

<b>CPT Code</b>	<b>Service Description</b>	<b>Approved Fee effective 01/01/2021</b>	<b>Proposed Fee 2021-2022</b>
<b>New Patient Preventive Visits</b>			
99381	Initial/New preventive < 1 year	\$325.00	
99382	Initial/New preventive 1 - 4 years	\$325.00	
99383	Initial/New preventive 5-11 years	\$350.00	
99384	Initial/New preventive 12 - 17 years	\$340.00	
99385	Initial/New preventive 18 - 39 years	\$325.00	
99386	Initial/New preventive 40 - 64 years	\$326.00	
99387	Initial/New preventive > 65 Years	\$325.00	
<b>Established Patient Preventive Visits</b>			
99391	Established Preventive < 1 year	\$290.00	
99392	Established Preventive 1 - 4 years	\$290.00	
99393	Established Preventive 5 -11 years	\$300.00	
99394	Established Preventive 12 - 17 years	\$290.00	
99395	Established Preventive 18 - 39 years	\$279.00	
99396	Established Preventive 40 - 64 years	\$326.00	
99397	Established Preventive > 65 years	\$300.00	
<b>New Patient Evaluation &amp; Management Visits</b>			
99201	New-Problem Focused	\$125.00	
99202	New-Expanded Focused	\$200.00	
99203	New-Detailed/Low Complexity	\$275.00	
99204	Complexity	\$425.00	
99205	New-Comprehensive/HighComplexity	\$495.00	
00000	No Charge Visit		
<b>Established Patient Evaluation &amp; Management Visits</b>			
99211	Established-Nurse Encounter (no MD required)	\$50.00	
99212	Established-Problem Focused	\$125.00	
99213	Established-Expanded /Low Complexity	\$195.00	
99214	Complexity	\$275.00	
99215	Established-Comprehensive/High Complexity	\$345.00	
T1002	RN service up to 15 minutes	\$75.00	

Tele Health Services (Phone Only)			Remove, will only pay if audio & visual is used
99441	Telephone E/M 5-10 Minutes	\$14.45	
99442	Telephone E/M 11-20 Minutes	\$28.15	
99443	Telephone E/M 21-30 Minutes	\$41.15	
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Immunizations			
90474	injectable	\$20.45	
90473	Admin of intranasal/oral only vaccine	\$20.45	
90472	Admin. Each additional vaccine	\$20.45	
90471	Admin. Single vaccine	\$20.45	
90632	Adult Hepatitis A-IM	\$50.00	
90702	<del>DT Pediatric IM</del>	<del>\$50.00</del>	Remove
90700	DTaP-Pediatric-IM	\$24.00	
90651	Gardasil 9-IM	\$210.00	\$240.00
90633	Hepatitis A-Ped/Adol.-IM	\$50.00	\$35.00
90746	Hepatitis B vaccine-Adult-3 dose	\$57.00	\$65.00
90739	Hepatitis B vaccine-Adult 2 dose	\$90.00	\$95.00
90744	Hepatitis B vaccine-Pediatric or Adolescent-IM	\$26.00	
90648	HIB-4 dose schedule-IM; (ActHIB, Hiberix)	\$16.00	
90713	IPV (Inactivated Polio Virus)-SQ or IM	\$35.00	
90696	Kinrix, only for age 4-6 year booster dose of DTaP and Polio (IPV)	\$58.00	
90734	Meningococcal (Menactra)-IM	\$115.00	\$130.00
90707	MMR-SQ	\$75.00	\$85.00
90723	Pediarix-IM	\$72.00	
90698	Pentacel, do not administer to anyone over 4 years of age-IM	\$90.00	
90670	Pneumococcal 13 valent conjugate vaccine ≥; (PVC 13)-IM (Prevnar)	\$180.00	\$210.00
90710	ProQuad - Measles, Mumps, Rubella, Varicella (MMRV)-SQ	\$210.00	\$245.00
90688	Quadrivalent Flu Vaccine 6 months and older-IM	\$20.00	
90687	<del>Quadrivalent Flu Vaccine, 6 months-35 months IM</del>	<del>\$10.00</del>	Remove, see above code
90675	Rabies pre-exposure vaccine or booster-IM, per dose (3 dose schedule)	\$280.00	\$285.00

