

**COUNTY OF MONTEREY HEALTH DEPARTMENT
CLINIC SERVICES BUREAU
SCHEUDLE OF FEES AND CHARGES
Effective 7/1/2016**

CODE	SERVICE DESCRIPTION	Fee
EVALUATION AND MANAGEMENT CODES		
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	235
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	398
10080	DRAINAGE OF PILONIDAL CYST, SIMPLE	261
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	303
11000	DEBRIDE INFECTED SKIN	110
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	203
11101	BIOPSY, SKIN ADDITIONAL LESION	66
11200	REMOVAL OF SKIN TAGS	161
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	55
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	145
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	252
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	249
11422	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/Margin 1.1 TO 2	322
11730	REMOVAL OF NAIL PLATE	203
11750	REMOVAL OF NAIL BED	392
11765	EXCISION OF NAIL FOLD, TOE	244
11900	INJECTION INTO SKIN LESIONS	119
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	364
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	330
12001	REPAIR SUPERFICIAL WOUND,S	233
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM	264
15850	REMOVAL OF SUTURES	84
17000	DESTRUCTION OF LESIONS, 1ST LESION	135
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	25
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	186
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	210
17250	CHEMICAL CAUTERY, TISSUE	145
17340	CRYOTHERAPY OF SKIN	94
19000	DRAINAGE OF BREAST LESION	233
20526	THER INJECTION, CARP TUNNEL	199
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	119
20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	124
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	130
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	150
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	145
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	155
27370	INJECTION PROC, KNEE ARTHROGRAPHY	512
27603	INCISION & DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEMATOMA	1,259
28190	REMOVAL, FB, FOOT; SUBQ	450

CODE	SERVICE DESCRIPTION	Fee
29130	APPLICATION, FINGER SPLINT; STATIC	85
29515	APPLICATION, SHORT LEG SPLINT (CALF TO FOOT)	155
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	60
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	43
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	32
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	108
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	90
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	451
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	537
46600	DIAGNOSTIC ANOSCOPY	187
46900	DESTRUCTION, ANAL LESION(S)	526
51701	INSERT NON-INDWELLING BLADDER CATHETER	161
51702	INSERT TEMPORARY INWELLING BLADDER CATHETER	184
51725	SIMPLE CYSTOMETROGRAM	351
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	270
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	321
54150	CIRCUMCISION	375
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	265
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	294
56501	DESTROY, VULVA LESIONS, SIMPLE	313
56515	DESTROY VULVA LESION/S COMPLEX	541
56605	BIOPSY OF VULVA/PERINEUM	206
57061	DESTROY VAG LESIONS, SIMPLE	298
57100	BIOPSY OF VAGINA	264
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	153
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	276
57421	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT; W/BIOPSY(S)	429
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	271
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	416
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	335
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	382
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	601
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	995
57500	BIOPSY OF CERVIX	310
57505	ENDOCERVICAL CURETTAGE	264
57511	CRYOCAUTERY OF CERVIX	296
58100	BIOPSY OF UTERUS LINING	268
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLP	256
58300	INSERT INTRAUTERINE DEVICE	336
58301	REMOVE INTRAUTERINE DEVICE	222
59300	EPISIOTOMY/VAGINAL REPAIR, OTHER THAN ATTENDING PHYSICIAN	466
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	182
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	194
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	375
64788	EXCISION, NEUROFIBROMA/NEUROLEMMOMA; CUTANEOUS NERVE	506

