



COUNTY OF MONTEREY HEALTH DEPARTMENT

FEE SCHEDULE ANALYSIS

Monterey County Health Department

April 3, 2023

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."



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SUMMARY OF IMPACT

If Monterey County Health Department (MCHD) adopts the proposed fee schedule updates, MCHD will modestly increase annual charges by \$201K based on 2022 service utilization by CPT code. The increase in charges is slightly smaller than the increase resulting from MCHD's fee schedule update in 2022, as the Medicare geographic factor for determining locally prevailing rates has decreased from 2022.

Changes to MCHD's fee schedule will mostly not impact patients enrolled in public or private insurance programs; when patients have third-party coverage, MCHD's full fee charged is typically adjusted to contractually allowed amounts based on third party payer agreements and the patient's responsibility is clearly defined within the contractual arrangement.

MCHD's fee schedule is applied to self-pay patients, however MCHD offers Sliding Fee Discount Program (SFDP) discounts to all patients at or below 200% of the Federal Poverty Level and patient fee waivers to all patients regardless of income to address financial barriers to care. Both SFDP discounts and patient fee waivers are available to patients regardless of insurance status. Thus, despite changes to the overall fee schedule, patients will still be able to access services regardless of their ability to pay.

Based on 2022 utilization data by CPT-code, the proposed new fees would have increased gross charges by \$201,106, based on the following breakdown:

- Total Charges with Current Fees: \$66,615,895
- Total Charges with Recommended Fees: \$66,817,001

By updating MCHD's fee schedule as proposed, MCHD will increase gross charges and likely overall net patient service revenue from both third-party payers and patients (when they are charged and able to pay the full fee). This update will keep MCHD in compliance with HRSA's requirement for the methodology required for FQHCs for setting fees.



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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 2023**

CPT Code	Modifier	CPT & Modifier	CPT Description	Utilization	Current Fee	New Fee
0001A		0001A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE	3973	\$ 67.00	\$ 67.00
0002A		0002A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE	4087	\$ 67.00	\$ 67.00
0003A		0003A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 3RD DOSE	76	\$ 67.00	\$ 67.00
0004A		0004A	IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON BST DOSE	2406	\$ 67.00	\$ 67.00
0011A		0011A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE	5233	\$ 67.00	\$ 67.00
0012A		0012A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE	4795	\$ 67.00	\$ 67.00
0013A		0013A	IMM ADMN SARSCOV2 100 MCG/0.5 ML 3RD DOSE	872	\$ 67.00	\$ 67.00
0031A		0031A	IMM ADMN SARSCOV2 AD26 5X1010VP/0.5 ML 1 DOSE	270	\$ 67.00	\$ 67.00
0034A		0034A	IMM ADMN SARSCOV2 AD26 5X1010 VP/0.5 ML BST DOSE	2	\$ 67.00	\$ 67.00
0051A		0051A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 1ST	221	\$ 67.00	\$ 67.00
0052A		0052A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 2ND	249	\$ 67.00	\$ 67.00
0053A		0053A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 3RD	19	\$ 67.00	\$ 67.00
0054A		0054A	IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE BST	723	\$ 67.00	\$ 67.00
0064A		0064A	IMM ADMN SARSCOV2 50 MCG/0.25 ML BOOSTER DOSE	1771	\$ 67.00	\$ 67.00
0071A		0071A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 1ST	2399	\$ 67.00	\$ 67.00
0072A		0072A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 2ND	2381	\$ 67.00	\$ 67.00
0073A		0073A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 3RD	30	\$ 67.00	\$ 67.00
0074A		0074A	IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE BST	395	\$ 67.00	\$ 67.00
0081A		0081A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 1ST	479	\$ 67.00	\$ 67.00
0082A		0082A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 2ND	334	\$ 67.00	\$ 67.00
0083A		0083A	IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 3RD	64	\$ 67.00	\$ 67.00
0124A		0124A	IMM ADMIN PFIZER BIVALENT 30 MCG/.3ML AGE 12+	1629	\$ 67.00	\$ 67.00
0134A		0134A	IMM ADMIN MODERNA BIVALENT 50MCG/.5ML AGE 12+	254	\$ 67.00	\$ 67.00
0154A		0154A	IMM ADMIN PFIZER BIVALENT 10MCG/.2ML AGES 5-11	96	\$ 67.00	\$ 67.00
10060		10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	47	\$ 280.00	\$ 280.00
10140		10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	2	\$ 380.00	\$ 380.00
10160		10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	2	\$ 273.00	\$ 273.00
10180		10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	2	\$ 572.00	\$ 572.00
11104		11104	PUNCH BIOPSY SKIN SINGLE LESION	34	\$ 180.00	\$ 266.00
11106		11106	INCISIONAL BIOPSY SKIN SINGLE LESION	2	\$ 180.00	\$ 329.00
11200		11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	48	\$ 190.00	\$ 190.00
11201		11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	9	\$ 62.00	\$ 62.00
11301		11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	2	\$ 277.00	\$ 277.00
11302		11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	2	\$ 70.00	\$ 289.00
11306		11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	2	\$ 256.00	\$ 258.00
11307		11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	2	\$ 72.00	\$ 291.00
11310		11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	2	\$ 252.00	\$ 252.00
11311		11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	10	\$ 253.00	\$ 287.00
11402		11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	3	\$ 331.00	\$ 357.00
11420		11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	1	\$ 259.00	\$ 267.00
11421		11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	2	\$ 317.00	\$ 331.00
11730		11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	39	\$ 236.00	\$ 239.00
11732		11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	4	\$ 100.00	\$ 100.00
11765		11765	WEDGE EXCISION SKIN NAIL FOLD	4	\$ 372.00	\$ 372.00
11976		11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	693	\$ 370.00	\$ 370.00
11981		11981	INSERTION DRUG DELIVERY IMPLANT	411	\$ 388.00	\$ 388.00
11983		11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	2	\$ 639.00	\$ 639.00
12011		12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	2	\$ 354.00	\$ 354.00
17000		17000	DESTRUCTION PREMALIGNANT LESION 1ST	20	\$ 143.00	\$ 143.00
17003		17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	2	\$ 18.00	\$ 18.00
17110		17110	DESTRUCTION BENIGN LESIONS UP TO 14	220	\$ 247.00	\$ 247.00
17111		17111	DESTRUCTION BENIGN LESIONS 15/>	12	\$ 298.00	\$ 298.00
17340		17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	2	\$ 9.00	\$ 103.00
2022F		2022F	DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	8	\$ -	\$ -
20526		20526	INJECTION THERAPEUTIC CARPAL TUNNEL	11	\$ 228.00	\$ 228.00
20550		20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	3	\$ 158.00	\$ 158.00
20551		20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	2	\$ 155.00	\$ 155.00
20552		20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	13	\$ 144.00	\$ 144.00
20600		20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	2	\$ 152.00	\$ 152.00
20605		20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	17	\$ 138.00	\$ 138.00
20610		20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	85	\$ 170.00	\$ 170.00
20612		20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	5	\$ 158.00	\$ 158.00
29130		29130	APPLICATION FINGER SPLINT STATIC	1	\$ 106.00	\$ 106.00