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90680	Rotavirus Vaccine (RotaTeq)-oral, for use $\geq$ 6 weeks through 7 months	\$90.00	
90714	Td-IM (Tenivac)	\$45.00	
90715	Tdap-IM	\$50.00	
90636	Twinrix (Hepatitis A and Hepatitis B)-IM	\$90.00	
90716	Varicella Immunization-SQ	\$135.00	\$ 145.00
90736	<del>Zoster (Shingles, Zostavax) SQ</del>	<del>\$225.00</del>	Remove
90750	Zoster (Shingles, 2 doses required, Shingrix)-IM	\$150.00	\$160.00
0001A	Administration of Pfizer BioNTech COVID-19 Vaccine-1st Dose	N/A	\$40.00
0002A	Administration of Pfizer BioNTech COVID-19 Vaccine-2nd Dose	N/A	\$40.00
0003A	Administration of Pfizer BioNTech COVID-19 Vaccine-3rd Dose	N/A	\$40.00
0004A	Administration of Pfizer BioNTech COVID-19 Vaccine-Booster Dose	N/A	\$40.00
0011A	Administration of Moderna COVID-19 Vaccine-1st Dose	N/A	\$40.00
0012A	Administration of Moderna COVID-19 Vaccine-2nd Dose	N/A	\$40.00
0013A	Administration of Moderna COVID-19 Vaccine-3rd Dose	N/A	\$40.00
0064A	Administration of Moderna COVID-19 Vaccine-Booster Dose	N/A	\$40.00
0031A	Administration of Janssen COVID-19 Vaccine-1st Dose	N/A	\$40.00
0034A	Administration of Janssen COVID-19 Vaccine-Booster Dose	N/A	\$40.00
0071A	Administration of Pfizer BioNTech COVID-19 Vaccine, Pediatric-1st Dose	N/A	\$40.00

0072A	Administration of Pfizer BioNTech COVID-19 Vaccine, Pediatric-2nd Dose	N/A	\$40.00
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G0008 Medicare Code Only	Flu Vaccine Administration	\$20.45	
G0010 Medicare Code Only	Hep B Vaccine Administration	\$20.45	
<b>Clinical Laboratory</b>			
Lab Handling			
36415	Collection of Venous Blood by Venipuncture	\$13.00	
36416	Collection of Capillary Blood Specimen	\$12.00	
99000	Lab handling fee	\$15.00	
<b>In House Labs</b>			
82947	Glucose random	\$15.00	
87081	GC Culture	N/C	
87205	Gram Stain, smear	N/C	
82270	Hemocult	\$10.00	
85018	Hgb (fingerstick)	\$9.00	
83037	Hemoglobin A1C	\$21.00	
80061	Cholesterol, in-house testing (T. Chol, HDL, Triglycerides)	\$45.00	
81025	Urine pregnancy test	\$30.00	
87880	Streptococcus, Group A; Rapid test	\$30.00	
81002	Urinalysis by dipstick	\$10.00	
82120	Amines, vaginal fluid	\$10.00	
83986	Vaginal pH	\$10.00	
87210	Wet Mount/prep	\$20.00	
89060	Fern Test	\$15.00	
<b>State Labs</b>			
83655	Blood Lead	N/C	
87265	Bordetella Pertussis Swab	N/C	
87252	Herpes Virus Culture	N/C	
86703	HIV-1 Antibody and HIV-2 Antibody, single result	N/C	
87501	Influenza test	N/C	
87177	Ova and parasites; stool	N/C	

83020	Sickle Cell	N/C	
87045	Stool Culture	N/C	
86593	Syphilis Test (Quantitative)	N/C	
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Quest Labs			
84460	ALT	Billed by Quest	
83540	Iron	Billed by Quest	
86850	Antibody Screen	Billed by Quest	
84450	AST	Billed by Quest	
80048	Basic Metabolic Panel	Billed by Quest	
84520	BUN	Quest	
85025	CBC	Billed by Quest	
80053	Comprehensive Metabolic Panel	Billed by Quest	
87081	Culture Screen	Billed by Quest	
80051	Electrolyte panel	Billed by Quest	
82728	Ferritin Level	Billed by Quest	
83001	FSH	Billed by Quest	
87149	Group B Strep	Billed by Quest	
87491	Chlamydia (Gen-Probe)	Billed by Quest	
87591	Gonorrhea (Gen-Probe)	Billed by Quest	
82950	Glucose-1 hour	Billed by Quest	
82951	Glucose-3 hour	Billed by Quest	
87340	Hepatitis B Surface Antigen	Billed by Quest	
86706	Hepatitis B surface antibody (HBsAB)	Billed by Quest	