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69200	CLEAR OUTER EAR CANAL	272
69210	REMOVE IMPACTED EAR WAX	116
80061	LIPID PANEL	42
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	15
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	10
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	16
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	20
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	36
83655	LEAD, BLOOD	25
85018	BLOOD COUNT; HEMOGLOBIN	13
85379	D-DIMER	29
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	29
86787	VARICELLA ZOSTER AB IGG/IGM	31
87206	SMEAR, PRIME SRCE, W/INTERPR; FLUORESC &/OR ACID FAST STAIN, BACTERIA/FUNGI/PARASIT/VIRUS/CELL TYPE	12
87086	URINE CULTURE/COLONY COUNT	16
87210	KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	23
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNG	20
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS SMEAR, DFA	30
87798	STREP/INFECTIOUS AGENT DETEC BY DNA/RNA	120
87804	RAPID FLU, IN-HOUSE (87804)	18
87807	RSV IMMUNOASSAY, EIA, WASH/ASPIRATE/SWAB	55
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	35
88720	BILIRUBIN TOTAL, TRANSCUTANEOUS	20
88738	HGB QUANT TRANSCUTANEOUS (MTYHD)	20
90384	RH IG, FULL DOSE, IM	271
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	207
90471	IMMUNIZATION ADMIN	47
90472	IMMUNIZATION ADMIN, EACH ADD	29
90473	IMADM INTRANSL/ORAL 1 VACC	46
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SING	28
90632	HEP A VACCINE, ADULT IM	127
90633	HEP A VACC, PED/ADOL, 2 DOSE	75
90636	HEP A/HEP B VACC, ADULT IM	193
90645	HIB VACCINE, HBOC, 4 DOSE IM	53
90646	HIB PRP-D, BOOSTER	55
90648	CHDP HIB (PRP-T)	66
90649	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUA	286
90649	CHDP HPV GARDASIL	326
90650	HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT),	276
90651	HPV 9 VACCINE	195
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	78
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	32
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	30
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, IM USE	22
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS , IM USE	31

CODE	SERVICE DESCRIPTION	Fee
90660	FLU VACCINE, NASAL	48
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT P	48
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED I	57
90669	PNEUMOCOCCAL VACC, PED LESS THAN 5	160
90670	PNEUMOCOCCAL VACC 13 VAL IM	242
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL US	43
90674	INFLUENZA VIRUS VACCINE, QUAROVALENT	65
90675	RABIES VACCINE, IM	387
90680	ROTAVIRUS PENTAVALENT, LIVE	87
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE,	25
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE,	17
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	17
90696	DTAP/IPV (KINRIX)	125
90698	DTAP/IPV/HIB	118
90700	DTAP VACCINE, IM	57
90703	TETANUS TOXOID, ADSORBED	55
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q US	107
90710	MMRV, LIVE	193
90713	POLIOVIRUS, IPV, SC OR IM	63
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE	38
90715	TDAP (7 + YEARS)	81
90716	CHICKEN POX VACCINE, SC	175
90718	TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	98
90723	DTAP HEP B IPV VACCINE, IM	164
90732	PNEUMOCOCCAL VACCINE	102
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S, SUB Q US	204
90734	MENINGOCOCCAL VACCINE, CONJUGATE	218
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255
90739	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	245
90743	HEP B VACCINE, ADULT 2 DOSE, IM	100
90744	HEP B VACC PED/ADOL 3 DOSE IM	82
90746	HEP B VACCINE, ADULT, IM	123
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT,4 DOSE,IM	132
90748	HEP B/HIB VACCINE, IM	248
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	40
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	243
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	281
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	165
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	116
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	191
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	168
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	236
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	237
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	220

