

MONTEREY COUNTY HEALTH DEPARTMENT
2026 Fee Schedule



CPT Code	Modifier	CPT & Modifier	CPT Description	Current Fee	New Fee
0001A		0001A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE	\$ 84	\$ 84
0002A		0002A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE	\$ 84	\$ 84
0003A		0003A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 3RD DOSE	\$ 84	\$ 84
0004A		0004A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON BST DOSE	\$ 84	\$ 84
0011A		0011A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE	\$ 84	\$ 84
0012A		0012A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE	\$ 84	\$ 84
0013A		0013A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 3RD DOSE	\$ 84	\$ 84
0051A		0051A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 1ST	\$ 84	\$ 84
0052A		0052A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 2ND	\$ 84	\$ 84
0053A		0053A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 3RD	\$ 84	\$ 84
0054A		0054A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE BST	\$ 84	\$ 84
0064A		0064A	IMM ADMN SARSCOV2 50 MCG/0.25 ML BOOSTER DOSE	\$ 84	\$ 84
0071A		0071A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 1ST	\$ 84	\$ 84
0072A		0072A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 2ND	\$ 84	\$ 84
0073A		0073A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 3RD	\$ 84	\$ 84
0074A		0074A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE BST	\$ 84	\$ 84
0081A		0081A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 1ST	\$ 84	\$ 84
0082A		0082A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 2ND	\$ 84	\$ 84
0083A		0083A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 3RD	\$ 84	\$ 84
0121A		0121A	IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+ (1ST/SINGLE DOSE)	\$ 84	\$ 84
0124A		0124A	IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+ (ADDITIONAL DOSE)	\$ 84	\$ 84
0134A		0134A	IMM ADMIN MODERNA BIVALENT 50MCG/.5ML AGE 12+	\$ 84	\$ 84
0144A		0144A	IMM ADMIN MODERNA BIVALENT 25MCG/.25 ML AGE 6M-11Y (ADDITIONAL DOSE)	\$ 84	\$ 84
0151A		0151A	IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11 (1ST/SINGLE DOSE)	\$ 84	\$ 84
0154A		0154A	IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11 (ADDITIONAL DOSE)	\$ 84	\$ 84
0171A		0171A	IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (1ST DOSE)	\$ 84	\$ 84
0172A		0172A	IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (2ND DOSE)	\$ 84	\$ 84
0173A		0173A	IMM ADMIN PFIZER BIVALENT 3MCG/.2ML 6MO-4Y (3RD DOSE)	\$ 84	\$ 84
10060		10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$ 350	\$ 350
10061		10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	\$ 535	\$ 535
10140		10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	\$ 475	\$ 475
10160		10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	\$ 341	\$ 341
11102		11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	\$ 260	\$ 260
11104		11104	PUNCH BIOPSY SKIN SINGLE LESION	\$ 324	\$ 324
11106		11106	INCISIONAL BIOPSY SKIN SINGLE LESION	\$ 403	\$ 403
11200		11200	RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	\$ 238	\$ 238
11201		11201	RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	\$ 78	\$ 78
11300		11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	\$ 261	\$ 261
11301		11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	\$ 346	\$ 346
11302		11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	\$ 353	\$ 353
11305		11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	\$ 271	\$ 271
11306		11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	\$ 320	\$ 320
11307		11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	\$ 354	\$ 354
11310		11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	\$ 315	\$ 315
11311		11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	\$ 350	\$ 350
11400		11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	\$ 331	\$ 331
11600		11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	\$ 505	\$ 505

11730		11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	\$	295	\$	295
11750		11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	\$	409	\$	409
11765		11765	WEDGE EXCISION SKIN NAIL FOLD	\$	465	\$	465
11976		11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	\$	463	\$	463
11981		11981	INSERTION DRUG DELIVERY IMPLANT	\$	485	\$	485
11983		11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	\$	799	\$	799
12001		12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	\$	238	\$	238
