

## Fee Schedule for Medical & Behavioral Health Services

HCPCS/CPT Code	Short Description	Standard Fee (Prior to Any Available Discounts)
10060	I & D ABSCESS SIMPLE OR SINGLE	\$199.00
10061	I & D ABSCESS COMPLICATED OR MULTIPLE	\$353.00
10120	SUBCUT INCISION & REMOVE FB	\$260.00
11055	PARING/CUTTING OF BENIGN HYPERKERATOTIC LES	\$81.00
11056	TRIM BENIGN HYPERKERATOTIC SKIN LESION, 2-4	\$76.11
11104	PUNCH BIOPSY SKIN SINGLE LESION	\$162.00
11200	REMOVAL OF SKIN TAGS UP TO 15 LESIONS	\$150.00
11201	REMOVAL OF SKIN TAGS EA ADDITIONAL 10	\$33.00
11300	SHAVE LESION TRUNK/ARM/LEG 0.5CM OR <	\$164.00
11406	EXCISION BENIGN LESION	\$535.00
11420	EXCIS BENIGN SCLP/NCK/HND/FT 0.5CM OR <	\$208.00
11424	EXCISION LESION 3.1-4.0 CM	\$398.00
11719	NAIL TRIMMING - NONDYSTROPHIC ANY	\$24.00
11721	DEBRIDEMENT OF NAILS, 6 OR MORE	\$77.00
11730	AVUL NAIL PLATE PART/COMPL, SIMPLE ONE	\$170.00
11750	REMOVAL OF NAIL BED	\$385.00
11900	INJECTION SCAR <8 LESIONS	\$94.00
11981	INSERTION DRUG IMPLANT DEVICE	\$169.00
11982	REMOVAL DRUG IMPLANT DEVICE	\$210.00
12001	REPAIR SUPERFICIAL WOUND, BODY, <2.5CM	\$154.00
12002	REPAIR SUPERFICIAL WOUND, BODY, 2.6-7.5CM	\$206.00
12013	SIMPLE REPAIR SUP WOUND 2.6 - 5.0 CM	\$206.00
12041	LAYR CLOS WND REST BODY <2.5CM	\$411.00
15833	EXCISE EXCESS SKIN TISSUE,LEG	\$1,534.00
17000	DEST PREMALIGN 1ST LESION ANY METHOD	\$128.00
17003	DEST PREMALIGN LES 2-14 LES EA ANY METH	\$17.00
17110	DEST BENIGN LES <= 14 LES ANY METH	\$186.00
17250	CHEM CAUTERY GRANULAR TISSUE	\$136.00
20526	INJECT CARPAL TUNNEL	\$131.00
20550	INJECTION TENDON SHEATH LIGAMENT CYST	\$101.00
20551	INJECTION TENDON ORIGIN/INSERTION	\$104.00
20552	INJECT TRIGGER POINT, 1 OR 2	\$108.00
20600	ARTHROCENTESIS, ASP &/OR INJ SMALL JT	\$82.00
20605	ARTHROCENTESIS, ASP &/OR INJ INTERM JT	\$86.00
20610	ARTHROCENTESIS, ASP &/OR INJ MAJOR JT	\$104.00
20612	ASPIRATION/INJECTION OF GANGLION CYST	\$104.00
36410	VENIPUNC >3 Y/O,NEED PHYS SKILL	\$29.00
36415	COLLECTION VENOUS BLOOD BY VENIPUNCT *	\$15.00
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	\$15.00
46600	ANOSCOPY, DIAGNOSTIC	\$153.00
51701	INSERT NON INDWELLING BLADDER CATH	\$93.00