CODE	SERVICE DESCRIPTION	Fee
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	117
90899	UNLISTED PSYCHIATRIC SERVICE/PROC	63
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	41
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	48
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT (I&R)	63
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	30
93271	ECG/MONITORING AND ANALYSIS	443
93306	ECHO TTHRC R-T 2D -+M-MODE COMPL SPEC&COLOR DOP	424
93880	US CAROTID DUPLEX	21
94010	BREATHING CAPACITY TEST	61
94375	RESPIRATORY FLOW VOLUME LOOP	61
94640	AIRWAY INHALATION TREATMENT	51
94760	MEASURE BLOOD OXYGEN LEVEL	31
94762	NONINVASIVE EAR/PULSE OXIMETRY, OXYGEN SATURATION; CONTINU	86
95115	PROFESSIONAL SVC, ALLERGEN IMMUNOTHERAPY NON-PROVISION EX	21
96110	DEVELOPMENTAL TEST, I&R	48
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	47
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	45
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	43
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	12
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	43
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	43
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOISTIC INJECTION SUBCUTANEOUS	41
96373	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION INTRA-ARTERIAL	44
96374	THERAPEUTIC PROPH/DIAGNOSTIC INJECTION IV PUSH SINGLE/INITIAL S	129
97001	PHYSICAL THERAPY EVAL	141
97802	MEDICAL NUTRITION, INDIV, INIATIAL	57
97802	MEDICAL NUTRITION, INDIV, INIATIAL	57
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	57
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	57
97804	MEDICAL NUTRITION, GROUP	21
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS	90
99000	HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFF	15
99075	MEDICAL TESTIMONY	270
99080	SPECIAL REPORTS/INSURANCE FORMS	35
99173	VISUAL ACUITY	15
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	119
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	158
99203	OFFICE VISIT, DETAILED- NEW	218
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	309
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	430
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	64
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	101
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	145
99214	OFFICE VISIT, DETAILED- ESTAB	213

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99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	284
99241	CONSULTATION, PROBLEM FOCUSED	94
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	220
99243	CONSULTATION, DETAILED	298
99244	CONSULTATION, COMPREHENSIVE/MODERATE	352
99245	CONSULTATION COMPREHENSIVE/HIGH	429
99342	HOME VISIT NEW PT 3 KEY COMPONENTS:EXPAND PROB FOCUS HX;EXP	160
99347	HOME VISIT EST PT 2+ KEY COMPONENTS: PROB FOCUS INTRVL HX; PRO	87
99348	HOME VISIT EST PT 2+ KEY COMPONENTS:EXPAND PROB FOCUS INT HX	133
99377	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	144
99378	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	224
99379	PHYSICIAN SUPERVISION, NURSING FACILITY 15-29 MIN	130
99380	PHYSICIAN SUPERVISION, NURSING FACILITY 30+ MIN	137
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	247
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	268
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	265
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	298
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	306
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	332
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	332
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	231
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	247
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	246
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	270
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	276
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	283
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	283
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	55
99402	PREVENTIVE COUNSELING, IND 30 MIN	134
99403	PREVENTIVE COUNSELING, IND 45 MIN	194
99404	PREVENTIVE COUNSELING, IND 60 MIN	254
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIA	33
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE >	54
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURE	63
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURE	91
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	52
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	65
99420	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTR	50
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	1
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	4
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	15
A4570	SPLINT THUMB	18
A6449	ACE WRAP 4 INCH	18
A9150	CHARGE FOR IBUPROFEN 100 MG/5 ML ORAL SUSP, PER 5 ML	18
A9270	WOUND CARE SUPPLIES	18

CODE	SERVICE DESCRIPTION	Fee
COMPREHENSIVE PERINATAL SERVICES PROGRAM		
FAMILY PLANNING/EDUCATION (FAMILY PLANNING ACCESS CARE TREATMENT- PACT)		
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	38
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	41
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	53
G0101	MEDICARE WELL WOMAN EXAM	78
G0102	MEDICARE PROSTATE SCREENING	45
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	45
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	312
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT H	695
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIV	123
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROU	57
G0179	MEDICARE PHYSICIAN RE-CERTIFICATION FOR HOME HEALTH SERVICES	89
G0180	MEDICARE PHYSICIAN CERTIFICATION FOR HOME HEALTH SERVICES	115
G0181	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT RECEIVING HOME H	196
G0182	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT IN HOSPICE	206
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INT	59
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INT	30
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEE	23
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	66
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	142
G0402	MEDICARE INITIAL PREVENTIVE EXAM	351
G0403	MEDICARE EKG FOR INITIAL PREVENT EXAM	36
G0437	SMOKING CESSATION COUNSELING 3-10 MIN	60
G0438	SMOKING CESSATION COUNSELING 11+ MIN	280
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	37
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	54
G0444	DEPRESSION SCREENING/COUNSELING	37
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	60
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	52
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	52
G0466	MEDICARE FQHC NEW PATIENT MEDICAL VISIT	261
G0467	MEDICARE FQHC ESTABLISHED PATIENT VISIT	170
G0468	MEDICARE FQHC ANNUAL WELLNESS VISIT	226
G0469	MEDICARE FQHC NEW PATIENT MENTAL HEALTH VISIT	275
G0470	MEDICARE FQHC ESTABLISHED PATIENT MENTAL HEALTH VISIT	184
H0049	SBIRT ALCOHOL SCREENING	65
H0050	SBIRT BRIEF INTERVENTION	128
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGE	100
H1001	BENZATHINE PCN 1.2 UNITS/CC (PACT)	80
H1001	BENZATHINE PCN 2.4 UNITS/CC (PACT)	156
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	114
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	245
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	100
IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES		

