

**COUNTY OF MONTEREY HEALTH DEPARTMENT
CLINIC SERVICES BUREAU
SCHEDULE OF FEES AND CHARGES; Comparison of Current to Proposed
Proposed Effective 7/1/2016**

CODE	SERVICE DESCRIPTION	Current Fee	Proposed Fee
EVALUATION AND MANAGEMENT CODES			
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	119.00	119
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	155.00	158
99203	OFFICE VISIT, DETAILED- NEW	218.00	218
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	308.74	309
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	430.00	430
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	64.00	64
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	91.49	101
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	145.29	145
99214	OFFICE VISIT, DETAILED- ESTAB	213.24	213
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	284.16	284
99241	CONSULTATION, PROBLEM FOCUSED	94.00	94
99242	CONSULTATION, EXPANDED PROBLEM FOCUSED	219.68	220
99243	CONSULTATION, DETAILED	297.38	298
99244	CONSULTATION, COMPREHENSIVE/MODERATE	352.00	352
99245	CONSULTATION COMPREHENSIVE/HIGH	429.00	429
99342	HOME VISIT NEW PT 3 KEY COMPONENTS:EXPAND PROB FOCUS HX;EXPAND PROB FOCUS EXAM; MED DECN LOW COMPLEX	159.44	160
99347	HOME VISIT EST PT 2+ KEY COMPONENTS: PROB FOCUS INTRVL HX; PROB FOCUS EXAM; STRTFWD MED DECISION	86.78	87
99348	HOME VISIT EST PT 2+ KEY COMPONENTS:EXPAND PROB FOCUS INT HX;EXPAND PROB FOCUS EXAM;MED DEC LOW COMP	132.47	133
99377	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 15-29 MIN	143.67	144
99378	PHYSICIAN SUPERVISION, HOSPICE PATIENT; 30+ MIN	223.02	224
99379	PHYSICIAN SUPERVISION, NURSING FACILITY 15-29 MIN	129.80	130
99380	PHYSICIAN SUPERVISION, NURSING FACILITY 30+ MIN	136.88	137
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	246.56	247
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	268.29	268
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	265.22	265
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	297.61	298
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	321.88	306
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	332.20	332
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	259.42	332
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	223.68	231
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	249.25	247
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	244.03	246
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	260.53	270
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	272.92	276
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	282.80	283
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	230.43	283
99401	PREVENTIVE COUNSELING, IND SPX 15 MIN	44.50	55

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99402	PREVENTIVE COUNSELING, IND 30 MIN	134.21	134
99403	PREVENTIVE COUNSELING, IND 45 MIN	194.20	194
99404	PREVENTIVE COUNSELING, IND 60 MIN	254.02	254
G0101	MEDICARE WELL WOMAN EXAM	78.00	78
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MIN	111.01	123
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 +) PER 30 MIN	50.00	57
G0179	MEDICARE PHYSICIAN RE-CERTIFICATION FOR HOME HEALTH SERVICES	83.85	89
G0180	MEDICARE PHYSICIAN CERTIFICATION FOR HOME HEALTH SERVICES	108.65	115
G0181	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT RECEIVING HOME HEALTH CARE	186.20	196
G0182	MEDICARE PHYSICIAN SUPERVISION OF A PATIENT IN HOSPICE	195.33	206
G0466	MEDICARE FQHC NEW PATIENT MEDICAL VISIT	258.57	261
G0467	MEDICARE FQHC ESTABLISHED PATIENT VISIT	168.13	170
G0468	MEDICARE FQHC ANNUAL WELLNESS VISIT	225.65	226
