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

**Resolution 11-172**

Amending Article I.d. of the Monterey County Master )
Fee Resolution effective July 1, 2011, 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 has Clinic Services Bureau fees and charges which are appropriate to specify in the Monterey County Master Fee Resolution, Article I.d. for fiscal year 2011-12.

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 these Clinical Services reflect no more than the actual reasonable cost of the service or benefit received by the payor.

E. By Constitutional definition, these Clinic 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 (Charges imposed for specific benefit, service, product, or privilege granted or provided directly to payor).

THE MONTEREY COUNTY BOARD OF SUPERVISORS RESOLVES:

I. Article I.d. of the Monterey County Fee Resolution is amended effective July 1, 2011 for Fiscal Year 2011-12 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 All prior Resolutions regarding such fees are hereby repealed.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 June, 2011, upon motion of Supervisor Salinas, seconded by Supervisor Armenta by the following vote, to wit:

AYES: Supervisors Armenta, Calcagno, Salinas, Parker, and Potter
NOES: None
ABSENT: None

I, Gail T. Borkowski, 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 75 for the meeting on June 14, 2011.

Dated: June 17, 2011

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By _____
Deputy

**ARTICLE I.d.**
**HEALTH DEPARTMENT**
**CLINIC SERVICES BUREAU**
**SCHEDULE OF FEES AND CHARGES**

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| | **PSYCHIATRIC EVALUATION AND MANAGEMENT** | | |
| 90801 | Psychiatric Diagnostic Interview/Examination | 0.00 | 238.00 |
| 90802 | Psychiatric Diagnostic Interview/Examination, Play Therapy | 0.00 | 258.00 |
| 90804 | Individual Psychotherapy, OP, 20-30 Min | 102.00 | 103.00 |
| 90805 | Individual Psychotherapy, OP, 20-30 Min with evaluation | 114.00 | 117.00 |
| 90806 | Individual Psychotherapy, OP, 45-50 Min | 142.00 | 137.00 |
| 90807 | Individual Psychotherapy, OP, 45-50 Min with evaluation | 160.00 | 161.00 |
| 90808 | Individual Psychotherapy, OP, 75-80 Min | 209.00 | 201.00 |
| 90809 | Individual Psychotherapy, OP, 75-80 Min with evaluation | 226.00 | 226.00 |
| 90810 | Individual Interactive Psychotherapy, 20-30 Min | 109.00 | 105.00 |
| 90811 | Individual Interactive Psychotherapy, 20-30 Min with evaluation | 127.00 | 131.00 |
| 90812 | Individual Interactive Psychotherapy, 45-50 Min | 155.00 | 150.00 |
| 90813 | Individual Interactive Psychotherapy, 45-50 Min with evaluation | 173.00 | 175.00 |
| 90814 | Individual Interactive Psychotherapy, 75-80 Min | 225.00 | 216.00 |
| 90815 | Individual Interactive Psychotherapy, 75-80 Min with evaluation | 238.00 | 245.00 |
| 90846 | Family Psychotherapy Without Patient Present | 133.00 | 129.00 |
| 90847 | Family Psychotherapy With Patient Present | 165.00 | 144.00 |
| 90853 | Group Psychotherapy | 48.00 | 49.00 |
| 90862 | Medication Management | 0.00 | 90.00 |
| 90882 | Environmental Intervention for Medical Management with Agencies, Employer, Institutions | 0.00 | 110.00 |
| 90885 | Psychiatric Evaluation of Hospital, OP Records to Establish Diagnosis | 0.00 | 120.00 |
| 90887 | Interpretation/Explanation of Tests to Family, Advise How to Assist Patient | 0.00 | 110.00 |
| 90889 | Preparation of Reports on Psychiatric Status for Doctors, Agencies, Insurances | 0.00 | 75.00 |
| | **PATIENT EDUCATION AND SELF MANAGEMENT** | | |
| 96150 | Biopsychosocial Factors Assessment, 15 Min | 35.00 | 33.00 |
| 96151 | Biopsychosocial Factors Reassessment | 34.00 | 32.00 |
| 96152 | Biopsychosocial Factors Intervention, 15 Min | 32.00 | 30.00 |
| 96153 | Biopsychosocial Factors Intervention, Group, Each Participant | 8.00 | 8.00 |
| 96154 | Biopsychosocial Factors Intervention, Family with Patient | 32.00 | 30.00 |
| 96155 | Biopsychosocial Factors Intervention, Family without Patient | 32.00 | 30.00 |
| 97802 | Medical Nutrition Therapy, Individual, Each 15 Min | 0.00 | 40.00 |
| 97803 | Medical Nutrition Therapy, Individual, Reassess and Intervention, Each 15 Min | 0.00 | 40.00 |
| 97804 | Medical Nutrition Therapy, Group, Each 15 Min | 0.00 | 15.00 |
| 98960 | Patient Self Management, Qualified Non-Physician, Face to Face, 20 Min | 32.00 | 32.00 |
| 98961 | Patient Self Management, Qualified Non-Physician, Face to Face, 20 Min, 2-4 Patients | 32.00 | 32.00 |
| 98962 | Patient Self Management, Qualified Non-Physician, Face to Face, 20 Min, 5-8 Patients | 32.00 | 32.00 |
| 99401 | Medical Counseling/Risk Factor Assess, 15 Min | 20.00 | 20.00 |
| 99402 | Medical Counseling/Risk Factor Assess, 30 Min | 40.00 | 40.00 |
| 99403 | Medical Counseling/Risk Factor Assess, 45 Min | 60.00 | 90.00 |
| 99404 | Medical Counseling/Risk Factor Assess, 60 Min | 80.00 | 155.00 |
| 99406 | Tobacco Use Cessation Counseling, 4-10 Min | 20.00 | 21.00 |

