

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

CODE	SERVICE DESCRIPTION	2014 FEES
EVALUATION AND MANAGEMENT CODES		
99201	NEW PATIENT OFFICE VISIT, PROBLEM FOCUSED	75.00
99202	NEW PATIENT OFFICE VISIT, EXPANDED PROBLEM FOCUSED	128.00
99203	NEW PATIENT OFFICE VISIT, DETAILED	185.00
99204	NEW PATIENT OFFICE VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	277.00
99205	NEW PATIENT OFFICE VISIT, COMPREHENSIVE/HIGH COMPLEXITY	352.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	35.00
99212	OFFICE VISIT, PROBLEM FOCUSED	75.00
99213	OFFICE VISIT, EXPANDED PROBLEM FOCUSED	117.00
99214	OFFICE VISIT, DETAILED- ESTABLISHED PATIENT	169.00
99215	OFFICE VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	247.00
99241	CONSULTATION, PROBLEM FOCUSED	80.00
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	148.00
99243	CONSULTATION, DETAILED	201.00
99244	CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY	298.00
99245	CONSULTATION COMPREHENSIVE/HIGH COMPLEXITY	363.00
99342	HOME VISIT NEW PATIENT - EXPAND PROBLEM FOCUS HISTORY AND EXAM; LOW COMPLEXITY MEDICAL DECISION MAKING	135.00
99347	HOME VISIT ESTABLISHED PATIENT - EXPAND PROBLEM FOCUS HISTORY OR EXAM; STRAIGHTFORWARD MEDICAL DECISION MAKING	95.00
99348	HOME VISIT ESTABLISHED PATIENT - EXPAND PROBLEM FOCUS HISTORY OR EXAM; LOW COMPLEXITY MEDICAL DECISION MAKING	143.00
99377	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	139.00
99378	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	189.00
99379	PHYSICIAN SUPERVISION, NURSING FACILITY 15-29 MIN	110.00
99380	PHYSICIAN SUPERVISION, NURSING FACILITY 30+ MIN	116.00
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	145.39
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	151.46
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	157.54
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	177.18
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	228.00
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	258.00
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	301.00
99391	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT <1YR	130.46
99392	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 1-4YRS	138.82
99393	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 5-11YRS	138.35
99394	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 12-17YRS	151.44
99395	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 18-39YRS	185.00
99396	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE 40-64YRS	202.00
99397	PERIODIC PREVENTIVE MEDICINE ESTABLISHED PATIENT AGE >=65YR	230.00
G0101	MEDICARE WELL WOMAN EXAM	66.00
G0102	MEDICARE PROSTATE SCREENING	34.00
G0179	MEDICARE PHYSICIAN RE-CERTIFICATION FOR HOME HEALTH SERVICES	71.00
G0180	MEDICARE PHYSICIAN CERTIFICATION FOR HOME HEALTH SERVICES	92.00
G0181	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT RECEIVING HOME HEALTH CARE	184.00

CODE	SERVICE DESCRIPTION	2014 FEES
G0182	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT IN HOSPICE	185.00
G0402	MEDICARE INITIAL PREVENTIVE EXAM	283.00
G0403	MEDICARE EKG FOR INITIAL PREVENT EXAM	29.00
PSYCHIATRIC EVALUATION AND MANAGEMENT (E&M)		
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	24.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	227.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION W/MEDICAL SERVICES	244.00
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	109.00
90833	PSYCHOTHERAPY PATIENT &/FAMILY W/ E&M 30 MIN	112.00
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	145.00
90836	PSYCHOTHERAPY PATIENT &/FAMILY W/ E&M 45 MIN	142.00
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	217.00
90838	PSYCHOTHERAPY PATIENT&/FAMILY W/ E&M 60 MIN	187.00
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	181.00
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	99.00
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	63.00
PATIENT EDUCATION AND SELF MANAGEMENT		
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	36.00
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	35.00
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	33.00
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	9.00
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	33.00
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	33.00
97802	MEDICAL NUTRITION, INDIVIDUAL, INIATIAL	44.00
97803	MEDICAL NUTRITION, INDIVIDUAL, SUBSEQUENT	44.00
97804	MEDICAL NUTRITION, GROUP	16.00
97802	MEDICAL NUTRITION, INDIVIDUAL, INIATIAL	44.00
97803	MEDICAL NUTRITION, INDIVIDUAL, SUBSEQUENT	44.00
97804	MEDICAL NUTRITION, GROUP	16.00
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	22.00
99402	PREVENTIVE COUNSELING, IND 30 MIN	44.00
99403	PREVENTIVE COUNSELING, IND 45 MIN	99.00
99404	PREVENTIVE COUNSELING, IND 60 MIN	155.00
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE BETWEEN 3 TO 10 MINUTES	23.00
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > THAN 10 MINUTES	45.00
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	53.00
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES > THAN 30 MINUTES	77.00
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	44.00
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	55.00
99420	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	220.00
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MIN	94.00