51700		51700	BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	6	\$	164.00	\$ 164.00
51701		51701	INSJ NON-NDWELLG BLADDER CATHETER	12	\$	142.00	\$ 142.00
54050		54050	DSTRJ LESION PENIS SIMPLE CHEMICAL	4	\$	452.00	\$ 452.00
56405		56405	I&D VULVA/PERINEAL ABSCESS	1	\$	257.00	\$ 303.00
56420		56420	I&D OF BARTHOLINS GLAND ABSCESS	7	\$	367.00	\$ 389.00
56501		56501	DESTRUCTION LESIONS VULVA SIMPLE	4	\$	386.00	\$ 403.00
56515		56515	DESTRUCTION LESIONS VULVA EXTENSIVE	2	\$	481.00	\$ 565.00
56605		56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	19	\$	251.00	\$ 251.00
57160		57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	17	\$	153.00	\$ 153.00
57452		57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	18	\$	224.00	\$ 256.00
57454		57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	318	\$	501.00	\$ 501.00
57455		57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	48	\$	367.00	\$ 367.00
57456		57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	27	\$	410.00	\$ 410.00
57460		57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	69	\$	674.00	\$ 674.00
57500		57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	20	\$	396.00	\$ 396.00
57505		57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	6	\$	304.00	\$ 325.00
58100		58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	124	\$	303.00	\$ 303.00
58300		58300	INSERTION INTRAUTERINE DEVICE IUD	534	\$	237.00	\$ 237.00
58301		58301	REMOVAL INTRAUTERINE DEVICE IUD	370	\$	323.00	\$ 323.00
58340		58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	1	\$	260.00	\$ 531.00
69200		69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	4	\$	228.00	\$ 228.00
69209		69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	215	\$	54.00	\$ 54.00
69210		69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	328	\$	96.00	\$ 96.00
80061		80061	LIPID PANEL	1	\$	47.00	\$ 47.00
81002		81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	2	\$	15.00	\$ 15.00
82306		82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	1	\$	-	\$ -
82947		82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	4	\$	19.00	\$ 19.00
83036		83036	HEMOGLOBIN GLYCOSYLATED A1C	2	\$	40.00	\$ 40.00
83655		83655	ASSAY OF LEAD	54	\$	20.00	\$ 20.00
85018		85018	BLOOD COUNT HEMOGLOBIN	5	\$	15.00	\$ 15.00
85025		85025	BLOOD COUNT COMPLETE AUTO&AUTO DIRNRTL WBC	1	\$	-	\$ -
86580		86580	SKIN TEST TUBERCULOSIS INTRADERMAL	908	\$	30.00	\$ 30.00
87635		87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	2	\$	-	\$ -
87811		87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	1	\$	-	\$ -
90396		90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	14	\$	232.00	\$ 232.00
90471		90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	9441	\$	48.00	\$ 48.00
90472		90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	3465	\$	32.00	\$ 32.00
90611		90611	SMALLPOX & MONKEYPOX VACC 0.5ML DOSE FOR SUBQ	219	\$	-	\$ -
90619		90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	4	\$	125.00	\$ 125.00
90620		90620	MENB-4C RECOMBANT PROT & OUTER MEMB VESIC VACC IM	55	\$	293.00	\$ 293.00
90632		90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	108	\$	127.00	\$ 127.00
90633		90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	42	\$	67.00	\$ 67.00
90648		90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	27	\$	69.00	\$ 69.00
90649		90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	16	\$	232.00	\$ 232.00
90650		90650	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	1	\$	309.00	\$ 309.00
90651		90651	9VHPV VACC 2/3 DOSE SCHED IM USE	312	\$	327.00	\$ 327.00
90658		90658	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	1	\$	35.00	\$ 35.00
90662		90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	1180	\$	68.00	\$ 68.00
90670		90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	349	\$	291.00	\$ 291.00
90671		90671	PCV15 VACCINE FOR INTRAMUSCULAR USE	1	\$	225.00	\$ 225.00
90677		90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	186	\$	325.00	\$ 325.00
90680		90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	12	\$	217.00	\$ 217.00
90682		90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	342	\$	68.00	\$ 68.00
90686		90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	4580	\$	40.00	\$ 40.00
90688		90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	127	\$	35.00	\$ 35.00
90696		90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	23	\$	140.00	\$ 140.00
90697		90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	11	\$	148.00	\$ 148.00
90698		90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	7	\$	120.00	\$ 120.00
90700		90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	32	\$	64.00	\$ 64.00
90707		90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	121	\$	103.00	\$ 103.00
90710		90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	20	\$	245.00	\$ 245.00
90713		90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	22	\$	61.00	\$ 61.00
90714		90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	82	\$	53.00	\$ 53.00
90715		90715	TDAP VACCINE 7 YRS/> IM	2010	\$	78.00	\$ 78.00
90716		90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	182	\$	166.00	\$ 166.00
90723		90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	7	\$	126.00	\$ 126.00
90732		90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	577	\$	140.00	\$ 140.00
90733		90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	40	\$	179.00	\$ 179.00
90734		90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	123	\$	235.00	\$ 235.00
90739		90739	HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	353	\$	122.00	\$ 122.00
90743		90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	1	\$	94.00	\$ 94.00
90744		90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	18	\$	68.00	\$ 68.00
90746		90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	309	\$	123.00	\$ 123.00

