



COUNTY OF MONTEREY HEALTH DEPARTMENT

FEE SCHEDULE ANALYSIS

Monterey County Health Department

APRIL 7, 2022

PURPOSE

Per HRSA's requirement, Monterey County Health Department (MCHD) is responsible for creating a Fee Schedule reflective of local prevailing rates and the health center's cost of services. The Fee Schedule is a list of charges per procedure code (CPT code) that are charged to all patients universally, regardless of the patient's third-party payor or if they are a self-pay patient. Once the charge for service to a patient is calculated, third party contractual agreements or the sliding fee schedule most often reduce the rate to the agreed upon fees. Patients without third party payors and who earn over 200 percent of the Federal Poverty Guideline pay the entire full charge created for that visit.

METHODOLOGIES

Local Prevailing Rates

To determine local prevailing rates, we acquired three RVU components; physician work, practice expense, and malpractice, and weighed them accordingly to Geographic Practice Cost Indices (GPCIs) in the local area from data collected by the Center for Medicare & Medicaid Services (CMS).

Cost-Based Rates

To determine charges based on costs, we use Relative Value Units (RVU), which adjust each procedure code based on the time it takes to complete, the facility costs it absorbs, and the malpractice costs needed to cover the procedure. The RVUs are also obtained from CMS.

RECOMMENDATION

Once we've concluded the calculations for both methods, we compare the results for each method to the Current Fee Schedule and recommend changes to the Current Fee Schedule where appropriate. The New Fee is determined by the comparison of the Cost-Based Rate and the Local Prevailing Rate, where the Cost-Based Rate will become the New Fee if the rate falls between 40% to 80% above the Local Prevailing Rate. If the Cost-Based Rate is higher than 80% above the Local Rate, then it is capped at 80% above the Local Prevailing Rate to mitigate drastic fee schedule increases. If lower than 40%, then a minimum of 40% above the Local Prevailing Rate is the New Fee. In the event the Current Fee is still higher than the New Fee, then it is an indication that the Current Fee should be decreased and is capped to 80% above the Local Prevailing Rate. The recommended fee schedule is shown under "New Fee."



COUNTY OF MONTEREY HEALTH DEPARTMENT

CALCULATION OF FEE SCHEDULE METHODOLOGIES

1. HEALTH CENTER COST-BASED METHODOLOGY

- I. Calculate **Cost per RVU** for a weighted average across used CPT codes:
 - a. Find RVU value by CPT/DPT code (according to CMS)
 - b. Multiply the number of times the CPT/DPT code was used by the RVU value:

$$\text{Total RVUs} = \text{RVU} \times \text{CPT/DPT Count}$$

- c. Take **total service line costs** and divide by **total service line RVUs**

$$\text{Cost per service line RVU} = \frac{\text{Service Line Costs}}{\text{Total Service Line RVUs}}$$

- d. Each CPT code is valued according to the **Cost per service line RVU** multiplied by its RVUs.

2. LOCAL PREVAILING RATE COMPARISON METHODOLOGY

- I. Multiply each RVU component by its comparative GPCI ("Geographic Practice Cost Indices") according to local area and add them together

$$\text{Total RVU} = (\text{PW RVU} \times \text{PW GPCI}) + (\text{PE RVU} \times \text{PE GPCI}) + (\text{MP RVU} \times \text{MP GPCI})$$

- II. Multiply by the Medicare Factor of 34.8931 for 2022

$$\text{Local Rate} = \text{Total RVU} \times \text{Medicare Factor}$$

Additional Notes:

1. Any fee used by the health center which has no value based on CMS RVUs will be kept at the same fee, and any rate changes will apply only at the discretion of the CFO.