12011		12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	\$	443	\$	443
15853		15853	REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	\$	31	\$	31
16020		16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$	219	\$	219
17000		17000	DESTRUCTION PREMALIGNANT LESION 1ST	\$	179	\$	179
17003		17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$	23	\$	23
17004		17004	DESTRUCTION PREMALIGNANT LESION 15/>	\$	430	\$	430
17110		17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$	309	\$	309
17111		17111	DESTRUCTION BENIGN LESIONS 15/>	\$	373	\$	373
19001		19001	PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	\$	63	\$	63
2022F		2022F	DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	\$	38	\$	38
20526		20526	INJECTION THERAPEUTIC CARPAL TUNNEL	\$	285	\$	285
20550		20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	\$	198	\$	198
20551		20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	\$	194	\$	194
20552		20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	\$	180	\$	180
20600		20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	\$	190	\$	190
20605		20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	\$	173	\$	173
20610		20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	\$	213	\$	213
20611		20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	\$	248	\$	248
20612		20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	\$	198	\$	198
29125		29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	\$	174	\$	174
46600		46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	\$	309	\$	309
51701		51701	INSJ NON-NDWELLG BLADDER CATHETER	\$	178	\$	178
51702		51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	\$	159	\$	159
54150		54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	\$	365	\$	365
56420		56420	I&D OF BARTHOLINS GLAND ABSCESS	\$	478	\$	478
56501		56501	DESTRUCTION LESIONS VULVA SIMPLE	\$	493	\$	493
56605		56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	\$	314	\$	314
57061		57061	DESTRUCTION VAGINAL LESIONS SIMPLE	\$	430	\$	430
57160		57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	\$	191	\$	191
57452		57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	\$	314	\$	314
57454		57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	\$	626	\$	626
57455		57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	\$	459	\$	459
57456		57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	\$	513	\$	513
57460		57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	\$	843	\$	843
57500		57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	\$	495	\$	495
57505		57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	\$	398	\$	398
58100		58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	\$	379	\$	379
58300		58300	INSERTION INTRAUTERINE DEVICE IUD	\$	296	\$	296
58301		58301	REMOVAL INTRAUTERINE DEVICE IUD	\$	404	\$	404
62270		62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	\$	366	\$	366
64435		64435	INJECTION AA&/STRD PARACERVICAL NERVE	\$	203	\$	203
69200		69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	\$	285	\$	285
69209		69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	\$	68	\$	68
69210		69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	\$	120	\$	120
80061		80061	LIPID PANEL	\$	59	\$	59
81002		81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	\$	19	\$	19

81025		81025	URINE PREGNANCY TEST VISUAL COLOR CMPSRN METHS	\$	19	\$	19
82306		82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	\$	348	\$	348
83036		83036	HEMOGLOBIN GLYCOSYLATED A1C	\$	50	\$	50
83655		83655	ASSAY OF LEAD	\$	25	\$	25
84443		84443	ASSAY OF THYROID STIMULATING HORMONE TSH	\$	25	\$	25
85018		85018	BLOOD COUNT HEMOGLOBIN	\$	19	\$	19
85025		85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	\$	33	\$	33
86580		86580	SKIN TEST TUBERCULOSIS INTRADERMAL	\$	38	\$	38
87428		87428	IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	\$	45	\$	45
87811		87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	\$	45	\$	45
88720		88720	BILIRUBIN TOTAL TRANSCUTANEOUS	\$	40	\$	40
90471		90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$	60	\$	60
90472		90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	\$	40	\$	40
90480		90480	IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	\$	40	\$	40
90611		90611	SMALLPOX&MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE	\$	40	\$	40
90619		90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	\$	156	\$	156
90620		90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	\$	366	\$	366
