

COUNTY OF MONTEREY HEALTH DEPARTMENT
SCHEDULE OF FEES AND CHARGES

CODE	SERVICE DESCRIPTION	Current	Fee (Effective 7/1/2019)
SLIDING SCALE DISCOUNT			
	FEDERAL POVERTY LEVEL 0 % to 100 %	0	0
	FEDERAL POVERTY LEVEL 101 to 119 %	40	40
	FEDERAL POVERTY LEVEL 120 to 132 %	70	70
	FEDERAL POVERTY LEVEL 133 to 184 %	105	105
	FEDERAL POVERTY LEVEL 185 to 200 %	130	130
	FEDERAL POVERTY LEVEL over 200%	No Discount	
EVALUATION AND MANAGEMENT CODES			
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	133	123
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	177	195
99203	OFFICE VISIT, DETAILED- NEW	257	268
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	346	308
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	491	383
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	72	65
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	119	120
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	173	184
99214	OFFICE VISIT, DETAILED- ESTAB	250	263
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	318	290
99241	CONSULTATION, PROBLEM FOCUSED	94	86
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	246	209
99243	CONSULTATION, DETAILED	333	282
99244	CONSULTATION, COMPREHENSIVE/MODERATE	394	395
99245	CONSULTATION COMPREHENSIVE/HIGH	429	395
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	288	272
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	300	283
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	297	291
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	334	323
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	343	313
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	372	355
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	259	397
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	259	244
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	277	257
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	276	256
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	302	276
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	309	281
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	317	297
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	230	244
G0466	FQHC VISIT NEW PATIENT	261	351
G0467	FQHC VISIT, ESTAB PT	170	225
G0470	FQHC VISIT, MH ESTAB PT	184	169
G0469	FQHC VISIT, MH NEW PT	275	351
G0468	FQHC VISIT, IPPE OR AWV	226	225
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	43	41
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	48	46
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	59	48

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G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	91	102
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	40	48
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	84	95
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES	109	114
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	0	443
G0247	ROUTINE FOOT CARE BY A PHYSICIAN, FOR PT W/ DIABETIC SENSORY NEUROPATHY	0	63
G0402	PR INITIAL PREVENTIVE EXAM	334	288
G0403	PR EKG FOR INITIAL PREVENT EXAM	34	34
PSYCHIATRIC EVALUATION AND MANAGEMENT			
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	35	35
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	272	250
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	315	293
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	185	157
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	130	141
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	214	159
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	168	234
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	264	238
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	219	237
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	129	163
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	252	219
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	117	117
PATIENT EDUCATION AND SELF MANAGEMENT			
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	43	40
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	41	33
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	39	40
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	11	15
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	39	40
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	39	40
96160	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	64	55
97802	MEDICAL NUTRITION, INDIV, INIATIAL	58	46
97804	MEDICAL NUTRITION, GROUP	19	40
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	93	75
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	101	110
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	93	134
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	52	46
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	64	99
99402	PREVENTIVE COUNSELING, IND 30 MIN	150	149
99403	PREVENTIVE COUNSELING, IND 45 MIN	217	198
99404	PREVENTIVE COUNSELING, IND 60 MIN	284	247
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE BETWEEN 3 TO 10 MINUTES	32	30

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99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > THAN 10 MINUTES	53	60
99490	CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH	0	74
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	63	52
99497	ADVANCE CARE PLANNING FIRST 30 MINS	80	139
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES > THAN 30 MINUTES	91	86
99499	UNLISTED EVALUATION & MANAGEMENT SERVICE	0	99
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	0	45
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	0	75
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MIN	111	90
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 +) PER 30 MIN	0	45
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S), INDIVIDUAL PER 15 MIN	56	32
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S), GROUP PER 30 MIN	28	28
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER	21	21
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	63	75
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	135	118
G0438	SMOKING CESSATION COUNSELING 11+ MIN	266	266
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	35	35
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	51	60
G0444	DEPRESSION SCREENING/COUNSELING	39	39
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	57	75
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	49	45
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	49	45
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	87	75
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	98	98
PROCEDURE CODES			
10022	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE		77
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	280	280
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	446	446
10080	DRAINAGE OF PILONIDAL CYST, SIMPLE	306	338
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	363	363
11000	DEBRIDE INFECTED SKIN	240	136
10140	DRAINAGE OF HEMATOMA/FLUID	333	332
10160	PUNCTURE DRAINAGE OF LESION	263	265
10180	COMPLEX DRAINAGE, WOUND	499	499
11000	DEBRIDE INFECTED SKIN	240	136
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	203	212
11101	BIOPSY, SKIN ADDITIONAL LESION	66	71
11200	REMOVAL OF SKIN TAGS	184	184
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	62	62
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	168	189