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86803	Hepatitis C antibody	Billed by Quest	
86694	Herpes Simplex, non-specific	Billed by Quest	
86677	H-Pylori (antibody)	Billed by Quest	
83036	Hemoglobin A1C	Billed by Quest	
87624	HPV Typing	Billed by Quest	
83002	LDH	Billed by Quest	
80076	Hepatic Function Panel	Billed by Quest	
80055	OB Panel	Prenatal Use	
88142	Pap Smear	Billed by Quest	
84132	Potassium, serum	Billed by Quest	
84146	Prolactin	Billed by Quest	
82105	Alpha-fetoprotein (AFP); serum	State Funds Pay For Service	
86592	Syphilis Test (Qualitative)	Billed by Quest	
86762	Rubella antibody	Billed by Quest	
84702	HCG, quantitative	Billed by Quest	
84403	Testosterone, total	Billed by Quest	
84479	Thyroid hormone (T3 or T4)	Billed by Quest	
84436	Thyroid (T4)	Billed by Quest	
84443	Thyroid stimulating hormone (TSH)	Billed by Quest	
84478	Triglycerides	Billed by Quest	
84550	Uric acid, Blood	Billed by Quest	

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87088	Urine Culture	Billed by Quest	
80307	Urine Drug Screen	Billed by Quest	
84156	24-Hr Urine	Billed by Quest	
82043	Urine, microalbumin	Billed by Quest	
87491	Urine NAAT/Chlamydia	Billed by Quest	
86787	Varicella Zoster Antibody	Billed by Quest	
85730	PTT	Billed by Quest	
86140	C-Reactive Protein	Billed by Quest	
86308	Heterophile Antibodies Screening (screening test for Mononucleosis)	Billed by Quest	
80074	Acute Hepatitis Panel	Billed by Quest	
82306	Vitamin D level	Billed by Quest	
82540	Creatinine	Billed by Quest	
82607	Cyanocobalamin (Vitamin B-12)	Billed by Quest	
83550	Iron binding capacity	Billed by Quest	
84144	Progesterone	Billed by Quest	
84153	Prostate Specific Antigen (PSA), Total	Billed by Quest	
Employee Titers			
86706	Hepatitis B surface antibody (HBsAB)	N/C	
86765	Measles (Ruebola) Antibody (IGG, EIA)	N/C	
86735	Mumps Antibody (IGG, EIA)	N/C	
86382	Rabies Titer	N/C	
86762	Rubella antibody	N/C	
86787	Varicella Zoster Antibody	N/C	
<b>Office Procedures</b>			
Family Planning			
58300	Insertion of IUD	\$192.00	

58301	Removal of IUD	\$237.00	
J7297	Liletta IUD	\$46.89	\$92.72
J7298	<del>Levonorgestrel releasing IUD, 52mg, use for Mirena</del>	<del>\$283.00</del>	Remove
J7300	<del>IUD copper contraceptive, use for Paraguard</del>	<del>\$225.75</del>	Remove
J7303	Nuva Ring	\$13.81	\$0.01
S4993	Nortrel	N/A	1.61/pk
S4993 NE	Norethindrone	N/A	1.71/pk
S4933 NG	Norgestimate/Ethinyl Estradiol	N/A	0.51/pk
S5001	Plan B	\$3.68	\$3.60

Maternal Health			
59425	Antepartum care only; 4-6 visits	\$1,350.00	
59426	Antepartum care only; 7 or more visits	\$2,600.00	
59025	Non-Stress test (fetal)	\$114.00	
59430	Post partum care package	\$275.00	

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S0280	Medical home program, comprehensive care coordination and planning, initial plan	\$65.00	
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan plan	\$175.00	
96161	Maternal Depression Screening	\$15.00	
Child Health			
96110	Developmental testing - limited developmental screeneth	\$20.00	
92587	Evoked otoacoustic emissions (OAE)	\$65.00	
99173	Vision Screening test	\$20.00	
99420	MCHAT Autism screening	\$25.00	
96160	HEADSS screening	\$15.00	
96127	PSC	\$15.00	
99408	CRAFFT alcohol/substance abuse screening up to 30 min	\$62.00	
99409	CRAFFT alcohol/substance abuse screening greater than 30 min.	\$122.00	