90632		90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	\$	159	\$	159
90633		90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	\$	84	\$	84
90648		90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	\$	86	\$	86
90649		90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	\$	290	\$	290
90651		90651	9VHPV VACC 2/3 DOSE SCHED IM USE	\$	409	\$	409
90662		90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	\$	85	\$	85
90670		90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	\$	364	\$	364
90671		90671	PCV15 VACCINE FOR INTRAMUSCULAR USE	\$	281	\$	281
90677		90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	\$	406	\$	406
90680		90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	\$	271	\$	271
90681		90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	\$	271	\$	271
90682		90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	\$	85	\$	85
90685		90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	\$	50	\$	50
90686		90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	\$	50	\$	50
90688		90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	\$	44	\$	44
90696		90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	\$	175	\$	175
90697		90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	\$	185	\$	185
90700		90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	\$	80	\$	80
90707		90707	MEASLES MUMPS RUBELLA VIRUS (MMR II/PRIORIX) VACCINE LIVE SUBQ	\$	129	\$	129
90710		90710	MEASLES MUMPS RUBELLA VARICELLA (PROQUAD) VACC LIVE SUBQ	\$	306	\$	306
90713		90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	\$	76	\$	76
90714		90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	\$	66	\$	66
90715		90715	TDAP VACCINE 7 YRS/> IM	\$	98	\$	98
90716		90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	\$	208	\$	208
90723		90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	\$	158	\$	158
90732		90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	\$	175	\$	175
90733		90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	\$	224	\$	224
90734		90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	\$	294	\$	294
90739		90739	HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	\$	153	\$	153
90744		90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	\$	85	\$	85
90746		90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	\$	154	\$	154
90748		90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	\$	153	\$	153
90750		90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	\$	280	\$	280
90791		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$	408	\$	408
90792		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	\$	459	\$	459
90832		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	\$	210	\$	210

90834		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	\$ 244	\$ 244
90837		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	\$ 360	\$ 360
90899		90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	\$ -	\$ -
91300		91300	PFIZER-BIONTECH COVID-19 VACCINE	\$ -	\$ -
91301		91301	MODERNA COVID-19 100MCG/0.5ML IM VACCINE	\$ -	\$ -
91305		91305	SARSCOV2 VACCINE 30MCG/0.3ML TRIS-SUCROSE IM USE	\$ -	\$ -
91306		91306	SARSCOV2 VACCINE 50 MCG/0.25 ML IM USE	\$ -	\$ -
91307		91307	SARSCOV2 VACCINE 10MCG/0.2ML TRIS-SUCROSE IM USE	\$ -	\$ -
91308		91308	SARSCOV2 VACCINE 3MCG/0.2ML TRIS-SUCROSE IM USE	\$ -	\$ -
91312		91312	PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 30 MCG/0.3 ML IM USE	\$ -	\$ -
91313		91313	MODERNA (COVID-19) SARSCOV2 VACCINE BIVALENT 50 MCG/0.5 ML IM USE	\$ -	\$ -
91315		91315	PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 10 MCG/0.2 ML IM USE	\$ -	\$ -
91317		91317	PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 3 MCG/0.2 ML IM USE	\$ -	\$ -
91318		91318	SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	\$ -	\$ -
91320		91320	SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	\$ -	\$ -
92551		92551	SCREENING TEST PURE TONE AIR ONLY	\$ 45	\$ 45
93000		93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$ 80	\$ 80
94010		94010	SPMTRY W/VC EXPIRATORY FLO W/VO MXML VOL VNTJ	\$ 85	\$ 85
94375		94375	RESPIRATORY FLOW VOLUME LOOP	\$ 100	\$ 100
94640		94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	\$ 80	\$ 80
94760		94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	\$ 25	\$ 25
96110		96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	\$ 31	\$ 31
96160		96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	\$ 74	\$ 74
