

2024 Preventive Health - (Health Department) Fee Schedule (Provider type 20) revised 5.29.2024**Notes**

- **Red indicates new codes or changes for the most current revision date.**
- **SL modifier must be used for ANY vaccine procured through the Vaccine for Children Program**
- **It is the responsibility of the provider to check member eligibility.**
- **The appearance on this fee schedule of a code and rate is not an indication of coverage, nor a guarantee of payment.**
- **CPT only copyright 2023 American Medical Association. All rights reserved.**



Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
Vaccines - SL modifier must be used for ANY vaccine procured through the Vaccine for Children Program					
90375	RABIES IG IM/SC		\$53.06	1/1/2009	
90376	RABIES IG HEAT TREATED		\$285.66	7/1/2005	Rate Eff: 07/01/19
90378	RSV, Respiratory Syncytial Virus, Synagis (palivizumab) "Monoclonal Antibody" 50mg, for injection into tissue or muscle		\$327.21	9/1/2023	Birth to 24 months
90380	RSV, Respiratory Syncytial Virus, AstraZeneca/Sobi/Sanofi's Beyfortus (nirsevimab-alip) "Monoclonal Antibody" seasonal dose, 0.5ml, for intramuscular use		\$485.10	9/1/2023	Birth to 24 months
90381	RSV, Respiratory Syncytial Virus, AstraZeneca/Sobi/Sanofi's Beyfortus (nirsevimab-alip) "Monoclonal Antibody" seasonal dose, 1.0 ml, for intramuscular use		\$485.10	9/1/2023	Birth to 24 months
90384	RH IG FULL-DOSE IM		\$53.06	7/1/2005	
90460	IMADM ANY ROUTE 1ST VAC/		\$27.49	10/1/2016	Rate Eff: 8/1/22
90461	INADM ANY ROUTE ADDL VAC/TOX		\$18.40	10/1/2016	
90471	IMMUNIZATION ADMIN		\$27.49	1/1/2009	Rate Eff: 8/1/22
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCLUAR INJECTIONS); EACH ADDITIONA VACCINE(SINGLE OR COMINATION VACCINE/TOXOID) (LISTED SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		\$11.96	9/1/2017	
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)		\$27.49	9/1/2017	Rate Eff: 8/1/22

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LISTED SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		\$11.96	9/1/2017	
90480	SARSCOV2 Vaccine ADMIN, 1 Dose		\$40.00	9/1/2023	
90589	CHIKUNGUNYA VIRUS VACCINE LIVE IM		\$0.00	1/1/2024	
90611	Smallpox & Monkeypox Vaccine, 5ml subcutaneous		No Pay	7/26/2022	
90619	MENACWY-TT VACCINE IM		\$82.00	1/1/2020	
90620	MENB PR W/OMV VACCINE		\$122.95	2/1/2015	
90621	MENB RLP VACCINE		\$95.75	2/1/2015	
90622	Vaccina (Smallpox)virus vaccine, live, .3ml percutaneous		No Pay	7/26/2022	
90623	MENINGOCOCCAL CONJUGATE VACCINE SEROGROUPS A, C, W, Y, B-FHBP, PENTAVALENT, TETANUS TOXOID CARRIER		\$211.60	1/1/2024	
90626	TIC-BRN ENCEPH VAC 0.25ML IM		\$0.00	1/1/2023	
90627	TIC-BRN ENCEPH VAC 0.5ML IM		\$0.00	1/1/2023	
90630	VACCINE FOR INFLUENZA FOR INJECTION INTO SKIN		\$28.60	1/1/2023	