90750		90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	822	\$	224.00	\$ 224.00
90756		90756	CCIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	4	\$	20.00	\$ 20.00
90791		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	25	\$	300.00	\$ 335.00
90792		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	339	\$	345.00	\$ 375.00
90832		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	867	\$	168.00	\$ 168.00
90834		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	147	\$	188.00	\$ 191.00
90837		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	154	\$	254.00	\$ 281.00
91300		91300	PFIZER-BIONTECH COVID-19 VACCINE	10529	\$	-	\$ -
91301		91301	MODERNA COVID-19 100MCG/0.5ML IM VACCINE	11107	\$	-	\$ -
91303		91303	JANSSEN SARS-COV-2 (COVID-19) VACCINE, AD26, PRESERVATIVE F	269	\$	-	\$ -
91305		91305	SARSCOV2 VACCINE 30MCG/0.3ML TRIS-SUCROSE IM USE	1211	\$	-	\$ -
91306		91306	SARSCOV2 VACCINE 50 MCG/0.25 ML IM USE	1667	\$	-	\$ -
91307		91307	SARSCOV2 VACCINE 10MCG/0.2ML TRIS-SUCROSE IM USE	5217	\$	-	\$ -
91308		91308	SARSCOV2 VACCINE 3MCG/0.2ML TRIS-SUCROSE IM USE	915	\$	-	\$ -
91312		91312	PFIZER COVID-19 VACCINE BIVALENT BOOSTER 30 MCG/0.3 ML IM	1672	\$	-	\$ -
91313		91313	MODERNA COVID-19 VACCINE BIVALENT BOOSTER 50 MCG/0.5 ML	254	\$	-	\$ -
91315		91315	PFIZER COVID-19 VACCINE BIVALENT 10 MCG/0.2 ML IM USE	230	\$	-	\$ -
92551		92551	SCREENING TEST PURE TONE AIR ONLY	14354	\$	36.00	\$ 36.00
93000		93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	214	\$	64.00	\$ 64.00
94010		94010	BREATHING CAPACITY TEST	10	\$	68.00	\$ 68.00
94375		94375	RESPIRATORY FLOW VOLUME LOOP	50	\$	66.00	\$ 80.00
94640		94640	AIRWAY INHALATION TREATMENT	18	\$	64.00	\$ 64.00
94760		94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	410	\$	20.00	\$ 20.00
96110		96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	11	\$	20.00	\$ 23.00
96160		96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	362	\$	59.00	\$ 59.00
96372		96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	627	\$	48.00	\$ 48.00
98925		98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	17	\$	84.00	\$ 84.00
98926		98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	21	\$	117.00	\$ 117.00
98927		98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	1	\$	146.00	\$ 146.00
98960		98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	734	\$	78.00	\$ 78.00
98962		98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	1	\$	78.00	\$ 78.00
99000		99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	695	\$	25.00	\$ 25.00
99080		99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	3	\$	48.00	\$ 48.00
99173		99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	14542	\$	32.00	\$ 32.00
99188		99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	23	\$	1.00	\$ 23.00
99202		99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	1709	\$	208.00	\$ 208.00
99203		99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	2525	\$	286.00	\$ 286.00
99204		99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	417	\$	329.00	\$ 329.00
99205		99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	21	\$	409.00	\$ 431.00
99211		99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	31	\$	69.00	\$ 69.00
99212		99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	26402	\$	128.00	\$ 128.00
99213		99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	148025	\$	196.00	\$ 196.00
99214		99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	17277	\$	281.00	\$ 281.00
99215		99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	1670	\$	309.00	\$ 353.00
99348		99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	1	\$	153.00	\$ 153.00
99375		99375	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	1	\$	135.00	\$ 135.00
99381		99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	162	\$	290.00	\$ 290.00
99382		99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	131	\$	302.00	\$ 302.00
99383		99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	243	\$	310.00	\$ 310.00
99384		99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	239	\$	345.00	\$ 345.00
99385		99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	20	\$	334.00	\$ 334.00
99386		99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	11	\$	379.00	\$ 379.00
99387		99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	2	\$	485.00	\$ 485.00
99391		99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	7860	\$	260.00	\$ 260.00
99392		99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	11352	\$	273.00	\$ 273.00
99393		99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	12712	\$	273.00	\$ 273.00
99394		99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	9450	\$	294.00	\$ 294.00
99395		99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	1276	\$	300.00	\$ 300.00
99396		99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	219	\$	317.00	\$ 317.00
99397		99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	8	\$	299.00	\$ 299.00
99401		99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	237	\$	79.00	\$ 79.00
99402		99402	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN	43	\$	115.00	\$ 124.00
99403		99403	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN	62	\$	197.00	\$ 197.00
99404		99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN	10	\$	204.00	\$ 214.00
99441		99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	373	\$	87.00	\$ 113.00
99442		99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	931	\$	139.00	\$ 180.00
99443		99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	156	\$	191.00	\$ 252.00
99497		99497	ADVANCE CARE PLANNING FIRST 30 MINS	1	\$	170.00	\$ 170.00
99499		99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	11	\$	-	\$ -
A4216		A4216	STERILE WATER/SALINE, 10 ML	2	\$	-	\$ -
A4663		A4663	BLOOD PRESSURE CUFF ONLY	1296	\$	-	\$ -
A9150		A9150	MISC/EXPER NON-PRESCRIPT DRU	5	\$	18.00	\$ 18.00
COD2		COD2	CODE STATUS - FULL CODE	2	\$	-	\$ -