**ARTICLE I.d.**
**HEALTH DEPARTMENT**
**CLINIC SERVICES BUREAU**
**SCHEDULE OF FEES AND CHARGES**

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| 99407 | Tobacco Use Cessation Counseling, >10 Min | 38.00 | 41.00 |
| 99408 | Alcohol/Substance Abuse Screening (SBIRT), 15-30 Min | 47.16 | 48.00 |
| 99409 | Alcohol/Substance Abuse Screening (SBIRT), > 30 Min | 0.00 | 70.00 |
| 99411 | Preventative Medicine/High Risk Reduction Counsel, Group, Separate Procedure, 30 Min | 0.00 | 40.00 |
| 99412 | Preventative Medicine/High Risk Reduction Counsel, Group, Separate Procedure, 60 Min | 0.00 | 50.00 |
| 99420 | Administration of a Health Risk Assessment (Other) | 50.00 | 50.00 |
| G0108 | Medicare Diabetes Self Management, Individual, 30 Min | 44.00 | 85.00 |
| G0109 | Medicare Diabetes, Group Education Class, 30 Min | 25.00 | 30.00 |
| G0270 | Medical Nutrition Therapy, Face To Face, 15 Min (Medicare) | 37.00 | 43.00 |
| G0271 | Medical Nutrition Therapy, Reassessment, 30 Min (Medicare) | 21.00 | 22.00 |
| G0372 | Physician Evaluation for Power Mobility Device (Medicare) | 17.00 | 16.00 |
| G0396 | Substance Abuse/Testing/Intervention (SBIRT), >30 Min | 48.00 | 48.00 |
| G0397 | Substance Abuse/Testing/Intervention (SBIRT), 15-30 Min | 93.00 | 104.00 |
| S9470 | Nutritional Counseling Dietician | 0.00 | 67.00 |
| | **PUBLIC HEALTH VISIT FEES** | | |
| LCODE | HIV - Confidential Visit | 30.00 | 32.00 |
| LCODE | HIV - Anonymous Visit | 30.00 | 32.00 |
| LCODE | HIV Counseling/Education with STD Visit | 57.00 | 57.00 |
| LCODE | HIV Counseling and Education, Court Ordered | 142.00 | 142.00 |
| LCODE | Wound Management Visit | 30.00 | 32.00 |
| LCODE | Hepatitis A Contact Visit | 57.00 | 57.00 |
| LCODE | Latent Tuberculosis (TB) Clearance Visit | 30.00 | 32.00 |
| LCODE | Hepatitis B Vaccine, Public Safety/Public Health Worker | 68.00 | 68.00 |
| LCODE | Rabies Vaccine Pre-exposure **(Staff only)** | 160.00 | 160.00 |
| LCODE | Latent TB Prevention Visit | 30.00 | 32.00 |
| LCODE | PPD/TB Screening Test/Read | 30.00 | 32.00 |
| LCODE | Positive PPD Test Counseling Visit | 30.00 | 32.00 |
| LCODE | International Immunization Card and Stamp | 15.00 | 20.00 |
| LCODE | Transcribe New Immunization Record | 15.00 | 15.00 |
| LCODE | Print Duplicate Registry Form | 10.00 | 15.00 |
| LCODE | Isoniazid 50 MG 30 Day Supply | 25.00 | 25.00 |
| LCODE | Isoniazid 100 MG 30 Day Supply | 25.00 | 25.00 |
| LCODE | Isoniazid 150 MG 30 Day Supply | 25.00 | 25.00 |
| LCODE | Isoniazid 200 MG 30 Day Supply | 25.00 | 25.00 |
| LCODE | Isoniazid 250 MG 30 Day Supply | 25.00 | 25.00 |
| LCODE | Isoniazid 300 MG 30 Day Supply | 25.00 | 25.00 |
| LCODE | Rifampin 150 MG 30 Day Supply | 25.00 | 25.00 |
| LCODE | Rifampin 300 MG 30 Day Supply | 25.00 | 25.00 |
| | **PROCEDURE CODES** | | |
| 10060 | I&D Abscess, Simple/Single | 150.00 | 169.00 |
| 10061 | I&D Abscess, Complex/Multiple | 254.00 | 278.00 |