96372		96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	\$ 60	\$ 60
98925		98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	\$ 105	\$ 105
98926		98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	\$ 146	\$ 146
98927		98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	\$ 183	\$ 183
98960		98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	\$ 98	\$ 98
99000		99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	\$ 31	\$ 31
99070		99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	\$ 46	\$ 46
99080		99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	\$ 60	\$ 60
99173		99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	\$ 40	\$ 40
99188		99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	\$ 29	\$ 29
99202		99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	\$ 260	\$ 260
99203		99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	\$ 358	\$ 358
99204		99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	\$ 411	\$ 411
99205		99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	\$ 533	\$ 533
99211		99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	\$ 86	\$ 86
99212		99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	\$ 160	\$ 160
99213		99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	\$ 245	\$ 245
99214		99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	\$ 351	\$ 351
99215		99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	\$ 440	\$ 440
99342		99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	\$ 184	\$ 184
99381		99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	\$ 363	\$ 363
99382		99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	\$ 378	\$ 378
99383		99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	\$ 388	\$ 388
99384		99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	\$ 431	\$ 431
99385		99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	\$ 418	\$ 418
99386		99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	\$ 474	\$ 474
99391		99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	\$ 325	\$ 325
99392		99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	\$ 341	\$ 341
99393		99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	\$ 341	\$ 341
99394		99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	\$ 368	\$ 368

99395		99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	\$ 375	\$ 375
99396		99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$ 396	\$ 396
99397		99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	\$ 374	\$ 374
99401		99401	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN	\$ 99	\$ 99
99402		99402	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN	\$ 153	\$ 153
99403		99403	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN	\$ 246	\$ 246
99404		99404	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN	\$ 264	\$ 264
99406		99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	\$ 35	\$ 35
99441		99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	\$ 140	\$ 140
99442		99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	\$ 224	\$ 224
99443		99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	\$ 314	\$ 314
99499		99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	\$ -	\$ -
A4663		A4663	BLOOD PRESSURE CUFF	\$ -	\$ -
A9150		A9150	MISC/EXPER NON-PRESCRIPT DRU	\$ 23	\$ 23
E0445		E0445	OXIMETER NON-INVASIVE	\$ -	\$ -
E1639		E1639	SCALE, EACH	\$ -	\$ -
G0008		G0008	ADMIN INFLUENZA VIRUS VAC	\$ 63	\$ 63
G0009		G0009	ADMIN PNEUMOCOCCAL VACCINE	\$ 71	\$ 71
G0010		G0010	ADMIN HEPATITIS B VACCINE	\$ 74	\$ 74
G0101		G0101	CA SCREEN;PELVIC/BREAST EXAM	\$ 156	\$ 156
G0121		G0121	COLON CA SCRIN NOT HI RSK IND	\$ 856	\$ 856
G0181		G0181	HOME HEALTH CARE SUPERVISION	\$ 254	\$ 254
G0245		G0245	INITIAL FOOT EXAM PT LOPS	\$ 161	\$ 161
G0246		G0246	FOLLOWUP EVAL OF FOOT PT LOP	\$ 99	\$ 99
G0247		G0247	ROUTINE FOOTCARE PT W LOPS	\$ 221	\$ 221
G0442		G0442	ANNUAL ALCOHOL SCREEN 15 MIN	\$ 54	\$ 54
G2023		G2023	SPECIMEN COLLECT COVID-19	\$ 31	\$ 31
G8510		G8510	SCR DEP NEG, NO PLAN REQD	\$ -	\$ -
G9919		G9919	SCRN ND POS ND PROV OF REC	\$ 75	\$ 75
G9920		G9920	SCRNING PERF AND NEGATIVE	\$ 75	\$ 75
J0561		J0561	PENICILLIN G BENZATHINE INJ	\$ 21	\$ 21
J0696		J0696	CEFTRIAXONE SODIUM INJECTION	\$ 21	\$ 21
J0739		J0739	HIV PREP, INJ, CABOTEGRAVIR	\$ -	\$ -
J0741		J0741	INJ, CABOTE RILPIVIR 2MG 3MG	\$ -	\$ -
J1050		J1050	PR MEDROXYPROGESTERONE ACETATE	\$ 1	\$ 1
J1071		J1071	INJ TESTOSTERONE CYPIONATE	\$ 1	\$ 1
J1100		J1100	DEXAMETHASONE SODIUM PHOS	\$ 45	\$ 45