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11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	242	242
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	202	188
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	248	223
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	230	220
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	224	221
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	295	244
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	279	249
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	338	322
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	289	226
11421	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 0.6-1CM	299	277
11423	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 2.1-3CM	176	372
11440	EXCISION, OTHER BENING LESION, FACE W/ MARGINS <= 0.5 CM	276	256
11600	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	125	314
11730	REMOVAL OF NAIL PLATE	236	236
11732	REMOVE NAIL PLATE, ADDON	55	87
11750	REMOVAL OF NAIL BED	439	425
11765	EXCISION OF NAIL FOLD, TOE	280	325
11900	INJECTION INTO SKIN LESIONS	119	128
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	408	372
11981	REMOVAL OF CONTRACEPTIVE	370	388
11983	REMOVAL W/REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	694	558
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM	304	294
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	294	309
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	243	344
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	524	549
12052	LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	524	557
15850	REMOVAL OF SUTURES	97	116
16000	INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	124	147
16020	DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBESEQUENT BURN TRT	195	202
17000	DESTRUCTION OF LESIONS, 1ST LESION	159	133
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	28	17
17004	DESTRUCTION OF LESIONS, 15 OR MORE	275	276
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	208	235
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	235	298
17250	CHEMICAL CAUTERY, TISSUE	164	188
17340	CRYOTHERAPY OF SKIN	0	103
19001	DRAIN BREAST LESION ADD-ON	84	84
19100	BX BREAST PERCUT W/O IMAGE	306	305
20526	THER INJECTION, CARP TUNNEL	223	200
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	141	136
20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	144	136
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	146	144
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	168	166
20600	DRAIN/INJECT, JOINT/BURSA SMALL	118	133
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	162	134
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	174	163
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	160	239
20612	ASPIRATE/INJECTION GANGLION CYST	178	158

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29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	155	168
29130	APPLICATION, FINGER SPLINT; STATIC	96	106
29260	STRAPPING; ELBOW/WRIST	85	95
29280	STRAPPING; HAND/FINGER	94	84
29550	STRAPPING; TOES	65	64
29580	STRAPPING; UNNA BOOT	52	120
27603	INCISION & DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEMATOMA	1259	687
28001	INCISION & DRAINAGE, BURSA, FOOT	629	425
30300	REMOVAL FB, INTRANASAL; OFFICE TYPE PROC	146	146
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY &/OR PACKING) ANY METHOD	196	210
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY &/OR PACKING) ANY METHOD	431	431
36000	INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	65	72
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	54	54
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	39	38
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	30	25
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	98	88
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	81	40
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	410	410
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	601	519
45330	DIAGNOSTIC SIGMOIDOSCOPY	283	243
46320	REMOVAL OF HEMORRHOID CLOT	358	372
46600	DIAGNOSTIC ANOSCOPY	213	213
46900	DESTRUCTION, ANAL LESION(S)	589	433
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	207	143
51701	INSERT NON-INDWELLING BLADDER CATHETER	180	144
51702	INSERT TEMPORARY INWELLING BLADDER CATHETER	206	197
51725	SIMPLE CYSTOMETROGRAM	393	368
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	316	331
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	360	400
54100	BIOPSY OF PENIS	275	275
54150	CIRCUMCISION	370	370
55250	VASECTOMY, UNILATERAL OR BILATERAL	788	682
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	297	293
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	342	367
56501	DESTROY, VULVA LESIONS, SIMPLE	351	386
56515	DESTROY VULVA LESION/S COMPLEX	606	420
56605	BIOPSY OF VULVA/PERINEUM	230	216
57061	DESTROY VAG LESIONS, SIMPLE	334	336
57065	DESTROY VAG LESIONS, COMPLEX	393	366
57100	BIOPSY OF VAGINA	296	235
57150	TREATMENT OF VAGINA INFECTION	93	89
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	181	166
57170	FITTING OF DIAPHRAGM/CAP	174	173
57180	INTRODUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BLEEDING, NON-OBSTETRIC (SEP PROC)	356	277
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	247	218

