



Good Faith Estimate Combined Fee Schedule

CPT	Description	Fee	100%	80%	60%	40%	20%	0%
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES);	168.00	-	134.40	100.80	67.20	33.60	168.00
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE;	232.00	-	185.60	139.20	92.80	46.40	232.00
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE;	463.00	-	370.40	277.80	185.20	92.60	463.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE;	248.00	-	198.40	148.80	99.20	49.60	248.00
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE;	128.00	-	102.40	76.80	51.20	25.60	128.00
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; SINGLE LESION;	169.00	-	135.20	101.40	67.60	33.80	169.00
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS;	154.00	-	123.20	92.40	61.60	30.80	154.00
11302	SHAVING OF EPIDERMAL OR DERMAL LESION 1.1 TO 2.0 CM	180.00	-	144.00	108.00	72.00	36.00	180.00
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM;	298.00	-	238.40	178.80	119.20	59.60	298.00
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM;	251.00	-	200.80	150.60	100.40	50.20	251.00
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE;	162.00	-	129.60	97.20	64.80	32.40	162.00
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE);	80.00	-	64.00	48.00	32.00	16.00	80.00
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL	336.00	-	268.80	201.60	134.40	67.20	336.00
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	210.00	-	168.00	126.00	84.00	42.00	210.00
11981	INSERTION, NON-BIODERGRADABLE DRUG DELIVERY IMPLANT	210.00	-	168.00	126.00	84.00	42.00	210.00
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	314.00	-	251.20	188.40	125.60	62.80	314.00
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM;	379.00	-	303.20	227.40	151.60	75.80	379.00
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM;	472.00	-	377.60	283.20	188.80	94.40	472.00
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS; MEDICAID FFS	379.00	-	303.20	227.40	151.60	75.80	379.00
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM;	445.00	-	356.00	267.00	178.00	89.00	445.00
12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS;	350.00	-	280.00	210.00	140.00	70.00	350.00
12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	445.00	-	356.00	267.00	178.00	89.00	445.00

12034	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUCNK AND OR EXTREMITIES (EXCLUDING HANDS AND FEET) 7.6 CM TO 12.5 CM;	435.00	-	348.00	261.00	174.00	87.00	435.00
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS;	394.00	-	315.20	236.40	157.60	78.80	394.00
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM;	467.00	-	373.60	280.20	186.80	93.40	467.00
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS;	467.00	-	373.60	280.20	186.80	93.40	467.00
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED;	135.00	-	108.00	81.00	54.00	27.00	135.00
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA);	208.00	-	166.40	124.80	83.20	41.60	208.00
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); FIRST LESION;	150.00	-	120.00	90.00	60.00	30.00	150.00
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), PREMALIGNANT LESIONS (EG, ACTINIC KERATOSES); SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST LESION);	34.00	-	27.20	20.40	13.60	6.80	34.00
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS;	169.00	-	135.20	101.40	67.60	33.80	169.00
2018SP	SPORTS PHYSICAL 2018	20.00	-	16.00	12.00	8.00	4.00	20.00
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S);	157.00	-	125.60	94.20	62.80	31.40	157.00
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS, TOES);	157.00	-	125.60	94.20	62.80	31.40	157.00
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA);	162.00	-	129.60	97.20	64.80	32.40	162.00
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA);	192.00	-	153.60	115.20	76.80	38.40	192.00
21012	EXCISION FACE SUBCUTANEOUS 2 CM OR GREATER	239.71	-	191.77	143.83	95.88	47.94	239.71
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS;	453.00	-	362.40	271.80	181.20	90.60	453.00
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	250.00	-	200.00	150.00	100.00	50.00	250.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE;	5.00	-	4.00	3.00	2.00	1.00	5.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (FINGER, HEEL, EAR STICK)	3.00	-	2.40	1.80	1.20	0.60	3.00
58300	INSERTION OF INTRAUTERINE DEVICE (IUD);	305.00	-	244.00	183.00	122.00	61.00	305.00
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD);	245.00	-	196.00	147.00	98.00	49.00	245.00
59025	FETAL NON-STRESS TEST;	141.00	-	112.80	84.60	56.40	28.20	141.00
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS;	118.00	-	94.40	70.80	47.20	23.60	118.00
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS;	118.00	-	94.40	70.80	47.20	23.60	118.00
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE);	200.00	-	160.00	120.00	80.00	40.00	200.00
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL;	127.00	-	101.60	76.20	50.80	25.40	127.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL NONPERFORATING;	150.00	-	120.00	90.00	60.00	30.00	150.00
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP;	185.00	-	148.00	111.00	74.00	37.00	185.00
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	275.00	-	220.00	165.00	110.00	55.00	275.00