G0469	MEDICARE FQHC NEW PATIENT MENTAL HEALTH VISIT	294.39	275
G0470	MEDICARE FQHC ESTABLISHED PATIENT MENTAL HEALTH VISIT	181.52	184
PSYCHIATRIC EVALUATION AND MANAGEMENT			
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	35.00	40
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	243.50	243
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	287.77	281
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	140.63	165
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	115.65	116
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	171.00	191
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	168.00	168
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	194.72	236
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	195.34	237
90847	FAMILY PSYCHOTHERAPY CONJOINT W/ PATIENT PRESENT	205.48	220
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	117.00	117
90899	UNLISTED PSYCHIATRIC SERVICE/PROC	63.00	63
PATIENT EDUCATION AND SELF MANAGEMENT			
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	42.52	47
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	41.34	45
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	38.97	43
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	10.63	12
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	38.97	43
96155	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY W/O PATIENT	38.97	43
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION SUBCUTANEOUS OR INTRAMUSCULAR	46.00	41
96373	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION INTRA-ARTERIAL	40.15	44
96374	THERAPEUTIC PROPH/DIAGNOSTIC INJECTION IV PUSH SINGLE/INITIAL SUBSTANCE/DRUG	116.92	129
97001	PHYSICAL THERAPY EVAL	121.00	141
97802	MEDICAL NUTRITION, INDIV, INITIAL	52.00	57
97802	MEDICAL NUTRITION, INDIV, INITIAL	52.00	57
97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	52.00	57

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97803	MEDICAL NUTRITION, INDIV, SUBSEQUENT	52.00	57
97804	MEDICAL NUTRITION, GROUP	19.00	21
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE BETWEEN 3 TO 10 MINUTES	32.38	33
99407	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE > THAN 10 MINUTES	53.15	54
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	62.59	63
99409	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES > THAN 30 MINUTES	90.94	91
99411	PREVENTIVE COUNSELING, GROUP 30 MIN	51.96	52
99412	PREVENTIVE COUNSELING, GROUP 60 MIN	64.96	65
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S), INDIVIDUAL PER 15 MIN	55.51	59
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S), GROUP PER 30 MIN	28.34	30
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER	21.26	23
G0396	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	62.59	66
G0397	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), 15-30 MIN	134.63	142
G0402	MEDICARE INITIAL PREVENTIVE EXAM	334.22	351
G0403	MEDICARE EKG FOR INITIAL PREVENT EXAM	34.00	36
G0437	SMOKING CESSATION COUNSELING 3-10 MIN	56.69	60
G0438	SMOKING CESSATION COUNSELING 11+ MIN	266.00	280
G0442	ALCOHOL MISUSE SCREENING/COUNSELING	35.00	37
G0443	SUBSTANCE ABUSE/TESTING/INTERVENTION (SBIRT), >30 MIN	51.00	54
G0444	DEPRESSION SCREENING/COUNSELING	35.00	37
G0445	SEXUALLY TRANSMITTED DISEASE COUNSELING RISK ASSESSMENT	57.03	60
G0446	BEHAVIORAL MODIFICATION COUNSELING - CARDIAC RISKS	49.00	52
G0447	BEHAVIORAL MODIFICATION COUNSELING - OBESITY	49.00	52
H0049	SBIRT ALCOHOL SCREENING	63.59	65
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	87.39	92
PROCEDURE CODES			