COD5		COD5	CODE STATUS-DO NOT RESUSCITATE AND DO NOT INTUBATE	2	\$	-	\$	-
E0240		E0240	BATH/SHOWER CHAIR	1	\$	-	\$	-
E0445		E0445	OXIMETER NON-INVASIVE	125	\$	-	\$	-
E1639		E1639	SCALE, EACH	235	\$	-	\$	-
G0008		G0008	ADMIN INFLUENZA VIRUS VAC	1268	\$	50.00	\$	50.00
G0009		G0009	ADMIN PNEUMOCOCCAL VACCINE	326	\$	57.00	\$	57.00
G0010		G0010	ADMIN HEPATITIS B VACCINE	61	\$	59.00	\$	59.00
G0101		G0101	CA SCREEN;PELVIC/BREAST EXAM	1	\$	125.00	\$	125.00
G0245		G0245	INITIAL FOOT EXAM PT LOPS	20	\$	99.00	\$	128.00
G0246		G0246	FOLLOWUP EVAL OF FOOT PT LOP	1	\$	77.00	\$	78.00
G0247		G0247	ROUTINE FOOTCARE PT W LOPS	212	\$	77.00	\$	178.00
G0442		G0442	ANNUAL ALCOHOL SCREEN 15 MIN	1555	\$	43.00	\$	43.00
G2023		G2023	SPECIMEN COLLECT COVID-19	2010	\$	25.00	\$	37.00
G9919		G9919	SCRN ND POS ND PROV OF REC	41	\$	60.00	\$	60.00
G9920		G9920	SCRNING PERF AND NEGATIVE	55	\$	60.00	\$	60.00
J0561		J0561	PENICILLIN G BENZATHINE INJ	125	\$	17.00	\$	17.00
J0696		J0696	CEFTRIAZONE SODIUM INJECTION	98	\$	17.00	\$	17.00
J0702		J0702	BETAMETHASONE ACET&SOD PHOSP	4	\$	20.00	\$	20.00
J1030		J1030	METHYLPREDNISOLONE 40 MG INJ	1	\$	17.00	\$	17.00
J1050		J1050	MEDROXYPROGESTERONE ACETATE	31	\$	1.00	\$	1.00
J1071		J1071	INJ TESTOSTERONE CYPIONATE	7	\$	1.00	\$	1.00
J1100		J1100	DEXAMETHASONE SODIUM PHOS	88	\$	36.00	\$	36.00
J1200		J1200	DIPHENHYDRAMINE HCL INJECTIO	3	\$	25.00	\$	25.00
J1726		J1726	MAKENA, 10 MG	50	\$	-	\$	-
J1815		J1815	INSULIN INJECTION	13	\$	47.00	\$	47.00
J1885		J1885	KETOROLAC TROMETHAMINE INJ	227	\$	43.00	\$	43.00
J2001		J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	258	\$	-	\$	-
J2315		J2315	NALTREXONE, DEPOT FORM	19	\$	-	\$	-
J2426		J2426	PALIPERIDONE PALMITATE INJ	21	\$	121.00	\$	121.00
J2550		J2550	PROMETHAZINE HCL INJECTION	50	\$	58.00	\$	58.00
J2790		J2790	RHO D IMMUNE GLOBULIN INJ	31	\$	338.00	\$	338.00
J2930		J2930	METHYLPREDNISOLONE INJECTION	2	\$	54.00	\$	54.00
J3301		J3301	TRIAMCINOLONE ACET INJ NOS	122	\$	58.00	\$	58.00
J3420		J3420	VITAMIN B12 INJECTION	53	\$	58.00	\$	58.00
J3490		J3490	DRUGS UNCLASSIFIED INJECTION	1458	\$	137.00	\$	137.00
J7297		J7297	LILETTA, 52 MG	47	\$	482.00	\$	482.00
J7298		J7298	MIRENA, 52 MG	85	\$	761.00	\$	761.00
J7300		J7300	INTRAUT COPPER CONTRACEPTIVE	138	\$	688.00	\$	688.00