69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), 1 OR BOTH EARS	110.00	-	88.00	66.00	44.00	22.00	110.00
80048	BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310), CARBON DIOXIDE (82374), CHLORIDE (82435), CREATININE (82565), GLUCOSE (82947), POTASSIUM (84132), SODIUM (84295), UREA NITROGEN (BUN) (84520);	3.00	-	2.40	1.80	1.20	0.60	3.00
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040), BILIRUBIN, TOTAL (82247), CALCIUM, TOTAL (82310), CARBON DIOXIDE (BICARBONATE) (82374), CHLORIDE (82435), CREATININE (82565), GLUCOSE (82947), PHOSPHATASE, ALKALINE (840);	3.00	-	2.40	1.80	1.20	0.60	3.00
80055	OBSTETRIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: BLOOD COUNT, COMPLETE (CBC), AUTOMATED AND AUTOMATED DIFFERENTIAL WBC COUNT (85025 OR 85027 AND 85004), OR, BLOOD COUNT, COMPLETE (CBC), AUTOMATED (85027) AND APPROPRIATE MANUAL DIFFERENTIAL WBC COUNT;	18.00	-	14.40	10.80	7.20	3.60	18.00
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465), LIPOPROTEIN, DIRECT MEASUREMENT, HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) (83718), TRIGLYCERIDES (84478);	3.00	-	2.40	1.80	1.20	0.60	3.00
80074	ACUTE HEPATITIS PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: HEPATITIS A ANTIBODY (HAAB), IGM ANTIBODY (86709), HEPATITIS B CORE ANTIBODY (HBCAB), IGM ANTIBODY (86705), HEPATITIS B SURFACE ANTIGEN (HBSAG) (87340), HEPATITIS C ANTIBODY (86803);	21.00	-	16.80	12.60	8.40	4.20	21.00
80076	HEPATIC FUNCTION PANEL ;	3.00	-	2.40	1.80	1.20	0.60	3.00
80101	DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNOASSAY, ENZYME ASSAY), EACH DRUG CLASS;	150.00	-	120.00	90.00	60.00	30.00	150.00
80156	CARBAMAZEPINE; TOTAL;	6.00	-	4.80	3.60	2.40	1.20	6.00
80164	DIPROPYLACETIC ACID (VALPROIC ACID);	6.00	-	4.80	3.60	2.40	1.20	6.00
80184	PHENOBARBITAL;	11.00	-	8.80	6.60	4.40	2.20	11.00
80185	PHENYTOIN; TOTAL;	7.00	-	5.60	4.20	2.80	1.40	7.00
80198	THEOPHYLLINE;	7.00	-	5.60	4.20	2.80	1.40	7.00
80305	UDS/VISUAL W/DIPSTICK	30.00	-	24.00	18.00	12.00	6.00	30.00
80306	URINE DRUG TEST READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION, INCLUDES SAMPLE VALIDATION WHEN PERFORMED	40.00	-	32.00	24.00	16.00	8.00	40.00
80307	DRUG TEST(S), ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES, BY INSTRUMENT CHEMISTRY ANALYZERS	150.00	-	120.00	90.00	60.00	30.00	150.00
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH MICROSCOPY;	4.00	-	3.20	2.40	1.60	0.80	4.00
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITHOUT MICROSCOPY;	7.00	-	5.60	4.20	2.80	1.40	7.00
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS;	7.00	-	5.60	4.20	2.80	1.40	7.00
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	6.00	-	4.80	3.60	2.40	1.20	6.00
82150	AMYLASE;	3.00	-	2.40	1.80	1.20	0.60	3.00

82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; FECES, CONSECUTIVE COLLECTED SPECIMENS WITH SINGLE DETERMINATION, FOR COLORECTAL NEOPLASM SCREENING (IE, PATIENT WAS PROVIDED 3 CARDS OR SINGLE TRIPLE CARD FOR CONSECUTIVE COLLECTION);	16.00	-	12.80	9.60	6.40	3.20	16.00
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS	40.00	-	32.00	24.00	16.00	8.00	40.00
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED;	20.00	-	16.00	12.00	8.00	4.00	20.00
82465	CHOLESTEROL, TOTAL;	3.00	-	2.40	1.80	1.20	0.60	3.00
82550	CREATINE KINASE (CK), (CPK); TOTAL;	2.00	-	1.60	1.20	0.80	0.40	2.00
82570	CREATININE; OTHER SOURCE;	7.00	-	5.60	4.20	2.80	1.40	7.00
82607	CYANOCOBALAMIN (VITAMIN B-12)	4.00	-	3.20	2.40	1.60	0.80	4.00
82728	FERRITIN;	6.00	-	4.80	3.60	2.40	1.20	6.00
82746	FOLIC ACID; SERUM;	8.00	-	6.40	4.80	3.20	1.60	8.00
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP);	5.00	-	4.00	3.00	2.00	1.00	5.00
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE);	2.00	-	1.60	1.20	0.80	0.40	2.00
82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE;	5.00	-	4.00	3.00	2.00	1.00	5.00
83036	HEMOGLOBIN; GLYCOSYLATED (A1C);	18.00	-	14.40	10.80	7.20	3.60	18.00
83550	IRON BINDING CAPACITY;	5.00	-	4.00	3.00	2.00	1.00	5.00
83655	LEAD, QUANT, SERUM OR PLASMA	15.00	-	12.00	9.00	6.00	3.00	15.00
83690	LIPASE;	5.00	-	4.00	3.00	2.00	1.00	5.00
83718	HDL CHOLESTEROL	4.00	-	3.20	2.40	1.60	0.80	4.00
84144	PROGESTERONE, SERUM	14.00	-	11.20	8.40	5.60	2.80	14.00
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL;	4.00	-	3.20	2.40	1.60	0.80	4.00
84402	TESTOSTERONE; FREE;	35.00	-	28.00	21.00	14.00	7.00	35.00
84403	TESTOSTERONE; TOTAL;	11.00	-	8.80	6.60	4.40	2.20	11.00
84436	THYROXINE; TOTAL;	3.00	-	2.40	1.80	1.20	0.60	3.00
84443	THYROID STIMULATING HORMONE (TSH);	4.00	-	3.20	2.40	1.60	0.80	4.00
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT);	2.00	-	1.60	1.20	0.80	0.40	2.00
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT);	2.00	-	1.60	1.20	0.80	0.40	2.00
84478	TRIGLYCERIDES	3.00	-	2.40	1.80	1.20	0.60	3.00
84484	TROPONIN, QUANTITATIVE;	27.00	-	21.60	16.20	10.80	5.40	27.00
84550	URIC ACID; BLOOD;	2.00	-	1.60	1.20	0.80	0.40	2.00
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE;	6.00	-	4.80	3.60	2.40	1.20	6.00
85018	BLOOD COUNT; HEMOGLOBIN (HGB);	2.00	-	1.60	1.20	0.80	0.40	2.00
85025	CBC WITH DIFFERENTIAL/PLATELET;	2.00	-	1.60	1.20	0.80	0.40	2.00
85027	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT); SLIDING FEE SCHEDULE	5.92	-	4.74	3.55	2.37	1.18	5.92
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE;	17.00	-	13.60	10.20	6.80	3.40	17.00
85610	PROTHROMBIN TIME	5.00	-	4.00	3.00	2.00	1.00	5.00
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED;	3.00	-	2.40	1.80	1.20	0.60	3.00
85730	THROMBOPLASTIN TIME, PARTIAL (PTT) PLASMA OR WHOLE BLOOD	7.00	-	5.60	4.20	2.80	1.40	7.00
86140	C-REACTIVE PROTEIN	10.00	-	8.00	6.00	4.00	2.00	10.00
86308	HETEROPHILE ANTIBODIES; SCREENING;	35.52	-	28.42	21.31	14.21	7.10	35.52
86431	RHEUMATOID FACTOR; QUANTITATIVE;	5.00	-	4.00	3.00	2.00	1.00	5.00
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL;	8.00	-	6.40	4.80	3.20	1.60	8.00
86592	SYPHILIS TEST:QUALITATIVE (EG, VDRL, RPR, ART);	9.60	-	7.68	5.76	3.84	1.92	9.60
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY;	5.00	-	4.00	3.00	2.00	1.00	5.00
86803	HEPATITIS C ANTIBODY	6.00	-	4.80	3.60	2.40	1.20	6.00