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56420	I & D OF BARTHOLIN'S GLAND ABSCESS	\$212.00
56501	DESTRUCTION OF LESION VULVA, SIMPLE	\$228.00
57160	FIT INSERT INTRAVAG SUPPORT DEVICE	\$71.00
57452	COLPOSCOPY, CERVIX INCLUDING VAGINA	\$191.00
57454	COLPOSCOPY W/BIOPSY CERVIX & ENDO CUR	\$269.00
57456	COLPOSCOPY, CERVIX W/ADJ VAGINA, CURETTAG	\$209.00
57500	BX 1/MULTI OR EXCIS LESION W/WO FULGAR	\$222.00
57505	ENDOCERVICAL CURETTAGE	\$178.00
57522	LOOP ELECTRODE	\$462.00
57800	DILATION CERVICAL CANAL, INSTRUMENTAL	\$105.00
58100	ENDOMETRIAL BX, W/WO ENDOCERV DILATION	\$192.00
58110	ENDOMETRIAL BX W/COLPOSCOPY	\$84.00
58301	REMOVAL OF IUD	\$167.00
59425	ANTEPARTUM CARE ONLY, 4-6 VISITS	\$807.00
59426	ANTEPARTUM CARE ONLY, 7 OR MORE VISITS	\$1,443.00
59430	POSTPARTUM CARE ONLY	\$326.00
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	\$37.00
69210	REM IMPACTED CERUMEN 1 OR BOTH EARS	\$86.00
80061	LIPID PANEL *	\$70.00
81002	URINALYSIS NONAUTO W/O SCOPE *	\$15.00
81015	MICROSCOPIC EXAM OF URINE *	\$15.00
81025	URINE PREGNANCY TEST *	\$29.00
82270	BLOOD, OCCULT, BY PEROXID, FECES, 1-3 SIMULT *	\$13.00
82274	BLOOD, OCCULT, FECAL HGB, FECES, 1-3 SIMULT *	\$46.00
82465	CHOLESTEROL TOTAL, SERUM OR WHOLE *	\$26.00
82947	ASSAY QUANTITATIVE, GLUCOSE *	\$24.00
82948	REAGENT STRIP/BLOOD GLUCOSE *	\$19.00
82951	GLUCOSE TOLERANCE TEST (GTT) *	\$67.00
82962	GLUCOSE BLOOD TEST *	\$19.00
83036	GLYCATED HEMOGLOBIN TEST *	\$67.00
83655	ASSAY FOR LEAD *	\$58.00
83718	BLOOD LIPOPROTEIN, HDL CHOLEST *	\$44.00
83986	CHG PH BODY FLUID NOS	\$18.23
85018	HEMOGLOBIN *	\$18.00
86280	HEMAGGLUTINATION INHIBITION *	\$70.00
86403	PARTICLE AGGLUTINATION TEST *	\$38.00
86580	TB INTRADERMAL TEST *	\$34.00
87210	SMEAR, STAIN, WET MNT, INTERP *	\$25.00
87804	CHG DETECT AGENT, IMMUN, DIR OBS, INFLUENZA	\$47.00
87880	STREP A ASSAY W/OPTIC *	\$47.00
88720	BILIRUBIN TOTAL TRANSCUTANEOUS	\$26.00

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90378	RSV IG,MAB,IM, 50 MG, EA ++	\$1,392.00
90384	RH IG, FULL-DOSE, IM *	\$166.00
90460	IMM ADM 18 YRS ANY ROUTE 1ST €€	\$23.00
90461	IMM ADM TO 18 YRS EACH ADD'L €€	\$23.00
90471	IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID €€	\$23.00
90472	IMMUNIZ,ADMIN,EACH ADDL VAC/TOXOID €€	\$23.00
90473	IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX €€	\$23.00
90474	IMMUNIZ ADMIN,INTRANASAL/ORAL,EACH ADDL €€	\$23.00
90620	MENINGITIS B VACCINE	\$474.00
90630	FLU VACC IIV4 NO PRESERV ID	\$27.00
90632	HEPATITIS A VACCINE, ADULT DOSE, IM *	\$121.00
90633	HEP A VACCINE PED/ADOL-2 DOSE IM *	\$59.00
90636	HEPATITIS A&B VACCINE, ADULT DOSAGE IM *	\$163.00
90644	MENINGOCOCCAL & HIB CONJ VACCINE 4 DOSE IM	\$85.00
90647	HIB VACCINE, PRP-OMP, 3 DOSE, IM *	\$50.00
90648	HIB VACCINE, PRP-T, CONJ, 4 DOSE, IM *	\$47.00
90651	HPV VACCINE NON VALENT IM	\$302.00
90653	INFLUENZA VACCINE INACT SUBUNIT ADJUVANT IM	\$27.00
90655	FLU VACCINE, SPLIT PRES FREE, 6-35 MO, IM - .25ML *	\$27.00
90656	INFLUENZA VA SPLIT PRES FREE 3YR&OLDER *	\$27.00
90657	FLU VACCINE, 6-35 MO, IM *	\$27.00
90658	FLU VACCINE, SPLIT VIRUS 3+ YRS, IM-0.5ML *	\$27.00
90660	FLU VACCINE, LIVE, INTRANASAL *	\$35.00
90662	FLUZONE. HIGH-DOSE	\$27.00
90670	PNEUMOCOCCAL CONJ VACCINE,13 VALENT,IM ++	\$349.00
90672	INFLUENZA VIRUS VAC QUADRIVALENT LIVE INTRANASAL	\$27.00
90673	INFLUENZA VIRUS VACCINE TRIVALEN RIV3 PRSR FR IM	\$27.00
90674	CCIIV4 VAC NO PRSRV 0.5 ML IM	\$27.00
90680	ROTOVIRUS VACCINE, 3 DOSES, LIVE, ORAL *	\$133.00
90681	ROTAVIRUS VACC HUMAN 2 DOSE *	\$133.00
90685	FLU VAC NO PRSV 4 VAL 6-35 M	\$27.00
90686	FLU VAC NO PRSV 4 VAL 3 YRS AND OLDER	\$27.00
90687	FLU VACC 4 VAL 3 YRS PLUS IM	\$27.00
90688	FLU VACC 4 VAL 3 YRS PLUS IM	\$27.00
90696	DTAP-IPV DIPH TETANUS TOXOIDS ++	\$138.00
90698	DTAP HIB IPV FOR IM *	\$133.00
90700	DTAP VACCINE, <7 YRS, IM *	\$44.00
90707	MMR VACCINE, LIVE, SC *	\$89.00
90710	MMRV, LIVE, SC *	\$236.00
90713	POLIOVIRUS, INACTIVATED, SC OR IM *	\$50.00
90714	TETANUS DIPHERIA VACCINE >= 7YR IM ++	\$50.00