J7307		J7307	ETONOGESTREL IMPLANT SYSTEM	425	\$	831.00	\$	831.00
J7510		J7510	PREDNISOLONE ORAL PER 5 MG	6	\$	20.00	\$	20.00
J7610		J7610	ALBUTEROL COMP CON	1	\$	13.00	\$	13.00
J7611		J7611	ALBUTEROL NON-COMP CON	1	\$	13.00	\$	13.00
J7613		J7613	ALBUTEROL NON-COMP UNIT	41	\$	17.00	\$	17.00
J7620		J7620	ALBUTEROL IPRATROP NON-COMP	13	\$	20.00	\$	20.00
J7644		J7644	IPRATROPIUM BROMIDE NON-COMP	1	\$	20.00	\$	20.00
J8499		J8499	ORAL PRESCRIP DRUG NON CHEMO	3	\$	61.00	\$	61.00
LAS156		LAS156	SOPIA2 SARS ANTIGEN FIA (COVID) POCT	34	\$	54.00	\$	54.00
LBS206		LBS206	BINAXNOW COVID-19 AG CARD POCT	3742	\$	30.00	\$	30.00
LBS233		LBS233	COVID-19 AG (POCT)	82	\$	30.00	\$	30.00
LES051		LES051	COVID-19 POCT	67	\$	30.00	\$	30.00
LES227		LES227	BD VERITOR COVID-19 PLUS FLU A+B POCT	1987	\$	-	\$	-
LHS023		LHS023	CARESTART COVID-19 AG CARD POCT	1746	\$	30.00	\$	30.00
LV3910		LV3910	LEAD, WHOLE BLOOD (PEDIATRIC) LABCORP	1853	\$	25.00	\$	25.00
LV465		LV465	URINE HCG (PREG) (MTY IN-HOUSE)	81	\$	9.00	\$	9.00
LV466		LV466	RAPID STREP (MTY IN-HOUSE)	1680	\$	29.00	\$	29.00
LV469		LV469	UA DIP (MTYHD IN-HOUSE)	3	\$	-	\$	-
LV469 - TC		LV469 - TC	UA DIP (MTYHD IN-HOUSE)	18	\$	-	\$	-
LV471		LV471	WET MOUNT + KOH (MTYHD IN-HOUSE)	1	\$	16.00	\$	16.00
LV4901		LV4901	URINALYSIS DIPSTICK (MCKESSON)	77	\$	13.00	\$	13.00
LV4922		LV4922	RSV BINAXNOW (POCT)	60	\$	15.00	\$	15.00
LV4933		LV4933	HCG URINE MCKESSON (POCT)	5035	\$	9.00	\$	9.00
LV497		LV497	BILIRUBIN TEST (MTYHD IN-HOUSE)	8	\$	13.00	\$	13.00
LV5114		LV5114	INFLUENZA A & B BD VERITOR (POCT)	634	\$	16.00	\$	16.00
LV5262		LV5262	GLUCOSE HEMOCUE (POCT)	1582	\$	18.00	\$	18.00
LV5383		LV5383	HEMOGLOBIN, HEMOCUE (POCT)	19607	\$	13.00	\$	13.00
LV5550		LV5550	FECAL OCCULT BLOOD SCREENING, CONSULT DIAGNOSTICS (POC	4	\$	8.00	\$	8.00
LV5581		LV5581	A1C, SIEMENS (POCT)	2759	\$	37.00	\$	37.00
LV5629		LV5629	BILIRUBIN, TRANSCUTANEOUS OPTICAL (BILICHEK)	1740	\$	12.00	\$	12.00
LV5670		LV5670	WET MOUNT AND PH, VAGINAL (POCT)	90	\$	14.00	\$	14.00
LV5812		LV5812	URINE DIP CLINITEK (POCT)	3833	\$	15.00	\$	15.00
Q0091		Q0091	OBTAINING SCREEN PAP SMEAR	2439	\$	118.00	\$	118.00
Q0144		Q0144	AZITHROMYCIN DIHYDRATE, ORAL	2	\$	20.00	\$	20.00
Q0162		Q0162	ONDANSETRON ORAL	1	\$	2.00	\$	2.00

