INDIVIDUAL 10 MIN	19
Z9752	INDIVIDUAL FAMILY PLANNING/COUNSELING, 5 MIN (PACT)	10
Z9753	INDIVIDUAL FAMILY PLANNING/COUNSELING, 10 MIN (PACT)	19
Z9754	INDIVIDUAL FAMILY PLANNING/COUNSELING, 15 MIN (PACT)	38
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 30 MIN (PACT)	60
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 45 MIN (PACT)	97
Z7610	ACYCLOVIR 200/400/800 MG TABS (PACT)	25
Z7610	AZITHROMYCIN 500 MG TABS/1 GM PACKET (PACT)	66
Z7610	BUTOCONAZOLE 2% CREAM (PACT)	46
Z7610	CEFIXIME 400 MG TABS (PACT)	17
Z7610	CEPHALEXIN 250/500 MG TABS (PACT)	16
Z7610	CIPROFLOXACIN 250 MG TABS (PACT)	10
Z7610	CLINDAMYCIN 2% CREAM (PACT)	55
Z7611	CLOTIRMAZOLE 1%/2% CREAM OR TABS (PACT)	15
Z7610	DOXYCYLINE 100 MG TABS (PACT)	16
Z7610	ESTRADIOL (PACT)	20
Z7611	FLUCONAZOLE 150 MG TABS (PACT)	17
Z7610	IMIQUIMOD 5% CREAM (PACT)	181
Z7610	METRONIDAZOLE 250/500 MG TABS, 0.75% GEL (PACT)	55
Z7610	MICONAZOLE 2%/4% CREAM OR TABS (PACT)	24
Z7610	OFLOXACIN 200/400 MG TABS (PACT)	178
Z7610	PODOFILOX 0.5% SOLUTION/GEL (PACT)	112
Z7610	PROBENECID 500 MG TABS (PACT)	8
X5854	TERCONAZOLE 0.4%/0.8% CREAM OR TABS (PACT)	66
X7716	TINIDAZOLE 250/500 MG TABS (PACT)	22
X7722	CEFOXITIN 1 GM/2 GM/IM (PACT)	31
J0570	AZITHROMYCIN 250 MG TABS (PACT)	10
J0580	EMERGENCY CONTRACEPTION (PACT)	30
H1001	BENZATHINE PCN 1.2 UNITS/CC (PACT)	85
H1001	BENZATHINE PCN 2.4 UNITS/CC (PACT)	166

* Proposed is 8.97 % increase over Current Fee

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

**COUNTY OF MONTEREY HEALTH DEPARTMENT
CLINIC SERVICES BUREAU
SCHEDULE OF FEES AND CHARGES**

CODE	SERVICE DESCRIPTION	Current	Proposed 8/1/2018
SLIDING SCALE DISCOUNT			
	FEDERAL POVERTY LEVEL 0 % to 100 %	0	0
	FEDERAL POVERTY LEVEL 101 to 119 %	35	40
	FEDERAL POVERTY LEVEL 120 to 132 %	65	70
	FEDERAL POVERTY LEVEL 133 to 184 %	95	105
	FEDERAL POVERTY LEVEL 185 to 200 %	120	130
	FEDERAL POVERTY LEVEL over 200%	No Discount	
EVALUATION AND MANAGEMENT CODES			
			8/1/2018
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	119.00	130
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	158.00	173
99203	OFFICE VISIT, DETAILED- NEW	218.00	238
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	309.00	343
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	430.00	447
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	64.00	62
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	101.00	108
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	145.00	158
99214	OFFICE VISIT, DETAILED- ESTAB	213.00	230
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	284.00	310
99241	CONSULTATION, PROBLEM FOCUSED	94.00	103
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	219.68	184
99243	CONSULTATION, DETAILED	297.38	249
99244	CONSULTATION, COMPREHENSIVE/MODERATE	352.00	358
99245	CONSULTATION COMPREHENSIVE/HIGH	429.00	468
99342	HOME VISIT NEW PT 3 KEY COMPONENTS:EXPAND PROB FOCUS HX;EXPAND PROB FOCUS EXAM; MED DECN LOW COMPLEX	159.44	174
99347	HOME VISIT EST PT 2+ KEY COMPONENTS: PROB FOCUS INTRVL HX; PROB FOCUS EXAM; STRTFWD MED DECISION	86.78	95
99348	HOME VISIT EST PT 2+ KEY COMPONENTS:EXPAND PROB FOCUS INT HX;EXPAND PROB FOCUS EXAM;MED DEC LOW COMP	132.47	145
99377	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	143.67	157
99378	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	223.02	244
99379	PHYSICIAN SUPERVISION, NURSING FACILITY PATIENT; 15-29 MIN	129.80	142
99380	PHYSICIAN SUPERVISION, NURSING FACILITY PATIENT; 30+ MIN	136.88	150
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	247.00	270
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	268.00	293
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	265.00	289
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	298.00	325
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	306.00	334
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	332.00	362
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	259.42	283
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	231.00	252
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	247.00	270
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	246.00	269
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	270.00	295
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	276.00	301