**COUNTY OF MONTEREY
HEALTH DEPARTMENT**

**Monterey County Health Department
Fee Schedule Analysis 2022**

CPT Code	CPT Description	Utilization	Current Fee	New Fee
0001A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE	813	\$ 47.00	\$ 47.00
0002A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE	308	\$ 32.00	\$ 32.00
0003A	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION - THIRD	55	\$ 32.00	\$ 32.00
0004A	ADM DILUENT PFIZER COVID-19 BOOSTER	315	\$ 32.00	\$ 32.00
0011A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE	1312	\$ 47.00	\$ 47.00
0012A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE	1315	\$ 32.00	\$ 32.00
0013A	MODERNA COVID-19 VACCINE ADMINISTRATION - THIRD DOSE	254	\$ 32.00	\$ 32.00
0031A	IMM ADMN SARSCOV2 AD26 5X1010VP/0.5 ML 1 DOSE	40	\$ 47.00	\$ 47.00
0064A	ADM MODERNA COVID-19 BOOSTER	237	\$ 32.00	\$ 32.00
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	131	\$ 47.00	\$ 47.00
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	1	\$ 32.00	\$ 32.00
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	31	\$ 280.00	\$ 280.00
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	2	\$ 446.00	\$ 446.00
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	4	\$ 363.00	\$ 363.00
10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	1	\$ 572.00	\$ 572.00
11104	PUNCH BIOPSY SKIN SINGLE LESION	6	\$ 180.00	\$ 244.00
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	45	\$ 190.00	\$ 190.00
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	3	\$ 62.00	\$ 62.00
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM<	4	\$ 199.00	\$ 199.00
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	2	\$ 277.00	\$ 277.00
11311	SHVG SKIN LESION 1 F/E/N/L/M DIAM 0.6-1.0 CM	1	\$ 253.00	\$ 265.00
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	3	\$ 285.00	\$ 301.00
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	2	\$ 317.00	\$ 317.00
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	2	\$ 322.00	\$ 345.00
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	25	\$ 236.00	\$ 236.00
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	13	\$ 425.00	\$ 425.00
11765	WEDGE EXCISION SKIN NAIL FOLD	2	\$ 372.00	\$ 372.00
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	651	\$ 370.00	\$ 370.00
11981	INSERTION DRUG DELIVERY IMPLANT	328	\$ 388.00	\$ 388.00
15852	DRESSING CHANGE UNDER ANESTHESIA	1	\$ 63.00	\$ 89.00
17000	DESTRUCTION PREMALIGNANT LESION 1ST	22	\$ 143.00	\$ 143.00
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	8	\$ 18.00	\$ 18.00
17110	DESTRUCTION BENIGN LESIONS UP TO 14	163	\$ 247.00	\$ 247.00
17111	DESTRUCTION BENIGN LESIONS 15/>	2	\$ 298.00	\$ 298.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	2	\$ 215.00	\$ 215.00
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	18	\$ 9.00	\$ 99.00
2022F	DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	10	\$ -	\$ -
2028F	FOOT EXAMINATION PERFORMED	1	\$ -	\$ -
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	9	\$ 228.00	\$ 228.00
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	11	\$ 144.00	\$ 144.00
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	2	\$ 152.00	\$ 152.00
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	19	\$ 138.00	\$ 138.00
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	2	\$ 170.00	\$ 170.00
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	100	\$ 170.00	\$ 170.00
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	10	\$ 310.00	\$ 310.00
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	1	\$ 158.00	\$ 158.00
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	2	\$ 220.00	\$ 1,043.00
29130	APPLICATION FINGER SPLINT STATIC	5	\$ 106.00	\$ 106.00
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	2	\$ 167.00	\$ 408.00
3142F	BIARIUM SWALLOW TEST ORDERED	1	\$ -	\$ -
4030F	LONG-TERM OXYGEN THERAPY PRESCRIBED	1	\$ -	\$ -
45005	I&D SUBMUCOSAL ABSCESS RECTUM	1	\$ 594.00	\$ 629.00
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	4	\$ 213.00	\$ 236.00
51701	INSJ NON-NDWELLG BLADDER CATHETER	37	\$ 142.00	\$ 142.00
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	1	\$ 200.00	\$ 200.00
56405	I&D VULVA/PERINEAL ABSCESS	4	\$ 257.00	\$ 288.00
56501	DESTRUCTION LESIONS VULVA SIMPLE	12	\$ 386.00	\$ 386.00