S0020		S0020	INJECTION, BUPIVICAINE HYDRO	2	\$	14.00	\$ 14.00
S0119		S0119	ONDANSETRON 4 MG	7	\$	2.00	\$ 2.00
S0191		S0191	MISOPROSTOL, ORAL, 200 MCG	16	\$	53.00	\$ 53.00
S0197		S0197	PRENATAL VITAMINS 30 DAY	7	\$	4.00	\$ 4.00
S0630		S0630	REMOVAL OF SUTURES	43	\$	57.00	\$ 57.00
S9981		S9981	MED RECORD COPY ADMIN	305	\$	-	\$ -
T1015		T1015	CLINIC SERVICE	130231	\$	0.01	\$ 0.01
T1017		T1017	TARGETED CASE MANAGEMENT	10	\$	56.00	\$ 56.00
TA008		TA008	INSUFFICIENT FUNDS CHARGE	1	\$	38.00	\$ 38.00
TA073		TA073	INTERIM BILLING	2	\$	0.01	\$ 0.01
TA089		TA089	ERRONEOUS - COMPLETED BY SOMEONE OTHER THAN PROVIDER	4	\$	-	\$ -
TB028		TB028	CHARGE FOR RIFAMPIN 300MG	2	\$	44.00	\$ 44.00
TB039		TB039	CHARGE FOR RIFAMPENTINE 150 MG	2	\$	12.00	\$ 12.00
TC010		TC010	NUTRITIONAL AND OR OBESITY EDUCATION	1	\$	-	\$ -
TM012		TM012	CHDP PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT	4103	\$	20.00	\$ 20.00
TM1001		TM1001	CHDP HPV 9-VALENT	2581	\$	20.00	\$ 20.00
TM104		TM104	MENINGOCOCCAL VAC, CONJUGATE	12	\$	20.00	\$ 20.00
TM108		TM108	PNEUMOCOCCAL VACCINE	7	\$	20.00	\$ 20.00
TM135		TM135	CHDP DTAP/IPV	1086	\$	20.00	\$ 20.00
TM141		TM141	CHDP DTAP	1319	\$	20.00	\$ 20.00
TM143		TM143	CHDP TDAP	1596	\$	20.00	\$ 20.00
TM147		TM147	CHDP TD	52	\$	13.50	\$ 14.00
TM149		TM149	CHDP TD BOOSTER, ADULT	18	\$	20.00	\$ 20.00
TM151		TM151	CHDP IPV	548	\$	20.00	\$ 20.00
TM155		TM155	CHDP PNEUMOCOCCAL POLYSACCHARIDE (23PS)	21	\$	20.00	\$ 20.00
TM157		TM157	CHDP MENINGOCOCCAL VACCINE, CONJUGATE	2135	\$	20.00	\$ 20.00
TM159		TM159	CHDP MMRV	1077	\$	20.00	\$ 20.00
TM161		TM161	CHDP MMR	1591	\$	20.00	\$ 20.00
TM163		TM163	CHDP HIB (PRP-T)	3218	\$	20.00	\$ 20.00
TM165		TM165	CHDP HEPB	297	\$	20.00	\$ 20.00
TM167		TM167	CHDP HEPB ADULT	2	\$	20.00	\$ 20.00
TM169		TM169	CHDP VAR (VARICELLA)	1841	\$	20.00	\$ 20.00
TM171		TM171	CHDP HEPA	2560	\$	20.00	\$ 20.00
TM173		TM173	CHDP HEPA ADULT	2	\$	20.00	\$ 20.00
TM175		TM175	CHDP HEP B/HIB (COMVAX)	1	\$	20.00	\$ 20.00
TM177		TM177	CHDP DTAP/HEPB/IPV (PEDIARIX)	2321	\$	20.00	\$ 20.00
TM184		TM184	CHDP HPV VACCINE BIVALENT 3 DOSE IM - CERVARIX	1	\$	20.00	\$ 20.00
TM185		TM185	CHDP ROTAVIRUS	2740	\$	20.00	\$ 20.00
TM186		TM186	HPV 9 VACCINE	19	\$	20.00	\$ 20.00
TM187		TM187	CHDP DTAP/IPV/HIB (PENTACEL)	4	\$	20.00	\$ 20.00