CODE	SERVICE DESCRIPTION	Current	Proposed 8/1/2018
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	283.00	309
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	230.43	252
G0466	FQHC VISIT NEW PATIENT	261.00	285
G0467	FQHC VISIT, ESTAB PT	170.00	186
G0470	FQHC VISIT, MH ESTAB PT	184.00	201
G0469	FQHC VISIT, MH NEW PT	275.00	300
G0468	FQHC VISIT, IPPE OR AWV	225.65	246
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	41.00	45
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	53.00	58
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	78.00	85
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	40.15	44
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	83.85	92
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	108.65	119
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES	186.20	203
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE	195.33	213
G0402	PR INITIAL PREVENTIVE EXAM	334.22	365
G0403	PR EKG FOR INITIAL PREVENT EXAM	34.00	38
PSYCHIATRIC EVALUATION AND MANAGEMENT			
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	35.00	39
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	243.00	265
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	281.00	307
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	165.00	180
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	116.00	127
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	191.00	209
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	168.00	184
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	236.00	258
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	195.34	213
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	220.00	240
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	117.00	128
PATIENT EDUCATION AND SELF MANAGEMENT			
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	42.52	47
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	41.34	46
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	38.97	43
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	10.63	12
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	38.97	43
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	38.97	43
97802	MEDICAL NUTRITION, INDIV, INIATIAL	52.00	57
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	52.00	57
97804	MEDICAL NUTRITION, GROUP	19.00	21
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	90.00	99
97802	MEDICAL NUTRITION, INDIV, INIATIAL	52.00	57
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	52.00	57
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	55.00	60
99402	PREVENTIVE COUNSELING, IND 30 MIN	134.00	147
99403	PREVENTIVE COUNSELING, IND 45 MIN	194.00	212
99404	PREVENTIVE COUNSELING, IND 60 MIN	254.00	277
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE BETWEEN 3 TO 10 MINUTES	32.38	36

ICD DESCRIPTION	Current	Proposed 8/1/2018
SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > THAN 10 MINUTES	53.15	58
99408 ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	62.59	69
99409 ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES > THAN 30 MINUTES	90.94	100
99411 PREVENTIVE COUNSELING, GROUP 30 MIN	51.96	57
99412 PREVENTIVE COUNSELING, GROUP 60 MIN	64.96	71
99420 ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	50.00	55
G0108 DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MIN	111.01	121
G0109 DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 +) PER 30 MIN	57.00	63
G0270 MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S), INDIVIDUAL PER 15 MIN	55.51	61
G0271 MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S), GROUP PER 30 MIN	28.34	31
G0372 PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER	21.26	24
G0396 SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	62.59	69
G0397 SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	134.63	147
G0437 SMOKING CESSATION COUNSELING 3-10 MIN	34.00	38
G0438 SMOKING CESSATION COUNSELING 11+ MIN	266.00	290
G0442 ALCOHOL MISUSE SCREENING/COUNSELING	35.00	39
G0443 SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	51.00	56
G0444 DEPRESSION SCREENING/COUNSELING	35.00	39
G0445 SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	57.03	63
G0446 BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	49.00	54
G0447 BEHAVIORAL MODIFICATION COUNSELING - OBESITY	49.00	54
S9470 NUTRITIONAL COUNSELING, DIETITIAN VISIT	87.39	96
PUBLIC HEALTH VISIT FEES		
TM VACCINATION under VFC, 317 Program	20.00	25
LCODE HIV - CONFIDENTIAL VISIT	41.34	46
LCODE HIV - ANONYMOUS VISIT	41.34	46
LCODE HIV COUNSELING/EDUCATION WITH STD VISIT	74.40	82
LCODE HIV COUNSELING AND EDUCATION, COURT ORDERED	184.24	201
LCODE WOUND MANAGEMENT VISIT	41.34	46
LCODE HEPATITIS A CONTACT VISIT	74.40	82
LCODE LATENT TUBERCULOSIS (TB) CLEARANCE VISIT	41.34	46
LCODE HEPATITIS B VACCINE, PUBLIC SAFETY/PUBLIC HEALTH WORKER	88.58	97
LCODE RABIES VACCINE PRE-EXPOSURE (STAFF ONLY)	207.86	227
LCODE LATENT TB PREVENTION VISIT	41.34	46
LCODE PPD/TB SCREENING TEST/READ	41.34	46
LCODE POSITIVE PPD TEST COUNSELING VISIT	41.34	46
LCODE INTERNATIONAL IMMUNIZATION CARD AND STAMP	25.00	25
LCODE TRANSCRIBE NEW IMMUNIZATION RECORD (TM990)	20.00	25
LCODE PRINT DUPLICATE REGISTRY FORM (TM899)	20.00	25
LCODE RETURNED CHECK FEE (TA008)	25.00	25
LCODE ISONIAZID 50 MG 30 DAY SUPPLY	23.62	26
LCODE ISONIAZID 100 MG 30 DAY SUPPLY (TB018)	23.62	26
LCODE ISONIAZID 150 MG 30 DAY SUPPLY	23.62	26