56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	10	\$	251.00	\$ 251.00
57061	DESTRUCTION VAGINAL LESIONS SIMPLE	5	\$	385.00	\$ 385.00
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	19	\$	153.00	\$ 153.00
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	2	\$	497.00	\$ 497.00
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	43	\$	224.00	\$ 244.00
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	117	\$	501.00	\$ 501.00
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	122	\$	367.00	\$ 367.00
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	31	\$	410.00	\$ 410.00
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	32	\$	674.00	\$ 674.00
57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	10	\$	593.00	\$ 688.00
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	6	\$	396.00	\$ 396.00
57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	8	\$	304.00	\$ 304.00
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	171	\$	303.00	\$ 303.00
58300	INSERTION INTRAUTERINE DEVICE IUD	424	\$	237.00	\$ 237.00
58301	REMOVAL INTRAUTERINE DEVICE IUD	427	\$	323.00	\$ 323.00
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	5	\$	228.00	\$ 228.00
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	191	\$	54.00	\$ 54.00
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	228	\$	96.00	\$ 96.00
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	1	\$	223.00	\$ 227.00
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	14	\$	15.00	\$ 15.00
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	2	\$	19.00	\$ 19.00
83655	ASSAY OF LEAD	45	\$	20.00	\$ 20.00
85018	BLOOD COUNT HEMOGLOBIN	4	\$	15.00	\$ 15.00
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	1062	\$	30.00	\$ 30.00
87086	URINE CULTURE/COLONY COUNT	1	\$	20.00	\$ 20.00
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	7	\$	232.00	\$ 232.00
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	9038	\$	48.00	\$ 48.00
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	3965	\$	32.00	\$ 32.00
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	60	\$	293.00	\$ 293.00
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	110	\$	127.00	\$ 127.00
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	45	\$	67.00	\$ 67.00
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	16	\$	69.00	\$ 69.00
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	23	\$	232.00	\$ 232.00
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	259	\$	327.00	\$ 327.00
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	1063	\$	68.00	\$ 68.00
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	246	\$	291.00	\$ 291.00
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	29	\$	217.00	\$ 217.00
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	7	\$	197.00	\$ 197.00
90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	359	\$	68.00	\$ 68.00
90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	1	\$	40.00	\$ 40.00
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	4551	\$	40.00	\$ 40.00
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	66	\$	35.00	\$ 35.00
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	22	\$	140.00	\$ 140.00
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	26	\$	120.00	\$ 120.00
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	29	\$	64.00	\$ 64.00
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	107	\$	103.00	\$ 103.00
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	13	\$	245.00	\$ 245.00
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	29	\$	61.00	\$ 61.00
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	99	\$	53.00	\$ 53.00
90715	TDAP VACCINE 7 YRS/> IM	1833	\$	78.00	\$ 78.00
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	207	\$	166.00	\$ 166.00
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	3	\$	126.00	\$ 126.00
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	460	\$	140.00	\$ 140.00
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	17	\$	179.00	\$ 179.00
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	85	\$	235.00	\$ 235.00
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	36	\$	122.00	\$ 122.00
90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	1	\$	94.00	\$ 94.00
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	44	\$	68.00	\$ 68.00
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	391	\$	123.00	\$ 123.00
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	41	\$	20.00	\$ 20.00
90756	CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	1	\$	20.00	\$ 20.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	19	\$	300.00	\$ 348.00
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	23	\$	345.00	\$ 373.00
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	1010	\$	168.00	\$ 168.00
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	1396	\$	188.00	\$ 199.00
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	465	\$	254.00	\$ 293.00
91300	PFIZER-BIONTECH COVID-19 VACCINE	1503	\$	-	\$ -
91301	MODERNA COVID-19 VACCINE	2954	\$	-	\$ -
91303	JANSEN SARS-COV-2 (COVID-19) VACCINE, AD26, PRESERVATIVE	40	\$	-	\$ -
91306	MODERNA COVID-19 VACCINE BOOSTER	219	\$	-	\$ -