J1200		J1200	DIPHENHYDRAMINE HCL INJECTIO	\$ 31	\$ 31
J1610		J1610	GLUCAGON HYDROCHLORIDE/1 MG	\$ -	\$ -
J1631		J1631	HALOPERIDOL DECANOATE INJ	\$ -	\$ -
J1726		J1726	MAKENA, 10 MG	\$ -	\$ -
J1815		J1815	INSULIN INJECTION	\$ 59	\$ 59
J1885		J1885	KETOROLAC TROMETHAMINE INJ	\$ 54	\$ 54
J2001		J2001	LIDOCAINE INJECTION	\$ 9	\$ 9
J2315		J2315	NALTREXONE, DEPOT FORM	\$ -	\$ -
J2426		J2426	INJ, INVEGA SUSTENNA, 1 MG	\$ 151	\$ 151
J2550		J2550	PROMETHAZINE HCL INJECTION	\$ 73	\$ 73
J2790		J2790	RHO D IMMUNE GLOBULIN INJ	\$ 423	\$ 423
J2930		J2930	METHYLPREDNISOLONE INJECTION	\$ 68	\$ 68
J3301		J3301	TRIAMCINOLONE ACET INJ NOS	\$ 73	\$ 73
J3420		J3420	VITAMIN B12 INJECTION	\$ 73	\$ 73
J3490		J3490	DRUGS UNCLASSIFIED INJECTION	\$ 171	\$ 171
J7297		J7297	LILETTA, 52 MG	\$ 603	\$ 603

J7298		J7298	MIRENA, 52 MG	\$ 951	\$ 951
J7300		J7300	INTRAUT COPPER CONTRACEPTIVE	\$ 860	\$ 860
J7307		J7307	ETONOGESTREL IMPLANT SYSTEM	\$ 1,039	\$ 1,039
J7510		J7510	PREDNISOLONE ORAL PER 5 MG	\$ 25	\$ 25
J7512		J7512	PREDNISONE IR OR DR ORAL 1MG	\$ 5	\$ 5
J7611		J7611	PR ALBUTEROL NON-COMP CON	\$ 16	\$ 16
J7613		J7613	PR ALBUTEROL NON-COMP UNIT	\$ 21	\$ 21
J7620		J7620	ALBUTEROL IPRATROP NON-COMP	\$ 25	\$ 25
J7644		J7644	IPRATROPIUM BROMIDE NON-COMP	\$ 25	\$ 25
J8499		J8499	ORAL PRESCRIP DRUG NON CHEMO	\$ 76	\$ 76
J8540		J8540	ORAL DEXAMETHASONE	\$ 46	\$ 46
LAS156		LAS156	SOFIA2 SARS ANTIGEN FIA (COVID) POCT	\$ 68	\$ 68
LBS206		LBS206	BINAXNOW COVID-19 AG CARD POCT	\$ 38	\$ 38
LBS233		LBS233	COVID-19 AG (POCT)	\$ 38	\$ 38
LES051		LES051	COVID-19 POCT	\$ 38	\$ 38
LES088		LES088	SOFIA 2 FLU + SARS AG FIA POCT	\$ 38	\$ 38
LES225		LES225	QUICKVUE® SARS RAPID ANTIGEN POCT	\$ 38	\$ 38
LES227		LES227	BD VERITOR COVID-19 PLUS FLU A+B POCT	\$ 38	\$ 38
LHS022		LHS022	ALERE ICUP DX PRO 2 POCT	\$ 38	\$ 38
LHS023		LHS023	CARESTART COVID-19 AG CARD POCT	\$ 38	\$ 38
LV3910		LV3910	LEAD, WHOLE BLOOD (PEDIATRIC) LABCORP	\$ 31	\$ 31
LV465		LV465	URINE HCG (PREG) (MTY IN-HOUSE)	\$ 11	\$ 11
LV466		LV466	RAPID STREP (MTY IN-HOUSE)	\$ 36	\$ 36
LV467		LV467	HEMOGLOBIN FINGERSTICK (MTYHD IN-HOUSE)	\$ 74	\$ 74
LV4901		LV4901	URINALYSIS DIPSTICK (MCKESSON)	\$ 16	\$ 16
LV4922		LV4922	RSV BINAXNOW (POCT)	\$ 19	\$ 19
LV4933		LV4933	HCG URINE MCKESSON (POCT)	\$ 11	\$ 11
LV497		LV497	BILIRUBIN TEST (MTYHD IN-HOUSE)	\$ 16	\$ 16
LV5114		LV5114	INFLUENZA A & B BD VERITOR (POCT)	\$ 20	\$ 20
LV5262		LV5262	GLUCOSE HEMOCUE (POCT)	\$ 23	\$ 23
LV5383		LV5383	HEMOGLOBIN, HEMOCUE (POCT)	\$ 16	\$ 16
LV5550		LV5550	FECAL OCCULT BLOOD SCREENING, CONSULT DIAGNOSTICS (POCT)	\$ 10	\$ 10
LV5581		LV5581	A1C, SIEMENS (POCT)	\$ 46	\$ 46
LV5629		LV5629	BILIRUBIN, TRANSCUTANEOUS OPTICAL (BILICHEK)	\$ 15	\$ 15
LV5670		LV5670	WET MOUNT AND PH, VAGINAL (POCT)	\$ 18	\$ 18
LV5812		LV5812	URINE DIP CLINITEK (POCT)	\$ 19	\$ 19
Q0091		Q0091	OBTAINING SCREEN PAP SMEAR	\$ 148	\$ 148
Q0162		Q0162	ONDANSETRON ORAL	\$ 3	\$ 3
S0020		S0020	INJECTION, BUPIVICAINE HYDRO	\$ 18	\$ 18
S0119		S0119	ONDANSETRON 4 MG	\$ 3	\$ 3
S0191		S0191	MISOPROSTOL, ORAL, 200 MCG	\$ 66	\$ 66
S0197		S0197	PRENATAL VITAMINS 30 DAY	\$ 5	\$ 5
S0630		S0630	REMOVAL OF SUTURES	\$ 71	\$ 71
S9981		S9981	MED RECORD COPY ADMIN	\$ -	\$ -
T1015		T1015	CLINIC SERVICE	\$ -	\$ -
T1017		T1017	TARGETED CASE MANAGEMENT	\$ 70	\$ 70
TA008		TA008	INSUFFICIENT FUNDS CHARGE	\$ 48	\$ 48
TA073		TA073	INTERIM BILLING	\$ -	\$ -
TA089		TA089	ERRONEOUS - COMPLETED BY SOMEONE OTHER THAN PROVIDER	\$ -	\$ -
TM012		TM012	CHDP PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	\$ 25	\$ 25
TM1001		TM1001	CHDP HPV 9-VALENT	\$ 25	\$ 25
TM1008		TM1008	PCV15 VACCINE FOR INTRAMUSCULAR USE	\$ 25	\$ 25
TM1009		TM1009	RSV MONOCLONAL ANTIB SEASONAL DOSE 1 ML IM USE	\$ 25	\$ 25

TM1010		TM1010	RSV MONOCLONAL ANTIB SEASONAL DOSE 0.5ML IM USE	\$	25	\$	25
TM1012		TM1012	MODERNA (COVID-19) SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	\$	25	\$	25
TM1014		TM1014	PFIZER (COVID-19) SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	\$	25	\$	25
TM1015		TM1015	PFIZER (COVID-19) SARSCOV2 VACC 10MCG/0.3ML TRIS-SUCROSE IM USE	\$	25	\$	25
TM1016		TM1016	PFIZER (COVID-19) SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	\$	25	\$	25
TM104		TM104	MENINGOCOCCAL VAC, CONJUGATE	\$	25	\$	25
TM135		TM135	CHDP DTAP/IPV	\$	25	\$	25
TM141		TM141	CHDP DTAP	\$	25	\$	25
TM143		TM143	CHDP TDAP	\$	25	\$	25
TM147		TM147	CHDP TD	\$	18	\$	18
TM149		TM149	CHDP TD BOOSTER, ADULT	\$	25	\$	25
TM151		TM151	CHDP IPV	\$	25	\$	25