CODE	SERVICE DESCRIPTION	Fee
INHOUSE LABORATORY, SPECIMEN COLLECTION		
J0171	INJECTION, ADRENALIN EPINEPHRINE, 0.1 MG	6
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	12
J0520	BICILLIN TO 5 MG	12
J0530	BICILLIN 600,000 UNITS	12
J0540	BICILLIN 1.2 MILLION UNITS	12
J0558	PENG BENZATHINE/PROCAINE INJ	15
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	15
J0570	AZITHROMYCIN 250 MG TABS (PACT)	10
J0580	EMERGENCY CONTRACEPTION (PACT)	29
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	10
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	15
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHO	20
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	37
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	47
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	119
J0897	INJECTION, DENOSUMAB	33
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	16
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	15
J1050	MEDROXYPROGESTERONE ACETATE	43
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE U	159
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP	15
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	12
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	12
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	32
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	28
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	32
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	22
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	25
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	25
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	24
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	25
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	22
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	20
J1725	HYDROXYPROGESTERONE CAPROATE	12
J1815	INJECTION, INSULIN, PER 5 UNITS	42
J1820	INJECTION, INSULIN	17
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	38
J1950	INJECTION, LEUPROLIDE ACETATE (DEPOT SUSPENSION), PER 3.75 MG	3,966
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	72
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	63
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	90
J2426	INJECTION, PALIPERIDONE PALMITATE	102
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	52
J2675	INJECTION, PROGESTERONE PER 50 MG	52

CODE	SERVICE DESCRIPTION	Fee
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	92
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	302
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	52
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	60
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	16
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	54
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	52
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	54
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	52
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	15
J3535	FLUTICASONE NASAL SPRAY 50MCG/SPRAY 16GM	15
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	664
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	915
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM	828
J7307	ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM INCLUDING IMPLA	796
J7506	PREDNISONE, ORAL, PER 5MG	22
J7510	PREDNISOLONE ORAL, PER 5 MG	18
J7611	ALBUTEROL, INHALATION SOLUTION	12
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTRATED THROUGH DME,	15
J7619	ALBUTEROL INH SOL U D	13
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG,	18
J7626	BUDESONIDE INHALATION SOLN, NON-COMPOUNDED, ADMIN THRU D	18
J7644	IPRATROPIUM BROMIDE, INHALATION SOLN ADMIN THRU DME, UNIT D	18
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	61
LCODE	HIV - CONFIDENTIAL VISIT	44
LCODE	HIV - ANONYMOUS VISIT	44
LCODE	HIV COUNSELING/EDUCATION WITH STD VISIT	79
LCODE	HIV COUNSELING AND EDUCATION, COURT ORDERED	194
LCODE	WOUND MANAGEMENT VISIT	44
LCODE	HEPATITIS A CONTACT VISIT	79
LCODE	LATENT TUBERCULOSIS (TB) CLEARANCE VISIT	44
LCODE	HEPATITIS B VACCINE, PUBLIC SAFETY/PUBLIC HEALTH WORKER	94
LCODE	RABIES VACCINE PRE-EXPOSURE (STAFF ONLY)	219
LCODE	LATENT TB PREVENTION VISIT	44
LCODE	PPD/TB SCREENING TEST/READ	44
LCODE	POSITIVE PPD TEST COUNSELING VISIT	44
LCODE	INTERNATIONAL IMMUNIZATION CARD AND STAMP	27
LCODE	TRANSCRIBE NEW IMMUNIZATION RECORD (TM990)	21
LCODE	PRINT DUPLICATE REGISTRY FORM (TM899)	21
LCODE	RETURNED CHECK FEE (TA008)	27
LCODE	ISONIAZID 50 MG 30 DAY SUPPLY	25
TB018	ISONIAZID 100 MG 30 DAY SUPPLY (TB018)	28
TB021	ISONIAZID 150 MG 30 DAY SUPPLY	28
TB023	ISONIAZID 200 MG 30 DAY SUPPLY	28
TB027	CHARGE FOR RIFAMPIN 150MG	50