90632	HEP A VACCINE ADULT IM		\$65.70	1/1/2007	Rate Eff: 4/1/22
90633	HEP A VACC PED/ADOL 2 DOSE		\$29.55	1/1/2009	
90634	HEP A VACC PED/ADOL 3 DOSE		\$29.55	1/1/2009	
90636	HEP A/HEP B VACC ADULT IM		\$112.35	1/1/2009	Rate Eff: 4/1/22
90644	MENINGOCCL HIB VAC 4 DOSE IM		\$115.18	1/1/2014	
90647	HIB VACCINE PRP-OMP IM		\$22.77	1/1/2009	
90648	HIB VACCINE PRP-T IM		\$26.21	1/1/2009	
90649	HPV VACCINE 4 VALENT IM		\$141.38	1/1/2007	
90650	2VHPV VACCINE 3 DOSE IM		\$128.75	1/1/2015	
90651	9VHPV VACCINE 3 DOSE IM (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$253.60	6/15/2015	Rate Eff: 4/1/22
90653	FLU VACCINE IIV, ADJUVANTED IM, 65 & OLDER ONLY		\$46.21	7/1/2018	
90654	FLU VACCINE NO PRESERV ID		\$18.92	1/1/2012	
90655	FLU VAC NO PRSV 3 VAL 6-35 M		\$18.40	1/1/2010	
90656	FLU VACCINE NO PRESERV 3 & >		\$18.40	1/1/2010	
90657	FLU VACCINE 3 YRS IM		\$18.40	1/1/2009	
90658	FLU VACCINE 3 YRS & > IM		\$18.40	1/1/2009	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
90660	FLU VACCINE NASAL		\$29.14	7/1/2006	
90661	FLU VACC CELL CULT PRSV FREE		\$20.66	9/2/2013	
90662	FLU VACC PRSV FREE INC ANTIG 65 & older		\$73.40	9/1/2010	Rate Update effective 8/1/2023
90670	PNEUMOCOCCAL VACC 13 VAL IM (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$257.99	3/1/2010	Rate Eff: 4/1/22
90671	Pneumococcal Vaccine, 15 Valent (PCV15) (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$246.20	1/1/2022	Rate Eff: 1/1/22
90672	FLU VACCINE 4 VALENT NASAL 2-49yrs		\$27.79	1/1/2013	Rate Update effective 8/1/2023
90673	FLU VACC RIV3 NO PRESERV		\$36.48	9/1/2013	
90674	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM CELL CULTURES, PRESERVATIVE AND ANTIBIOTIC FREE		\$34.17	1/1/2018	Rate Update effective 8/1/2023
90675	RABIES VACCINE IM		\$382.33	7/1/2005	Rate Update effective 8/1/2023
90676	RABIES VACCINE ID		\$111.96	7/1/2006	
90677	Pneumococcal Vaccine, 20 Valent (PCV20) (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$283.72	1/1/2022	Rate Eff: 4/1/22
90678	RSV, Respiratory Syncytial Virus, Pfizer's Abrysvo "Vaccine" prefusionF, subunit, bivalent, recombinant, for intramuscular use		\$320.14	9/1/2023	
90679	RSV, Respiratory Syncytial Virus, GlaxoSmithKline's Arexvy "Vaccine" adjuvanted, for intramuscular use		\$274.40	9/1/2023	Age 60 and older
90680	ROTOVIRUS VACC 3 DOSE ORAL		\$75.20	1/1/2010	
90681	ROTAVIRUS VACC 2 DOSE ORAL		\$106.57	1/1/2009	
90682	RIV4 VACC RECOMBINANT DNA IM 18+		\$73.40	1/1/2018	Rate Update effective 8/1/2023
90683	RSV, Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use.		\$274.40	1/1/2024	Effective 1/1/2024
90685	FLU VAC NO PRSV 4 VAL 6-35 Mo		\$23.23	1/1/2013	Rate Eff: 8/1/22
90686	FLU VAC NO PRSV 4 VAL 6mo & older (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$22.35	1/1/2013	Rate Update effective 8/1/2023