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CODE	SERVICE DESCRIPTION	Current	Proposed 8/1/2018
LCODE	ISONIAZID 200 MG 30 DAY SUPPLY	23.62	26
LCODE	ISONIAZID 250 MG 30 DAY SUPPLY	23.62	26
LCODE	ISONIAZID 300 MG 30 DAY SUPPLY (TB023)	23.62	26
LCODE	ETHAMBUTOL 400 MG 30 DAY SUPPLY	24.80	28
LCODE	LEVOFLOXIN 750 MG	9.45	11
LCODE	VITAMIN B 6 PYRIDOXINE UP TO 25 MG	10.63	12
LCODE	PYRAZINAMIDE 500 MG 30 DAY SUPPLY	220.85	241
LCODE	RIFADIN 300 MG	10.63	12
LCODE	RIFAMPIN 150 MG 30 DAY SUPPLY (TB027)	42.52	47
LCODE	RIFAMPIN 300 MG 30 DAY SUPPLY (TB028)	33.07	37
PROCEDURE CODES			
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	235.00	257
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	398.00	434
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	303.00	331
11000	DEBRIDE INFECTED SKIN	110.00	120
10140	DRAINAGE OF HEMATOMA/FLUID	332.96	363
10160	PUNCTURE DRAINAGE OF LESION	263.30	287
10180	COMPLEX DRAINAGE, WOUND	499.44	545
11040	DEBRIDE INFECTED SKIN	110.00	120
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	203.00	222
11101	BIOPSY, SKIN ADDITIONAL LESION	66.00	72
11200	REMOVAL OF SKIN TAGS	161.00	176
11201	REMOVAL SK TGS MLT FIBRO TAGS ANY AREA EA 10<	55.00	60
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	145.00	159
11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	242.11	264
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	201.95	221
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	248.01	271
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	230.30	251
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	224.39	245
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	252.00	275
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	249.00	272
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	301.76	329
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	250.00	273
11421	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS 0.6-1CM	298.79	326
11422	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ Margin 1.1 TO 2	322.00	351
11440	EXCISION, OTHER BENING LESION, FACE W/ MARGINS <= 0.5 CM	276.35	302
11441	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	341.31	372
11730	REMOVAL OF NAIL PLATE	203.00	222
11732	REMOVE NAIL PLATE, ADDON	55.06	60
11750	REMOVAL OF NAIL BED	392.00	428
11765	EXCISION OF NAIL FOLD, TOE	244.00	266
11900	INJECTION INTO SKIN LESIONS	119.00	130
11975	INSERT CONTRACEPTIVE CAP	119.00	130
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	364.00	397
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM	264.00	288
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	294.08	321
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	243.29	266
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	524.36	572

ICE DESCRIPTION	Current	Proposed 9/1/2018
LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	524.36	572
15851 REMOVAL OF SUTURES (correct cpt)	187.36	205
16000 INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	124.01	136
16020 DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT BURN TRT	168.00	184
17000 DESTRUCTION OF LESIONS, 1ST LESION	135.00	148
17003 DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	25.00	28
17004 DESTRUCTION OF LESIONS, 15 OR MORE	275.33	301
17110 DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	186.00	203
17111 DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	210.00	229
17250 CHEMICAL CAUTERY, TISSUE	145.00	159
19000 DRAINAGE OF BREAST LESION	233.00	254
19001 DRAIN BREAST LESION ADD-ON	84.00	92
19100 BX BREAST PERCUT W/O IMAGE	305.88	334
20526 THER INJECTION, CARP TUNNEL	199.00	217
20550 INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEURISIS	119.00	130
20551 INJECTION S SINGLE TENDON ORIGIN INSERTION	124.00	136
20552 INJECTION S SINGLE MULTIPLE TRIGGER POINT S, 1 2 MUSCLES	130.00	142
20553 INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	150.00	164
20600 DRAIN/INJECT, JOINT/BURSA SMALL	117.74	129
20605 DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	145.00	159
20610 DRAIN/INJECT, JOINT/BURSA; MAJOR	155.00	169
20612 ASPIRATE/INJECTION GANGLION CYST	158.64	173
29125 APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	133.45	146
29130 APPLICATION, FINGER SPLINT; STATIC	85.00	93
29260 STRAPPING; ELBOW/WRIST	85.06	93
29280 STRAPPING; HAND/FINGER	94.43	103
29550 STRAPPING; TOES	64.96	71
27603 INCISION & DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEMATOMA	1,259.00	1,372
28001 INCISION & DRAINAGE, BURSA, FOOT	628.66	686
29130 APPLICATION, FINGER SPLINT; STATIC	85.00	93
30300 REMOVAL FB, INTRANASAL; OFFICE TYPE PROC	146.00	160
30901 CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY &/OR PACKING) ANY METHOD	196.05	214
30903 CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY &/OR PACKING) ANY METHOD	431.07	470
36000 INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	64.96	71
36405 VENIPUNCTURE, < AGE 3; SCALP VEIN	54.33	60
36406 VENIPUNCTURE, < AGE 3; OTHER VEIN	38.97	43
36416 COLLECTION, CAPILLARY BLOOD SPECIMEN	29.53	33
36420 VENIPUNCTURE, CUTDOWN; < AGE 1	98.02	107
36425 VENIPUNCTURE, CUTDOWN; AGE 1+	81.49	89
36510 CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	410.22	448
45005 INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	537.00	586
45330 DIAGNOSTIC SIGMOIDOSCOPY	283.44	309
46320 REMOVAL OF HEMORRHOID CLOT	357.84	390
46600 DIAGNOSTIC ANOSCOPY	187.00	204
46900 DESTRUCTION; ANAL LESION(S)	526.00	574
51700 BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	207.00	226
51701 INSERT NON-INDWELLING BLADDER CATHETER	161.00	176