CODE	SERVICE DESCRIPTION	Fee
TB028	CHARGE FOR RIFAMPIN 300MG	39
LCODE	ETHAMBUTOL 400 MG 30 DAY SUPPLY	27
LCODE	LEVOFLOXIN 750 MG	10
LCODE	VITAMIN B 6 PYRIDOXINE UP TO 25 MG	12
LCODE	PYRAZINAMIDE 500 MG 30 DAY SUPPLY	232
LCODE	RIFADIN 300 MG	12
LCODE	RIFAMPIN 150 MG 30 DAY SUPPLY (TB027)	45
LCODE	RIFAMPIN 300 MG 30 DAY SUPPLY (TB028)	35
L9900	BRACE WRIST	20
LS770	LEAD, BLOOD	24
LV1424	LIPIDS (MTYHD IN-HOUSE)	25
LV4239	BILIRUBIN, TRANSCUTANEOUS OPTICAL (BILICHEK)	12
LV465	URINE HCG (PREG) (MTY IN-HOUSE)	8
LV466	RAPID STREP (MTY IN-HOUSE)	26
LV467	HEMOGLOBIN FINGERSTICK (MTYHD IN-HOUSE)	12
LV468	GLUCOSE FINGERSTICK (MTYHD IN-HOUSE)	18
LV469	UA DIP (MTYHD IN-HOUSE)	13
LV470	HGA1C FINGERSTICK (MTYHD IN-HOUSE)	33
LV471	WET MOUNT + KOH (MTYHD IN-HOUSE)	14
LV473	RAPID FLU, IN-HOUSE (87804)	14
LV497	BILIRUBIN TEST (MTYHD IN-HOUSE)	12
S0191	CHARGE FOR MISOPROSTEL CYTOTEC 200 MCG	47
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	4
S0630	REMOVAL OF SUTURES; BY A PHYSICIAN OTHER THAN THE PHYSICIAN W	51
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	50
TA008	INSUFFICIENT FUNDS CHARGE	25
TP010	CHARGE FOR IBUPROFEN 800MG	15
TP043	CHARGE FOR ACETAMINOPHEN 160MG/5CC 4OZ	15
TP068	CHARGE FOR CLONIDINE 0.1 MG	15
TP107	CHARGE FOR AZYTHROMYCIN 1GM UD STD	55
TP1109	CHARGE FOR VITAMIN B6 25MG 100CT	25
TP1116	CHARGE FOR AZITHROMYCIN 250MG TAB	10
TP1300	CHARGE FOR PLAN B ONE-STEP	45
TP2331	CHARGE FOR INSTA-GLUCOSE ORAL GEL, PER TUBE	5
TP1300	CHARGE FOR PLAN B ONE-STEP	45
TP2331	CHARGE FOR INSTA-GLUCOSE ORAL GEL, PER TUBE	5
TX001	NURSE ONLY VISIT	64
TX124	COURT ORDERED COUNSELING	217
TX153	SUTURE REMOVAL	47
TX213	PEAK FLOW	67
TX219	PULSE OX	10
PATIENT EDUCATION AND SELF MANAGEMENT		
PROCEDURE CODES		
PSYCHIATRIC EVALUATION AND MANAGEMENT		
PUBLIC HEALTH VISIT FEES		