CODE	SERVICE DESCRIPTION	Current	Fee (Effective 7/1/2019)
57415	REMOVAL IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	384	292
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	276	286
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	304	224
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	466	501
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	375	367
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	428	419
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	674	674
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	1114	593
57500	BIOPSY OF CERVIX	365	396
57505	ENDOCERVICAL CURETTAGE	296	304
57510	CAUTERIZATION, CERVIX; ELECTRO/THERMAL	417	244
57511	CRYOCAUTERY OF CERVIX	346	279
58100	BIOPSY OF UTERUS LINING	317	288
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	287	90
58145	MYOMECTOMY 1-4 MYOMA(S), W/TOTAL WEIGHT 250 GMS/;<; VAGINAL APPROACH	1291	784
58300	INSERT INTRAUTERINE DEVICE	376	237
58301	REMOVE INTRAUTERINE DEVICE	249	323
59400	ROUTINE OBSTETRIC CARE, ANTEPARTUM CARE, VAGINAL DELIVERY, & POSTPARTUM CARE	194	194
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	204	229
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	217	256
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	446	332
60100	BX THYROID, PERCUTANEOUS CORE NEEDLE	311	202
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	129	138
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAMP	186	154
69200	CLEAR OUTER EAR CANAL	305	238
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	116	54
69210	REMOVE IMPACTED EAR WAX	130	96
UTRASONOGRAPHY (US) AND OTHER TESTING CODES			
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	59	59
76801	OB US LESS THAN 14 WKS, SINGLE FETUS	0	223
76805	OB US GREATER THAN OR EQUAL TO 14 WKS, SINGLE FETUS	0	257
76810	US, PREG UTER, REAL TIME W/IMAGE DOCUMENT EA ADD'L GEST	0	168
76811	US, PREG UTER, REAL TIME W/IMAGE DOC, FETL & MATRNL, + DETL FETL EXM, TRANSABD; SINGL/1ST ADD'L GEST	0	328
76815	OB US, LIMITED, FETUS(S)	74	74
76816	OB US, FOLLOW UP, PER FETUS	0	208
76818	FETAL BIOPHYS PROFILE W/NST	0	222
76825	ECHO EXAM OF FETAL HEART	0	507
76830	TRANSVAGINAL US, NON OB	0	225
76856	US EXAM, PELVIC, COMPLETE	0	202
76946	US GUIDANCE, AMNIOCENTESIS, IMAGING S&I	0	59
76977	US BONE DENSITY MEASUREMENT & INTERPRETATION, PERIPHERAL SITE(S)	0	13
91020	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	0	152
92283	COLOR VISION EXAMINATION	44	40

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92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	46	36
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	55	50
92567	TYMPANOMETRY (IMPEDANCE TESTING)	0	44
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT (I&R)	74	64
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	27	27
93271	ECG/MONITORING AND ANALYSIS	496	496
93306	ECHO TTHRC R-T 2D --M-MODE COMPL SPEC&COLOR DOP	424	424
93770	MEASURE VENOUS PRESSURE	18	20
94010	BREATHING CAPACITY TEST	68	68
94375	RESPIRATORY FLOW VOLUME LOOP	68	66
94640	AIRWAY INHALATION TREATMENT	57	64
94760	MEASURE BLOOD OXYGEN LEVEL	35	20
94762	NONINVASIVE EAR/PULSE OXIMETRY, OXYGEN SATURATION; CONTINUOUS OVERNIGHT MONITORING	78	69
95115	PROFESSIONAL SVC, ALLERGEN IMMUNOTHERAPY NON-PROVISION EXTRACTS; SINGLE INJECTION	19	20
96110	DEVELOPMENTAL TEST, I&R	54	20
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOISTIC INJECTION SUBCUTANEOUS OR INTRAMUSCULAR	49	48
99075	MEDICAL TESTIMONY	270	270
99080	SPECIAL REPORTS/INSURANCE FORMS	39	48
99173	VISUAL ACUITY	17	32
INHOUSE LABORATORY, SPECIMEN COLLECTION			
80061	LIPID PANEL	47	47
81000	URINALYSIS, DIPSTICK NON-AUTOMATED, W/MICROSCOPY	10	15
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	17	15
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	11	25
82105	ALPHA-FETOPROTEIN, AMNIOTIC FLUID	47	25
82239	BILE ACIDS, TOTAL	47	47
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	16	17
82465	CHOLESTEROL, BLOOD/SERUM	10	20
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	22	19
82948	GLUCOSE; BLOOD, REAGENT STRIP	14	16
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	40	40
83655	LEAD, BLOOD	0	20
84702	HCG, CHORIONIC GONADOTROPIN QUANT	28	30
85018	BLOOD COUNT; HEMOGLOBIN	15	15
85610	PROTHROMBIN TIME	12	20
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	32	30
87086	URINE CULTURE/COLONY COUNT	16	20
86710	INFLUENZA VIRUS ANTIBODY	39	38
87210	KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	26	21
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	18	22
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS SMEAR, DFA	0	0
87804	RAPID FLU,Influenza assay w/optic	18	40
87807	RSV IMMUNOASSAY, EIA, WASH/ASPIRATE/SWAB	55	48
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	41	41
88720	BILIRUBIN TOTAL,TRANSCUTANEOUS	22	20