87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY	7.00	-	5.60	4.20	2.80	1.40	7.00
87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE;	6.00	-	4.80	3.60	2.40	1.20	6.00
87110	GC (STATE TEST) MUST ALSO USE 87270;	7.38	-	5.90	4.43	2.95	1.48	7.38
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG, SALINE, INDIA INK, KOH PREPS);	7.00	-	5.60	4.20	2.80	1.40	7.00
87329	GIARDIA	16.00	-	12.80	9.60	6.40	3.20	16.00
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; SHIGA-LIKE TOXIN;	9.00	-	7.20	5.40	3.60	1.80	9.00
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE;	20.00	-	16.00	12.00	8.00	4.00	20.00
87522	HEPATITIS C RNA, VIRAL LOAD, PCR, SERUM	59.00	-	47.20	35.40	23.60	11.80	59.00
875292	PAP IG RFX HPV ASCU- A TEST CODE	88.00	-	70.40	52.80	35.20	17.60	88.00
87591	NEOSSERIA GONORRHOEAE, AMPLIFIED PROBE TECHNIQUE	35.00	-	28.00	21.00	14.00	7.00	35.00
87621	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRUS, HUMAN, AMPLIFIED PROBE TECHNIQUE;	51.00	-	40.80	30.60	20.40	10.20	51.00
87798	NUSWAB VAGINITIS PULS LAB TEST	230.00	-	184.00	138.00	92.00	46.00	230.00
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA;	15.00	-	12.00	9.00	6.00	3.00	15.00
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; RESPIRATORY SYNCYTIAL VIRUS;	45.00	-	36.00	27.00	18.00	9.00	45.00
87880	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP A;	20.00	-	16.00	12.00	8.00	4.00	20.00
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING INTERPRETATION BY PHYSICIAN	37.00	-	29.60	22.20	14.80	7.40	37.00
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THINLAYER PREPARATION,	12.50	-	10.00	7.50	5.00	2.50	12.50
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW, UNDER PHYSICIAN SUPERVISION;	29.00	-	23.20	17.40	11.60	5.80	29.00
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED, ARTERY, BIOPSY, BONE MARROW, BIOPSY, BONE EXOSTOSIS, BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION, BREAST, BIOPSY, NOT REQUIRING MICROSCOPIC EVALUATION OF SU;	35.00	-	28.00	21.00	14.00	7.00	35.00
90389	TETANUS IMMUNE GLOBULIN (TIG), HUMAN, FOR INTRAMUSCULAR USE;	130.00	-	104.00	78.00	52.00	26.00	130.00
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE;	143.00	-	114.40	85.80	57.20	28.60	143.00
90471	IMMUNIZATION ADMINISTRATION 1 VACCINE	21.68	-	17.34	13.01	8.67	4.34	21.68
90472	EACH ADDITIONAL VACCINE (LISTED IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12.59	-	10.07	7.55	5.04	2.52	12.59
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR	175.00	-	140.00	105.00	70.00	35.00	175.00
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE;	132.00	-	105.60	79.20	52.80	26.40	132.00
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE;	64.00	-	51.20	38.40	25.60	12.80	64.00
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB) FOR INTRAMUSCULAR USE;	178.00	-	142.40	106.80	71.20	35.60	178.00