TM155		TM155	CHDP PNEUMOCOCCAL POLYSACCHARIDE (23PS)	\$	25	\$	25
TM157		TM157	CHDP MENINGOCOCCAL VACCINE, CONJUGATE	\$	25	\$	25
TM159		TM159	CHDP MMRV	\$	25	\$	25
TM161		TM161	CHDP MMR	\$	25	\$	25
TM163		TM163	CHDP HIB (PRP-T)	\$	25	\$	25
TM165		TM165	CHDP HEPB	\$	25	\$	25
TM167		TM167	CHDP HEPB ADULT	\$	25	\$	25
TM169		TM169	CHDP VAR (VARICELLA)	\$	25	\$	25
TM171		TM171	CHDP HEPA	\$	25	\$	25
TM177		TM177	CHDP DTAP/HEPB/IPV (PEDIARIX)	\$	25	\$	25
TM181		TM181	CHDP INFLUENZA, SPLIT, IM	\$	25	\$	25
TM183		TM183	CHDP HPV GARDASIL	\$	25	\$	25
TM185		TM185	CHDP ROTAVIRUS	\$	25	\$	25
TM186		TM186	HPV 9 VACCINE	\$	25	\$	25
TM191		TM191	CHDP ROTAVIRUS, HUMAN, ATTENUATED, 2 DOSE	\$	25	\$	25
TM242		TM242	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE	\$	25	\$	25
TM246		TM246	HEP A ADULT	\$	25	\$	25
TM247		TM247	HEP B ADULT	\$	25	\$	25
TM251		TM251	VFC FLU VAC NO PRS 4 VAL	\$	25	\$	25
TM254		TM254	FLU VAC 4 VAL 3 YRS+	\$	25	\$	25
TM267		TM267	CHDP MENINGOCOCCAL RECOMB PROTEIN & OUT MEMBRANE VER	\$	25	\$	25
TM27002		TM27002	DTAP VACCINE, IMM (INFANRIX)	\$	25	\$	25
TM281		TM281	HEPATITIS B VACCINE ADULT 2 DOSE IM	\$	25	\$	25
TM402		TM402	DTAP-IPV-HIB-HEPB VACCINE	\$	25	\$	25
TM405		TM405	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	\$	25	\$	25
TM406		TM406	PREVNAR 20	\$	25	\$	25
TM407		TM407	ZOSTER VACCINE, RECOMBINANT (SHINGRIX)	\$	25	\$	25
TM408		TM408	PREVNAR 15	\$	25	\$	25
TM774		TM774	TDAP	\$	25	\$	25
TP002		TP002	CHARGE FOR LIDOCAINE HCL, 1% 10MG/ML	\$	-	\$	-
TP049		TP049	CHARGE FOR ACETAMINOPHEN 325MG UD	\$	-	\$	-
TP052		TP052	CHARGE FOR ASPIRIN 325 MG, PO	\$	-	\$	-
TP068		TP068	CHARGE FOR CLONIDINE 0.1 MG	\$	21	\$	21
TP070		TP070	CHARGE FOR CLONIDINE 0.2 MG	\$	-	\$	-
TP094		TP094	INJECTION, INSULIN HUMALOG	\$	15	\$	15
TP1076		TP1076	CHARGE FOR DULAGLUTIDE 0.75 MG/0.5 ML INJECTION	\$	-	\$	-
TP109		TP109	CHARGE FOR BACITRACIN OINT 500UNITS 15G	\$	15	\$	15
TP1116		TP1116	CHARGE FOR AZITHROMYCIN 250MG TAB, PER TAB	\$	14	\$	14
TP1148		TP1148	CHARGE FOR ASPIRIN 81 MG CHEWABLE TAB, PER TAB	\$	-	\$	-
TP1150		TP1150	CHARGE FOR DIPHENHYDRAMINE 12.5 MG/5 ML ORAL LIQUID, PEL	\$	-	\$	-
TP1152		TP1152	CHARGE FOR IBUPROFEN 100 MG/5 ML ORAL SUSP, PER 5 ML	\$	-	\$	-

TP1154		TP1154	CHARGE FOR IBUPROFEN 600 MG TAB, PER TAB	\$ -	\$ -
TP1185		TP1185	CHARGE FOR METOPROLOL TARTRATE 25 MG, PER TAB	\$ -	\$ -
TP1210		TP1210	CHARGE FOR ACETAMINOPHEN 160 MG/5 ML, PER 160MG (5ML)	\$ -	\$ -
TP1214		TP1214	CHARGE FOR TETRACAINE 0.5% (PER DROP)	\$ -	\$ -
TP1215		TP1215	CHARGE FOR NEXPLANON 68MG SUBDERMAL IMPLANT	\$ 1,554	\$ 1,554
TP124		TP124	INJECTION, XYLOCAINE 1% INTRADERMAL	\$ -	\$ -
TP1275		TP1275	CHARGE FOR IBUPROFEN 800MG (55111-0684-01)	\$ -	\$ -
TP1300		TP1300	CHARGE FOR PLAN B ONE-STEP 1.5 MG TABLET, PER TAB	\$ 63	\$ 63
TP1301		TP1301	CHARGE FOR LEVONORGESTREL 1.5 MG TABLET, PER TAB	\$ -	\$ -
TP1319		TP1319	CHARGE FOR AZITHROMYCIN 500 MG TAB, PER TAB	\$ 39	\$ 39
TP1395		TP1395	CHARGE FOR SILVER NITRATE APPLICATORS 75 %-25 % TOPICAL STICK	\$ 19	\$ 19
TP221		TP221	CHARGE FOR DIPHENHYDRAMINE 25MG UD	\$ -	\$ -
TP2331		TP2331	CHARGE FOR DEXTROSE ORAL GEL, PER TUBE	\$ -	\$ -
TP2345		TP2345	CHARGE FOR XYLOCAINE 2% 100MG/5ML VIAL	\$ -	\$ -
TP2351		TP2351	CHARGE FOR LABETALOL HYDROCHLORIDE 100 MG TABLET	\$ -	\$ -
TP315		TP315	CHARGE FOR IBUPROFEN 200MG UD	\$ -	\$ -
TP379		TP379	CHARGE FOR METRONIDAZOLE 500MG TAB	\$ -	\$ -
TP4019		TP4019	CHARGE FOR FLUORESCIN 1 MG EYE STRIPS	\$ -	\$ -
TP633		TP633	CHARGE FOR TRICHLOROACETIC ACID 15 G/100 ML	\$ -	\$ -
TP759		TP759	CHARGE FOR ACETAMINOPHEN 120 MG RECTAL SUPPOSITORY UD	\$ -	\$ -
TP966		TP966	CHARGE FOR GLUCOSE TABS	\$ -	\$ -
TR023		TR023	CHDP DENTAL ASSESS/REF	\$ -	\$ -
TS005		TS005	LIQUID NITROGEN	\$ -	\$ -
TS040		TS040	DRESSING CHANGE	\$ -	\$ -
TS045		TS045	AEROCHAMBER WITH MASK CHILD	\$ -	\$ -
TS051		TS051	NIPPLE SHIELD	\$ -	\$ -
TS055		TS055	CONDOMS LATEX	\$ 1	\$ 1
TS094		TS094	SPLINT-WRIST	\$ 40	\$ 40
TS095		TS095	PILL CUTTER	\$ -	\$ -
TS098		TS098	CRUTCHES, COMPLETE	\$ -	\$ -
TS1000		TS1000	TAKE HOME STOOL CARD	\$ -	\$ -
TS104		TS104	AIR STIRRUP ANKLE BRACE	\$ -	\$ -
TS221		TS221	TRAY - COLPO W/ BIOPSY & ECC	\$ -	\$ -
TX001		TX001	NURSE ONLY VISIT	\$ 86	\$ 86
TX003		TX003	SOCIAL WORKER VISIT ONLY	\$ -	\$ -
TX0044		TX0044	MISCELLANEOUS - NON BILLABLE	\$ -	\$ -
TX0096		TX0096	SITZ BATH	\$ -	\$ -
TX015		TX015	ORTHOSTATIC BP	\$ -	\$ -
TX016		TX016	NP NON-BILLABLE VISIT	\$ -	\$ -
TX018		TX018	PRENATAL ONLY VISIT	\$ -	\$ -
TX023		TX023	LAB ONLY	\$ -	\$ -
TX036		TX036	LEFT WITHOUT SEEN	\$ -	\$ -