CODE	SERVICE DESCRIPTION	2014 FEES
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 +) PER 30 MIN	33.00
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S), INDIVIDUAL PER 15 MIN	47.00
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S), GROUP PER 30 MIN	24.00
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER	18.00
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	53.00
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	114.00
G0437	SMOKING CESSATION COUNSELING 3-10 MIN	48.00
G0438	SMOKING CESSATION COUNSELING 11+ MIN	293.00
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	31.00
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	44.00
G0444	DEPRESSION SCREENING/COUNSELING	31.00
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	46.00
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	44.00
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	44.00
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	74.00
PUBLIC HEALTH VISIT FEES		
LCODE	HIV - CONFIDENTIAL VISIT	35.00
LCODE	HIV - ANONYMOUS VISIT	35.00
LCODE	HIV COUNSELING/EDUCATION WITH STD VISIT	63.00
LCODE	HIV COUNSELING AND EDUCATION, COURT ORDERED	156.00
LCODE	WOUND MANAGEMENT VISIT	35.00
LCODE	HEPATITIS A CONTACT VISIT	63.00
LCODE	LATENT TUBERCULOSIS (TB) CLEARANCE VISIT	35.00
LCODE	HEPATITIS B VACCINE, PUBLIC SAFETY/PUBLIC HEALTH WORKER	75.00
LCODE	RABIES VACCINE PRE-EXPOSURE (STAFF ONLY)	176.00
LCODE	LATENT TB PREVENTION VISIT	35.00
LCODE	PPD/TB SCREENING TEST/READ	35.00
LCODE	POSITIVE PPD TEST COUNSELING VISIT	35.00
LCODE	INTERNATIONAL IMMUNIZATION CARD AND STAMP	22.00
LCODE	TRANSCRIBE NEW IMMUNIZATION RECORD (TM990)	17.00
LCODE	PRINT DUPLICATE REGISTRY FORM (TM899)	17.00
LCODE	RETURNED CHECK FEE (TA008)	28.00
LCODE	ISONIAZID 50 MG 30 DAY SUPPLY	20.00
LCODE	ISONIAZID 100 MG 30 DAY SUPPLY (TB018)	20.00
LCODE	ISONIAZID 150 MG 30 DAY SUPPLY	20.00
LCODE	ISONIAZID 200 MG 30 DAY SUPPLY	20.00
LCODE	ISONIAZID 250 MG 30 DAY SUPPLY	20.00
LCODE	ISONIAZID 300 MG 30 DAY SUPPLY (TB023)	20.00
LCODE	ETHAMBUTOL 400 MG 30 DAY SUPPLY	21.00
LCODE	LEVOFLOXIN 750 MG	8.00
LCODE	VITAMIN B 6 PYRIDOXINE UP TO 25 MG	9.00
LCODE	PYRAZINAMIDE 500 MG 30 DAY SUPPLY	187.00
LCODE	RIFADIN 300 MG	9.00
LCODE	RIFAMPIN 150 MG 30 DAY SUPPLY (TB027)	36.00
LCODE	RIFAMPIN 300 MG 30 DAY SUPPLY (TB028)	28.00