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SINGLE	215.27	235
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED OR MULTIPLE	377.13	398
10080	DRAINAGE OF PILONIDAL CYST, SIMPLE	63.00	261
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	282.44	303
11000	DEBRIDE INFECTED SKIN	25.00	110
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	172.32	203
11101	BIOPSY, SKIN ADDITIONAL LESION	66.00	66
11200	REMOVAL OF SKIN TAGS	160.95	161
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	44.58	55
11300	SHAVE SINGLE SKIN LESION, EXTREMITY, <0.50 CM	128.00	145
11400	EXCISION, BENING LESION INCLUDING MARGINS <= 0.5CM	251.55	252
11401	EXCISION, BENING LESION INCLUDING MARGINS 0.6 TO 1 CM	247.45	249
11422	EXCISION, BENING LESION, SCALP, NECK,HANDS, W/Margin 1.1 TO 2	321.52	322

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11730	REMOVAL OF NAIL PLATE	203.00	203
11750	REMOVAL OF NAIL BED	392.00	392
11765	EXCISION OF NAIL FOLD, TOE	243.91	244
11900	INJECTION INTO SKIN LESIONS	101.55	119
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	363.86	364
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	162.00	330
12001	REPAIR SUPERFICIAL WOUND,S	337.00	233
12002	REPAIR SUPERFICIAL WOUND, TRUNK >=2.6 CM	289.22	264
15850	REMOVAL OF SUTURES	63.00	84
17000	DESTRUCTION OF LESIONS, 1ST LESION	125.93	135
17003	DESTRUCTION OF LESIONS, 2 TO 14 ADDITIONAL LESION	18.53	25
17110	DESTRUCTION OF LESIONS, BENIGN UP TO 14 MORE	177.97	186
17111	DESTRUCTION OF LESIONS, BENIGN 15 OR MORE	198.29	210
17250	CHEMICAL CAUTERY, TISSUE	128.11	145
17340	CRYOTHERAPY OF SKIN	93.84	94
19000	DRAINAGE OF BREAST LESION	231.00	233
20526	THER INJECTION, CARP TUNNEL	199.08	199
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	119.00	119
20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	124.00	124
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	141.52	130
20553	INJECTION TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	165.04	150
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	123.47	145
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	151.58	155
27370	INJECTION PROC, KNEE ARTHROGRAPHY	263.00	512
27603	INCISION & DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEMATOMA	1,259.02	1,259
28190	REMOVAL, FB, FOOT; SUBQ	463.00	450
29130	APPLICATION, FINGER SPLINT; STATIC	93.17	85
29515	APPLICATION, SHORT LEG SPLINT (CALF TO FOOT)	85.00	155
36405	VENIPUNCTURE, < AGE 3; SCALP VEIN	54.33	60
36406	VENIPUNCTURE, < AGE 3; OTHER VEIN	38.97	43
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	29.53	32
36420	VENIPUNCTURE, CUTDOWN; < AGE 1	98.02	108
36425	VENIPUNCTURE, CUTDOWN; AGE 1+	81.49	90
36510	CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBORN	410.22	451
45005	INCISION & DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM	537.00	537
46600	DIAGNOSTIC ANOSCOPY	186.88	187
46900	DESTRUCTION, ANAL LESION(S)	525.50	526
51701	INSERT NON-INDWELLING BLADDER CATHETER	147.77	161
51702	INSERT TEMPORARY INWELLING BLADDER CATHER	184.00	184
51725	SIMPLE CYSTOMETROGRAM	301.00	351
54050	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CHEMICAL	262.02	270
54056	DESTRUCTION OF LESION(S), PENIS, SIMPLE; CRYOSURGERY	275.11	321
54150	CIRCUMCISION	326.49	375
56405	INCISION AND DRAINAGE OF VULVA/PERINEUM	224.39	265
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	249.00	294

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56501	DESTROY, VULVA LESIONS, SIMPLE	268.00	313
56515	DESTROY VULVA LESION/S COMPLEX	458.23	541
56605	BIOPSY OF VULVA/PERINEUM	206.42	206
57061	DESTROY VAG LESIONS, SIMPLE	297.69	298