**ARTICLE I.d.**
**HEALTH DEPARTMENT**
**CLINIC SERVICES BUREAU**
**SCHEDULE OF FEES AND CHARGES**

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| 10120 | Removal of Foreign Body/Simple | 184.00 | 209.00 |
| 10121 | Removal of Foreign Body/Complex | 356.00 | 402.00 |
| 10140 | Incise/Drain Hematoma | 211.00 | 239.00 |
| 10160 | Aspiration Cyst/Hematoma | 172.00 | 194.00 |
| 10180 | I&D Post Operative Wound Infection | 316.00 | 359.00 |
| 11040 | Debridement Skin, Partial Thickness | 65.00 | 62.00 |
| 11100 | Biopsy Skin, Single Lesion | 143.00 | 160.00 |
| 11101 | Biopsy Skin, Additional Lesion | 46.00 | 51.00 |
| 11200 | Skin Tags, Removal First 15 Skin Tags | 112.00 | 130.00 |
| 11201 | Skin Tags, Additional 10 Skin Tags | 26.00 | 29.00 |
| 11300 | Shave Skin Lesion, Extremity, <0.50 CM | 94.00 | 99.00 |
| 11301 | Shave Skin Lesion, Extremity, 0.6-1.0 CM | 128.00 | 121.00 |
| 11305 | Shave Skin Lesion, Scalp, Neck, <0.50 CM | 96.00 | 106.00 |
| 11306 | Shave Skin Lesion, Scalp, Neck, 0.6-1.0 CM | 132.00 | 129.00 |
| 11310 | Shave Skin Lesion, Face, Head, <0.50 CM | 116.00 | 121.00 |
| 11311 | Shave Skin Lesion, Face, Head, 0.60 -1.0 CM | 147.00 | 143.00 |
| 11400 | Excise Neoplasm, Upper Body, <0.50 CM | 159.00 | 183.00 |
| 11401 | Excise Neoplasm, Upper Body, 0.60-1.0 CM | 195.00 | 222.00 |
| 11402 | Excise Neoplasm, Upper Body, 1.1-2.0 CM | 217.00 | 247.00 |
| 11420 | Excise Neoplasm, Neck Scalp, <0.50 CM | 160.00 | 182.00 |
| 11421 | Excise Neoplasm, Neck Scalp, 0.60-1.0 CM | 207.00 | 235.00 |
| 11440 | Excise Neoplasm, Face, <0.50 CM | 175.00 | 201.00 |
| 11441 | Excise Neoplasm, Face, 0.60-1.0 CM | 222.00 | 251.00 |
| 11730 | Avulsion of Nail Plate, Single | 135.00 | 146.00 |
| 11732 | Avulsion of Nail Plate, Each Additional | 63.00 | 67.00 |
| 11750 | Excision of Nail Matrix | 292.00 | 329.00 |
| 11765 | Nail Wedge Excision | 178.00 | 213.00 |
| 11975 | Contraceptive Implant Insertion | 0.00 | 184.00 |
| 11976 | Contraceptive Implant Removal | 206.00 | 184.00 |
| 12011 | Laceration, Simple, <2.5 CM | 213.00 | 177.00 |
| 12013 | Laceration, Simple, 2.6-5.0 CM | 234.00 | 190.00 |
| 12051 | Laceration, Layered, <2.5 CM | 364.00 | 411.00 |
| 12052 | Laceration, Layered, 2.6-5.0 CM | 413.00 | 469.00 |
| 16000 | Burn, 1st Degree | 94.00 | 103.00 |
| 16020 | Debride Small Burn Area | 112.00 | 126.00 |
| 17000 | Destruct Benign Lesion, 1st Lesion | 109.00 | 125.00 |
| 17003 | Destruct Benign Lesion, 2nd-14th Lesion | 11.00 | 12.00 |
| 17004 | Destruct Benign Lesion, 15 or more Lesion | 241.00 | 265.00 |
| 17110 | Destruct Wart, Laser, Cryo, etc. | 152.00 | 170.00 |
| 17111 | Destruct 15 or more Warts, Laser, Cryo, etc. | 180.00 | 203.00 |
| 19000 | Drain Breast Lesion | 159.00 | 171.00 |
| 19001 | Aspiration of Breast Cyst, Simple | 39.00 | 41.00 |
| 19100 | Breast Biopsy | 193.00 | 219.00 |

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**HEALTH DEPARTMENT**
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| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| 20526 | Injection, Carpal Tunnel Syndrome | 105.00 | 113.00 |
| 20550 | Trigger Point Inject, Tendon, Ligament, Cyst | 81.00 | 87.00 |
| 20551 | Trigger Point Inject, Origin/Insert | 80.00 | 88.00 |
| 20552 | Trigger Point Inject, Muscle | 73.00 | 81.00 |
| 20553 | Trigger Point Inject, 3 or more Sites | 82.00 | 92.00 |
| 20600 | Arthrocentesis, Small Joint | 77.00 | 82.00 |
| 20605 | Arthrocentesis, Intermediate Joint/Bursa | 82.00 | 90.00 |
| 20610 | Arthrocentesis, Major Joint Injection | 106.00 | 119.00 |
| 29125 | Short Arm Temporary Splint | 90.00 | 103.00 |
| 29130 | Splint Finger | 55.00 | 60.00 |
| 29260 | Strap Wrist/Elbow | 0.00 | 78.00 |
| 29280 | Strap Hand/Finger | 68.00 | 76.00 |
| 29550 | Strap Toes | 0.00 | 43.00 |
| 30901 | Epistaxis Control, Simple | 144.00 | 148.00 |
| 30903 | Epistaxis Control, Complex | 265.00 | 306.00 |
| 36000 | IV Start | 38.00 | 40.00 |
| 36405 | Venipuncture, <3 Years Physician Scalp Vein | 0.00 | 37.00 |
| 36406 | Venipuncture, <3 Years Physician Other Vein | 0.00 | 27.00 |
| 36416 | Blood Draw, Capillary | 0.00 | 25.00 |
| 36420 | Venipuncture Cutdown, <1 Year | 0.00 | 71.00 |
| 36425 | Venipuncture Cutdown, >1 Year | 0.00 | 60.00 |
| 36510 | Umbilical Catheter | 162.00 | 163.00 |
| 45005 | I&D, Anal Abscess | 386.00 | 394.00 |
| 45330 | Flex Sigmoidoscopy | 194.00 | 216.00 |
| 46320 | Enucleate/Excise External Hemorrhoid | 227.00 | 264.00 |
| 46600 | Anoscopy | 113.00 | 128.00 |
| 46900 | Destruct Anal Condlyoma | 304.00 | 278.00 |
| 51700 | Bladder, Irrigation | 137.00 | 134.00 |
| 51701 | Bladder, Catheter Insert | 96.00 | 94.00 |
| 51702 | Bladder, Foley Insert | 124.00 | 122.00 |
| 51725 | Cystometrogram, Simple | 347.00 | 310.00 |
| 52320 | Cystourethroscopy | 391.00 | 387.00 |
| 53660 | Urethral Dilation, 1st | 116.00 | 117.00 |
| 53661 | Urethral Dilation, Return Visit | 116.00 | 116.00 |
| 54050 | Destruct Penile Lesion | 187.00 | 205.00 |
| 54056 | Cryosurgery Penile Lesion | 195.00 | 220.00 |
| 54100 | Biopsy of Penis | 291.00 | 313.00 |
| 54152 | Circumcision | 185.00 | 200.00 |
| 55250 | Vasectomy | 687.00 | 675.00 |
| 56405 | I&D of Vulva/Perineum | 155.00 | 167.00 |
| 56420 | I&D Bartholin's Abscess | 180.00 | 191.00 |
| 56501 | Destruct Lesions Vulva, Simple, Laser, Cryo, etc. | 0.00 | 201.00 |
| 56515 | Destruct Lesions Vulva, Extensive, Laser, Cryo, etc. | 0.00 | 341.00 |