90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE;	52.00	-	41.60	31.20	20.80	10.40	52.00
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE;	245.00	-	196.00	147.00	98.00	49.00	245.00
90654	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	22.00	-	17.60	13.20	8.80	4.40	22.00
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE;	22.00	-	17.60	13.20	8.80	4.40	22.00
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE;	22.00	-	17.60	13.20	8.80	4.40	22.00
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE;	39.00	-	31.20	23.40	15.60	7.80	39.00
90669	PNEUMOCOCCAL CONJUGATE VACCINE, 7 VALENT, FOR INTRAMUSCULAR USE;	153.00	-	122.40	91.80	61.20	30.60	153.00
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	217.00	-	173.60	130.20	86.80	43.40	217.00
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE;	146.00	-	116.80	87.60	58.40	29.20	146.00
90685	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE 6-35 MONTHS	22.00	-	17.60	13.20	8.80	4.40	22.00
90686	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE 36 MONTHS AND OVER	22.00	-	17.60	13.20	8.80	4.40	22.00
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-IPV), WHEN ADMINISTERED TO CHILDREN 4 THROUGH 6 YEARS OF AGE, FOR INTRAMUSCULAR USE;	40.00	-	32.00	24.00	16.00	8.00	40.00
90698	DTAP-IPV/HIB VACCINE IM	120.00	-	96.00	72.00	48.00	24.00	120.00
90700	DTAP VACCINE < 7 YRS IM	35.00	-	28.00	21.00	14.00	7.00	35.00
90701	DIPHTHERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCINE (DTP), FOR INTRAMUSCULAR USE;	40.00	-	32.00	24.00	16.00	8.00	40.00
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE;	40.00	-	32.00	24.00	16.00	8.00	40.00
90703	TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE;	42.00	-	33.60	25.20	16.80	8.40	42.00
90706	RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE;	52.00	-	41.60	31.20	20.80	10.40	52.00
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE;	97.00	-	77.60	58.20	38.80	19.40	97.00
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE;	258.00	-	206.40	154.80	103.20	51.60	258.00
90712	POLIOVIRUS VACCINE, (ANY TYPE[S]) (OPV), LIVE, FOR ORAL USE;	55.00	-	44.00	33.00	22.00	11.00	55.00
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE;	55.00	-	44.00	33.00	22.00	11.00	55.00
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTERAMUSCULAR USE;	50.00	-	40.00	30.00	20.00	10.00	50.00
90716	VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE;	142.00	-	113.60	85.20	56.80	28.40	142.00
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-HEPB-IPV), FOR INTRAMUSCULAR USE;	142.00	-	113.60	85.20	56.80	28.40	142.00
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE;	73.00	-	58.40	43.80	29.20	14.60	73.00
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR INTRAMUSCULAR USE;	184.00	-	147.20	110.40	73.60	36.80	184.00

90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION;	310.00	-	248.00	186.00	124.00	62.00	310.00
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE;	67.00	-	53.60	40.20	26.80	13.40	67.00
90746	HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE;	130.00	-	104.00	78.00	52.00	26.00	130.00
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE;	108.00	-	86.40	64.80	43.20	21.60	108.00
90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE);	20.00	-	16.00	12.00	8.00	4.00	20.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	120.00	-	96.00	72.00	48.00	24.00	120.00
90791,GT	PSYCHIATRIC DIAGNOSTIC EVALUATION TELEHEALTH	120.00	-	96.00	72.00	48.00	24.00	120.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES;	212.37	-	169.90	127.42	84.95	42.47	212.37
90792,GT	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES;TELEHEALTH	212.37	-	169.90	127.42	84.95	42.47	212.37
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER;	78.00	-	62.40	46.80	31.20	15.60	78.00
90832,GT	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER;TELEHEALTH	78.00	-	62.40	46.80	31.20	15.60	78.00
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	95.00	-	76.00	57.00	38.00	19.00	95.00
90833,GT	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)TELEHEALTH	95.00	-	76.00	57.00	38.00	19.00	95.00
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY	98.00	-	78.40	58.80	39.20	19.60	98.00
90834,GT	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY TELEHEALTH	98.00	-	78.40	58.80	39.20	19.60	98.00
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE	120.00	-	96.00	72.00	48.00	24.00	120.00
90836,GT	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE TELEHEALTH	120.00	-	96.00	72.00	48.00	24.00	120.00
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	118.00	-	94.40	70.80	47.20	23.60	118.00
90837,GT	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER TELEHEALTH	118.00	-	94.40	70.80	47.20	23.60	118.00
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE);	160.00	-	128.00	96.00	64.00	32.00	160.00
90838,GT	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE);TELEHEALTH	160.00	-	128.00	96.00	64.00	32.00	160.00
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES;	212.37	-	169.90	127.42	84.95	42.47	212.37
90839,GT	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES;TELEHEALTH	212.37	-	169.90	127.42	84.95	42.47	212.37
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE);	95.00	-	76.00	57.00	38.00	19.00	95.00
90840,GT	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE);TELEHEALTH	95.00	-	76.00	57.00	38.00	19.00	95.00
90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	116.00	-	92.80	69.60	46.40	23.20	116.00