TM217		TM217	HPV 1 VACCINE	1	\$	170.00	\$ 170.00
TM246		TM246	HEP A ADULT	11	\$	20.00	\$ 20.00
TM247		TM247	HEP B ADULT	108	\$	20.00	\$ 20.00
TM251		TM251	VFC FLU VAC NO PRS 4 VAL	10674	\$	20.00	\$ 20.00
TM254		TM254	FLU VAC 4 VAL 3 YRS+	360	\$	20.00	\$ 20.00
TM267		TM267	CHDP MENINGOCOCCAL RECOMB PROTEIN & OUT MEMBRANE VE	1286	\$	20.00	\$ 20.00
TM281		TM281	HEPATITIS B VACCINE ADULT 2 DOSE IM	14	\$	20.00	\$ 20.00
TM338		TM338	INFLUENZA VACCINE,MDCK,PF	6	\$	-	\$ -
TM402		TM402	DTAP-IPV-HIB-HEPB VACCINE	863	\$	20.00	\$ 20.00
TM405		TM405	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	341	\$	20.00	\$ 20.00
TM406		TM406	PREVNAR 20	38	\$	20.00	\$ 20.00
TM407		TM407	ZOSTER VACCINE, RECOMBINANT (SHINGRIX)	4	\$	20.00	\$ 20.00
TM774		TM774	TDAP	164	\$	20.00	\$ 20.00
TP049		TP049	CHARGE FOR ACETAMINOPHEN 325MG UD	10	\$	-	\$ -
TP052		TP052	CHARGE FOR ASPIRIN 325 MG, PO	2	\$	-	\$ -
TP068		TP068	CHARGE FOR CLONIDINE 0.1 MG	6	\$	17.00	\$ 17.00
TP094		TP094	INJECTION, INSULIN HUMALOG	3	\$	12.00	\$ 12.00
TP1021		TP1021	CHARGE FOR MICONAZOLE 2% CRM 45GM	1	\$	16.00	\$ 16.00
TP1031		TP1031	CHARGE FOR FLUCONAZOLE 150MG TAB, PER TAB	1	\$	12.00	\$ 12.00
TP107		TP107	CHARGE FOR AZYTHROMYCIN 1GM UD STD	2	\$	62.00	\$ 62.00
TP1076		TP1076	CHARGE FOR DULAGLUTIDE 0.75 MG/0.5 ML INJECTION	24	\$	-	\$ -
TP109		TP109	CHARGE FOR BACITRACIN OINT 500UNITS 15G	1	\$	12.00	\$ 12.00
TP1116		TP1116	CHARGE FOR AZITHROMYCIN 250MG TAB, PER TAB	10	\$	11.00	\$ 11.00
TP1150		TP1150	CHARGE FOR DIPHENHYDRAMINE 12.5 MG/5 ML ORAL LIQUID, PEL	1	\$	-	\$ -
TP1152		TP1152	CHARGE FOR IBUPROFEN 100 MG/5 ML ORAL SUSP, PER 5 ML	73	\$	-	\$ -
TP1153		TP1153	CHARGE FOR IBUPROFEN 400 MG TAB, PER TAB	1	\$	-	\$ -
TP1154		TP1154	CHARGE FOR IBUPROFEN 600 MG TAB, PER TAB	57	\$	-	\$ -
TP1185		TP1185	CHARGE FOR METOPROLOL TARTRATE 25 MG, PER TAB	1	\$	-	\$ -
TP1210		TP1210	CHARGE FOR ACETAMINOPHEN 160 MG/5 ML, PER 160MG (5ML)	94	\$	-	\$ -
TP1215		TP1215	CHARGE FOR NEXPLANON 68MG SUBDERMAL IMPLANT	1	\$	1,243.00	\$ 1,243.00
TP122		TP122	CHARGE FOR ZITHROMAX (AZITHROMYCIN) 1GRAM, PO	1	\$	55.00	\$ 55.00
TP124		TP124	INJECTION, XYLOCAINE 1% INTRADERMAL	85	\$	-	\$ -
TP1275		TP1275	CHARGE FOR IBUPROFEN 800MG (55111-0684-01)	40	\$	-	\$ -