1205

CODE	SERVICE DESCRIPTION	Current	Proposed 6/1/2018
51702	INSERT TEMPORARY INWELLING BLADDER CATHETER	184.00	201
51725	SIMPLE CYSTOMETROGRAM	351.00	383
52320	CYSTOURETHROSCOPY; W/REMOVAL, URETERAL CALCULUS	626.05	683
53660	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION;INITIAL	144.08	158
53661	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION; SUBSEQUENT	141.72	155
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	270.00	295
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	321.00	350
54100	BIOPSY OF PENIS	275.11	300
54150	CIRCUMCISION	326.49	356
55250	VASECTOMY, UNILATERAL OR BILATERAL	787.73	859
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	265.00	289
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	294.00	321
56501	DESTROY, VULVA LESIONS, SIMPLE	313.00	342
56515	DESTROY VULVA LESION/S COMPLEX	541.00	590
56605	BIOPSY OF VULVA/PERINEUM	206.00	225
57061	DESTROY VAG LESIONS, SIMPLE	298.00	325
57065	DESTROY VAG LESIONS, COMPLEX	393.27	429
57100	BIOPSY OF VAGINA	264.00	288
57150	TREATMENT OF VAGINA INFECTION	93.30	102
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	153.00	167
57170	FITTING OF DIAPHRAGM/CAP	173.82	190
57180	INTRODUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BLEEDING; NON-OBSTETRIC (SEP PROC)	356.07	389
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	246.62	269
57415	REMOVAL IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	383.80	419
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	276.00	301
57451	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT; W/BIOPSY(S)	429.00	468
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	271.00	296
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	416.00	454
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	335.00	366
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	382.00	417
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	601.00	655
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	995.00	1,085
57500	BIOPSY OF CERVIX	310.00	338
57505	ENDOCERVICAL CURETTAGE	264.00	288
57510	CAUTERIZATION, CERVIX; ELECTRO/THERMAL	417.00	455
57511	CRYOCAUTERY OF CERVIX	296.00	323
58100	BIOPSY OF UTERUS LINING	268.00	293
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	256.00	279
58145	MYOMECTOMY 1-4 MYOMA(S), W/TOTAL WEIGHT 250 GMS/<; VAGINAL APPROACH	1,291.03	1,407
58300	INSERT INTRAUTERINE DEVICE	336.00	367
58301	REMOVE INTRAUTERINE DEVICE	222.00	242
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	182.00	199
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	194.00	212
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	375.00	409
60100	BX THYROID, PERCUTANEOUS CORE NEEDLE	310.86	339
62270	SPINAL FLUID TAP, DIAGNOSTIC	349.08	381