TX117		TX117	IMMUNIZATION ONLY VISIT	\$ -	\$ -
TX119		TX119	PROCEDURE ONLY VISIT	\$ -	\$ -
TX181		TX181	SOCIAL WORKER CASE MANAGEMENT	\$ -	\$ -
TX235		TX235	DIABETIC FOOT EXAM	\$ -	\$ -
Z1032		Z1032	INITIAL ANTEPARTUM	\$ 638	\$ 638
Z1034		Z1034	ANTEPARTUM VISITS	\$ 190	\$ 190
Z1038		Z1038	POSTPARTUM	\$ 190	\$ 190
Z6200		Z6200	INITIAL NUTRITION ASSESSMENT AND DEVELOPMENT OF CARE PLAN; FIRST 30 MIN	\$ 80	\$ 80
Z6202		Z6202	EACH SUBSEQUENT 15 MINUTES (MAXIMUM OF 1½ HOURS)	\$ 20	\$ 20
Z6204		Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	\$ 40	\$ 40
Z6208		Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	\$ 80	\$ 80

Z6300		Z6300	PSYCHOSOCIAL ASSESSMENT	\$ 80	\$ 80
Z6304		Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	\$ 60	\$ 60
Z6306		Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	\$ 30	\$ 30
Z6308		Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	\$ 39	\$ 39
Z6400		Z6400	CLIENT ORIENTATION	\$ 60	\$ 60
Z6402		Z6402	HEALTH ASSESSMENT	\$ 100	\$ 100
Z6404		Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	\$ 80	\$ 80
Z6406		Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	\$ 40	\$ 40
Z6410		Z6410	PERINATAL EDUCATION (INDIVIDUAL)	\$ 60	\$ 60
Z6414		Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	\$ 80	\$ 80
Z6500		Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	\$ 363	\$ 363
98940		98940	Chiropractic manipulative treatment (CMT); Spinal, 1-2 regions	\$ 66	\$ 66
98941		98941	Chiropractic manipulative treatment (CMT); Spinal, 3-4 regions	\$ 96	\$ 96
98942		98942	Chiropractic manipulative treatment (CMT); Spinal, 5 regions	\$ 123	\$ 123
98943		98943	Chiropractic manipulative treatment (CMT); Extraspinal, 1 or more regions	\$ 60	\$ 60
CDT Code	Modifier	CDT & Modifier	CDT Description	Current Fee	New Fee
D0120		D0120	periodic oral evaluation – established patient	\$ 136	\$ 90
D0140		D0140	limited oral evaluation – problem focused	\$ 215	\$ 132
D0145		D0145	oral evaluation for a patient under three years of age, counseling with primary caregiver	\$ 86	\$ 112
D0150		D0150	comprehensive oral evaluation – new or established patient	\$ 253	\$ 153
D0160		D0160	detailed and extensive oral evaluation – problem focused, by report	\$ 443	\$ 235
D0170		D0170	re-evaluation – limited, problem focused (established patient not post-operative visit)	\$ 215	\$ 115
D0171		D0171	re-evaluation – post-operative office visit	\$ 185	\$ 111
D0180		D0180	comprehensive periodontal evaluation – new or established patient		\$ 163
D0190		D0190	screening of a patient	\$ 225	\$ 133
D0191		D0191	assessment of a patient	\$ 228	\$ 127
D0210		D0210	intraoral – comprehensive series of radiographic images	\$ 385	\$ 217
D0220		D0220	intraoral – periapical first radiographic image	\$ 85	\$ 50
D0230		D0230	intraoral – periapical each additional radiographic image	\$ 73	\$ 43
D0240		D0240	intraoral – occlusal radiographic image	\$ 120	\$ 64
D0270		D0270	bitewing – single radiographic image	\$ 85	\$ 49
D0272		D0272	bitewings – two radiographic images	\$ 135	\$ 73
D0274		D0274	bitewings – four radiographic images	\$ 193	\$ 104
D0330		D0330	panoramic radiographic image	\$ 328	\$ 191
D0460		D0460	pulp vitality tests	\$ 165	\$ 94
D0461		D0461	testing for cracked tooth	\$ -	\$ -
D0470		D0470	diagnostic casts	\$ 345	\$ 209
D0999		D0999	unspecified diagnostic procedure	\$ -	\$ -
D1110		D1110	prophylaxis – adult	\$ 262	\$ 152
D1120		D1120	prophylaxis – child	\$ 185	\$ 111
D1206		D1206	topical application of fluoride varnish	\$ 82	\$ 66
D1208		D1208	topical application of fluoride – excluding varnish		\$ 63
D1310		D1310	nutritional counseling for control of dental disease	\$ 158	\$ 98
D1320		D1320	tobacco counseling for the control and prevention of oral disease	\$ 174	\$ 114
D1330		D1330	oral hygiene instructions	\$ 150	\$ 87
D1351		D1351	sealant – per tooth	\$ 127	\$ 88
D1353		D1353	sealant repair – per tooth		\$ 91
D1354		D1354	application of caries arresting medicament – per tooth		\$ 112
D1355		D1355	caries preventive medicament application – per tooth	\$ 154	\$ 111
D1551		D1551	re-cement or re-bond bilateral space maintainer – maxillary	\$ 117	\$ 155
D1552		D1552	re-cement or re-bond bilateral space maintainer – mandibular	\$ 117	\$ 161
D1553		D1553	re-cement or re-bond unilateral space maintainer – per quadrant	\$ 117	\$ 164

D1556		D1556	removal of fixed unilateral space maintainer – per quadrant	\$	111	\$	149
D1557		D1557	removal of fixed bilateral space maintainer – maxillary	\$	111	\$	170