TP128		TP128	INJECTION, XYLOCAINE 1% W/EPINEPHRINE, INTRADERMAL	150	\$	-	\$ -
TP1300		TP1300	CHARGE FOR PLAN B ONE-STEP 1.5 MG TABLET, PER TAB	25	\$	50.00	\$ 50.00
TP1319		TP1319	CHARGE FOR AZITHROMYCIN 500 MG TAB, PER TAB	40	\$	31.00	\$ 31.00
TP1395		TP1395	CHARGE FOR SILVER NITRATE APPLICATORS 75 %-25 % TOPICAL ST	22	\$	15.00	\$ 15.00
TP1519		TP1519	SALINE NASAL SPRAY	1	\$	-	\$ -
TP1525		TP1525	FLUTICASONE NASAL SPRAY 50MCG/SPRAY 16GM	4	\$	-	\$ -
TP161		TP161	CHARGE FOR INJECTION, CEFTRIAXONE IM 500 MG	2	\$	60.00	\$ 60.00
TP221		TP221	CHARGE FOR DIPHENHYDRAMINE 25MG UD	2	\$	-	\$ -
TP2346		TP2346	CHARGE FOR LIDOCAINE WITH EPINEPHRINE INJECTION 2%	47	\$	-	\$ -
TP309		TP309	CHARGE FOR HYDROCORTISONE CREAM 1 % 1 OZ	1	\$	5.75	\$ 6.00
TP3142		TP3142	CHARGE FOR HYDROCORTISONE 2.5% OINTMENT	1	\$	-	\$ -
TP315		TP315	CHARGE FOR IBUPROFEN 200MG UD	13	\$	-	\$ -
TP633		TP633	CHARGE FOR TRICHLOROACETIC ACID 15 G/100 ML	12	\$	-	\$ -
TP759		TP759	CHARGE FOR ACETAMINOPHEN 120 MG RECTAL SUPPOSITORY UD	2	\$	-	\$ -
TP966		TP966	CHARGE FOR GLUCOSE TABS	3	\$	-	\$ -
TR023		TR023	CHDP DENTAL ASSESS/REF	2	\$	-	\$ -
TR025		TR025	CHDP NUTRITIONAL ASSESSMENT	2	\$	-	\$ -
TS005		TS005	LIQUID NITROGEN	1	\$	-	\$ -
TS010		TS010	ACE BANDAGE 3	1	\$	-	\$ -
TS015		TS015	SHARPS CONTAINER LARGE	1	\$	-	\$ -
TS047		TS047	AEROCHAMBER WITH MASK INFANT	1	\$	-	\$ -
TS055		TS055	CONDOMS LATEX	354	\$	1.00	\$ 1.00
TS094		TS094	SPLINT-WRIST	1	\$	32.00	\$ 32.00
TS097		TS097	SLING ARM	1	\$	-	\$ -
TS1000		TS1000	TAKE HOME STOOL CARD	2	\$	-	\$ -
TS140		TS140	SLING MEDIUM	1	\$	-	\$ -
TS151		TS151	TED HOSE, KNEE HIGH, LARGE	1	\$	-	\$ -
TS197		TS197	BRACE WRIST	1	\$	-	\$ -
TS882		TS882	ALBUTEROL AEROSOL INHALER	1	\$	-	\$ -
TX001		TX001	NURSE ONLY VISIT	948	\$	69.00	\$ 69.00