CPT DESCRIPTION		Current	Proposed 8/1/2018
	INJECTION, EPIDURAL, BLOOD/CLOT PATCH	444.94	485
64435	NERVE BLOCK INJECTION, PARACERVICAL	298.00	325
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE/BRANCH	267.00	291
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	2,081.92	2,269
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	128.59	141
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAMP	186.42	204
69200	CLEAR OUTER EAR CANAL	272.00	297
69210	REMOVE IMPACTED EAR WAX	116.00	127
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	40.15	44
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	283.44	309
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	695.00	758
ULTRASONOGRAPHY (US) AND OTHER TESTING CODES			
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	59.11	65
76801	OB US LESS THAN 14 WKS, SINGLE FETUS	268.71	293
76805	OB US GREATER THAN OR EQUAL TO 14 WKS, SINGLE FETUS	153.85	168
76810	US, PREG UTER, REAL TIME W/IMAGE DOCUMENT EA ADD'L GEST	21.00	23
76811	US, PREG UTER, REAL TIME W/IMAGE DOC, FETL & MATRNL, + DETL FETL EXM, TRANSABD; SINGL/1ST ADD'L GEST	194.87	213
76815	OB US, LIMITED, FETUS(S)	66.14	73
76816	OB US, FOLLOW UP, PER FETUS	87.39	96
76818	FETAL BIOPHYS PROFILE W/NST	108.65	119
76825	ECHO EXAM OF FETAL HEART	168.88	185
76830	TRANSVAGINAL US, NON OB	155.51	170
76856	US EXAM, PELVIC, COMPLETE	224.61	245
76946	US GUIDANCE, AMNIOCENTESIS, IMAGING S&I	89.69	98
76977	US BONE DENSITY MEASUREMENT & INTERPRETATION, PERIPHERAL SITE(S)	34.70	38
92283	COLOR VISION EXAMINATION	44.00	48
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	41.00	45
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	48.00	53
92567	TYMPANOMETRY (IMPEDANCE TESTING)	45.96	51
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT (I&R)	63.00	69
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	27.00	30
93271	ECG/MONITORING AND ANALYSIS	443.00	483
93306	ECHO TTHRC R-T 2D -+M-MODE COMPL SPEC&COLOR DOP	424.00	463
93770	MEASURE VENOUS PRESSURE	17.53	20
94010	BREATHING CAPACITY TEST	61.00	67
94375	RESPIRATORY FLOW VOLUME LOOP	61.00	67
94640	AIRWAY INHALATION TREATMENT	51.00	56
94760	MEASURE BLOOD OXYGEN LEVEL	31.00	34
94762	NONINVASIVE EAR/PULSE OXIMETRY, OXYGEN SATURATION; CONTINUOUS OVERNIGHT MONITORING	78.00	85
95115	PROFESSIONAL SVC, ALLERGEN IMMUNOTHERAPY NON-PROVISION EXTRACTS; SINGLE INJECTION	18.90	21
96110	DEVELOPMENTAL TEST, I&R	48.00	53
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOISTIC INJECTION SUBCUTANEOUS OR INTRAMUSCULAR	41.00	45
96373	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION INTRA-ARTERIAL	40.15	44
96374	THERAPEUTIC PROPH/DIAGNOSTIC INJECTION IV PUSH SINGLE/INITIAL SUBSTANCE/DRUG	116.92	128

TOP
55
62273

CODE	SERVICE DESCRIPTION	Current	Proposed 8/1/2018
97001	PHYSICAL THERAPY EVAL	141.00	154
99000	HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFFICE TO LAB	15.00	17
99075	MEDICAL TESTIMONY	270.00	295
99080	SPECIAL REPORTS/INSURANCE FORMS	35.00	39
99173	VISUAL ACUITY	15.00	17
INHOUSE LABORATORY SPECIMEN COLLECTION		98.02	107
80061	LIPID PANEL	42.00	46
81000	URINALYSIS, DIPSTICK NON-AUTOMATED, W/MICROSCOPY	10.00	11
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	15.00	17
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	10.00	11
82105	ALPHA-FETOPROTEIN, AMNIOTIC FLUID	47.24	52
82239	BILE ACIDS, TOTAL	47.00	52
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	16.00	18
82465	CHOLESTEROL, BLOOD/SERUM	10.00	11
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	20.00	22
82948	GLUCOSE; BLOOD, REAGENT STRIP	14.00	16
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	36.00	40
84443	THYROID STIMULATING HORMONE (TSH)	36.96	41
84702	HCG, CHORIONIC GONADOTROPIN QUANT	28.14	31
85018	BLOOD COUNT; HEMOGLOBIN	13.00	15
85610	PROTHROMBIN TIME	11.81	13
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	29.00	32
87086	URINE CULTURE/COLONY COUNT	16.00	18
86710	INFLUENZA VIRUS ANTIBODY	38.97	43
87210	KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	23.00	26
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	18.00	20
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS SMEAR, DFA	27.16	30
87329	GIARDIA LAMBLIA AG EIA, STOOL	20.42	23
87804	RAPID FLU, Influenza assay w/optic	38.65	43
87807	RSV IMMUNOASSAY, EIA, WASH/ASPIRATE/SWAB	55.00	60
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	35.00	39
88720	BILIRUBIN TOTAL, TRANSCUTANEOUS	20.00	22
88738	HGB QUANT TRANSCUTANEOUS (MTYHD)	20.00	22
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHN*	34.25	38
Q0111	WET MOUNT	13.00	15
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	105.00	115
IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES		98.02	107
90281	HUMAN IG, IM	59.05	65
90384	RH IG, FULL DOSE, IM	271.00	296
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	207.00	226
90471	IMMUNIZATION ADMIN	47.00	52
90472	IMMUNIZATION ADMIN, EACH ADD	29.00	32
90473	IMADM INTRANSL/ORAL 1 VACC	46.00	51
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SINGLE/COMBINATION VACCINE/TOXOID	25.98	29
90632	HEP A VACCINE, ADULT IM	127.00	139
90633	HEP A VACC, PED/ADOL, 2 DOSE	75.00	82