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D0145	Oral Evaluation for patient under three years of age and counseling with primary care giver	\$60.00	
D1206	Topical Fluoride treatment	\$50.00	
BMI Coding			
Z65.51	<5% (failure to thrive)	N/C	
Z68.52	5 to 85%	N/C	
Z68.53	85 to 95% (overweight)	N/C	
Z68.54	>95% (obese)	N/C	
STD Codes			
54050	TCA	\$175.00	
56501	TCA	\$175.00	
57061	TCA	\$175.00	
TB Codes			
86580	TB skin test	\$24.00	
99080	Health Letter	\$55.00	
71045-26	Chest X-ray-single view, frontal	billed to health dept	
71046-26	Chest X-ray-two views, frontal and lateral (5 yrs and under)	billed to health dept	

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Medication/Injectables			
96372	Therapeutic, prophylactic, or diagnostic injection, SQ or IM	\$65.00	
J1200	Diphenhydramine HCL (Benedryl), Injection-IM, up to 50 mg	\$3.00	
J0171	Adrenalin/Epinephrine, injection-SC, IM, 0.1 mg	\$1.00	
J1050	Depoprovera 150 mg/ml	Fee varies based on purchase price	
J1050	Methdroxyprogesterone acetate (generic Depoprovera), 150mg	Fee varies based on purchase price	
J3301	Kenalog, Injection, per 10mg	\$10.00	
J0696	Ceftriaxone sodium injection per 500 mg (Rocephin) - STD TREATMENT ONLY	N/C	
J0696	Ceftriaxone sodium injection 1 gm (Rocephin)	\$12.00	

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J7613	Albuterol, inhalation solution	\$15.00	
J1725	17P Makena	N/C	
J2790	(RhoGAM) Rhophylac, 300 mcg/2 ml), Injection, IM	\$100.00	
J0561	Penicillin G Benzathine (Bicillin LA) per 100,000 units, injection - STD TREATMENT ONLY	N/C	
J1885	Ketorolac Tromethamine (Toradol), Injection, per 15 mg	\$3.00	
J8499	Clonidine 0.1 mg	\$0.25	
Miscellaneous			
10060	I & D of abscess (carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle or paronychia) simple or single	\$250.00	
10080	I & D of pilonidal cyst, simple	\$124.00	
11750	Excision of nail and nail matrix, partial or complete, (ingrown or deformed) for permanent removal	\$175.00	
11765	Wedge excision of skin of nail fold (for ingrown toenail)	\$125.00	
12002	Simple repair super wound 2.6- 7.5 cm scalp, nk, ax, ext. gen, trk, extrem.	\$127.00	

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A4649	Laceration/Suture Tray/Supplies (Includes zylocaine with or without epinephrine, sterile drape and gloves, sutures, irrigation solution and syringe(s), gauze and/or other dressing materials, betadine)	\$30.00	
S0630	Suture removal	\$10.00	
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width $\geq$ to 3" and < 5", per yard (Jones Wrap)	\$10.00	
56420	Incision and drainage of Bartholin's gland abscess	\$106.00	
69200	Removal of foreign body from external ear canal without anesthesia	\$180.00	

69209	Removal of impacted cerumen using irrigation/lavage, unilateral (must attach/use modifier 50 for bilateral procedure)	\$121.00	
69210	Removal of impacted cerumen requiring Instrumentation, unilateral (must attach/use modifier 50 for bilateral procedure)	\$121.00	
92552	Pure tone audiometry (threshold); air only; use this code for screening of persons age 21 or older	\$54.00	
92588	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otacoustic emissions at multiple levels and frequencies)	\$80.00	
99173	Vision Screening test; age 21 & older	\$10.00	
94664	Demonstration and/or evaluation of patient utilization of an nebulizer	\$35.00	
94760	Noninvasive pulse oximetry for oxygen saturation	\$10.00	
A4614	Peak expiratory flow rate meter, hand held	\$25.00	

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99406	Smoking and Tobacco Use Cessation Counseling Visit, Intermediate, >3 minutes up to 10 minutes	\$24.00	
99407	Smoking and Tobacco Use Cessation Counseling Visit, Intensive, >10 minutes	\$46.00	
96150	Health and Behavior Intervention, individual face-to-face, 15 minutes per unit, Initial Assessment	\$30.00	
96151	Health and Behavior Intervention, individual face-to-face, 15 minutes per unit, Re-assessment	\$25.00	

S9982	Medical Records Copying Fee, per page	\$0.05	
LU021	Completion of form verifying exam (not at time of exam or other billable service)	\$20.00	