CODE	SERVICE DESCRIPTION	2014 FEES
PROCEDURE CODES		
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	201.00
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	354.00
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	260.00
10121	REMOVE FOREIGN BODY, COMPLICATED	474.00
10140	DRAINAGE OF HEMATOMA/FLUID	282.00
10160	PUNCTURE DRAINAGE OF LESION	223.00
10180	COMPLEX DRAINAGE, WOUND	423.00
11040	DEBRIDE INFECTED SKIN	23.00
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	177.00
11101	BIOPSY, SKIN ADDITIONAL LESION	56.00
11200	REMOVAL OF SKIN TAGS	138.00
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	32.00
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	167.00
11301	SHAVE SINGLE SKIN LESION, EXTREMITY, 0.6 - 1.0 CM	205.00
11305	SHAVE SINGLE SKIN LESION, SCALP, NECK, <0.50 CM	171.00
11306	SHAVE SINGLE SKIN LESION, SCALP, NECK, 0.6-1.0 CM	210.00
11310	SHAVE SKIN LESION, FACE, HEAD, <0.50 CM	195.00
11311	SHAVE SKIN LESION, FACE, HEAD, 0.60 -1.0 CM	190.00
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	213.00
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	255.00
11402	EXCISION, BENING LESION INCLUDING MARGINS 1.1TO 2 CM	284.00
11420	EXCISION, BENING LESION, SCALP, NECK, HANDS, W/ MARGINS <= 0.5	212.00
11421	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/ MARGINS 0.6-1CM	253.00
11440	EXCISION, OTHER BENING LESION, FACE W/ MARGINS <= 0.5 CM	234.00
11441	EXCISION, OTHER BENING LESION, FACE W/ MARGINS 0.6 TO 1 CM	289.00
11730	REMOVAL OF NAIL PLATE	172.00
11732	REMOVE NAIL PLATE, ADDON	62.00
11750	REMOVAL OF NAIL BED	332.00
11765	EXCISION OF NAIL FOLD, TOE	234.00
11975	INSERT CONTRACEPTIVE CAP	203.00
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	230.00
12011	REPAIR SUPERFICIAL WOUNDS OF FACE <=2.5 CM	189.00
12013	REPAIR SUPERFICIAL WOUNDS OF FACE, 2.6 CM TO 5.0 CM	206.00
12051	LAYER CLOSURE OF WOUNDS OF FACE <=2.5 CM	444.00
12052	LAYER CLOSURE OF WOUNDS OF FACE 2.6-5.0 CM	504.00
16000	INITIAL LOCAL TREATMENT OF FIRST DEGREE BURNS	105.00
16020	DRESSING AND/OR DEBRIDEMENT, INITIAL OR SUBESEQUENT BURN TRT	142.00
17000	DESTRUCTION OF LESIONS, 1ST LESION	130.00
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	18.00
17004	DESTRUCTION OF LESIONS, 15 OR MORE	179.00
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	178.00
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	143.00
19000	DRAINAGE OF BREAST LESION	196.00
19001	DRAIN BREAST LESION ADD-ON	46.00
19100	BIOPSY OF BREAST PERCUTANEOUS, W/O IMAGE	259.00
20526	INJECTION, THERAPEUTIC, CARPAL TUNNEL	131.00
20550	INJECTION(S), SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	101.00

CODE	SERVICE DESCRIPTION	2014 FEES
20551	INJECTION(S), SINGLE TENDON ORIGIN INSERTION	105.00
20552	INJECTION(S), SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	96.00
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	111.00
20600	DRAIN/INJECT, JOINT/BURSA SMALL	82.00
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	96.00
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	103.00
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	113.00
29130	APPLICATION, FINGER SPLINT; STATIC	71.00
29260	STRAPPING; ELBOW/WRIST	89.00
29280	STRAPPING; HAND/FINGER	88.00
29550	STRAPPING; TOES	55.00
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY &/OR PACKING) ANY METHOD	166.00
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY &/OR PACKING) ANY METHOD	365.00
36000	INTRODUCTION, NEEDLE/INTRACATHETER, VEIN	55.00
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	46.00
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	33.00
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	25.00
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	83.00
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	69.00
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	170.00
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	455.00
45330	DIAGNOSTIC SIGMOIDOSCOPY	240.00
46320	REMOVAL OF HEMORRHOID CLOT	303.00
46600	DIAGNOSTIC ANOSCOPY	70.00
46900	DESTRUCTION, ANAL LESION(S)	212.00
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE &/OR INSTILLATION	143.00
51701	INSERT NON-INDWELLING BLADDER CATHETER	95.00
51702	INSERT TEMPORARY INWELLING BLADDER CATHETER	123.00
51725	SIMPLE CYSTOMETROGRAM	131.00
52320	CYSTOURETHROSCOPY; W/REMOVAL, URETERAL CALCULUS	420.00
53660	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION; INITIAL	122.00
53661	DILATION, FEMALE URETHRA W/SUPPOSITORY &/OR INSTILLATION; SUBSEQUENT	120.00
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	226.00
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	244.00
54100	BIOPSY OF PENIS	340.00
54150	CIRCUMCISION	220.00
55250	VASECTOMY, UNILATERAL OR BILATERAL	667.00
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	190.00
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	211.00
56501	DESTROY, VULVA LESIONS, SIMPLE	227.00
56515	DESTROY VULVA LESION/S COMPLEX	388.00
57061	DESTROY VAGINAL LESIONS, SIMPLE	197.00
57065	DESTROY VAGINAL LESIONS, EXTENSIVE	333.00
57100	BIOPSY OF VAGINA	153.00
57150	TREATMENT OF VAGINA INFECTION	79.00
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	129.00