57100	BIOPSY OF VAGINA	223.74	264
57160	FITTING AND INSERTION OF PESSARY/OTHER DEVICE	152.00	153
57420	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT	275.70	276
57421	COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT; W/BIOPSY(S)		429
57452	COLPOSCOPY, CERVIX INCLUDING UPPER/ADJACENT VAGINA	271.18	271
57454	COLPOSCOPY W/ BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	368.54	416
57455	COLPOSCOPY W/ BIOPSY OF CERVIX	354.94	335
57456	COLPOSCOPY W/ BIOPSY OF ENDOCERVICAL CURETTAGE	335.22	382
57460	COLPOSCOPY W/ LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	583.00	601
57461	COLPOSCOPY W/ LOOP ELECTRODE CONIZATION OF THE CERVIX	843.35	995
57500	BIOPSY OF CERVIX	263.00	310
57505	ENDOCERVICAL CURETTAGE	263.91	264
57511	CRYOCAUTERY OF CERVIX	296.00	296
58100	BIOPSY OF UTERUS LINING	268.45	268
58110	ENDOMETRIAL SAMPLING (BX) PERFORMED IN CONJUNCTION W/ COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	114.14	256
58300	INSERT INTRAUTERINE DEVICE	270.11	336
58301	REMOVE INTRAUTERINE DEVICE	195.00	222
59300	EPISIOTOMY/VAGINAL REPAIR, OTHER THAN ATTENDING PHYSICIAN	466.00	466
59425	ANTEPARTUM CARE ONLY; 4 TO 6 VISITS	154.00	182
59426	ANTEPARTUM CARE ONLY; 7+ VISITS	164.00	194
59430	POSTPARTUM CARE ONLY (SEP PROCEDURE)	372.00	375
64788	EXCISION, NEUROFIBROMA/NEUROLEMMOMA; CUTANEOUS NERVE	320.00	506
69200	CLEAR OUTER EAR CANAL	230.16	272
69210	REMOVE IMPACTED EAR WAX	97.39	116
G0102	MEDICARE PROSTATE SCREENING	40.15	45
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	40.15	45
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	283.44	312
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	695.00	695
INHOUSE LABORATORY, SPECIMEN COLLECTION			
80061	LIPID PANEL	27.76	42
81002	URINALYSIS, DIPSTICK NON-AUTOMATED, WITHOUT MICROSCOPY	11.00	15
81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	7.00	10
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	10.00	16
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	15.00	20
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	28.00	36
83655	LEAD, BLOOD	25.15	25
85018	BLOOD COUNT; HEMOGLOBIN	10.00	13
85379	D-DIMER	-	29
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	24.91	29

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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	16.00	16
87210	KOH, SMEAR, VAGINAL W/INTERP; WET MOUNT	15.00	23
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	18.00	20
87265	BORDETELLA PERTUSSIS/PARAPERTUSSIS SMEAR, DFA	27.16	30
87798	STREP/INFECTIOUS AGENT DETEC BY DNA/RNA	38.65	120
87804	RAPID FLU, IN-HOUSE (87804)	-	18
87807	RSV IMMUNOASSAY, EIA, WASH/ASPIRATE/SWAB	55.00	55
87880	RAPID STREP-INFECTIOUS AGENT, IMMUNOASSAY	30.00	35
88720	BILIRUBIN TOTAL,TRANSCUTANEOUS	20.00	20
88738	HGB QUANT TRANSCUTANEOUS (MTYHD)	15.46	20
H0050	SBIRT BRIEF INTERVENTION	125.28	128
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	92.12	105
Q0111	WET MOUNT	10.63	13
TX001	NURSE ONLY VISIT		64
TX124	COURT ORDERED COUNSELING		217
TX153	SUTURE REMOVAL		47
TA008	INSUFFICIENT FUNDS CHARGE		25
TESTING CODES			
92551	AUDIOLOGIC SCREENING TEST, PURE TONE, AIR ONLY	37.00	41
92552	AUDIOLOGIC PURE TONE AUDIOMETRY, AIR ONLY	47.19	48
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/INTERPREATION & REPORT (I&R)	45.00	63
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	27.00	30
93271	ECG/MONITORING AND ANALYSIS	544.00	443
93306	ECHO TTHRC R-T 2D -+M-MODE COMPL SPEC&COLOR DOP	424.00	424
93880	US CAROTID DUPLEX	17.53	21
94010	BREATHING CAPACITY TEST	18.13	61