90846,GT	FAMILY MEDICAL PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)TELEHEALTH	116.00	-	92.80	69.60	46.40	23.20	116.00
90847	FAMILY MEDICAL PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	116.00	-	92.80	69.60	46.40	23.20	116.00
90847,GT	FAMILY MEDICAL PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)TELEHEALTH	116.00	-	92.80	69.60	46.40	23.20	116.00
90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	32.00	-	25.60	19.20	12.80	6.40	32.00
90853,GT	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)TELEHEALTH	32.00	-	25.60	19.20	12.80	6.40	32.00
92551	SCREENING TEST, PURE TONE, AIR ONLY;	30.00	-	24.00	18.00	12.00	6.00	30.00
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT;	98.00	-	78.40	58.80	39.20	19.60	98.00
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION;	82.00	-	65.60	49.20	32.80	16.40	82.00
94060	EVALUATION OF WHEEZING;	98.00	-	78.40	58.80	39.20	19.60	98.00
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION OR FOR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES (EG, WITH AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING [IPPB] DEVICE);	41.00	-	32.80	24.60	16.40	8.20	41.00
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; FIRST HOUR;	88.00	-	70.40	52.80	35.20	17.60	88.00
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR IPPB DEVICE;	40.00	-	32.00	24.00	16.00	8.00	40.00
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION;	24.00	-	19.20	14.40	9.60	4.80	24.00
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TEST;	128.00	-	102.40	76.80	51.20	25.60	128.00
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI AND WAIS), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HO;	80.00	-	64.00	48.00	32.00	16.00	80.00
96127	BEHAVIORAL ASSESSMENT	10.00	-	8.00	6.00	4.00	2.00	10.00
96150	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, PSYCHOPHYSIOLOGICAL MONITORING, HEALTH-ORIENTED QUESTIONNAIRES), EACH 15 MINUTES FACE-TO-FACE WITH THE PATIENT; INITIAL ASSESSMENT;	62.00	-	49.60	37.20	24.80	12.40	62.00
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, PSYCHOPHYSIOLOGICAL MONITORING, HEALTH-ORIENTED QUESTIONNAIRES), EACH 15 MINUTES FACE-TO-FACE WITH THE PATIENT; RE-ASSESSMENT;	54.00	-	43.20	32.40	21.60	10.80	54.00
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL;	51.00	-	40.80	30.60	20.40	10.20	51.00
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH THE PATIENT PRESENT);	50.00	-	40.00	30.00	20.00	10.00	50.00

96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITHOUT THE PATIENT PRESENT);	49.00	-	39.20	29.40	19.60	9.80	49.00
96160	CRAFFT	10.00	-	8.00	6.00	4.00	2.00	10.00
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR;	42.00	-	33.60	25.20	16.80	8.40	42.00
98960	CMHW EDUCATION & TRAINING FOR PATIENT SELF-MANAGEMENT	9.70	-	7.76	5.82	3.88	1.94	9.70
98961	CMHW EDUCATION & TRAINING 2-4 PATIENTS	4.67	-	3.74	2.80	1.87	0.93	4.67
98962	CMHW EDUCATION & TRAINING 5-8 PATIENTS	3.43	-	2.74	2.06	1.37	0.69	3.43
99,070,020	METRONIDAZONE VAFINAL GEL 075% NET WT 70G	5.00	-	4.00	3.00	2.00	1.00	5.00
99,070,021	CLINDAMYCIN 2% VAG CREAM	18.33	-	14.66	11.00	7.33	3.67	18.33
99,070,022	METROGEL	0.70	-	0.56	0.42	0.28	0.14	0.70
99,070,030	FLAGY 500 MG 4 TABLET	1.00	-	0.80	0.60	0.40	0.20	1.00
99,070,050	PLAN B	7.20	-	5.76	4.32	2.88	1.44	7.20
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE TO A LABORATORY;	26.00	-	20.80	15.60	10.40	5.20	26.00
99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES, IN ADDITION TO BASIC SERVICE;	120.00	-	96.00	72.00	48.00	24.00	120.00
99070,02	DIFLUCAN 150 MG	16.00	-	12.80	9.60	6.40	3.20	16.00
99070,03	FLAGY 500 MG 14 TABLETS	3.00	-	2.40	1.80	1.20	0.60	3.00
99070,04	ZITHROMAX 1 GRAM	3.00	-	2.40	1.80	1.20	0.60	3.00
99070,05	BIRTH CONTROL PILL	7.00	-	5.60	4.20	2.80	1.40	7.00
99070,06	IUD DEVICE	126.00	-	100.80	75.60	50.40	25.20	126.00
99070,07	DIAPHRAM	19.00	-	15.20	11.40	7.60	3.80	19.00
99070,08	CONTRACEPTIVE JELLIES	6.00	-	4.80	3.60	2.40	1.20	6.00
99070,09	DOXYCYCLINE 100 MG	2.00	-	1.60	1.20	0.80	0.40	2.00
99070,11	MONISTAT CREAM	14.00	-	11.20	8.40	5.60	2.80	14.00
99070,12	TRICHLOROACETIC ACID	2.00	-	1.60	1.20	0.80	0.40	2.00
99070,13	CONTRACEPTIVE FOAMS	7.00	-	5.60	4.20	2.80	1.40	7.00
99070,14	PATCHES-BIRTH CONTROL	10.00	-	8.00	6.00	4.00	2.00	10.00
99070,15	BACTRIM PER 8 PILLS	4.00	-	3.20	2.40	1.60	0.80	4.00
99070,16	ACYCLOVIR 400 MG 15 PILLS	1.00	-	0.80	0.60	0.40	0.20	1.00
99070,17	ACYCLOVIR 400 MG 30 PILLS	2.00	-	1.60	1.20	0.80	0.40	2.00
99070,19	VITMAINS PER 30 PILLS	3.00	-	2.40	1.80	1.20	0.60	3.00
99070,20	VANTIN 400 MG PILL	1.00	-	0.80	0.60	0.40	0.20	1.00
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAM: AND STRAIGHTFORWARD MEDICAL DICISION MAKING;	212.37	-	169.90	127.42	84.95	42.47	212.37
99201,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAM: AND STRAIGHTFORWARD MEDICAL DICISION MAKING; TELEHEALTH	212.37	-	169.90	127.42	84.95	42.47	212.37
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING A;	121.00	-	96.80	72.60	48.40	24.20	121.00