91307	SARSCOV2 VAC 10 MCG TRS-SUCR	132	\$	-	\$ -
92551	SCREENING TEST PURE TONE AIR ONLY	10704	\$	36.00	\$ 36.00
92552	PURE TONE AUDIOMETRY AIR ONLY	1	\$	50.00	\$ 64.00
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	242	\$	64.00	\$ 64.00
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	3	\$	424.00	\$ 424.00
94010	BREATHING CAPACITY TEST	45	\$	68.00	\$ 68.00
94375	RESPIRATORY FLOW VOLUME LOOP	13	\$	66.00	\$ 73.00
94640	AIRWAY INHALATION TREATMENT	10	\$	64.00	\$ 64.00
94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	545	\$	20.00	\$ 20.00
94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	1	\$	69.00	\$ 69.00
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	5	\$	20.00	\$ 20.00
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	287	\$	59.00	\$ 59.00
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	575	\$	48.00	\$ 48.00
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	7	\$	84.00	\$ 84.00
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	4	\$	117.00	\$ 117.00
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	894	\$	25.00	\$ 25.00
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	10920	\$	32.00	\$ 32.00
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	1931	\$	208.00	\$ 208.00
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	3021	\$	286.00	\$ 286.00
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	438	\$	329.00	\$ 329.00
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	60	\$	409.00	\$ 417.00
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	114	\$	69.00	\$ 69.00
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	31224	\$	128.00	\$ 128.00
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	159653	\$	196.00	\$ 196.00
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	19418	\$	281.00	\$ 281.00
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	2028	\$	309.00	\$ 341.00
99243	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN	10	\$	301.00	\$ 301.00
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	278	\$	290.00	\$ 290.00
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	175	\$	302.00	\$ 302.00
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	320	\$	310.00	\$ 310.00
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	241	\$	345.00	\$ 345.00
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	37	\$	334.00	\$ 334.00
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	17	\$	379.00	\$ 379.00
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	2	\$	485.00	\$ 485.00
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	7995	\$	260.00	\$ 260.00
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	11625	\$	273.00	\$ 273.00
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	10486	\$	273.00	\$ 273.00
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	7171	\$	294.00	\$ 294.00
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	1051	\$	300.00	\$ 300.00
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	169	\$	317.00	\$ 317.00
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	5	\$	299.00	\$ 299.00
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	282	\$	79.00	\$ 79.00
99402	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN	57	\$	115.00	\$ 122.00
99403	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN	52	\$	197.00	\$ 197.00
99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN	1	\$	204.00	\$ 213.00
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	1	\$	64.00	\$ 67.00
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	570	\$	87.00	\$ 106.00
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	3854	\$	139.00	\$ 171.00
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	362	\$	191.00	\$ 242.00
99497	ADVANCE CARE PLANNING FIRST 30 MINS	1	\$	170.00	\$ 170.00
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	32	\$	-	\$ -
A4216	STERILE WATER/SALINE, 10 ML	2	\$	-	\$ -
A4663	BLOOD PRESSURE CUFF ONLY	999	\$	-	\$ -
E0445	OXIMETER NON-INVASIVE	65	\$	-	\$ -
E0455	OXYGEN TENT EXCL CROUP/PED T	1	\$	-	\$ -
E1639	SCALE, EACH	239	\$	-	\$ -
G0008	ADMIN INFLUENZA VIRUS VAC	1212	\$	50.00	\$ 50.00
G0009	ADMIN PNEUMOCOCCAL VACCINE	244	\$	57.00	\$ 57.00
G0010	ADMIN HEPATITIS B VACCINE	53	\$	59.00	\$ 59.00
G0101	CA SCREEN;PELVIC/BREAST EXAM	3	\$	125.00	\$ 125.00
G0102	PROSTATE CA SCREENING; DRE	1	\$	59.00	\$ 59.00
G0121	COLON CA SCRN NOT HI RSK IND	1	\$	542.00	\$ 665.00
G0245	INITIAL FOOT EXAM PT LOPS	12	\$	99.00	\$ 124.00
G0246	FOLLOWUP EVAL OF FOOT PT LOP	1	\$	77.00	\$ 77.00
G0247	ROUTINE FOOTCARE PT W LOPS	158	\$	77.00	\$ 160.00
G0438	PPPS, INITIAL VISIT	4	\$	325.00	\$ 325.00
G0442	ANNUAL ALCOHOL SCREEN 15 MIN	1270	\$	43.00	\$ 43.00
G2012	BRIEF CHECK IN BY MD/QHP	3	\$	139.00	\$ 139.00
G2023	SPECIMEN COLLECT COVID-19	7626	\$	25.00	\$ 32.00
H0028	ALCOHOL AND/OR DRUG PREVENTI	1	\$	-	\$ -