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90715	TDAP VACCINE, >7 YRS, IM-0.5ML *	\$40.00
90716	VARICELLA VACCINE, LIVE, SUBCUTANEOUS-0.5ML *	\$130.00
90723	DTAP-HEP B-IPV VACCINE, IM *	\$130.00
90732	PNEUMOCOCCAL VACCINE,23-VALENT,ADULT,SC OR IM *	\$300.00
90733	MENINGOCOCCAL VACCINE,SC *	\$177.00
90734	MENINGOCOCCAL VAC, SEROGRP, A,C,Y,W-135,IM,0.5NL *	\$168.00
90744	HEP B VACCINE,PED/ADOL,3 DOSE, IM *	\$61.00
90746	HEPATITIS B VACCINE,ADULT,IM *	\$120.00
90749	IMMUNIZATION PROCEDURE ++	\$39.00
90756	CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOSE IM USE	\$27.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$254.00
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	\$123.00
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	\$163.00
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	\$244.00
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	\$102.00
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	\$48.96
90846	FAMILY PSYCHOTHERAPY,NO PT	\$198.00
90847	FAMILY PSYCHOTHERAPY W/PT	\$204.00
90853	GROUP PSYCHOTHERAPY	\$50.00
92002	EYE EXAM, NEW PATIENT,INTERMED	\$151.00
92004	EYE EXAM, NEW PATIENT,COMPREHESV	\$199.00
92012	EYE EXAM, EST PATIENT,INTERMED	\$133.00
92014	EYE EXAM, EST PATIENT,COMPREHESV	\$163.00
92015	REFRACTION	\$51.00
92083	VISUAL FIELD EXAM,EXTENDED	\$210.00
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	\$102.00
92250	FUNDAL PHOTOGRAPHY	\$152.00
92285	EYE PHOTOGRAPHY	\$127.00
92551	PURE TONE HEARING TST,AIR	\$20.00
92552	PURE TONE AUDIOMETRY AIR ONLY	\$53.00
93000	ELECTROCARDIOGRAM, COMPLETE *	\$67.00
93005	EKG 12 LEAD W/O INTERP & REPORT *	\$44.00
94010	SPIROMETRY W/ GRAPH,TOTAL& TIME CAPAC	\$62.00
94060	BRONCHOSPASM EVAL,PRE/POST INHALER	\$104.00
94150	VITAL CAPACITY TEST	\$43.00
94375	RESPIRATORY FLOW VOLUME LOOP	\$67.00
94640	PRESS/NON-PRESS INHALATION TREATMENT	\$31.00
94760	EAR OR PULSE OX SINGLE DETERMINATION	\$5.00
95930	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	\$704.00
96110	DEVELOPMENTAL TEST, LIM	\$14.00
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT	\$14.00