99202,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING A;TELEHEALTH	121.00	-	96.80	72.60	48.40	24.20	121.00
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH;	159.00	-	127.20	95.40	63.60	31.80	159.00
99203,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH;TELEHEALTH	159.00	-	127.20	95.40	63.60	31.80	159.00
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATIO;	272.00	-	217.60	163.20	108.80	54.40	272.00
99204,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION;TELEHEALTH	272.00	-	217.60	163.20	108.80	54.40	272.00
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF;	212.37	-	169.90	127.42	84.95	42.47	212.37
99205,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF;TELEHEALTH	212.37	-	169.90	127.42	84.95	42.47	212.37
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE;	56.00	-	44.80	33.60	22.40	11.20	56.00
99211,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE;TELEHEALTH	56.00	-	44.80	33.60	22.40	11.20	56.00
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. ;	79.00	-	63.20	47.40	31.60	15.80	79.00

99212,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. ;TELEHEALTH	79.00	-	63.20	47.40	31.60	15.80	79.00
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW;	109.00	-	87.20	65.40	43.60	21.80	109.00
99213,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW;TELEHEALTH	109.00	-	87.20	65.40	43.60	21.80	109.00
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY.TELEHEATH	168.00	-	134.40	100.80	67.20	33.60	168.00
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING;	236.00	-	188.80	141.60	94.40	47.20	236.00
99215,GT	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.TELEHEALTH	236.00	-	188.80	141.60	94.40	47.20	236.00
99381	INITIAL COMP PREV MEDICINE (LESS THEN 1Y) EVAL AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROP HISTORY, EXAM, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOS;	168.00	-	134.40	100.80	67.20	33.60	168.00
99382	INITIAL COMP PREVENTIVE (1-4Y) MEDICINE EVAL AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOS;	179.00	-	143.20	107.40	71.60	35.80	179.00
99383	INITIAL COMP (5-11Y) PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOS;	190.00	-	152.00	114.00	76.00	38.00	190.00
99384	INITIAL COMP(12-17Y) PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOS;	224.00	-	179.20	134.40	89.60	44.80	224.00

99385	INITIAL COMP(18-39Y) PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOS; SLIDING FEE SCHEDULE	232.00	-	185.60	139.20	92.80	46.40	232.00
99386	INITIAL COMP(40-64Y) PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOS;	261.00	-	208.80	156.60	104.40	52.20	261.00
99387	INITIAL COMP(65+Y) PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAGNOS	212.37	-	169.90	127.42	84.95	42.47	212.37
99391	PERIODIC COMP(LESS THE 1Y)PREVENTIVE MEDICINE REVAL AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAG;	153.00	-	122.40	91.80	61.20	30.60	153.00
99392	PERIODIC COMP(1-4Y) PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAG;	168.00	-	134.40	100.80	67.20	33.60	168.00
99393	PERIODIC COMP(5-11Y) PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAG;	168.00	-	134.40	100.80	67.20	33.60	168.00
99394	PERIODIC COMP(12-17Y) PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAG;	190.00	-	152.00	114.00	76.00	38.00	190.00
99395	PERIODIC COMP(18-39Y) PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAG;	196.00	-	156.80	117.60	78.40	39.20	196.00
99396	PERIODIC COMP(40-64Y) PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAG;	213.00	-	170.40	127.80	85.20	42.60	213.00
99397	PERIODIC COMP(65+Y) PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF LABORATORY/DIAG;	239.00	-	191.20	143.40	95.60	47.80	239.00