J0401	INJ ARIPIRAZOLE EXT REL 1MG	1	\$	-	\$	-
J0558	PENG BENZATHINE/PROCAINE INJ	1	\$	17.00	\$	17.00
J0561	PENICILLIN G BENZATHINE INJ	104	\$	17.00	\$	17.00
J0696	CEFTRIAZONE SODIUM INJECTION	62	\$	17.00	\$	17.00
J0702	BETAMETHASONE ACET&SOD PHOSP	1	\$	20.00	\$	20.00
J0897	DENOSUMAB INJECTION	1	\$	37.00	\$	37.00
J1050	MEDROXYPROGESTERONE ACETATE	44	\$	1.00	\$	1.00
J1071	INJ TESTOSTERONE CYPIONATE	7	\$	1.00	\$	1.00
J1100	DEXAMETHASONE SODIUM PHOS	67	\$	36.00	\$	36.00
J1200	DIPHENHYDRAMINE HCL INJECTIO	1	\$	25.00	\$	25.00
J1610	GLUCAGON HYDROCHLORIDE/1 MG	1	\$	28.00	\$	28.00
J1726	MAKENA, 10 MG	33	\$	-	\$	-
J1815	INSULIN INJECTION	15	\$	47.00	\$	47.00
J1885	KETOROLAC TROMETHAMINE INJ	195	\$	43.00	\$	43.00
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	122	\$	9.00	\$	9.00
J2315	NALTREXONE, DEPOT FORM	3	\$	-	\$	-
J2426	PALIPERIDONE PALMITATE INJ	19	\$	121.00	\$	121.00
J2550	PROMETHAZINE HCL INJECTION	40	\$	58.00	\$	58.00
J2790	RHO D IMMUNE GLOBULIN INJ	27	\$	338.00	\$	338.00
J2930	METHYLPREDNISOLONE INJECTION	1	\$	54.00	\$	54.00
J3301	TRIAMCINOLONE ACET INJ NOS	138	\$	58.00	\$	58.00
J3420	VITAMIN B12 INJECTION	56	\$	58.00	\$	58.00
J3490	DRUGS UNCLASSIFIED INJECTION	1390	\$	137.00	\$	137.00
J7297	LILETTA, 52 MG	83	\$	482.00	\$	482.00
J7298	MIRENA, 52 MG	31	\$	761.00	\$	761.00
J7300	INTRAUT COPPER CONTRACEPTIVE	97	\$	688.00	\$	688.00
J7307	ETONOGESTREL IMPLANT SYSTEM	318	\$	831.00	\$	831.00
J7510	PREDNISOLONE ORAL PER 5 MG	3	\$	20.00	\$	20.00
J7512	PREDNISON IR OR DR ORAL 1MG	5	\$	1.00	\$	1.00
J7610	ALBUTEROL COMP CON	1	\$	13.00	\$	13.00
J7611	ALBUTEROL NON-COMP CON	1	\$	13.00	\$	13.00
J7613	ALBUTEROL NON-COMP UNIT	5	\$	17.00	\$	17.00
J8540	ORAL DEXAMETHASONE	2	\$	1.00	\$	1.00
LAS156	SOFIA2 SARS ANTIGEN FIA (COVID) POCT	14	\$	54.00	\$	54.00
LBS206	BINAXNOW COVID-19 AG CARD POCT	2682	\$	30.00	\$	30.00
LES051	COVID-19 POCT	44	\$	30.00	\$	30.00
LV1424	LIPIDS (MTYHD IN-HOUSE)	5	\$	28.00	\$	28.00
LV3910	LEAD, WHOLE BLOOD (PEDIATRIC) LABCORP	2248	\$	25.00	\$	25.00
LV465	URINE HCG (PREG) (MTY IN-HOUSE)	240	\$	9.00	\$	9.00
LV466	RAPID STREP (MTY IN-HOUSE)	748	\$	29.00	\$	29.00
LV467	HEMOGLOBIN FINGERSTICK (MTYHD IN-HOUSE)	5	\$	-	\$	-
LV468	GLUCOSE FINGERSTICK (MTYHD IN-HOUSE)	3	\$	-	\$	-
LV469	UA DIP (MTYHD IN-HOUSE)	3	\$	-	\$	-
LV469 - TC	UA DIP (MTYHD IN-HOUSE)	88	\$	-	\$	-
LV470	HGA1C FINGERSTICK (MTYHD IN-HOUSE)	7	\$	-	\$	-
LV473	RAPID FLU, IN-HOUSE (87804)	1	\$	16.00	\$	16.00
LV4901	URINALYSIS DIPSTICK (MCKESSON)	41	\$	13.00	\$	13.00
LV4922	RSV BINAXNOW (POCT)	43	\$	15.00	\$	15.00
LV4933	HCG URINE MCKESSON (POCT)	4868	\$	9.00	\$	9.00
LV497	BILIRUBIN TEST (MTYHD IN-HOUSE)	10	\$	13.00	\$	13.00
LV5114	INFLUENZA A & B BD VERITOR (POCT)	92	\$	16.00	\$	16.00
LV5262	GLUCOSE HEMOCUE (POCT)	1809	\$	18.00	\$	18.00
LV5383	HEMOGLOBIN, HEMOCUE (POCT)	14428	\$	13.00	\$	13.00
LV5550	FECAL OCCULT BLOOD SCREENING, CONSULT DIAGNOSTICS (PO	14	\$	8.00	\$	8.00
LV5581	A1C, SIEMENS (POCT)	1805	\$	37.00	\$	37.00
LV5584	LIPID PANEL, CHOLESTECH (POCT)	11	\$	28.00	\$	28.00
LV5629	BILIRUBIN, TRANSCUTANEOUS OPTICAL (BILICHEK)	1762	\$	12.00	\$	12.00
LV5670	WET MOUNT AND PH, VAGINAL (POCT)	85	\$	14.00	\$	14.00
LV5812	URINE DIP CLINITEK (POCT)	4355	\$	15.00	\$	15.00
Q0091	OBTAINING SCREEN PAP SMEAR	2260	\$	118.00	\$	118.00
S0020	INJECTION, BUPIVACAINE HYDRO	2	\$	14.00	\$	14.00
S0119	ONDANSETRON 4 MG	11	\$	2.00	\$	2.00
S0191	MISOPROSTOL, ORAL, 200 MCG	15	\$	53.00	\$	53.00
S0197	PRENATAL VITAMINS 30 DAY	4	\$	4.00	\$	4.00
S0630	REMOVAL OF SUTURES	45	\$	57.00	\$	57.00
S9470	NUTRITIONAL COUNSELING, DIET	9	\$	92.00	\$	92.00
S9981	MED RECORD COPY ADMIN	582	\$	-	\$	-
T1015	CLINIC SERVICE	134348	\$	0.01	\$	-
T1017	TARGETED CASE MANAGEMENT	3	\$	56.00	\$	56.00
TA008	INSUFFICIENT FUNDS CHARGE	2	\$	38.00	\$	38.00