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96160	PT-FOCUSED HLTH RISK ASSMT	\$30.00
96372	INJECTION,SUB Q OR IM, THER/PROP/DIAG	\$43.00
98925	OSTEOPATHIC MANIP,1-2 BODY REGN	\$65.10
98926	OSTEOPATHIC MANIP,3-4 BODY REGN	\$85.59
98927	OSTEOPATHIC MANIP,5-6 BODY REGN	\$101.26
98928	OSTEOPATHIC MANIP,7-8 BODY REGN	\$115.73
99173	SCREENING TEST VISUAL ACUITY	\$5.00
99188	APP TOPICAL FLUORIDE VARNISH	\$30.00
99201	OFFICE VISIT NEW	\$74.00
99202	OFFICE/OUTPT VISIT,NEW,LEVEL II	\$127.00
99203	OFFICE/OUTPT VISIT,NEW,LEVEL III	\$184.00
99204	OFFICE/OUTPT VISIT,NEW,LEVEL IV	\$283.00
99205	OFFICE VISIT COMPREHENSIVE	\$353.00
99211	OFFICE/OUTPT VISIT,EST,LEVEL I	\$0.00
99212	OFFICE/OUTPT VISIT,EST,LEVEL II	\$75.00
99213	OFFICE/OUTPT VISIT,EST,LEVEL III	\$125.00
99214	OFFICE/OUTPT VISIT,EST,LEVEL IV	\$184.00
99215	OFFICE/OUTPT VISIT,EST,LEVEL V	\$246.00
99225	SBSQ OBS CARE PR D MODERATE SEVERITY	\$124.00
99241	OFFICE CONSULTATION,LEVEL I	\$84.00
99242	OFFICE CONSULTATION,LEVEL II	\$157.00
99243	OFFICE CONSULTATION,LEVEL III	\$214.00
99381	PREVENTIVE VISIT,NEW,INFANT < 1 YR	\$189.00
99382	PREVENTIVE VISIT,NEW,AGE 1-4	\$197.00
99383	PREVENTIVE VISIT,NEW,AGE5-11	\$206.00
99384	PREVENTIVE VISIT,NEW,12-17	\$233.00
99385	PREVENTIVE VISIT,NEW,18-39	\$226.00
99386	PREVENTIVE VISIT,NEW,40-64	\$261.00
99387	PREVENTIVE VISIT,NEW,65 & OVER	\$283.00
99391	PREVENTIVE VISIT,EST, INFANT < 1 YR	\$170.00
99392	PREVENTIVE VISIT,EST,AGE 1-4	\$182.00
99393	PREVENTIVE VISIT,EST,AGE5-11	\$181.00
99394	PREVENTIVE VISIT,EST,12-17	\$199.00
99395	PREVENTIVE VISIT,EST,18-39	\$203.00
99396	PREVENTIVE VISIT,EST,40-64	\$216.00
99397	PREVENTIVE VISIT,EST,65 & OVER	\$233.00
99401	PREVENT COUNSEL,INDIV,15 MIN	\$62.00
99402	PREVENT COUNSEL,INDIV,30 MIN	\$107.00
99403	PREVENT COUNSEL,INDIV,45 MIN	\$149.00
99404	PREVENT COUNSEL,INDIV,60 MIN	\$191.00
99406	SMOKING TOBACCO CESSATION 3-10	\$24.00

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99407	SMOKING TOBACCO CESSATION >10	\$47.00
99411	PREVENT COUNSEL, GROUP, 30 MIN	\$28.00
99412	PREVENT COUNSEL, GROUP, 60 MIN	\$37.00
950065	PHARMACY SALES (GLUCOSE TEST STRIPS - PER BOX)	\$10.00
G0008	ADMIN INFLUENZA VIRUS VAC	\$23.00
G0009	ADMIN PNEUMOCOCCAL VACCINE	\$23.00
G0010	ADMIN HEPATITIS B VACCINE	\$23.00
G0101	CERV/VAGINAL SCREENING W/BREAST EXAM	\$65.00
G0402	INITIAL PREVENTIVE EXAM	\$281.00
G0436	TOBACCO-USE COUNSEL 3-10 MIN	\$24.00
G0438	PPPS, INITIAL VISIT	\$290.00
G0439	PPPS, SUBSEQ VISIT	\$194.00
G0466	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, NEW PATIENT	\$250.00
G0467	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, EST PATIENT	\$175.00
G0468	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, IPPE OR AWV	\$275.00
G0469	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, NEW PATI	\$225.00
G0470	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, ESTABLISH	\$175.00
H0004	BEHAVIORAL HEALTH COUNSELING, PER 15 MINUTES	\$63.00
H0005	ALCOHOL AND/OR DRUG SERVICES	\$63.00
H0031	MH HEALTH ASSESS BY NON-MD	\$63.00
J0561	PENICILLIN G BENZATHINE INJ	\$20.00
J0696	ROCEPHIN, PER 250 MG	\$24.00
J1020	METHYLPREDNISOLONE 20 MG INJ	\$10.00
J1030	METHYLPREDNISOLONE 40 MG INJ	\$20.00
J1040	METHYLPREDNISOLONE 80 MG INJ	\$20.00
J1050	MEDROXYPROGESTERONE ACETATE, 1 MG INJ	\$20.00
J1670	TETANUS IMMUNE GLOBULIN INJ	\$25.00
J1885	TORADOL, PER 15 MG	\$20.00
J2930	METHYLPREDNISOLONE INJECTION	\$20.00
J3420	VITAMIN B-12, UP TO 1000 MCG	\$20.00
J7613	ALBUTEROL NON-COMP UNIT	\$0.20
J7644	IPRATROPIUM BROMIDE NON-COMP	\$0.20
Q0091	OBTAINING SCREEN PAP SMEAR	\$60.00
Q0111	WET MOUNTS/ W PREPARATIONS	\$45.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	\$27.00
Q2038	FLUZONE VACC, 3 YRS & >, IM	\$27.00
Q2039	NOS FLU VACC, 3 YRS & >, IM	\$27.00