CODE	SERVICE DESCRIPTION	2014 FEES
57170	FITTING OF DIAPHRAGM/CAP	105.00
57180	INTRODUCTION OF HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BLEEDING, NON-OBSTETRIC (SEP PROC)	244.00
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	185.00
57415	REMOVAL IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	277.00
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	201.00
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	188.00
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	264.00
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	247.00
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	234.00
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	494.00
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	558.00
57500	BIOPSY OF CERVIX	223.00
57505	ENDOCERVICAL CURETTAGE	177.00
57510	CAUTERIZATION, CERVIX; ELECTRO/THERMAL	227.00
57511	CRYOCAUTERY OF CERVIX	251.00
58100	BIOPSY OF UTERUS LINING	188.00
58300	INSERT INTRAUTERINE DEVICE	246.00
58301	REMOVE INTRAUTERINE DEVICE	165.00
59410	VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY &/OR FORCEPS); W/POSTPARTUM CARE	1,758.00
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	778.00
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	1,394.00
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	315.00
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	196.00
62270	SPINAL FLUID TAP, DIAGNOSTIC	279.00
64435	NERVE BLOCK INJECTION, PARACERVICAL	235.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE/BRANCH	141.00
65205	REMOVAL OF FOREIGN BODY FROM EYE, CONJUNCTIVAL SUPERFICIAL	100.00
65220	REMOVAL OF FOREIGN BODY FROM EYE, CORNEAL WITHOUT SLIT LAMP	100.00
69210	REMOVE IMPACTED EAR WAX	85.00
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	34.00
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	240.00
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	19.00
UTRASONOGRAPHY AND OTHER TESTING CODES		
74742	TRANSCERVICAL CATHETERIZATION, FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	54.00
76801	ULTRASOUND, PREGNANT UTERUS WITH IMAGE, FETAL & MATERNAL EVALUATION, FIRST TRIMESTER	82.00
76805	ULTRASOUND, PREGNANT UTERUS WITH IMAGE, FETAL & MATERNAL EVALUATION, AFTER FIRST TRIMESTER	85.00
76810	ULTRASOUND, ADDITIONAL GESTATION	85.00
76811	US, PREG UTER, REAL TIME W/IMAGE DOC, FETL & MATRNL, + DETL FETL EXM, TRANSABD; SINGL/1ST ADD'L GEST	165.00
76815	ULTRASOUND, PREGNANT UTERUS WITH IMAGE, LIMITED	56.00
76816	ULTRASOUND, PREGNANT UTERUS, FOLLOW UP, PER FETUS	74.00
76818	FETAL BIOPHYSICAL PROFILE, W/ NON STRESS TESTING	92.00
76825	ECHOCARDIOGRAPHY, FETAL CARDIOVASCULAR SYSTEM, W/IMAGE	143.00