VACCINE DESCRIPTION		Current	Proposed 8/1/2018
	HEP A/HEP B VACC, ADULT IM	193.00	211
90645	HIB VACCINE, HBOC, 4 DOSE IM	193.00	211
90646	HIB PRP-D, BOOSTER	193.00	211
90648	CHDP HIB (PRP-T)	66.00	72
90649	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE, FOR IM USE	326.00	356
90650	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT), 3 DOSE, FOR IM USE	276.00	301
90653	INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJUVANATED, IM USE	257.46	281
Q2033	MEDICARE INFLUENZA VACCINE (FLU BLOCK)		25
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	22.44	25
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	16.53	19
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	29.53	33
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	28.00	31
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	78.00	85
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	31.70	35
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	30.00	33
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, IM USE	19.00	21
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS , IM USE	31.00	34
90660	FLU VACCINE, NASAL	48.00	53
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE & ANTIBIOTIC FREE FOR IM USE	39.43	43
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASEDAANTIGENT CONTENT, IM USE	57.00	63
90669	PNEUMOCOCCAL VACC, PED LESS THAN 5	57.00	63
90670	PNEUMOCOCCAL VACC 13 VAL IM	242.00	264
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	43.00	47
90673	INFLUENZA VIRUS VACCINE, TRIVALENT	42.52	47
90674	INFLUENZA VIRUS VACCINE, QUAROVALENT	20.00	22
90675	RABIES VACCINE, IM	387.00	422
90680	ROTAVIRUS PENTAVALENT, LIVE	87.00	95
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE	176.00	192
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 6 - 35 M	25.00	28
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 3 + Y	17.00	19
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	17.00	19
90696	DTAP/IPV (KINRIX)	125.00	137
90698	DTAP/IPV/HIB	118.00	129
90700	DTAP VACCINE, IM	57.00	63
90702	DT (<7 YEARS)	22.42	25
90703	TETANUS TOXOID, ADSORBED	22.42	25
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q USE	107.00	117
90710	MMRV, LIVE	193.00	211
90713	POLIOVIRUS, IPV, SC OR IM	63.00	69
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 + Y, FOR IM USE	38.00	42
90715	TDAP (7 + YEARS)	81.00	89
90716	CHICKEN POX VACCINE, SC	175.00	191
90718	TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	98.00	107
90723	DTAP HEP B IPV VACCINE, IM	164.00	179
90732	PNEUMOCOCCAL VACCINE	102.00	112

Code 90636

CODE	SERVICE DESCRIPTION	Current	Proposed 8/1/2018
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S, SUB Q USE	204.00	223
90734	MENINGOCOCCAL VACCINE, CONJUGATE	218.00	238
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255.10	278
90739	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255.10	278
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	245.65	268
90743	HEP B VACCINE, ADULT 2 DOSE, IM	100.14	110
90744	HEP B VACC PED/ADOL 3 DOSE IM	82.00	90
90746	HEP B VACCINE, ADULT, IM	123.00	135
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT, 4 DOSE, IM	132.27	145
90748	HEP B/HIB VACCINE, IM	248.00	271
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH		5
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	4.13	5
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	14.17	16
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	10.63	12
J0520	BICILLIN TO 5 MG	10.63	12
J0530	BICILLIN 600,000 UNITS	10.63	12
J0540	BICILLIN 1.2 MILLION UNITS	10.63	12
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	15.00	17
J0558	PENG BENZATHINE/PROCAINE INJ	15.00	17
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	9.45	11
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	15.00	17
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE, PER 3MG	18.90	21
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	35.43	39
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	44.88	49
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	119.00	130
J0897	INJECTION, DENOSUMAB	33.00	36
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	15.35	17
J1050	MEDROXYPROGESTERONE ACETATE	0.82	1
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	0.82	1
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	0.82	1
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	32.00	35
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	22.00	24
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22.44	25
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	22.44	25
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	17.72	20
J1815	INJECTION, INSULIN, PER 5 UNITS	42.00	46
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22.44	25
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	22.44	25
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	17.72	20
J1815	INJECTION, INSULIN, PER 5 UNITS	42.00	46
J1820	INJECTION, INSULIN	42.00	46
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	38.00	42
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	2,023.05	2,205
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	56.69	62
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	81.49	89
J2426	INJECTION, PALIPERIDONE PALMITATE	102.00	112
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	52.00	57
J2675	INJECTION, PROGESTERONE PER 50 MG	47.24	52