TB023	CHARGE FOR ISONIAZID 300MG	2	\$	31.00	\$ 31.00
TB028	CHARGE FOR RIFAMPIN 300MG	1	\$	44.00	\$ 44.00
TC010	NUTRITIONAL AND OR OBESITY EDUCATION	1	\$	-	\$ -
TM012	CHDP PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	4343	\$	20.00	\$ 20.00
TM1001	CHDP HPV 9-VALENT	2663	\$	20.00	\$ 20.00
TM104	MENINGOCOCCAL VAC, CONJUGATE	9	\$	20.00	\$ 20.00
TM135	CHDP DTAP/IPV	1095	\$	20.00	\$ 20.00
TM141	CHDP DTAP	1548	\$	20.00	\$ 20.00
TM143	CHDP TDAP	1759	\$	20.00	\$ 20.00
TM147	CHDP TD	52	\$	13.50	\$ 14.00
TM149	CHDP TD BOOSTER, ADULT	28	\$	20.00	\$ 20.00
TM151	CHDP IPV	625	\$	20.00	\$ 20.00
TM155	CHDP PNEUMOCOCCAL POLYSACCHARIDE (23PS)	47	\$	20.00	\$ 20.00
TM157	CHDP MENINGOCOCCAL VACCINE, CONJUGATE	2432	\$	20.00	\$ 20.00
TM159	CHDP MMRV	1108	\$	20.00	\$ 20.00
TM161	CHDP MMR	1691	\$	20.00	\$ 20.00
TM163	CHDP HIB (PRP-T)	4353	\$	20.00	\$ 20.00
TM165	CHDP HEPB	320	\$	20.00	\$ 20.00
TM167	CHDP HEPB ADULT	1	\$	20.00	\$ 20.00
TM169	CHDP VAR (VARICELLA)	1923	\$	20.00	\$ 20.00
TM171	CHDP HEPA	2828	\$	20.00	\$ 20.00
TM173	CHDP HEPA ADULT	1	\$	20.00	\$ 20.00
TM177	CHDP DTAP/HEPB/IPV (PEDIARIX)	3257	\$	20.00	\$ 20.00
TM180	FLUMIST QUAD	1	\$	20.00	\$ 20.00
TM181	CHDP INFLUENZA, SPLIT, IM	1	\$	-	\$ -
TM184	CHDP HPV VACCINE BIVALENT 3 DOSE IM - CERVARIX	3	\$	20.00	\$ 20.00
TM185	CHDP ROTAVIRUS	2796	\$	20.00	\$ 20.00
TM186	HPV 9 VACCINE	33	\$	20.00	\$ 20.00
TM187	CHDP DTAP/IPV/HIB (PENTACEL)	1	\$	20.00	\$ 20.00
TM246	HEP A ADULT	2	\$	20.00	\$ 20.00
TM247	HEP B ADULT	95	\$	20.00	\$ 20.00
TM251	VFC FLU VAC NO PRS 4 VAL	9351	\$	20.00	\$ 20.00
TM254	FLU VAC 4 VAL 3 YRS+	309	\$	20.00	\$ 20.00
TM267	CHDP MENINGOCOCCAL RECOMB PROTEIN & OUT MEMBRANE V	1211	\$	20.00	\$ 20.00
TM281	HEPATITIS B VACCINE ADULT 2 DOSE IM	1	\$	20.00	\$ 20.00
TM315	VFC HEP B-SINGLE	1	\$	-	\$ -
TM774	TDAP	144	\$	20.00	\$ 20.00
TN205	INJECTION, PALIPERIDONE PALMITATE (3-MONTH) 410 MG/1.315	7	\$	-	\$ -
TP049	CHARGE FOR ACETAMINOPHEN 325MG UD	15	\$	-	\$ -
TP052	CHARGE FOR ASPIRIN 325 MG, PO	6	\$	-	\$ -