CODE	SERVICE DESCRIPTION	2014 FEES
76830	ULTRASOUND, TRANSVAGINAL	60.00
76856	ULTRASOUND, PELVIC, W/ IMAGE, COMPLETE	59.00
76946	ULTRASONIC GUIDANCE, AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	33.00
76977	US BONE DENSITY MEASUREMENT & INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	13.00
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	23.00
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	55.00
92567	TYMPANOMETRY (IMPEDANCE TESTING)	25.00
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT	29.00
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRACING ONLY	14.00
94010	BREATHING CAPACITY TEST	15.00
94375	RESPIRATORY FLOW VOLUME LOOP	26.00
94640	AIRWAY INHALATION TREATMENT	32.00
94760	MEASURE BLOOD OXYGEN LEVEL	6.00
95115	PROFESSIONAL SERVICE, ALLERGEN IMMUNOTHERAPY NON-PROVISION EXTRACTS; SINGLE INJECTION	16.00
96110	DEVELOPMENTAL TEST, I&R	27.00
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOISTIC INJECTION SUBCUTANEOUS OR INTRAMUSCULAR	44.00
96373	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION INTRA-ARTERIAL	34.00
96374	THERAPEUTIC PROPH/DIAGNOSTIC INJECTION IV PUSH SINGLE/INITIAL SUBSTANCE/DRUG	99.00
99000	HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFFICE TO LAB	9.00
99075	MEDICAL TESTIMONY	270.00
99080	SPECIAL REPORTS/INSURANCE FORMS	44.00
99173	VISUAL ACUITY	6.00
INHOUSE LABORATORY, SPECIMEN COLLECTION		
80061	LIPID PANEL	23.00
81000	URINALYSIS, DIPSTICK NON-AUTOMATED, W/MICROSCOPY	8.00
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	9.00
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	6.00
82106	ALPHA-FETOPROTEIN, AMNIOTIC FLUID	40.00
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	8.00
82465	CHOLESTEROL, BLOOD/SERUM	8.00
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	9.00
82948	GLUCOSE; BLOOD, REAGENT STRIP	8.00
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	24.00
85018	BLOOD COUNT; HEMOGLOBIN	6.00
85610	PROTHROMBIN TIME	10.00
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	14.00
86710	INFLUENZA VIRUS ANTIBODY	33.00
87210	WET MOUNT FOR INFECTIOUS AGENTS (KOH , SALINE, INDIA INK PREPS)	13.00
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	11.00
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS	23.00
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	23.00
88720	BILIRUBIN TOTAL,TRANSCUTANEOUS	13.00
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE	29.00

CODE	SERVICE DESCRIPTION	2014 FEES
Q0111	WET MOUNT	9.00
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	78.00
IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES		
90281	HUMAN IG, INTRAMUSCULAR USE (IM)	50.00
90384	RH IG, FULL DOSE, INTRAMUSCULAR USE (IM)	181.00
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	1,045.00
90460	VACCINE ADMINISTRATION	41.00
90471	IMMUNIZATION ADMIN	41.00
90472	IMMUNIZATION ADMIN, EACH ADD	22.00
90473	IMADM INTRANSL/ORAL 1 VACC	44.00
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SINGLE/COMBINATION VACCINE/TOXOID	22.00
90632	HEP A VACCINE, ADULT INTRAMUSCULAR USE	84.00
90633	HEP A VACC, PED/ADOL, 2 DOSE	49.00
90636	HEP A/HEP B VACC, ADULT, INTRAMUSCULAR USE	142.00
90645	HIB VACCINE, HBOC, 4 DOSE, INTRAMUSCULAR USE	41.00
90646	HIB PRP-D, BOOSTER	42.00
90649	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE, FOR IM USE	208.00
90650	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT), 3 DOSE, FOR INTRAMUSCULAR USE	198.00
90653	INFLUENZA VACCINE, INACTIVIATED, SUBUNIT, ADJUVANETED, IM USE	218.00
Q2033	MEDICARE INFLUENZA VACCINE (FLU BLOCK)	20.00
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	19.00
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	14.00
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	25.00
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	20.00
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	35.00
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	33.00
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	25.00
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, INTRAMUSCULAR USE	16.00
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS, INTRAMUSCULAR USE	26.00
90660	FLU VACCINE, NASAL	34.00
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE & ANTIBIOTIC FREE FOR INTRAMUSCULAR USE	53.00
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED IMMUNOGENICITY VIA INCRESASED ANTIGENT CONTENT, INTRAMUSCULAR	53.00
90669	PNEUMOCOCCAL VACC 7 VALENT, INTRAMUSCULAR USE	150.00
90670	PNEUMOCOCCAL VACC 13 VAL, INTRAMUSCULAR USE	225.00
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	36.00
90673	INFLUENZA VIRUS VACCINE, TRIVALENT	36.00
90675	RABIES VACCINE, INTRAMUSCULAR USE	328.00
90680	ROTAVIRUS PENTAVALENT, LIVE	74.00
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED,2 DOSE	149.00
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 6 - 35 M	21.00
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 3 + Y	17.00
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 6-35 M	21.00