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88738	HGB QUANT TRANSCUTANEOUS (MTYHD)	20	20
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHN*	34	20
Q0111	WET MOUNT	15	15
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	118	118
IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES			
90281	HUMAN IG, IM	59	20
90384	RH IG, FULL DOSE, IM	304	304
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	232	232
90471	IMMUNIZATION ADMIN	53	48
90472	IMMUNIZATION ADMIN, EACH ADD	32	32
90473	IMADM INTRANSL/ORAL 1 VACC	52	48
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SINGLE/COMBINATION VACCINE/TOXOID	26	37
90620	MENB RECOMBINANT PROT W/OUT MEMBR VESIC VACC IM	259	293
90632	HEP A VACCINE, ADULT IM	142	127
90633	HEP A VACC, PED/ADOL, 2 DOSE	84	67
90636	HEP A/HEP B VACC, ADULT IM	222	211
90648	CHDP HIB (PRP-T)	74	69
90649	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE, FOR IM USE	365	232
90650	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT), 3 DOSE, FOR IM USE	309	309
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	218	327
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	22	25
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	17	20
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	30	30
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	31	31
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	78	78
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	36	36
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	34	34
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, IM USE	19	20
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS , IM USE	35	35
90660	FLU VACCINE, NASAL	48	35
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE & ANTIBIOTIC FREE FOR IM USE	39	39
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASEDAANTIGENT CONTENT, IM USE	64	68
90670	PNEUMOCOCCAL VACC 13 VAL IM	271	291
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	48	55
90673	INFLUENZA VIRUS VACCINE, TRIVALENT	43	65
90674	INFLUENZA VIRUS VACCINE, QUAROVALENT	20	46
90675	RABIES VACCINE, IM	434	434
90680	ROTAVIRUS PENTAVALENT, LIVE	97	217
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED,2 DOSE	197	197
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 6 -35 M	28	40
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 3 + Y	19	40
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	19	35

CODE	SERVICE DESCRIPTION	Current	Fee (Effective 7/1/2019)
90696	DTAP/IPV (KINRIX)	140	140
90698	DTAP/IPV/HIB	118	120
90700	DTAP VACCINE, IM	64	64
90702	DT (<7 YEARS)	22	22
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q USE	120	103
90710	MMRV, LIVE	193	245
90713	POLIOVIRUS, IPV, SC OR IM	71	61
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 + Y, FOR IM USE	43	53
90715	TDAP (7 + YEARS)	91	78
90716	CHICKEN POX VACCINE, SC	206	166
90723	DTAP HEP B IPV VACCINE, IM	184	126
90732	PNEUMOCOCCAL VACCINE	114	140
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S, SUB Q USE	204	179
90734	MENINGOCOCCAL VACCINE, CONJUGATE	244	235
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255	317
90739	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255	122
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	246	221
90743	HEP B VACCINE, ADULT 2 DOSE, IM	100	94
90744	HEP B VACC PED/ADOL 3 DOSE IM	92	68
90746	HEP B VACCINE, ADULT, IM	138	123
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT,4 DOSE,IM	132	133
90748	HEP B/HIB VACCINE, IM	248	248
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	0	1
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	4	4
A9150	NON-PRESCRIPTION DRUGS	18	18
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	14	15
A9270	NON-COVERED ITEM OR SERVICE	18	18
J0171	INJECTION, ADRENALIN EPINEPHRINE, 0.1 MG	7	7
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	11	15
J0520	BICILLIN TO 5 MG	11	15
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	17	17
J0558	PENG BENZATHINE/PROCAINE INJ	17	17
J0570	AZITHROMYCIN 250 MG TABS	66	66
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	9	10
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	17	17
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE, PER 3MG	19	20
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	35	35
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	45	45
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	133	133
J0897	INJECTION, DENOSUMAB	37	37
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	17	17
J1050	MEDROXYPROGESTERONE ACETATE	1	1
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	36	36
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	25	25
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22	22
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22	22