90687	FLU VACquadrivalent 6-35 MO,IM		\$14.35	7/1/2014	Rate Update effective 8/1/2023
90688	FLU VACC 4 VAL 3 YRS PLUS IM		\$20.88	8/16/2013	Rate Update effective 8/1/2023
90689	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), INACTIVATED, ADJUVANTED, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE		\$22.79	1/1/2019	
90690	TYPHOID VACCINE ORAL		\$88.99	1/1/2019	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
90691	TYPHOID VACCINE FOR INJECTION INTO MUSCLE		\$89.12		
90694	VACC AIIV4 NO PRSRV 0.5ML IM 65 & older		\$77.36	1/1/2020	Rate Update effective 8/1/2023
90696	DTAP-IPV VACC 4-6 YR IM		\$48.00	1/1/2009	
90697	DTAP-IPV-HIB-HEPB-IM		\$132.77	8/1/2021	
90698	DTAP-HIB-IP VACCINE IM		\$70.72	1/1/2009	
90700	DTAP VACCINE < 7 YRS IM		\$23.47	1/1/2009	
90702	DT VACCINE < 7 YRS IM		\$23.47	1/1/2009	
90707	MMR VACCINE SC (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$87.31	1/1/2009	Rate Eff: 4/1/22
90710	MMRV VACCINE SC		\$157.64	1/1/2009	
90713	POLIOVIRUS IPV SC/IM (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$35.00	1/1/2009	Rate Eff: 4/1/22
90714	TD VACCINE NO PRSRV 7/> IM (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$27.94	1/1/2009	Rate Eff: 4/1/22
90715	TDAP VACCINE 7 YRS/> IM (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$35.64	1/1/2007	Rate Eff: 4/1/22
90716	CHICKEN POX VACCINE SC (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$150.98	1/1/2009	Rate Eff: 4/1/22
90723	DTAP-HEP B-IPV VACCINE IM		\$70.72	1/1/2009	
90732	PNEUMOCOCCAL VACC 23 VAL IM (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$133.47	1/1/2007	Rate Eff: 4/1/22
90733	MENINGOCOCCAL VACCINE SC		\$106.49	1/1/2009	
90734	MENINGOCOCCAL VACCINE IM		\$117.41	7/1/2005	
90736	ZOSTER VACC SC		\$165.59	1/1/2009	
90739	HEPB VACC 2 DOSE ADULT IM		\$117.99	1/1/2018	
90740	HEPB VACC ILL PAT 3 DOSE IM		\$119.42	1/1/2001	
90743	HEP B VACC, ADOL, 2 DOSE, IM		\$24.22	1/1/2001	
90744	HEPB VACC PED/ADOL 3 DOSE IM		\$24.22	1/1/2009	
90746	HEP B VACC ADULT 3 DOSE IM		\$65.12	1/1/2007	Rate Eff: 4/1/22
90747	HEP B VACC ILL PAT 4 DOSE IM		\$119.42	1/1/1996	
90748	HEP B/HIB VACCINE IM		\$43.56	1/1/2009	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
90750	SHINGLES VACCINE (INJECTION INTO MUSCLE)		\$280.00	9/1/2017	
90756	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM CELL CULTURES		\$32.37	1/1/2018	Rate Update effective 8/1/2023
90758	ZAIRE EBOLAVIRUS VAC LIVE IM		\$0.00	1/1/2023	
90759	Hepatitis B Vaccine, 3 antigen (S, Pre-S1, Pre-S2) 10mcg dosage, 3 dose schedule (SL modifier must be used for vaccine procured through Vaccine for Children Program)		\$74.53	1/1/2022	Rate Eff: 4/1/22
91304	Covid-19 Vaccine Novavax-Vaccine 18 yrs & older SARSCOV2 Vaccine 5MCG/.5ML IM		\$148.20	7/13/2022	Rate updated from \$0 to \$148.20 effective 10/1/2023