99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE); APPROXIMATELY 15 MINUTES	61.00	-	48.80	36.60	24.40	12.20	61.00
99407	BEHAV CHNG SMOKING > 10 MIN	22.63	-	18.10	13.58	9.05	4.53	22.63
99429	UNLIMITED PREVENTIVE MED EXAM	99.00	-	79.20	59.40	39.60	19.80	99.00
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION THAT INCLUDES: MEASUREMENT OF HEIGHT, WEIGHT, AND BLOOD PRESSURE; COMPLETION OF A MEDICAL HISTORY FOLLOWING A LIFE INSURANCE PRO FORMA; COLLECTION OF BLOOD SAMPLE AND/OR URINALYSIS COMPLYING WITH CHAIN OF CUSTODY;	65.00	-	52.00	39.00	26.00	13.00	65.00
99455	WORK RELATED OR MEDICAL DISABILITY EXAM	125.00	-	100.00	75.00	50.00	25.00	125.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT;	215.00	-	172.00	129.00	86.00	43.00	215.00
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER;	141.00	-	112.80	84.60	56.40	28.20	141.00
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN;	94.00	-	75.20	56.40	37.60	18.80	94.00
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE;	238.00	-	190.40	142.80	95.20	47.60	238.00
99499	DOCUMENTATION	25.00	-	20.00	15.00	10.00	5.00	25.00
AFTERHRS	AFTER HOURS CRISIS SUPPORT	-	-	-	-	-	-	-
CHWORK	COMMUNITY HEALTH WORKER	-	-	-	-	-	-	-
E0114	CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS, AND HANDGRIPS;	70.00	-	56.00	42.00	28.00	14.00	70.00
ENGAGE	ENGAGEMENT SERVICES	-	-	-	-	-	-	-
ERPILLS	EMERGENCY CONTRACEPTIVE PILLS	8.00	-	6.40	4.80	3.20	1.60	8.00
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE; SLIDING FEE SCHEDULE	6.00	-	4.80	3.60	2.40	1.20	6.00
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE; SLIDING FEE SCHEDULE	6.00	-	4.80	3.60	2.40	1.20	6.00
G0010	ADMINISTRATION OF HEPATITIS B VACCINE; SLIDING FEE SCHEDULE	6.00	-	4.80	3.60	2.40	1.20	6.00
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION;	100.00	-	80.00	60.00	40.00	20.00	100.00
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN; SLIDING FEE SCHEDULE	50.00	-	40.00	30.00	20.00	10.00	50.00
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERVICE AS AUDIOLOGIC FUNCTION TESTING; SLIDING FEE SCHEDULE	50.00	-	40.00	30.00	20.00	10.00	50.00
G0328	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS; SLIDING FEE SCHEDULE	12.00	-	9.60	7.20	4.80	2.40	12.00
G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED TO NEW BENEFICIARY DURING THE FIRST 12 MONTHS OF MEDICARE ENROLLMENT; MEDICARE FQHC 2012	225.00	-	180.00	135.00	90.00	45.00	225.00
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT	195.00	-	156.00	117.00	78.00	39.00	195.00
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT;	169.77	-	135.82	101.86	67.91	33.95	169.77
G0466	FQHC VISIT - NEW PATIENT	169.77	-	135.82	101.86	67.91	33.95	169.77

G0466,SUC	FQHC VISIT - NEW PATIENT	169.77	-	135.82	101.86	67.91	33.95	169.77
G0467	FQHC VISIT - ESTABLISHED PATIENT	169.77	-	135.82	101.86	67.91	33.95	169.77
G0467,SUC	FQHC VISIT - ESTABLISHED PATIENT	169.77	-	135.82	101.86	67.91	33.95	169.77
G0468	FQHC VISIT - IPPE OR AWW	172.00	-	137.60	103.20	68.80	34.40	172.00
G0469	MENTAL HEALTH - NEW PATIENT	169.77	-	135.82	101.86	67.91	33.95	169.77
G0470	MENTAL HEALTH - ESTABLISHED PATIENT	169.77	-	135.82	101.86	67.91	33.95	169.77
G9141	INFLUENZA A (H1N1) IMMUNIZATION ADMINISTRATION (INCLUDES THE PHYSICIAN COUNSELING THE PATIENT/FAMILY); SLIDING FEE SCHEDULE	6.00	-	4.80	3.60	2.40	1.20	6.00
GLUCOSE,ST	GLUCOSE STRIPS (50) SELF PAY PATIENTS ONLY;	17.00	-	13.60	10.20	6.80	3.40	17.00
HOME	HOME FLORIDE TREATMENT; MEDICAID FFS	5.00	-	4.00	3.00	2.00	1.00	5.00
J0456	INJECTION, AZITHROMYCIN, 500 MG;	15.00	-	12.00	9.00	6.00	3.00	15.00
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS;	30.00	-	24.00	18.00	12.00	6.00	30.00
J0560	INJECTION, PENICILLIN G BENZATHINE, UP 600,000 UNITS;	30.00	-	24.00	18.00	12.00	6.00	30.00
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS;	30.00	-	24.00	18.00	12.00	6.00	30.00
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	20.00	-	16.00	12.00	8.00	4.00	20.00
J0696,FP	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	1.50	-	1.20	0.90	0.60	0.30	1.50
J0702	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG;	8.00	-	6.40	4.80	3.20	1.60	8.00
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG;	10.00	-	8.00	6.00	4.00	2.00	10.00
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG;	0.40	-	0.32	0.24	0.16	0.08	0.40
J1050,FP	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0.40	-	0.32	0.24	0.16	0.08	0.40
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG;	15.00	-	12.00	9.00	6.00	3.00	15.00
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG;	5.00	-	4.00	3.00	2.00	1.00	5.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG;	2.50	-	2.00	1.50	1.00	0.50	2.50
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG;	3.00	-	2.40	1.80	1.20	0.60	3.00
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.);	100.00	-	80.00	60.00	40.00	20.00	100.00
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG;	5.00	-	4.00	3.00	2.00	1.00	5.00
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	15.00	-	12.00	9.00	6.00	3.00	15.00
J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	0.15	-	0.12	0.09	0.06	0.03	0.15
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG;	3.00	-	2.40	1.80	1.20	0.60	3.00
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1,000 MCG;	2.50	-	2.00	1.50	1.00	0.50	2.50
L1836	KNEE ORTHOTIC, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT; SLIDING FEE SCHEDULE	40.00	-	32.00	24.00	16.00	8.00	40.00
L1860	KNEE ORTHOTIC (KO), MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK); SLIDING FEE SCHEDULE	29.00	-	23.20	17.40	11.60	5.80	29.00
L1902	ANKLE-FOOT ORTHOTIC, ANKLE GAUNTLET, PREFABRICATED, OFF THE SHELF	81.00	-	64.80	48.60	32.40	16.20	81.00
L1980	ANKLE-FOOT ORTHOTIC (AFO), SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOTIC), CUSTOM FABRICATED; SLIDING FEE SCHEDULE	29.00	-	23.20	17.40	11.60	5.80	29.00
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER; SLIDING FEE SCHEDULE	23.00	-	18.40	13.80	9.20	4.60	23.00
L3808	WRIST-HAND-FINGER ORTHOTIC (WHFO), RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT; SLIDING FEE SCHEDULE	32.00	-	25.60	19.20	12.80	6.40	32.00
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF THE SHELF	71.00	-	56.80	42.60	28.40	14.20	71.00
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP, RIGID, INCLUDES ANY TYPE INTERFACE, PREFABRICATED, OFF THE SHELF	94.00	-	75.20	56.40	37.60	18.80	94.00
LILETTA	LILETTA IUD	50.00	-	40.00	30.00	20.00	10.00	50.00