CODE	SERVICE DESCRIPTION	Fee
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND C	105
Q0111	WET MOUNT	13
Q0144	CHARGE FOR AZITHROMYCIN 250MG TAB	18
Q0162	ONDANSETRON 40 MG	19
Q2033	MEDICARE INFLUENZA VACCINE (FLU BLOCK)	25
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	24
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	18
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	32
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	28
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	92
UTRASONOGRAPHY (US) AND OTHER TESTING CODES		
X1500	SPERMICIDAL GEL	19
X1500	SPERMICIDAL FORM	19
X5854	TERCONAZOLE 0.4%/0.8% CREAM OR TABS (PACT)	64
X7716	TINIDAZOLE 250/500 MG TABS (PACT)	22
X7722	CEFOXITIN 1 GM/2 GM/IM (PACT)	30
Z1032	INITIAL ANTEPARTUM	311
Z1034	ANTEPARTUM VISITS	127
Z1036	10TH ANTEPARTUM	213
Z1038	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	127
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	17
Z6200	NUTRITIONAL ASSESSMENT	52
Z6202	NUTRITION INITIAL ASSESSMENTS	26
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	26
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	26
Z6210	POSTPARTUM NUTRITIONAL ASSESSMENT	26
Z6300	PSYCHOSOCIAL ASSESSMENT	52
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	26
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	26
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	26
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	26
Z6400	CLIENT ORIENTATION	26
Z6402	HEALTH ASSESSMENT	52
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	26
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	26
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	26
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	26
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	26
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	26
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	289
Z7610	ZITHROMAX (AZITHROMYCIN) 1G,PO	63
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 30 MIN (PACT)	58
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 45 MIN (PACT)	94
Z7610	ACYCLOVIR 200/400/800 MG TABS (PACT)	24
Z7610	AZITHROMYCIN 500 MG TABS/1 GM PACKET (PACT)	64

CODE	SERVICE DESCRIPTION	Fee
Z7610	CEFIXIME 400 MG TABS (PACT)	17
Z7610	CEPHALEXIN 250/500 MG TABS (PACT)	15
Z7610	CIPROFLOXACIN 250 MG TABS (PACT)	9
Z7610	CLINDAMYCIN 2% CREAM (PACT)	53
Z7610	DOXYCYLINE 100 MG TABS (PACT)	15
Z7610	ESTRADIOL (PACT)	19
Z7610	IMIQUIMOD 5% CREAM (PACT)	174
Z7610	METRONIADAZOLE 250/500 MG TABS, 0.75% GEL (PACT)	53
Z7610	MICONAZOLE 2%/4% CREAM OR TABS (PACT)	23
Z7610	OFLOXACIN 200/400 MG TABS (PACT)	172
Z7610	PODOFILOX 0.5% SOLUTION/GEL (PACT)	108
Z7610	PROBENECID 500 MG TABS (PACT)	8
Z7610	BUTOCONAZOLE 2% CREAM (PACT)	44
Z7611	CLOTRIMAZOLE 1%/2% CREAM OR TABS (PACT)	14
Z7611	FLUCONAZOLE 150 MG TABS (PACT)	17
Z9750	F PACT COUNSEL CODES	9
Z9750	F PACT COUNSEL CODES	9
Z9751	COUNSELING INDIVIDUAL 10 MIN	18
Z9752	COUNSELING INDIVIDUAL 15 MIN	35
Z9752	INDIVIDUAL FAMILY PLANNING/COUNSELING, 5 MIN (PACT)	9
Z9753	COUNSELING INDIVIDUAL 30 MIN	58
Z9753	INDIVIDUAL FAMILY PLANNING/COUNSELING, 10 MIN (PACT)	18
Z9754	COUNSELING INDIVIDUAL 45 MIN	94
Z9754	INDIVIDUAL FAMILY PLANNING/COUNSELING, 15 MIN (PACT)	36