91309	SARSCOV2 VAC 50MCG/0.5ML IM		NO PAY	1/1/2023	Limited to 12 years of age and older.
91318	Covid-19 Vaccine-Pfizer, 2023-2024 formula, SARSCOV2 VAC 3 MCG TRS-SUC, Yellow Cap		\$65.36	9/11/2023	
91319	Covid-19 Vaccine-Pfizer, 2023-2024 formula, SARSCOV2 VAC 10 MCG TRS-SUC, Blue Cap		\$87.78	9/11/2023	
91320	Covid-19 Vaccine-Pfizer, 2023-2024 formula Comirnaty, mRNA, SARSCV2 VAC, 30MCG, TRS-SUC IM		\$131.10	9/11/2023	
91321	Covid-19 Vaccine-Moderna, 2023-2024 formula, SARS COV2 VAC 25 MCG/.25ML IM		\$145.92	9/11/2023	
91322	Covid-19 Vaccine-Moderna Spike Vac, 2023-2024 form SARS COV2 VAC 50 MCG/.5ML IM		\$145.92	9/11/2023	
96380	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE BY INTRAMUSCULAR INJECTION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL		\$18.58	10/6/2023	
96381	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE BY INTRAMUSCULAR INJECTION		\$15.98	10/6/2023	
0104A	ADMINISTRATION OF CORONAVIRUS VACCINE 11, RESERVED		\$0.00	1/1/2023	
Other procedures					
11975	INSERTION OF IMPLANTABLE CONTRACEPTIVE		\$124.79	1/1/2012	
11976	REMOVE CONTRACEPTIVE CAPSULE		\$135.22	1/1/2009	
11977	REMOVAL/REINSERTION OF IMPLANTABLE		\$220.37	1/1/2012	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
11981	INSERT DRUG IMPLANT DEVICE		\$126.87	1/1/2013	
11982	REMOVE DRUG IMPLANT DEVICE		\$144.17	1/1/2013	
11983	REMOVE/INSERT DRUG IMPLANT		\$204.52	1/1/2013	
17000	DESTRUCT PREMALG LESION		\$68.11	1/1/2009	
17003	DESTRUCT PREMALG LES 2-14		\$8.89	1/1/2009	
36415	ROUTINE VENIPUNCTURE		\$3.00	1/1/2007	
56501	DESTROY VULVA LESIONS SIM		\$123.16	1/1/2009	
57170	FITTING OF DIAPHRAGM/CAP		\$58.07	1/1/2009	
57452	EXAM OF CERVIX W/SCOPE		\$103.53	1/1/2009	
57454	BX/CURETT OF CERVIX W/SCOPE		\$147.18	1/1/2009	
57455	BIOPSY OF CERVIX W/SCOPE		\$136.08	1/1/2009	
57460	BX OF CERVIX W/SCOPE LEEP		\$263.14	1/1/2009	
57505	ENDOCERVICAL CURETTAGE		\$95.69	1/1/2009	
57511	CRYOCAUTERY OF CERVIX		\$138.08	1/1/2009	
57522	CONIZATION OF CERVIX		\$251.19	1/1/2009	
58300	INSERT INTRAUTERINE DEVICE		\$68.89	1/1/2009	
58301	REMOVE INTRAUTERINE DEVICE		\$90.68	1/1/2009	
59020	FETAL CONTRACT STRESS TEST		\$65.25	1/1/2009	
59025	FETAL NON-STRESS TEST		\$44.49	1/1/2009	
59820	CARE OF MISCARRIAGE		\$359.89	1/1/2009	
69210	REMOVE IMPACTED EAR WAX UNI		\$46.28	1/1/2009	
71045	CHEST X RAY; 1 VIEW		\$15.09	1/1/2018	
71045	CHEST X RAY; 1 VIEW	TC	\$7.81	1/1/2018	
71045	CHEST X RAY; 1 VIEW	26	\$7.27	1/1/2018	
71046	CHEST X RAY; 2 VIEW		\$23.03	1/1/2018	
71046	CHEST X RAY; 2 VIEW	TC	\$14.34	1/1/2018	
71046	CHEST X RAY; 2 VIEW	26	\$8.69	1/1/2018	
71047	CHEST X RAY; 3 VIEW		\$29.44	1/1/2018	
71047	CHEST X RAY; 3 VIEW	TC	\$18.46	1/1/2018	
71047	CHEST X RAY; 3 VIEW	26	\$12.86	1/1/2018	
71048	CHEST X RAY; 4 OR MORE VIEWS		\$31.64	1/1/2018	