**ARTICLE I.d.**
**HEALTH DEPARTMENT**
**CLINIC SERVICES BUREAU**
**SCHEDULE OF FEES AND CHARGES**

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| 57061 | Destruct Vaginal Lesion, Simple | 0.00 | 176.00 |
| 57065 | Destruct Vaginal Lesion, Extensive | 0.00 | 292.00 |
| 57100 | Biopsy, Vagina | 127.00 | 134.00 |
| 57150 | Treat Vaginal Infection | 74.00 | 74.00 |
| 57160 | Pessary Insertion | 111.00 | 119.00 |
| 57170 | Fit Diaphragm/Cap | 100.00 | 99.00 |
| 57180 | Treat Vaginal Bleeding | 0.00 | 218.00 |
| 57410 | CHDP Pelvic Exam, <20 Years Old | 152.00 | 162.00 |
| 57415 | Remove Vaginal Foreign Object | 0.00 | 243.00 |
| 57420 | Exam of Vagina with Scope | 0.00 | 176.00 |
| 57452 | Colposcopy without Biopsy | 157.00 | 166.00 |
| 57454 | Colposcopy with Biopsy | 220.00 | 233.00 |
| 57455 | Colposcopy with Biopsy Cervix | 0.00 | 204.00 |
| 57456 | Colposcopy with Endocervical Curettage | 0.00 | 206.00 |
| 57460 | Colposcopy with Biopsy (LEEP) | 432.00 | 452.00 |
| 57461 | Conization of Cervix with Scope (LEEP) | 483.00 | 506.00 |
| 57500 | Biopsy of Cervix | 192.00 | 203.00 |
| 57505 | Endocervical Curettage | 146.00 | 157.00 |
| 57510 | Cautery of Cervix | 190.00 | 200.00 |
| 57511 | Cryotherapy of Cervix | 208.00 | 222.00 |
| 58100 | Endometrial Biopsy | 158.00 | 167.00 |
| 58300 | IUD Insertion | 115.00 | 112.00 |
| 58301 | IUD Removal | 138.00 | 147.00 |
| 59410 | Obstetric Care Private Pay/Low Risk | 1,252.00 | 1,361.00 |
| 59425 | Antepartum Care Only, 0-6 Visits | 619.00 | 512.00 |
| 59426 | Antepartum Care Only, 7 or more Visits | 1,108.00 | 1,120.00 |
| 59430 | Postpartum Care Only | 197.00 | 201.00 |
| 59425TG | Antepartum Care Only, High Risk, 0-6 Visits | 819.00 | 512.00 |
| 59426 TG | Antepartum Care Only, High Risk, 7 or more Visits | 1,308.00 | 1,525.00 |
| 59430 TG | Postpartum Care Only, High Risk | 397.00 | 201.00 |
| 99420 | Perinatal Education Package Private Insurance/Pay, 8 hours | 200.00 | 200.00 |
| 60100 | Thyroid Needle Biopsy | 167.00 | 173.00 |
| 62270 | Lumbar Puncture | 222.00 | 241.00 |
| 64435 | Paracervical Nerve Block | 0.00 | 217.00 |
| 64450 | Nerve Block, Other | 145.00 | 159.00 |
| 65205 | Foreign Body | 74.00 | 82.00 |
| 65220 | Foreign Body, Corneal | 76.00 | 85.00 |
| 69210 | Ear Lavage | 69.00 | 77.00 |
| G0102 | MEDICARE Digital Rectal Exam | 31.00 | 31.00 |
| G0104 | MEDICARE Flex Sigmoidoscopy Fee | 197.00 | 216.00 |
| G0130 | MEDICARE Bone Density Heel Scan | 16.00 | 36.00 |
| | **ULTRASONOGRAPHY, OTHER TESTING CODES** | | |
| 74742 | Ultrasound Follicle Study | 195.00 | 265.00 |