CODE	SERVICE DESCRIPTION	Current	Projected 8/1/2018
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	92.00	101
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	302.00	390
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	52.00	57
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	54.33	60
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	14.17	16
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	48.42	53
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	52.00	57
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	48.42	53
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	52.00	57
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	15.00	17
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	664.00	724
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM,13.5 MG	680.00	741
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	680.00	741
J7506	PREDNISONE, ORAL, PER 5MG	245.52	268
J7510	PREDNISOLONE ORAL, PER 5 MG	18.00	20
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINSTRATED THROUGH DME, UNIT DOSE, 1 MG	15.00	17
J7619	ALBUTEROL INH SOL U D	15.00	17
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED INHALATION SOLN	18.00	20
J7626	BUDESONIDE INHALATION SOLN, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM UP TO 0.5 MG	18.00	20
J7644	IPRATROPIUM BROMIDE, INHALATION SOLN ADMIN THRU DME, UNIT DOSE FORM PER MG	18.00	20
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	61.00	67
X1500	SPERMICIDAL GEL	47.00	52
X1500	SPERMICIDAL FORM	47.00	52
COMPREHENSIVE PERINATAL SERVICES PROGRAM			
Z1032	INITIAL ANTEPARTUM	311.00	339
Z1034	ANTEPARTUM VISITS	127.00	139
Z1036	10TH ANTEPARTUM	213.00	233
Z1038	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	127.00	139
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	15.35	17
Z6200	NUTRITIONAL ASSESSMENT	52.00	57
Z6202	NUTRITION INITIAL ASSESSMENTS	26.00	29
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	26.00	29
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	26.00	29
Z6210	POSTPARTUM NUTRITIONAL ASSESSMENT	22.00	24
Z6300	PSYCHOSOCIAL ASSESSMENT	52.00	57
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	26.00	29
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	26.00	29
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	26.00	29
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	26.00	29
Z6400	CLIENT ORIENTATION	26.00	29
Z6402	HEALTH ASSESSMENT	52.00	57
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	26.00	29
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	26.00	29
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	22.00	24
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	26.00	29
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	22.00	24

CODE	SERVICE DESCRIPTION	Current	Proposed 8/1/2018
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	26.00	29
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	272.00	297
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	97.94	107
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	110.92	121
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	240.00	262
H0049	SBIRT ALCOHOL SCREENING	63.59	70
H0050	SBIRT BRIEF INTERVENTION	125.28	137
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	98.02	107
FAMILY PLANNING/EDUCATION (FAMILY PLANNING ACCESS CARE TREATMENT, PACT)			
Z9750	F PACT COUNSEL CODES	8.27	10
Z9751	COUNSELING INDIVIDUAL 10 MIN	16.53	19
Z9752	INDIVIDUAL FAMILY PLANNING/COUNSELING, 5 MIN (PACT)	8.27	10
Z9753	INDIVIDUAL FAMILY PLANNING/COUNSELING, 10 MIN (PACT)	16.53	19
Z9754	INDIVIDUAL FAMILY PLANNING/COUNSELING, 15 MIN (PACT)	34.25	38
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 30 MIN (PACT)	54.33	60
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 45 MIN (PACT)	88.58	97
Z7610	ACYCLOVIR 200/400/800 MG TABS (PACT)	22.44	25
Z7610	AZITHROMYCIN 500 MG TABS/1 GM PACKET (PACT)	60.23	66
Z7610	BUTOCONAZOLE 2% CREAM (PACT)	41.34	46
Z7610	CEFIXIME 400 MG TABS (PACT)	15.35	17
Z7610	CEPHALEXIN 250/500 MG TABS (PACT)	14.17	16
Z7610	CIPROFLOXACIN 250 MG TABS (PACT)	8.27	10
Z7610	CLINDAMYCIN 2% CREAM (PACT)	49.60	55
Z7611	CLOTRIMAZOLE 1%/2% CREAM OR TABS (PACT)	12.99	15
Z7610	DOXYCYLINE 100 MG TABS (PACT)	14.17	16
Z7610	ESTRADIOL (PACT)	17.72	20
Z7611	FLUCONAZOLE 150 MG TABS (PACT)	15.35	17
Z7610	IMIQUIMOD 5% CREAM (PACT)	165.34	181
Z7610	METRONIDAZOLE 250/500 MG TABS, 0.75% GEL (PACT)	49.60	55
Z7610	MICONAZOLE 2%/4% CREAM OR TABS (PACT)	21.26	24
Z7610	OFLOXACIN 200/400 MG TABS (PACT)	162.98	178
Z7610	PODOFILOX 0.5% SOLUTION/GEL (PACT)	102.75	112
Z7610	PROBENECID 500 MG TABS (PACT)	7.09	8
X5854	TERCONAZOLE 0.4%/0.8% CREAM OR TABS (PACT)	60.23	66
X7716	TINIDAZOLE 250/500 MG TABS (PACT)	20.08	22
X7722	CEFOXITIN 1 GM/2 GM/IM (PACT)	28.34	31
J0570	AZITHROMYCIN 250 MG TABS (PACT)	8.27	10
J0580	EMERGENCY CONTRACEPTION (PACT)	27.16	30
H1001	BENZATHINE PCN 1.2 UNITS/CC (PACT)	77.88	85
H1001	BENZATHINE PCN 2.4 UNITS/CC (PACT)	152.22	166