TP068	CHARGE FOR CLONIDINE 0.1 MG	7	\$	17.00	\$ 17.00
TP070	CHARGE FOR CLONIDINE 0.2 MG	1	\$	1.00	\$ 1.00
TP104	CHARGE FOR NITROGLYCERIN 0.4 MG TAB	5	\$	1.00	\$ 1.00
TP107	CHARGE FOR AZYTHROMYCIN 1GM UD STD	1	\$	62.00	\$ 62.00
TP1076	CHARGE FOR DULAGLUTIDE 0.75 MG/0.5 ML INJECTION	26	\$	-	\$ -
TP1116	CHARGE FOR AZITHROMYCIN 250MG TAB, PER TAB	10	\$	11.00	\$ 11.00
TP1148	CHARGE FOR ASPIRIN 81 MG CHEWABLE TAB, PER TAB	2	\$	-	\$ -
TP1152	CHARGE FOR IBUPROFEN 100 MG/5 ML ORAL SUSP, PER 5 ML	20	\$	-	\$ -
TP1153	CHARGE FOR IBUPROFEN 400 MG TAB, PER TAB	1	\$	-	\$ -
TP1154	CHARGE FOR IBUPROFEN 600 MG TAB, PER TAB	27	\$	-	\$ -
TP1157	FLUCONAZOLE 150MG	1	\$	13.00	\$ 13.00
TP1185	CHARGE FOR METOPROLOL TARTRATE 25 MG, PER TAB	4	\$	-	\$ -
TP1210	CHARGE FOR ACETAMINOPHEN 160 MG/5 ML, PER 160MG (5ML)	37	\$	-	\$ -
TP1215	CHARGE FOR NEXPLANON 68MG SUBDERMAL IMPLANT	1	\$	1,243.00	\$ 1,243.00
TP122	CHARGE FOR ZITHROMAX (AZITHROMYCIN) 1GRAM, PO	6	\$	55.00	\$ 55.00
TP124	INJECTION, XYLOCAINE 1% INTRADERMAL	12	\$	-	\$ -
TP128	INJECTION, XYLOCAINE 1% W/EPINEPHRINE, INTRADERMAL	180	\$	-	\$ -
TP1300	CHARGE FOR PLAN B ONE-STEP 1.5 MG TABLET, PER TAB	31	\$	50.00	\$ 50.00
TP1319	CHARGE FOR AZITHROMYCIN 500 MG TAB, PER TAB	112	\$	31.00	\$ 31.00
TP1395	CHARGE FOR SILVER NITRATE APPLICATORS 75 %-25 % TOPICAL S	35	\$	15.00	\$ 15.00
TP1525	FLUTICASONE NASAL SPRAY 50MCG/SPRAY 16GM	1	\$	-	\$ -
TP161	CHARGE FOR INJECTION, CEFTRIAZONE IM 500 MG	42	\$	60.00	\$ 60.00
TP2159	CHARGE FOR METOPROLOL TARTRATE 50MG	1	\$	2.00	\$ 2.00
TP221	CHARGE FOR DIPHENHYDRAMINE 25MG UD	5	\$	-	\$ -
TP2331	CHARGE FOR DEXTROSE ORAL GEL, PER TUBE	2	\$	6.00	\$ 6.00
TP2341	CHARGE FOR SILVER SULFADIAZINE 1%, TOPICAL	1	\$	-	\$ -
TP2346	CHARGE FOR LIDOCAINE WITH EPINEPHRINE INJECTION 2%	216	\$	-	\$ -
TP2351	CHARGE FOR LABETALOL HYDROCHLORIDE 100 MG TABLET	2	\$	-	\$ -
TP315	CHARGE FOR IBUPROFEN 200MG UD	8	\$	-	\$ -
TP379	CHARGE FOR METRONIDAZOLE 500MG TAB	4	\$	3.75	\$ 4.00