94375	RESPIRATORY FLOW VOLUME LOOP	31.06	61
94640	AIRWAY INHALATION TREATMENT	49.76	51
94760	MEASURE BLOOD OXYGEN LEVEL	10.19	31
94762	NONINVASIVE EAR/PULSE OXIMETRY, OXYGEN SATURATION; CONTINUOUS OVERNIGHT MONITORING	78.00	86
95115	PROFESSIONAL SVC, ALLERGEN IMMUNOTHERAPY NON-PROVISION EXTRACTS; SINGLE INJECTION	18.90	21
96110	DEVELOPMENTAL TEST, I&R	32.00	48
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	83.00	90
99000	HANDLING &/OR CONVEYANCE, SPECIMEN TRANSFER, PHYSICIAN'S OFFICE TO LAB	15.00	15
99075	MEDICAL TESTIMONY	270.00	270
99080	SPECIAL REPORTS/INSURANCE FORMS	51.89	35
99173	VISUAL ACUITY	10.19	15
99420	ADMINISTRATION & INTERPRETATION HEALTH RISK ASSESSMENT INSTRUMENT	81.18	50

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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
IMMUNIZATIONS, INJECTABLES, MEDICAL SUPPLIES			
90384	RH IG, FULL DOSE, IM	229.89	271
90396	VARICELLA ZOSTER IMMUNE GLOBULIN	175.42	207
90471	IMMUNIZATION ADMIN	46.83	47
90472	IMMUNIZATION ADMIN, EACH ADD	26.00	29
90473	IMADM INTRANSL/ORAL 1 VACC	45.74	46
90474	IMMUNIZATION ADMINISTRATION, INTRANASAL/ORAL; EA ADD'L SINGLE/COMBINATION VACCINE/TOXOID	25.98	28
90632	HEP A VACCINE, ADULT IM	126.13	127
90633	HEP A VACC, PED/ADOL, 2 DOSE	69.04	75
90636	HEP A/HEP B VACC, ADULT IM	168.00	193
90645	HIB VACCINE, HBOC, 4 DOSE IM	48.00	53
90646	HIB PRP-D, BOOSTER	49.60	55
90648	CHDP HIB (PRP-T)	48.00	66
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE, FOR IM USE	242.04	286
90649	CHDP HPV GARDASIL	242.04	326
90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18 (BIVALENT), 3 DOSE, FOR IM USE	234.00	276
90651	HPV 9 VACCINE	165.60	195
90654	INFLUENZA VACCINE SPLIT VIRUS PRSRV FREE ID	33.69	78
90655	INFLUENZA, SPLIT, 6-35MO, PRESERVATIVE FREE	31.70	32
90656	INFLUENZA, SPLIT, 3+YRS, PRESERVATIVE FREE	30.00	30
90657	INFLUENZA VIRUS VACCINE, 6 -35 MONTHS, IM USE	19.00	22
90658	INFLUENZA VIRUS VACCINE, 3+ YEARS , IM USE	25.96	31
90660	FLU VACCINE, NASAL	38.46	48
90661	INFLUENZA VIRUS VACCINE DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE & ANTIBIOTIC FREE FOR IM USE	39.43	48
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASEDAANTIGENT CONTENT, IM USE	51.23	57
90669	PNEUMOCOCCAL VACC, PED LESS THAN 5	177.15	160
90670	PNEUMOCOCCAL VACC 13 VAL IM	181.78	242
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	43.00	43
90674	INFLUENZA VIRUS VACCINE, QUAROVALENT	62.03	65
90675	RABIES VACCINE, IM	387.00	387
90680	ROTAVIRUS PENTAVALENT, LIVE	87.00	87

CODE	SERVICE DESCRIPTION	Current Fee	Proposed Fee
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 6 - 35 M	25.00	25
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, SPLIT VIRUS 3 + Y	17.00	17
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS 3+ Y	17.00	17
90696	DTAP/IPV (KINRIX)	125.24	125
90698	DTAP/IPV/HIB	98.96	118
90700	DTAP VACCINE, IM	49.99	57
90703	TETANUS TOXOID, ADSORBED	54.28	55
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE MMR, LIVE, SUB Q USE	106.55	107
90710	MMRV, LIVE	193.00	193
90713	POLIOVIRUS, IPV, SC OR IM	60.71	63
90714	TETANUS & DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 + Y, FOR IM USE	38.00	38
90715	TDAP (7 + YEARS)	75.76	81
90716	CHICKEN POX VACCINE, SC	174.68	175
90718	TETANUS DIPHTHERIA TOXOIDS, TD ADSORBED, 7+	51.00	98
90723	DTAP HEP B IPV VACCINE, IM	164.00	164
90732	PNEUMOCOCCAL VACCINE	91.36	102
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE ANY GROUP S, SUB Q USE	189.54	204
90734	MENINGOCOCCAL VACCINE, CONJUGATE	169.00	218
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255.10	255