M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPTIONS USED IN THE TREATMENT OF MENTAL PSYCHONEUROTIC AND PERSONALITY DISORDERS; MEDICAID FQHC 2012	30.00	-	24.00	18.00	12.00	6.00	30.00
MIRENA	MIRENA IUD	243.64	-	194.91	146.18	97.46	48.73	243.64
MISCMR	MEDICAL RECORD COPY		-	-	-	-	-	-
MISCNS	NO SHOW		-	-	-	-	-	-
MISCNSF	INSUFFICIENT FUNDS		-	-	-	-	-	-
NEXPLANON	NEXPLANON	364.00	-	291.20	218.40	145.60	72.80	364.00
PARAGARD	PARAGARD IUD	231.42	-	185.14	138.85	92.57	46.28	231.42
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY; SLIDING FEE SCHEDULE	50.00	-	40.00	30.00	20.00	10.00	50.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS; SLIDING FEE SCHEDULE	7.00	-	5.60	4.20	2.80	1.40	7.00
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA); SLIDING FEE SCHEDULE	22.00	-	17.60	13.20	8.80	4.40	22.00
Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLULAVAL); SLIDING FEE SCHEDULE	22.00	-	17.60	13.20	8.80	4.40	22.00
Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN); SLIDING FEE SCHEDULE	22.00	-	17.60	13.20	8.80	4.40	22.00
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE); SLIDING FEE SCHEDULE	22.00	-	17.60	13.20	8.80	4.40	22.00
REST	REST; STANDARD FEE SCHEDULE	19.00	-	15.20	11.40	7.60	3.80	19.00
RWMEDTRAINING	MED TRAINING AND SUPPORT INDIVIDUAL	24.21	-	19.37	14.53	9.68	4.84	24.21
RWPSYCHEVAL	RECOVERY WORKS PSYCHIATRIC EVALUATION-60 MIN	95.52	-	76.42	57.31	38.21	19.10	95.52
S9981	MEDICAL RECORDS COPYING FEE, ADMINISTRATIVE; STANDARD FEE SCHEDULE	10.00	-	8.00	6.00	4.00	2.00	10.00
SCHOOL	SCHOOL PHY FOR MOBILE UNIT AND ANY HEALTH FAIR	20.00	-	16.00	12.00	8.00	4.00	20.00
SKYLA	SKYLA IUD	235.00	-	188.00	141.00	94.00	47.00	235.00
T1015	FQHC ENCOUNTER RATE MEDICAID;	215.56	-	172.45	129.34	86.22	43.11	215.56
VIVITROLINJ	VIVITROL INJECTION	1,341.00	-	1,072.80	804.60	536.40	268.20	1,341.00
ZEROSUICIDE	ZERO SUICIDE CONTACT	-	-	-	-	-	-	-
H0005	ADDICTIONS COUNSELING GROUP	14.58	-	11.66	8.75	5.83	2.92	14.58
H0031	CANS/ANSA	77.72	-	62.18	46.63	31.09	15.54	77.72
T1016	CASE MANAGEMENT	14.53	-	11.62	8.72	5.81	2.91	14.53
H0004	FAMILY THERAPY-COMMUNITY BASED	28.65	-	22.92	17.19	11.46	5.73	28.65
H0034	MED TRAINING AND SUPPORT INDIVIDUAL	18.62	-	14.90	11.17	7.45	3.72	18.62
H0034	MED TRAINING AND SUPPORT GROUP	3.35	-	2.68	2.01	1.34	0.67	3.35
H2014	SKILLS GROUP	4.71	-	3.77	2.83	1.88	0.94	4.71
H2014	SKILLS INDIVIDUAL	26.14	-	20.91	15.68	10.46	5.23	26.14
H0038	PEER RECOVERY SERVICES	8.55	-	6.84	5.13	3.42	1.71	8.55
H2017	CLUBHOUSE	7.92	-	6.34	4.75	3.17	1.58	7.92