* Proposed is 8.97 % increase over Current Fee

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

Clinic Services fee schedule calculation justification

Monterey County Health Department's Federally Qualified Health Center Look-Alike Clinics are approved by the Federal Health Resource and Services Agency (HRSA). Under Section 330(k)(3)(F) and (G) of the Public Health Services Act, we are required to make all reasonable efforts to collect reimbursement from patients with insurance, patients without insurance and to maintain financial viability. Sliding Scale fee programs are available to all patients with no insurance and who have incomes less than 200% of Federal Poverty Level

Policy Information Notice 2014-02 issued by HRSA requires FQHC's fee schedule to cover reasonable costs of providing services in the approved scope of project and be consistent with locally prevailing charges. Despite the Health Department's Clinic Services implementing fee increases over three consecutive years to be in compliance with the Policy Information Notice set by HRSA on Sliding Fee Discount and Related Billing and Collections Program Requirements issued in 2014, Calendar Year 2016 Uniform Data System (UDS) data to HRSA indicates our fees are still lower than the average in the State and still do not result in 100% cost recovery for services performed. In addition, to enable us to remain financially sustainable, it is necessary to adopt a fee schedule that is at or above insurance levels of reimbursement to ensure that they are fully reimbursing us for the services we provide to their patients.

Currently, 80% of our patient mix is covered by either Medi-Cal or Medicare and we are required by contract to accept their payment as payment in full. Fee schedule rates apply to uninsured and private pay patients.

The (proposed) fee setting methodology is consistent with that used for the recommending and the setting of these types of fees and costs for the past fourteen years. Though Clinic Services will still be operating at a Zero General Fund Contribution for its clinic operations, due to outside funding reimbursement programs, these fees will not generate excess fees, nor do current (insurance) payors supplement the fees paid by others, even if some payors receive discounts in fee rates due to personal economic conditions.

MONTEREY COUNTY HEALTH DEPARTMENT
SLIDING FEE DISCOUNT PROGRAM (SFDP) - Effective 8/1/2018
Federal Poverty Level (FPL) 4-1-2018 to 3-31-2019

Family Size	0 - 100 % Poverty	101% - 119% Poverty	120% - 132% Poverty	133% - 184% Poverty	185% - 200% Poverty	over 200% Poverty
Payment	\$0	\$40	\$70	\$105	\$130	Full Charge
1	0 - 12,140	12,141 - 14,567	14,568 - 16,145	16,146 - 22,458	22,459 - 24,280	24,281 and over
2	0 - 16,460	16,461 - 19,751	19,752 - 21,891	21,892 - 30,450	30,451 - 32,920	32,921 and over
3	0 - 20,780	20,781 - 24,935	24,936 - 27,636	27,637 - 38,442	38,443 - 41,560	41,561 and over
4	0 - 25,100	25,101 - 30,119	30,120 - 33,382	33,383 - 46,434	46,435 - 50,200	50,201 and over
5	0 - 29,420	29,421 - 35,303	35,304 - 39,128	39,129 - 54,426	54,427 - 58,840	58,841 and over
6	0 - 33,740	33,741 - 40,487	40,488 - 44,873	44,874 - 62,418	62,419 - 67,480	67,481 and over
7	0 - 38,060	38,061 - 45,671	45,672 - 50,619	50,620 - 70,410	70,411 - 76,120	76,121 and over
8	0 - 42,380	42,381 - 50,855	50,856 - 56,364	56,365 - 78,402	78,403 - 84,760	84,761 and over
9	0 - 46,700	46,701 - 56,039	56,040 - 62,110	62,111 - 86,394	86,395 - 93,400	93,401 and over
10	0 - 51,020	51,021 - 61,223	61,224 - 67,856	67,857 - 94,386	94,387 - 102,040	102,041 and over
each Additional person	4320 each	5183 each	5745 each	7891 each	8639 each	8640 each

* Based upon 2018 Federal Health and Human Services (HHS) Poverty Level Guidelines by Household Size