D1558		D1558	removal of fixed bilateral space maintainer – mandibular	\$	111	\$	179
D1999		D1999	unspecified preventive procedure, by report	\$	-	\$	-
D2140		D2140	amalgam – one surface, primary or permanent	\$	430	\$	244
D2150		D2150	amalgam – two surfaces, primary or permanent	\$	545	\$	311
D2160		D2160	amalgam – three surfaces, primary or permanent	\$	663	\$	377
D2161		D2161	amalgam – four or more surfaces, primary or permanent	\$	783	\$	452
D2330		D2330	resin-based composite – one surface, anterior	\$	493	\$	284
D2331		D2331	resin-based composite – two surfaces, anterior	\$	595	\$	339
D2332		D2332	resin-based composite – three surfaces, anterior	\$	733	\$	412
D2335		D2335	resin-based composite – four or more surfaces (anterior)	\$	915	\$	519
D2391		D2391	resin-based composite – one surface, posterior	\$	528	\$	302
D2392		D2392	resin-based composite – two surfaces, posterior	\$	673	\$	387
D2393		D2393	resin-based composite – three surfaces, posterior	\$	828	\$	468
D2394		D2394	resin-based composite – four or more surfaces, posterior	\$	991	\$	549
D2989		D2989	excavation of a tooth resulting in the determination of non-restorability			\$	363
D2990		D2990	Resin infiltration of incipient smooth surface lesions	\$	528	\$	293
D2991		D2991	application of hydroxyapatite regeneration medicament – per tooth			\$	164
D2999		D2999	unspecified restorative procedure	\$	-	\$	-
D3110		D3110	pulp cap – direct	\$	243	\$	144
D3120		D3120	pulp cap – indirect	\$	243	\$	138
D3220		D3220	therapeutic pulpotomy	\$	603	\$	336
D3999		D3999	unspecified endodontic procedure, by report	\$	-	\$	-
D4341		D4341	periodontal scaling and root planing – four or more teeth per quadrant	\$	691	\$	416
D4342		D4342	periodontal scaling and root planing – one to three teeth per quadrant	\$	289	\$	316
D4346		D4346	scaling - moderate or severe gingival inflammation – full mouth, after oral evaluation			\$	275
D4355		D4355	full mouth debridement for comprehensive periodontal evaluation on a subsequent visit	\$	503	\$	298
D4910		D4910	periodontal maintenance	\$	310	\$	218
D4921		D4921	gingival irrigation with a medicinal agent – per quadrant	\$	240	\$	134
D4999		D4999	unspecified periodontal procedure, by report	\$	-	\$	-
D5410		D5410	adjust complete denture – maxillary	\$	265	\$	153
D5411		D5411	adjust complete denture – mandibular	\$	263	\$	152
D5421		D5421	adjust partial denture – maxillary	\$	263	\$	150
D5422		D5422	adjust partial denture – mandibular	\$	263	\$	153
D5899		D5899	unspecified removable prosthodontic procedure by report	\$	2,951	\$	-
D6049		D6049	scaling and debridement of a single implant in the presence of peri-implantitis			\$	107
D6199		D6199	unspecified implant procedure, by report	\$	2,466	\$	-
D6980		D6980	fixed partial denture repair	\$	1,166	\$	608
D6999		D6999	unspecified fixed prosthodontic procedure	\$	-	\$	-
D7111		D7111	extraction, coronal remnants	\$	398	\$	226
D7140		D7140	extraction, erupted tooth or exposed root	\$	540	\$	325
D7910		D7910	Suture of recent small wounds - up to 5 cm	\$	895	\$	475
D7999		D7999	Unspecified oral surgery procedure - by report	\$	-	\$	-
D9110		D9110	palliative treatment of dental pain – per visit	\$	383	\$	223
D9210		D9210	local anesthesia not in conjunction with operative or surgical procedures	\$	218	\$	124
D9430		D9430	office visit for observation, (during regularly scheduled hours) – no other services performed	\$	238	\$	130
D9310		D9310	consultation – diagnostic service, provided by dentist or physician other than requesting dentist or physician	\$	400	\$	217
D9440		D9440	office visit, after regularly scheduled hours	\$	543	\$	299
D9910		D9910	application of desensitizing medicament	\$	185	\$	97
D9951		D9951	occlusal adjustment – limited	\$	555	\$	297
D9961		D9961	duplicate/copy patient's records			\$	161
D9985		D9985	sales tax	\$	-	\$	-

D9986		D9986	missed appointment	\$	-	\$	-
D9987		D9987	cancelled appointment	\$	-	\$	-
D9990		D9990	certified translation or sign-language services – per visit			\$	130
D9991		D9991	dental case management – addressing appointment compliance barriers			\$	137
D9994		D9994	dental case management – patient education to improve oral health literacy			\$	120
D9995		D9995	teledentistry – synchronous real-time encounter	\$	130	\$	343
D9996		D9996	teledentistry – asynchronous information stored and forwarded to dentist for subsequent review			\$	193
D9999		D9999	unspecified adjunctive procedure, by report	\$	-	\$	-