CODE	SERVICE DESCRIPTION	2014 FEES
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	17.00
90698	DTAP/IPV/HIB	150.00
90700	DTAP VACCINE, INTRAMUSCULAR USE	43.00
90702	DT (<7 YEARS), INTRAMUSCULAR USE	40.58
90703	TETANUS TOXOID, ADSORBED	46.00
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q USE	98.00
90710	MMRV, LIVE	162.53
90713	POLIOVIRUS VACINE, INACTIVATED, SUBCUTANEOUS OR INTRAMUSCULAR	99.00
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 + Y, INTRAMUSCULAR USE	32.00
90715	TDAP (7 + YEARS)	67.00
90716	CHICKEN POX VACCINE, SUBCUTANEOUS	164.00
90718	TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	40.00
90723	DTAP HEP B IPV VACCINE, INTRAMUSCULAR USE	139.00
90732	PNEUMOCOCCAL VACCINE	95.00
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUPS), FOR SUBCUTAENOUS USE	172.00
90734	MENINGOCOCCAL VACCINE, CONJUGATE	201.00
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	216.00
90739	HEP B VACCINE, ADULT 2 DOSE, INTRAMUSCULAR USE	216.00
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	208.00
90743	HEP B VACCINE, ADOLESCENT 2 DOSE, IM	208.00
90744	HEP B VACC PED/ADOL 3 DOSE, INTRAMUSCULAR USE	112.00
90746	HEP B VACCINE, ADULT 3 DOSE, INTRAMUSCULAR USE	112.00
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT,4 DOSE,IM	143.30
90748	HEP B/HIB VACCINE, INTRAMUSCULAR USE	87.00
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	0.35
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	3.50
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	12.00
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	9.00
J0520	BICILLIN TO 5 MG	9.00
J0530	BICILLIN 600,000 UNITS	9.00
J0540	BICILLIN 1.2 MILLION UNITS	9.00
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	15.00
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	8.00
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	8.00
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG	16.00
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	30.00
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	38.00
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	100.64
J0897	INJECTION, DENOSUMAB	28.00
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	13.00
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	122.00
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	11.00
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	21.00
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	7.00

CODE	SERVICE DESCRIPTION	2014 FEES
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	8.00
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	19.00
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	18.00
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	14.00
J1815	INJECTION, INSULIN, PER 5 UNITS	34.00
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	19.00
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	19.00
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	15.00
J1815	INJECTION, INSULIN, PER 5 UNITS	34.00
J1820	INJECTION, INSULIN	13.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	32.00
J1950	INJECTION, LEUPROLIDE ACETATE (DEPOT SUSPENSION), PER 3.75 MG	3,358.29
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	1,713.00
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	30.00
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	48.00
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	69.00
J2426	INJECTION, PALIPERIDONE PALMITATE	81.00
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	41.00
J2675	INJECTION, PROGESTERONE PER 50 MG	40.00
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	73.00
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	256.00
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	41.00
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	46.00
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	12.00
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	41.00
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	42.00
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	41.00
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	44.00
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	12.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	704.00
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM,13.5 MG	1,376.00
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	1,156.00
J7506	PREDNISONE, ORAL, PER 5MG	16.00
J7510	PREDNISOLONE ORAL, PER 5 MG	13.00
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTRATED THROUGH DME, UNIT DOSE, 1 MG	11.00
J7619	ALBUTEROL INHALATION SOLUTION	11.00
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED INHALATION SOLUTION	13.00
J7626	BUDESONIDE INHALATION SOLUTION, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM UP TO 0.5 MG	13.00
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMIN THRU DME, UNIT DOSE FORM PER MG	13.00
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	44.00
Q0162	ONDANSETRON 40 MG	15.00
X1500	SPERMICIDAL GEL	15.00
X1500	SPERMICIDAL FORM	15.00
COMPREHENSIVE PERINATAL SERVICES PROGRAM		