90739	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	255.10	255
90740	HEP B (FOR IMMUNOSUPPRESSED) 3 DOSE	245.65	245
90743	HEP B VACCINE, ADULT 2 DOSE, IM	100.14	100
90744	HEP B VACC PED/ADOL 3 DOSE IM	81.99	82
90746	HEP B VACCINE, ADULT, IM	122.74	123
90747	HEP B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT,4 DOSE,IM	132.27	132
90748	HEP B/HIB VACCINE, IM	159.23	248
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	0.41	1
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	4.13	4
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	14.17	15
A4570	SPLINT THUMB	15.00	18
A6449	ACE WRAP 4 INCH	15.00	18
A9150	CHARGE FOR IBUPROFEN 100 MG/5 ML ORAL SUSP, PER 5 ML	15.00	18
A9270	WOUND CARE SUPPLIES	15.00	18
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	32.00	38
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	38.00	41
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	38.00	53
J0171	INJECTION, ADRENALIN EPINEPHRINE, 0.1 MG	5.00	6
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	10.63	12
J0520	BICILLIN TO 5 MG	10.63	12
J0530	BICILLIN 600,000 UNITS	10.63	12
J0540	BICILLIN 1.2 MILLION UNITS	10.63	12
J0558	PENG BENZATHINE/PROCAINE INJ	84.00	15
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	17.72	15

CODE	SERVICE DESCRIPTION	Current Fee	Proposed Fee
J0570	AZITHROMYCIN 250 MG TABS (PACT)	8.27	10
J0580	EMERGENCY CONTRACEPTION (PACT)	27.16	29
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	9.45	10
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	9.45	15
J0702	INJECTION, BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG	18.90	20
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	35.43	37
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	44.88	47
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	118.86	119
J0897	INJECTION, DENOSUMAB	33.07	33
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	15.35	16
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	3.00	15
J1050	MEDROXYPROGESTERONE ACETATE	42.00	43
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	144.08	159
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	12.99	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	24.80	28
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	8.27	32
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	9.45	22
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22.44	25
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	22.44	25
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	21.26	24
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	22.44	25
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	22.44	22
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	17.72	20
J1725	HYDROXYPROGESTERONE CAPROATE		12
J1815	INJECTION, INSULIN, PER 5 UNITS	40.15	42
J1820	INJECTION, INSULIN	15.35	17
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	37.79	38
J1950	INJECTION, LEUPROLIDE ACETATE (DEPOT SUSPENSION), PER 3.75 MG	3,966.14	3,966
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	35.43	72
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	56.69	63
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	81.49	90
J2426	INJECTION, PALIPERIDONE PALMITATE	95.66	102
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	48.42	52
J2675	INJECTION, PROGESTERONE PER 50 MG	47.24	52
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	86.21	92
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	302.34	302
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	48.42	52
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125MG	54.33	60