## ARTICLE I.d.
## HEALTH DEPARTMENT
## CLINIC SERVICES BUREAU
## SCHEDULE OF FEES AND CHARGES

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| 76801 | Ultrasound OB First Trimester | 125.00 | 133.00 |
| 76805 | Ultrasound Preg Uterus | 149.00 | 163.00 |
| 76810 | Ultrasound Multigestational | 79.00 | 81.00 |
| 76811 | Ultrasound Complete | 169.00 | 162.00 |
| 76815 | Ultrasound Preg Uterus, Limited | 90.00 | 97.00 |
| 76816 | Ultrasound Preg Uterus, Follow-up | 98.00 | 122.00 |
| 76818 | Ultrasound Fetal Biophysical Profile | 107.00 | 115.00 |
| 76825 | Echocardiography, Fetal | 195.00 | 221.00 |
| 76830 | Ultrasound Transvaginal | 132.00 | 148.00 |
| 76856 | Ultrasound Pelvic | 133.00 | 147.00 |
| 76946 | Ultrasound Amniocentisis Guide | 40.00 | 32.00 |
| 76977 | Ultrasound Bone Density Test | 17.00 | 13.00 |
| 92551 | Audiogram, Screening, Pure Tone Air | 26.00 | 21.00 |
| 92567 | Typanometry | 26.00 | 24.00 |
| 93000 | Routine ECG (12 Leads) | 32.00 | 31.00 |
| 94010 | Spirometry | 51.00 | 44.00 |
| 94375 | Peak Flow Meter | 57.00 | 39.00 |
| 94640 | Airway Inhalation Treatment | 21.00 | 26.00 |
| 94760 | Pulse Oximetry | 5.00 | 5.00 |
| 95115 | Immunotherapy | 17.00 | 17.00 |
| 96372 | Injection of Medicine, Subcutaneous or Intramuscular | 0.00 | 37.00 |
| 96373 | Injection of Medicine, Intra arterial | 0.00 | 30.00 |
| 96374 | Injection of Medicine, IV Push | 0.00 | 89.00 |
| 99000 | CHDP Lead Charge | 8.00 | 8.00 |
| 99000 | Handling of Specimen | 8.00 | 8.00 |
| 99024 | Post Operative Visit that is Part of Fee for Original Procedure | 0.00 | 0.00 |
| 99075 | Medical Testimony, Per Hour | 225.00 | 245.00 |
| 99080 | Special Reports, Forms | 30.00 | 40.00 |
| 99173 | Snellen Eye Test | 20.00 | 5.00 |
| LCODE | Returned Check Fee | 25.00 | 25.00 |
| | **IN HOUSE LABORATORY, SPECIMEN COLLECTION** | | |
| 81000 | Urinalysis, Complete | 7.00 | 7.00 |
| 81002 | Urine Chem Strip | 6.00 | 6.00 |
| 81025 | Urine Pregnancy Test | 9.00 | 5.00 |
| 82106 | Amniotic Fluid Index | 25.00 | 36.00 |
| 82270 | Occult Blood | 7.00 | 7.00 |
| 82803 | Blood Gasses (Arterial Blood Gasses) | 43.00 | 43.00 |
| 82948 | Glucose, Blood Reagent Strip | 7.00 | 7.00 |
| 83036 | Hemoglobin A1C (CLIA waived) | 22.00 | 22.00 |
| 85018 | Hemoglobin | 6.00 | 5.00 |
| 85610 | Coag U Chek Protime Test | 9.00 | 9.00 |
| 86580 | PPD, Tuberculin Skin Test | 17.00 | 17.00 |
| 86710 | One Step Influenza Test | 0.00 | 30.00 |

**ARTICLE I.d.**
**HEALTH DEPARTMENT**
**CLINIC SERVICES BUREAU**
**SCHEDULE OF FEES AND CHARGES**

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| 87210 | Wet Mount, PAP Smear, Vaginal Infection Q0111 | 10.00 | 10.00 |
| 87220 | KOH Solution Prep | 10.00 | 10.00 |
| 87265 | Pertussis Culture | 22.00 | 21.00 |
| 87880 | One Step Streptococcus Test | 22.00 | 21.00 |
| 88720 | Bilicheck Biliruben Meter | 6.00 | 12.00 |
| 89220 | Sputum Collection | 21.00 | 26.00 |
| Q0091 | MEDICARE Pap Smear Collection | 63.00 | 30.00 |
| | **IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES** | | |
| 90281 | Immune Globulin, Human, IM | 45.00 | 45.00 |
| 90396 | Varicella Zoster Immune Globulin | 950.00 | 950.00 |
| 90465 | Immunization, <8 Years age, with Counseling, Single Vaccine | 39.00 | 39.00 |
| 90466 | Immunization, <8 Years age, with Counseling, Single Vaccines, 2 or more | 20.00 | 20.00 |
| 90467 | Immunization, <8 Years of age, Combination Vaccine, 1 Injection | 26.00 | 26.00 |
| 90468 | Immunization, <8 Years of age, Combination Vaccine, 2 or more | 19.00 | 19.00 |
| 90471 | Administration of One Vaccine, >8 years | 33.00 | 37.00 |
| 90472 | Administration of Two or more Vaccines, > 8 years | 16.00 | 18.00 |
| 90473 | Administration of Vaccine Orally or Intranasal, Any Age, 1 Vaccine | 26.00 | 26.00 |
| 90474 | Administration of Vaccine Orally or Intranasal, Any Age, 2 or more | 17.00 | 18.00 |
| G0008 | MEDICARE Influenza Vaccine Admin Fee | 32.00 | 32.00 |
| G0009 | MEDICARE Pneumonia Vaccine Admin Fee | 32.00 | 32.00 |
| G0010 | MEDICARE HEP B Vaccine Admin Fee | 32.00 | 32.00 |
| 90632 | Hepatitis A, Adult Dose | 106.00 | 77.00 |
| 90633 | Hepatitis A, Child/Teen | 43.00 | 43.00 |
| 90645 | HIB Vaccine | 36.00 | 36.00 |
| 90646 | HIB Titer | 38.00 | 38.00 |
| 90649 | Human Papilloma Virus Vaccine (HPV) Quadravalent | 221.00 | 221.00 |
| 90655 | Influenza Preservative Free | 28.00 | 29.00 |
| 90656 | Influenza Preservative Free, 3 Years of age and older | 20.00 | 32.00 |
| 90657 | Influenza Split Virus, 6-35 months | 0.00 | 14.00 |
| 90658 | Influenza Split Virus, 3 Years of age and older | 20.00 | 14.00 |
| 90660 | Influenza Intranasal (FLU MIST) | 34.00 | 32.00 |
| 90669 | Prevnar (Varicella + MMRB) | 117.00 | 117.00 |
| 90675 | Rabies Vaccine | 298.00 | 298.00 |
| 90680 | Rotavirus | 67.00 | 67.00 |
| 90691 | Typhoid Vaccine | 17.00 | 90.00 |
| 90700 | DTaP (Diphtheria, Tetanus, Pertussis), Patients <7years | 39.00 | 39.00 |
| 90702 | DT, Pediatric (Diphtheria, Tetanus) | 17.00 | 17.00 |
| 90703 | Tetanus Toxiods | 17.00 | 42.00 |
| 90707 | MMR (Measles, Mumps, Rubella) | 89.00 | 89.00 |
| 90710 | MMRV (Measles, Mumps, Rubella, Varicella) | 84.00 | 84.00 |
| 90713 | IPV (Inactivated Polio Virus) | 30.00 | 90.00 |
| 90714 | Td, booster (Tetanus Diphtheria) | 14.00 | 29.00 |
| 90715 | Tdap (Tetanus, Diphtheria, Pertussis), 11 Years of age and older | 69.00 | 61.00 |