CODE	SERVICE DESCRIPTION	2014 FEES
Z1032	INITIAL ANTEPARTUM	248.00
Z1034	ANTEPARTUM FOLLOW-UP OFFICE VISIT	91.00
Z1036	TENTH ANTEPARTUM VISIT	170.00
Z1038	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	91.00
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	13.00
Z6200	INITIAL NUTRIT ASSESSMENT/DEVELOP 30 MIN	25.00
Z6202	SUB NUTRITION ASSESS/DEVELOP EA SUB 15MN	13.00
Z6204	FOLLOW-UP ANTEPARTUM INDIVIDUAL EA 15MIN	13.00
Z6208	POSTPARTUM NUTR ASSE/TREAT/INTER IND 15M	13.00
Z6210	POSTPARTUM NUTRITIONAL ASSESSMENT	13.00
Z6300	INIT PSYCHOSOCIAL ASSESS/DEVEL FIRST 30	25.00
Z6302	SUB PSYCHOSOCIAL ASSESS/DEVELOP EA 15MIN	13.00
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	13.00
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	9.00
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT EA 15 MIN	13.00
Z6400	CLIENT ORIENTATION EA 15 MIN	13.00
Z6402	INITIAL HEALTH ED ASSESS/DEVELOP 30 MIN	25.00
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	13.00
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	13.00
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	9.00
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	13.00
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	9.00
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	13.00
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	204.00
Z7610	ZITHROMAX (AZITHROMYCIN) 1G	50.00
Z9750	F PACT COUNSEL CODES	7.00
Z9752	INITIAL INFANT HEAR-SCREEN	28.00
Z9753	COUNSELING INDIVIDUAL 30 MIN	46.00
Z9754	COUNSELING INDIVIDUAL 45 MIN	75.00
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	83.00
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	94.00
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	220.00
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	83.00
FAMILY PLANNING/EDUCATION (FAMILY PLANNING ACCESS CARE TREATMENT- PACT)		
Z9750	F PACT COUNSEL CODES	7.00
Z9751	COUNSELING INDIVIDUAL 10 MIN	14.00
Z9752	INDIVIDUAL FAMILY PLANNING/COUNSELING, 5 MIN (PACT)	7.00
Z9753	INDIVIDUAL FAMILY PLANNING/COUNSELING, 10 MIN (PACT)	14.00
Z9754	INDIVIDUAL FAMILY PLANNING/COUNSELING, 15 MIN (PACT)	29.00
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 30 MIN (PACT)	46.00
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 45 MIN (PACT)	75.00
Z7610	ACYCLOVIR 200/400/800 MG TABS (PACT)	19.00
Z7610	AZITHROMYCIN 500 MG TABS/1 GM PACKET (PACT)	51.00
Z7610	BUTOCONAZOLE 2% CREAM (PACT)	35.00
Z7610	CEFIXIME 400 MG TABS (PACT)	13.00
Z7610	CEPHALEXIN 250/500 MG TABS (PACT)	12.00
Z7610	CIPROFLOXACIN 250 MG TABS (PACT)	7.00
Z7610	CLINDAMYCIN 2% CREAM (PACT)	42.00

CODE	SERVICE DESCRIPTION	2014 FEES
Z7611	CLOTRIMAZOLE 1%/2% CREAM OR TABS (PACT)	11.00
Z7610	DOXYCYLINE 100 MG TABS (PACT)	12.00
Z7610	ESTRADIOL (PACT)	15.00
Z7611	FLUCONAZOLE 150 MG TABS (PACT)	13.00
Z7610	IMIQUMOD 5% CREAM (PACT)	140.00
Z7610	METRONIADAZOLE 250/500 MG TABS, 0.75% GEL (PACT)	42.00
Z7610	MICONAZOLE 2%/4% CREAM OR TABS (PACT)	18.00
Z7610	OFLOXACIN 200/400 MG TABS (PACT)	138.00
Z7610	PODOFILOX 0.5% SOLUTION/GEL (PACT)	87.00
Z7610	PROBENECID 500 MG TABS (PACT)	6.00
X5854	TERCONAZOLE 0.4%/0.8% CREAM OR TABS (PACT)	51.00
X7716	TINIDAZOLE 250/500 MG TABS (PACT)	17.00
X7722	CEFOXITIN 1 GM/2 GM/IM (PACT)	24.00
J0570	AZITHROMYCIN 250 MG TABS (PACT)	7.00
J0580	EMERGENCY CONTRACEPTION (PACT)	23.00
H1001	BENZATHINE PCN 1.2 UNITS/CC (PACT)	66.00
H1001	BENZATHINE PCN 2.4 UNITS/CC (PACT)	129.00