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	14.17	16
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	48.42	54

CODE	SERVICE DESCRIPTION	Current Fee	Proposed Fee
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	49.60	52
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	48.42	54
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	51.96	52
J3490	UNCLASSIFIED DRUG;NON-ORAL ADMIN	14.17	15
J3535	FLUTICASONE NASAL SPRAY 50MCG/SPRAY 16GM	14.17	15
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	831.42	664
J7301	SKYLA 13.5MG	1,625.06	915
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	1,365.24	828
J7307	ETONOGESTREL CONTRACEPTIVE IMPLANT SYSTEM INCLUDING IMPLANT AND SUPPLIES	796.00	796
J7506	PREDNISONE, ORAL, PER 5MG		22
J7510	PREDNISOLONE ORAL, PER 5 MG	15.35	18
J7611	ALBUTEROL, INHALATION SOLUTION	10.00	12
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTRATED THROUGH DME, UNIT DOSE, 1 MG	12.99	15
J7619	ALBUTEROL INH SOL U D	12.99	13
J7620	ALBUTEROL, UP TO 2.5 MG & IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED INHALATION SOLN	15.35	18
J7626	BUDESONIDE INHALATION SOLN, NON-COMPOUNDED, ADMIN THRU DME, UNIT DOSE FORM UP TO 0.5 MG	15.35	18
J7644	IPRATROPIUM BROMIDE, INHALATION SOLN ADMIN THRU DME, UNIT DOSE FORM PER MG	15.35	18
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	51.96	61
L9900	BRACE WRIST		20
Q2033	MEDICARE INFLUENZA VACCINE (FLU BLOCK)	23.62	25
Q2035	MEDICARE INFLUENZA VACCINE (AFLURIA)	22.44	24
Q2036	MEDICARE INFLUENZA VACCINE (FLULAVAL)	16.53	18
Q2037	MEDICARE INFLUENZA VACCINE (FLUVIRIN)	29.53	32
Q2038	MEDICARE INFLUENZA VACCINE (FLUZONE)	23.62	28
Q0144	CHARGE FOR AZITHROMYCIN 250MG TAB		18
Q0162	ONDANSETRON 40 MG	17.72	19
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 WHO ORIGINALLY		51
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES		50
TB018	ISONIAZID 100 MG 30 DAY SUPPLY (TB018)	23.62	28
TB021	ISONIAZID 150 MG 30 DAY SUPPLY	23.62	28
TB023	ISONIAZID 200 MG 30 DAY SUPPLY	23.62	28
TB027	CHARGE FOR RIFAMPIN 150MG	42.52	50
TB028	CHARGE FOR RIFAMPIN 300MG	33.07	39
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 AZITHROMYCIN 1GM UD STD		55
TP1109	CHARGE FOR VITAMIN B6 25MG 100CT		25
TP1116	CHARGE FOR AZITHROMYCIN 250MG TAB		10

CODE	SERVICE DESCRIPTION	Current Fee	Proposed Fee
TP1300	CHARGE FOR PLAN B ONE-STEP		45
TP1300	CHARGE FOR PLAN B ONE-STEP		45
TP2331	CHARGE FOR INSTA-GLUCOSE ORAL GEL, PER TUBE		5
TP2331	CHARGE FOR INSTA-GLUCOSE ORAL GEL, PER TUBE		5
TX213	PEAK FLOW		67
TX219	PULSE OX		10
X1500	SPERMICIDAL GEL	17.72	19
X1500	SPERMICIDAL FORM	17.72	19
PUBLIC HEALTH VISIT FEES			
LCODE	HIV - CONFIDENTIAL VISIT	41.34	44
LCODE	HIV - ANONYMOUS VISIT	41.34	44
LCODE	HIV COUNSELING/EDUCATION WITH STD VISIT	74.40	79
LCODE	HIV COUNSELING AND EDUCATION, COURT ORDERED	184.24	194
LCODE	WOUND MANAGEMENT VISIT	41.34	44
LCODE	HEPATITIS A CONTACT VISIT	74.40	79
LCODE	LATENT TUBERCULOSIS (TB) CLEARANCE VISIT	41.34	44
LCODE	HEPATITIS B VACCINE, PUBLIC SAFETY/PUBLIC HEALTH WORKER	88.58	94
LCODE	RABIES VACCINE PRE-EXPOSURE (STAFF ONLY)	207.86	219
LCODE	LATENT TB PREVENTION VISIT	41.34	44
LCODE	PPD/TB SCREENING TEST/READ	41.34	44
LCODE	POSITIVE PPD TEST COUNSELING VISIT	41.34	44
LCODE	INTERNATIONAL IMMUNIZATION CARD AND STAMP	25.00	27
LCODE	TRANSCRIBE NEW IMMUNIZATION RECORD (TM990)	20.00	21
LCODE	PRINT DUPLICATE REGISTRY FORM (TM899)	20.00	21
LCODE	RETURNED CHECK FEE (TA008)	25.00	27
LCODE	ISONIAZID 50 MG 30 DAY SUPPLY	23.62	25
LCODE	ETHAMBUTOL 400 MG 30 DAY SUPPLY	24.80	27
LCODE	LEVOFLOXIN 750 MG	9.45	10