CODE	SERVICE DESCRIPTION	Current	Fee (Effective 7/1/2019)
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	18	17
J1815	INJECTION, INSULIN, PER 5 UNITS	47	47
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	43	43
J1950	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	4442	2398
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	0	9
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	81	82
J2426	INJECTION, PALIPERIDONE PALMITATE	121	121
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	58	58
J2675	INJECTION, PROGESTERONE PER 50 MG	47	47
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	103	103
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	338	338
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	58	58
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	54	54
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	14	15
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	48	48
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	58	58
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	48	48
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	58	58
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	15	15
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	688	688
J7298	MIRENA, 52 MG	761	761
J7510	PREDNISOLONE ORAL, PER 5 MG	20	20
J7512	PREDNISONE IR OR DR ORAL 1MG	1	1
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	0	13
J7611	ALBUTEROL, INHALATION SOLUTION	13	13
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED INHALATION SOLN	20	20
J7626	BUDESONIDE INHALATION SOLN, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM UP TO 0.5 MG	20	20
J8540	DEXAMETHASONE, ORAL, 0.25 MG	1	1
J9260	METHOTREXATE SODIUM, 50 MG	4	4
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	20	20
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	118	118
Q0111	WET MOUNTS, INCL PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	15	15
Q0144	AZITHROMYCIN DIHYDRATE	20	20
Q0162	ONDANSETRON ORAL	0	2
S0020	INJECTION, BUPIVACAINE HYDROCHLORIDE, 30 ML	14	14
S0119	ONDANSETRON 4 MG	1	2
S0191	MISOPROSTOL, ORAL, 200 MCG	53	53
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	4	4
S0630	REMOVAL OF SUTURES; BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY	57	57
S9061	HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G., PENTAMIDINE);	0	0
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	87	75
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	0	0

CODE	SERVICE DESCRIPTION	Current	Fee (Effective 7/1/2019)
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	56	56
TA073	INTERIM BILLING	0	0
TB018	CHARGE FOR ISONIAZID 100MG	31	31
TB023	CHARGE FOR ISONIAZID 300MG	31	31
TB027	CHARGE FOR RIFAMPIN 150MG	50	50
TB028	CHARGE FOR RIFAMPIN 300MG	44	44
TB039	CHARGE FOR RIFAPENTINE 150 MG	12	12
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	61	61
TP010	CHARGE FOR IBUPROFEN 800MG	0	5
TP2331	CHARGE FOR INSTA-GLUCOSE ORAL GEL, PER TUBE	6	6
X1500	SPERMICIDAL GEL	18	18
X1500	SPERMICIDAL FORM	18	18
COMPREHENSIVE PERINATAL SERVICES PROGRAM			0
Z1032	INITIAL ANTEPARTUM	478	478
Z1034	ANTEPARTUM VISITS	142	142
Z1036	10TH ANTEPARTUM	239	239
Z1038	POSTPARTUM	142	142
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	15	15
Z6200	INITIAL NUTRITION ASSESSMENT AND DEVELOPMENT OF CARE PLAN; FIRST 30 MIN	58	60
Z6202	EACH SUBSEQUENT 15 MINUTES (MAXIMUM OF 1½ HOURS)	29	15
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	29	30
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	29	60
Z6210	PRENATAL VITAMINS (3 BOTTLES / 300 DAY SUPPLY)	22	22
Z6300	PSYCHOSOCIAL ASSESSMENT	58	60
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	29	75
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	29	45
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	29	30
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	29	29
Z6400	CLIENT ORIENTATION	29	45
Z6402	HEALTH ASSESSMENT	58	75
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	29	60
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	29	30
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	22	25
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	29	45
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	22	25
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	29	60
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	272	272
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	98	98
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	111	110
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	240	240

* Proposed is 8.14 % increase over Current Fee

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