## ARTICLE I.d.
## HEALTH DEPARTMENT
## CLINIC SERVICES BUREAU
## SCHEDULE OF FEES AND CHARGES

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| 90716 | Varicella (Chickenpox) | 149.00 | 149.00 |
| 90716 | Varicella, Adult Dose | 149.00 | 149.00 |
| 90717 | Yellow Fever Vaccine | 17.00 | 98.00 |
| 90718 | TD (Tetanus, Diphtheria), Adult | 21.00 | 36.00 |
| 90720 | DTAP/HIB (Hemophilus Influenza b Hib) Vaccine | 53.00 | 53.00 |
| 90723 | Pediarix (Tetanus, Diphtheria, Pertussis, Hep B, Polio) | 227.00 | 126.00 |
| 90725 | Cholera Vaccine | 18.00 | 18.00 |
| 90727 | Plague Vaccine | 16.00 | 16.00 |
| 90732 | Pneumonia Vaccine | 86.00 | 86.00 |
| 90733 | Meningococcal Vaccine, Adult | 121.00 | 156.00 |
| 90734 | Meningococcal Vaccine, 11 Years of age and older | 153.00 | 183.00 |
| 90744 | Hepatitis B, Child/Teen | 42.00 | 42.00 |
| 90746 | Hepatitis B, Adult Dose | 102.00 | 102.00 |
| 90748 | Comvax (Hep B, HIB) | 79.00 | 79.00 |
| A4267 | Condoms, Male, Each (X1500) | 0.30 | 0.30 |
| A4268 | Condoms, Female, Each (X1500) | 6.00 | 3.00 |
| J0170 | Ephinephrine To 1MG | 11.00 | 11.00 |
| J0290 | Ampicillan Per 500 MG | 18.00 | 25.00 |
| J0520 | Bicillin To 5 MG | 21.00 | 20.00 |
| J0530 | Bicillin 600,000 Units | 21.00 | 10.00 |
| J0540 | Bicillin 1.2 Million Units | 21.00 | 20.00 |
| J0690 | Ancef To 500 MG | 14.00 | 13.00 |
| J0696 | Rocephin 250 MG | 41.00 | 24.00 |
| J0696,2 | Rocephin 500 MG | 41.00 | 36.00 |
| J0696,4 | Rocephin 1 GM | 41.00 | 48.00 |
| J0702 | Bethamethasone 12.5 MG | 18.00 | 25.00 |
| J0725 | Human Chorionic Gonadotropin 5,000 Units | 14.00 | 12.00 |
| J0735 | Clonidine Hydrochloride 0.1 MG | 163.00 | 113.00 |
| J1000 | Depo Estradiol To 5 MG | 12.00 | 11.00 |
| J1055 | Depo Provera 150 MG | 153.00 | 122.00 |
| J1060 | Depo Testosterone To 1 ML | 14.00 | 11.00 |
| J1090 | Depo Testosterone 50 ML | 11.00 | 11.00 |
| J1100 | Decadron 4 MG | 14.00 | 10.00 |
| J1200 | Benadryl 50 MG | 12.00 | 12.00 |
| J1380 | Depo Estradiol > 5 MG | 12.00 | 16.00 |
| J1390 | Delestrogen 20 MG | 16.00 | 16.00 |
| J1720 | Solu-Cortef To 100 MG | 16.00 | 16.00 |
| J1815 | Insulin Injection Each 5 Units | 15.00 | 12.00 |
| J1820 | Insulin Injection To 100 Units | 15.00 | 12.00 |
| J1885 | Toradol 15 MG | 12.00 | 12.00 |
| J1950 | Lupron Depot 3.75 MG | 1,308.00 | 1,308.00 |
| J1960 | Lupron Depot 7.50 MG | 1,557.00 | 1,557.00 |
| J2001 | Lidocaine 50 CC | 12.00 | 10.00 |