LCODE	VITAMIN B 6 PYRIDOXINE UP TO 25 MG	10.63	12
LCODE	PYRAZINAMIDE 500 MG 30 DAY SUPPLY	220.85	232
LCODE	RIFADIN 300 MG	10.63	12
LCODE	RIFAMPIN 150 MG 30 DAY SUPPLY (TB027)	42.52	45
LCODE	RIFAMPIN 300 MG 30 DAY SUPPLY (TB028)	33.07	35
LS770	LEAD, BLOOD		24
COMPREHENSIVE PERINATAL SERVICES PROGRAM			
Z1032	INITIAL ANTEPARTUM	292.89	311
Z1034	ANTEPARTUM VISITS	107.47	127
Z1036	10TH ANTEPARTUM	200.77	213
Z1038	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	107.47	127
Z5220	FAMPACT COLLECT & HANDLE WITH OTHER SERVICES	15.35	17
Z6200	NUTRITIONAL ASSESSMENT	44.00	52
Z6202	NUTRITION INITIAL ASSESSMENTS	22.00	26
Z6204	NUTRITION FOLLOW UP (INDIVIDUAL)	22.00	26
Z6208	POSTPARTUM NUTRITIONAL ASSESSMENT	22.00	26
Z6210	POSTPARTUM NUTRITIONAL ASSESSMENT	22.00	26

CODE	SERVICE DESCRIPTION	Current Fee	Proposed Fee
Z6300	PSYCHOSOCIAL ASSESSMENT	44.00	52
Z6302	PSYCHOSOCIAL INITIAL ASSESSMENT	22.00	26
Z6304	PSYCHOSOCIAL FOLLOW UP (INDIVIDUAL)	22.00	26
Z6306	PSYCHOSOCIAL FOLLOW UP (GROUP)	22.00	26
Z6308	POSTPARTUM PSYCHOSOCIAL ASSESSMENT	22.00	26
Z6400	CLIENT ORIENTATION	22.00	26
Z6402	HEALTH ASSESSMENT	44.00	52
Z6404	HEALTH EDUCATION INITIAL ASSESSMENTS	22.00	26
Z6406	HEALTH EDUCATION FOLLOW UP (INDIVIDUAL)	22.00	26
Z6408	HEALTH EDUCATION FOLLOW UP (GROUP)	22.00	26
Z6410	PERINATAL EDUCATION (INDIVIDUAL)	22.00	26
Z6412	PERINATAL EDUCATION (GROUP UP TO 72 UNITS)	22.00	26
Z6414	POSTPARTUM HEALTH EDUCATION ASSESSMENT	22.00	26
Z6500	INITIAL COMPREHENSIVE ASSESSMENTS	272.00	289
Z7610	ZITHROMAX (AZITHROMYCIN) 1G,PO	59.05	63
Z9751	COUNSELING INDIVIDUAL 10 MIN	16.53	18
Z9752	COUNSELING INDIVIDUAL 15 MIN		35
Z9753	COUNSELING INDIVIDUAL 30 MIN	54.33	58
Z9754	COUNSELING INDIVIDUAL 45 MIN	88.58	94
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	97.94	100
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	110.92	114
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	240.00	245
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	98.02	100
FAMILY PLANNING/EDUCATION (FAMILY PLANNING ACCESS CARE TREATMENT- PACT)			
X5854	TERCONAZOLE 0.4%/0.8% CREAM OR TABS (PACT)	60.23	64
X7716	TINIDAZOLE 250/500 MG TABS (PACT)	20.08	22
X7722	CEFOXITIN 1 GM/2 GM/IM (PACT)	28.34	30
H1001	BENZATHINE PCN 1.2 UNITS/CC (PACT)	77.88	80
H1001	BENZATHINE PCN 2.4 UNITS/CC (PACT)	152.22	156
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 30 MIN (PACT)	54.33	58
Z7610	INDIVIDUAL FAMILY PLANNING/COUNSELING, 45 MIN (PACT)	88.58	94
Z7610	ACYCLOVIR 200/400/800 MG TABS (PACT)	22.44	24
Z7610	AZITHROMYCIN 500 MG TABS/1 GM PACKET (PACT)	60.23	64
Z7610	CEFIXIME 400 MG TABS (PACT)	15.35	17
Z7610	CEPHALEXIN 250/500 MG TABS (PACT)	14.17	15
Z7610	CIPROFLOXACIN 250 MG TABS (PACT)	8.27	9
Z7610	CLINDAMYCIN 2% CREAM (PACT)	49.60	53
Z7610	DOXYCYLINE 100 MG TABS (PACT)	14.17	15
Z7610	ESTRADIOL (PACT)	17.72	19
Z7610	IMIQUMOD 5% CREAM (PACT)	165.34	174
Z7610	METRONIDAZOLE 250/500 MG TABS, 0.75% GEL (PACT)	49.60	53
Z7610	MICONAZOLE 2%/4% CREAM OR TABS (PACT)	21.26	23
Z7610	OFLOXACIN 200/400 MG TABS (PACT)	162.98	172
Z7610	PODOFILOX 0.5% SOLUTION/GEL (PACT)	102.75	108
Z7610	PROBENECID 500 MG TABS (PACT)	7.09	8

CODE	SERVICE DESCRIPTION	Current Fee	Proposed Fee
Z7610	BUTOCONAZOLE 2% CREAM (PACT)	41.34	44
Z7611	CLOTRIMAZOLE 1%/2% CREAM OR TABS (PACT)	12.99	14
Z7611	FLUCONAZOLE 150 MG TABS (PACT)	15.35	17
Z9750	F PACT COUNSEL CODES	8.27	9
Z9752	INDIVIDUAL FAMILY PLANNING/COUNSELING, 5 MIN (PACT)	8.27	9
Z9753	INDIVIDUAL FAMILY PLANNING/COUNSELING, 10 MIN (PACT)	16.53	18
Z9754	INDIVIDUAL FAMILY PLANNING/COUNSELING, 15 MIN (PACT)	34.25	36