TP633	CHARGE FOR TRICHLOROACETIC ACID 15 G/100 ML	4	\$	-	\$ -
TP759	CHARGE FOR ACETAMINOPHEN 120 MG RECTAL SUPPOSITORY U	3	\$	-	\$ -
TP966	CHARGE FOR GLUCOSE TABS	1	\$	-	\$ -
TS008	ACE BANDAGE 2	1	\$	-	\$ -
TS019	PILL BOX	1	\$	-	\$ -
TS047	AEROCHAMBER WITH MASK INFANT	1	\$	-	\$ -
TS055	CONDOMS LATEX	270	\$	1.00	\$ 1.00
TS057	CONDOMS NON LATEX	3	\$	1.00	\$ 1.00
TS094	SPLINT-WRIST	5	\$	32.00	\$ 32.00
TS1000	TAKE HOME STOOL CARD	5	\$	-	\$ -
TS139	SLING SMALL	1	\$	-	\$ -
TS196	BRACE THUMB	5	\$	-	\$ -
TS197	BRACE WRIST	1	\$	-	\$ -
TS221	TRAY - COLPO W/ BIOPSY & ECC	1	\$	-	\$ -
TS882	ALBUTEROL AEROSOL INHALER	2	\$	-	\$ -
TX001	NURSE ONLY VISIT	773	\$	69.00	\$ 69.00
TX003	SOCIAL WORKER VISIT ONLY	2	\$	-	\$ -
TX0044	MISCELLANEOUS - NON BILLABLE	201	\$	-	\$ -
TX0096	SITZ BATH	3	\$	-	\$ -
TX015	ORTHOSTATIC BP	2	\$	-	\$ -
TX016	NP NON-BILLABLE VISIT	3803	\$	-	\$ -
TX018	PRENATAL ONLY VISIT	29743	\$	-	\$ -
TX021	PPD READING	1	\$	-	\$ -
TX023	LAB ONLY	4	\$	-	\$ -
TX036	LEFT WITHOUT SEEN	439	\$	-	\$ -
TX117	IMMUNIZATION ONLY VISIT	8500	\$	-	\$ -
TX123	X-RAY ONLY	1	\$	-	\$ -
TX181	SOCIAL WORKER CASE MANAGEMENT	5	\$	-	\$ -
TX235	DIABETIC FOOT EXAM	5	\$	-	\$ -
Z1032	INITIAL ANTEPARTUM	1831	\$	510.00	\$ 510.00
Z1034	ANTEPARTUM VISITS	17062	\$	152.00	\$ 152.00
Z1036	10TH ANTEPARTUM	1	\$	255.00	\$ 255.00
Z1038	POSTPARTUM	909	\$	152.00	\$ 152.00
Z6200	INITIAL NUTRITION ASSESSMENT AND DEVELOPMENT OF CARE P	861	\$	64.00	\$ 64.00
Z6202	EACH SUBSEQUENT 15 MINUTES (MAXIMUM OF 1½ HOURS)	1	\$	16.00	\$ 16.00
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	1136	\$	32.00	\$ 32.00
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	1169	\$	64.00	\$ 64.00
Z6300	PSYCHOSOCIAL ASSESSMENT	1321	\$	64.00	\$ 64.00
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	3	\$	80.00	\$ 80.00
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	866	\$	48.00	\$ 48.00
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	1662	\$	31.00	\$ 31.00
Z6400	CLIENT ORIENTATION	4045	\$	48.00	\$ 48.00
Z6402	HEALTH ASSESSMENT	1251	\$	80.00	\$ 80.00
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	15	\$	64.00	\$ 64.00
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	1290	\$	32.00	\$ 32.00
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	10064	\$	48.00	\$ 48.00
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	3787	\$	64.00	\$ 64.00
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	198	\$	290.00	\$ 290.00