**ARTICLE I.d.**
**HEALTH DEPARTMENT**
**CLINIC SERVICES BUREAU**
**SCHEDULE OF FEES AND CHARGES**

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| J2175 | Demerol (Mipiderine) 100 MG | 11.00 | 14.00 |
| J2270 | Morphine To 10 MG | 11.00 | 14.00 |
| J2550 | Phenergan Per 50 MG | 11.00 | 11.00 |
| J2675 | Projesterone 150 MG | 11.00 | 11.00 |
| J2790 | Rhogam | 233.00 | 233.00 |
| J2920 | Solu-Medrol 40 MG | 19.00 | 16.00 |
| J2950 | Phenergan 25 MG | 11.00 | 11.00 |
| J3105 | Terbutaline 0.25 MG | 11.00 | 11.00 |
| J3301 | Kenalog To 10 MG | 12.00 | 14.00 |
| J3420 | Vitamin B12 | 11.00 | 11.00 |
| J3430 | Vitamin K Per 1 MG | 11.00 | 11.00 |
| J3490 | Zithromax 250 MG | 9.00 | 11.00 |
| J7300 | Intrauterine Device Paragard (X1522) | 853.00 | 640.00 |
| J7302 | Intrauterine System Mirena (X1532) | 936.00 | 1,051.00 |
| J7307 | Implanon | 0.00 | 1,243.00 |
| J7510 | Prednisolone To 20mg | 14.00 | 12.00 |
| J7610 | Albuterol 1 MG Compounded Solution | 9.00 | 10.00 |
| J7613 | Albuterol 1 MG Inhalation Solution | 10.00 | 10.00 |
| J7619 | Albuterol 1 MG | 9.00 | 10.00 |
| J7644 | Ipatropium Bromide Inhalation Solution 1 MG | 10.00 | 12.00 |
| J8499 | Plan B Emergency Contraception | 42.00 | 40.00 |
| X1500 | Spermicidal Gel | 15.00 | 15.00 |
| X1500 | Spermicidal Foam | 15.00 | 15.00 |
| | **COMPREHENSIVE PERINATAL SERVICES PROGRAM** | | |
| Z1032 | Initial Antepartum Visit | 127.00 | 127.00 |
| Z1034 | Antepartum Visit | 61.00 | 61.00 |
| Z1036 | Tenth Antepartum Visit | 114.00 | 114.00 |
| Z1038 | Postpartum Visit | 61.00 | 61.00 |
| Z5220 | Collection/Handling of Blood Specimen | 12.00 | 12.00 |
| Z6200 | Initial Nutrition Assessment/Additional (CPSP) | 18.00 | 18.00 |
| Z6202 | Initial Assessment, Each 15 Additional Minutes (CPSP) | 9.00 | 9.00 |
| Z6204 | Follow-up Nutrition (Individual Assessment) (CPSP) | 9.00 | 9.00 |
| Z6206 | Group Nutrition Assessment, Each 15 Min (CPSP) | 9.00 | 9.00 |
| Z6208 | Post Partum Nutritional Assessment, Individual (CPSP) | 9.00 | 9.00 |
| Z6210 | Prenatal Vitamins #300 | 40.00 | 30.00 |
| Z6300 | Initial Psychological Assessment (CPSP) | 18.00 | 18.00 |
| Z6302 | Initial Psychological Assessment, Each Additional 15 Min (CPSP) | 9.00 | 9.00 |
| Z6304 | Follow up Psychological Assessment, Each 15 Min (CPSP) | 9.00 | 9.00 |
| Z6306 | Group Psychological Assessment, Each 15 Min (CPSP) | 9.00 | 9.00 |
| Z6308 | Postpartum Psychological, Each 15 Min (CPSP) | 9.00 | 9.00 |
| Z6400 | Client Orientation (CPSP) | 9.00 | 9.00 |
| Z6402 | Initial Health Education Assessment (CPSP) | 18.00 | 18.00 |
| Z6404 | Initial Health Education Assessment, Each Additional 15 Min (CPSP) | 9.00 | 9.00 |

**ARTICLE I.d.**
**HEALTH DEPARTMENT**
**CLINIC SERVICES BUREAU**
**SCHEDULE OF FEES AND CHARGES**

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| Z6406 | Follow-up Health Education, Individual (CPSP) | 9.00 | 9.00 |
| Z6408 | Group Health Education, Each 15 Min (CPSP) | 9.00 | 9.00 |
| Z6410 | Perinatal Education, Individual, Each 15 Min (CPSP) | 9.00 | 9.00 |
| Z6412 | Perinatal Education, Group, Each Additional 15 Min (CPSP) | 9.00 | 9.00 |
| Z6414 | Postpartum Health Education, Individual, Each 15 Min (CPSP) | 9.00 | 9.00 |
| Z6500 | Initial Comprehensive Assessment (CPSP) | 136.00 | 136.00 |
| H1001 | Prenatal Care, At Risk Assessment | 0.00 | 69.00 |
| H1002 | Prenatal Care, At Risk, Enhanced Services, Care Coordination | 0.00 | 69.00 |
| H1003 | Prenatal Care, At Risk, Enhanced Services, Education | 0.00 | 69.00 |
| H2000 | Comprehensive Multi Disciplinary Evaluation | 0.00 | 69.00 |
| Z7610 | Ferrous Sulfate Supplement | 6.00 | 6.00 |
| | **Family Planning/Education ( Family Planning Access Care Treatment- PACT)** | | |
| Z9750 | Individual Family Planning/Counseling, 5 Min (PACT) | 3.00 | 6.00 |
| Z9751 | Individual Family Planning/Counseling, 10 Min (PACT) | 13.00 | 13.00 |
| Z9752 | Individual Family Planning/Counseling, 15 Min (PACT) | 52.00 | 26.00 |
| Z9753 | Individual Family Planning/Counseling, 30 Min (PACT) | 32.00 | 42.00 |
| Z9754 | Individual Family Planning/Counseling, 45 Min (PACT) | 45.00 | 68.00 |
| Z7610 | Acyclovir 200/400/800 MG Tabs (PACT) | 0.00 | 17.00 |
| Z7610 | Azithromycin 500 MG Tabs/1 GM Packet (PACT) | 0.00 | 46.00 |
| Z7610 | Butoconazole 2% Cream (PACT) | 0.00 | 32.00 |
| Z7610 | Cefixime 400 MG Tabs (PACT) | 0.00 | 12.00 |
| Z7610 | Cephalexin 250/500 MG Tabs (PACT) | 0.00 | 11.00 |
| Z7610 | Ciprofloxacin 250 MG Tabs (PACT) | 0.00 | 6.00 |
| Z7610 | Clindamycin 2% Cream (PACT) | 0.00 | 38.00 |
| Z7610 | Clotrimazole 1%/2% Cream or Tabs (PACT) | 0.00 | 10.00 |
| Z7610 | Doxycyline 100 MG Tabs (PACT) | 0.00 | 11.00 |
| Z7611 | Estradiol (PACT) | 0.00 | 14.00 |
| Z7610 | Fluconazole 150 MG Tabs (PACT) | 0.00 | 12.00 |
| Z7610 | Imiquimod 5% Cream (PACT) | 0.00 | 127.00 |
| Z7611 | Metroniadazole 250/500 MG Tabs, 0.75% Gel (PACT) | 0.00 | 38.00 |
| Z7610 | Miconazole 2%/4% Cream or Tabs (PACT) | 0.00 | 16.00 |
| Z7610 | Ofloxacin 200/400 MG Tabs (PACT) | 0.00 | 125.00 |
| Z7610 | Podofilox 0.5% Solution/Gel (PACT) | 0.00 | 79.00 |
| Z7610 | Probenecid 500 MG Tabs (PACT) | 0.00 | 5.00 |
| Z7610 | Terconazole 0.4%/0.8% Cream or Tabs (PACT) | 0.00 | 46.00 |
| Z7610 | Tinidazole 250/500 MG Tabs (PACT) | 0.00 | 15.00 |
| X5854 | Cefoxitin 1 GM/2 GM/IM (PACT) | 0.00 | 22.00 |
| X7716 | Azithromycin 250 MG tabs (PACT) | 0.00 | 6.00 |
| X7722 | Emergency Contraception (PACT) | 0.00 | 21.00 |
| J0570 | Benzathine PCN 1.2 Units/cc (PACT) | 0.00 | 60.00 |
| J0580 | Benzathine PCN 2.4 Units/cc (PACT) | 0.00 | 117.00 |

**ARTICLE I.d.**
**HEALTH DEPARTMENT**
**CLINIC SERVICES BUREAU**
**SCHEDULE OF FEES AND CHARGES**

| CPT CODE | SERVICE DESCRIPTION | Existing fees | Proposed new fees |
|---|---|---|---|
| | **EVALUATION AND MANAGEMENT CODES** | | |
| 99201 | New Patient, Minimal, 25 Minute (*Min=Minute) | 57.00 | 64.00 |
| 99202 | New Patient, Low Severity, 20 Min | 97.00 | 110.00 |
| 99203 | New Patient, Moderate, 30 Min | 140.00 | 159.00 |
| 99204 | New Patient, Moderate-High Complexity, 45 Min | 215.00 | 243.00 |
| 99205 | New Patient, Moderate-High Complexity, 60 Min | 272.00 | 302.00 |
| 99211 | Established Patient, Nurse/Medical Assistant, 5 Min | 30.00 | 32.00 |
| 99212 | Established Patient, Minimal, 10 Min | 57.00 | 65.00 |
| 99213 | Established Patient, Moderate, 15 Min | 94.00 | 107.00 |
| 99214 | Established Patient, Moderate-High, 25 Min | 141.00 | 157.00 |
| 99215 | Established Patient, Moderate-High, 40 Min | 190.00 | 213.00 |
| 99241 | Outpatient Consultation, Problem Focused/Straightforward, 15 Min (*OP=Outpatient) | 74.00 | 72.00 |
| 99242 | OP Consultation Expanded/Straightforward, 30 Min | 138.00 | 134.00 |
| 99243 | OP Consultation Detail/Low Complexity, 40 Min | 190.00 | 183.00 |
| 99244 | OP Consultation Complicated/Moderate Complexity, 60 Min | 280.00 | 271.00 |
| 99245 | OP Consultation Complicated/High Complexity, 80 Min | 343.00 | 330.00 |
| 99378 | Hospice Care Supervision, 30 or more Min | 135.00 | 167.00 |
| 99379 | Nursing Facility Supervision, 15-29 Min | 104.00 | 90.00 |
| 99380 | Nursing Facility Supervision, 30 or more Min | 135.00 | 142.00 |
| 99381 | New Patient Exam Under 1 Year old | 91.00 | 105.00 |
| 99382 | New Patient Exam, 1-4 Years old | 95.00 | 111.00 |
| 99383 | New Patient Exam, 5-11 Years old | 110.00 | 121.00 |
| 99384 | New Patient Exam, 12-17 Years old | 132.00 | 131.00 |
| 99385 | New Patient Exam, 18-39 Years old | 162.00 | 207.00 |
| 99386 | New Patient Exam, 40-64 Years old (non Medicare) | 192.00 | 234.00 |
| 99387 | New Patient Exam, 65 Years of age and over (non Medicare) | 212.00 | 274.00 |
| 99391 | Established Patient Exam, Under 1 Year old | 70.00 | 100.00 |
| 99392 | Established Patient Exam, 1-4 Years old | 75.00 | 106.00 |
| 99393 | Established Patient Exam, 5-11 Years old | 88.00 | 115.00 |
| 99394 | Established Patient Exam, 12-17 Years old | 110.00 | 125.00 |
| 99395 | Established Patient Exam, 18-39 Years old | 140.00 | 168.00 |
| 99396 | Established Patient Exam, 40-64 Years old | 170.00 | 184.00 |
| 99397 | Established Patient Exam, 65 Years of age and over (non Medicare) | 200.00 | 209.00 |
| G0101 | Medicare Annual Well Woman Exam | 54.00 | 42.00 |
| G0179 | Physician Recertification of Home Health Care | 69.00 | 64.00 |
| G0180 | Physician Certification of Home Health Care | 90.00 | 83.00 |
| G0181 | Physician Supervision of Patient Receiving Home Health Care | 159.00 | 161.00 |
| G0182 | Physician Supervision of Patient Receiving Hospice Care | 165.00 | 163.00 |
| G0402 | Medicare Preventative Exam, New Medicare Patient | 141.00 | 229.00 |
| G0403 | Routine EKG, When Performed with Above Exam | 32.00 | 31.00 |