71048	CHEST X RAY; 4 OR MORE VIEWS	TC	\$18.78	1/1/2018	
71048	CHEST X RAY; 4 OR MORE VIEWS	26	\$12.86	1/1/2018	
71271	CT THORAX LUNG CANCER SCREEN		\$116.09	1/1/2021	
71271	CT THORAX LUNG CANCER SCREEN	TC	\$73.99	1/1/2021	
71271	CT THORAX LUNG CANCER SCREEN	26	\$42.11	1/1/2021	
76145	MED PHYSICS DOSE EVAL EXPOSURE		\$640.73	1/1/2021	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
76645	US EXAM BREAST(S)		\$89.45	1/1/2009	
76805	OB US >= 14 WKS SNGL FETUS		\$133.41	1/1/2009	
76810	OB US >= 14 WKS ADDL FETUS		\$89.94	1/1/2009	
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		\$139.29	1/1/2018	
76818	FETAL BIOPHYSICAL PROFILE, WITH NON- STRESS TESTING		\$76.93	1/1/2018	
76856	US EXAM PELVIC COMPLETE		\$112.67	1/1/2009	
77057	MAMMOGRAM SCREENING		\$75.19	1/1/2009	
80061	LIPID PANEL		\$16.31	1/1/2010	
81002	URINALYSIS NONAUTO W/O SCOPE		\$3.48	1/1/2010	
81015	MICROSCOPIC EXAM OF URINE		\$4.35	1/1/2010	
81025	URINE PREGNANCY TEST		\$8.61	1/1/2010	
81220	CTFR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS)		\$556.60	1/1/2018	
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)		\$153.50	1/1/2018	
82105	ALPHA-FETOPROTEIN SERUM		\$24.03	1/1/2010	
82120	AMINES VAGINAL FLUID QUAL		\$5.99	1/1/2010	
82270	OCCULT BLOOD FECES		\$4.66	1/1/2010	
82274	ASSAY TEST FOR BLOOD FECAL		\$21.65	1/1/2016	
82465	ASSAY BLD/SERUM CHOLESTEROL		\$6.24	1/1/2010	
82776	GALACTOSE TRANSFERASE TEST		\$12.01	1/1/2010	
82947	ASSAY GLUCOSE BLOOD QUANT		\$5.73	1/1/2009	
82948	REAGENT STRIP/BLOOD GLUCOSE		\$5.04	1/1/2010	
82950	GLUCOSE TEST		\$6.80	1/1/2010	
82951	GLUCOSE TOLERANCE TEST (GTT)		\$18.44	1/1/2010	
82952	GTT-ADDED SAMPLES		\$5.61	1/1/2010	
82962	GLUCOSE BLOOD TEST		\$3.35	1/1/2010	
83020	HEMOGLOBIN ELECTROPHORESIS		\$18.44	1/1/2010	
83615	LACTATE (LD) (LDH) ENZYME		\$8.64	1/1/2010	
83655	ASSAY OF LEAD		\$17.34	1/1/2010	
83719	ASSAY OF BLOOD LIPOPROTEIN		\$13.33	1/1/2010	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
83721	ASSAY OF BLOOD LIPOPROTEIN		\$13.66	1/1/2010	
83986	ASSAY PH BODY FLUID NOS		\$5.13	1/1/2010	
84030	ASSAY OF BLOOD PKU		\$7.88	1/1/2010	
84155	ASSAY OF PROTEIN SERUM		\$5.25	1/1/2010	
84437	ASSAY OF NEONATAL THYROXINE		\$9.27	1/1/2010	
84443	ASSAY THYROID STIM HORMONE		\$24.06	1/1/2010	
84450	TRANSFERASE (AST) (SGOT)		\$7.41	1/1/2010	
84702	CHORIONIC GONADOTROPIN TEST		\$21.56	1/1/2010	
85013	SPUN MICROHEMATOCRIT		\$7.00	1/1/2010	
85018	HEMOGLOBIN		\$3.05	1/1/2010	
85025	COMPLETE CBC W/AUTO DIFF WBC		\$11.14	1/1/2010	
86328	TEST FOR DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE		\$45.23	7/1/2020	
86480	TB TEST CELL IMMUN MEASURE		\$87.22	1/1/2011	
86481	TB AG RESPONSE T-CELL SUSP		\$100.00	1/1/2011	
86580	TB INTRADERMAL TEST		\$6.84	1/1/2009	
86592	SYPHILIS TEST NON-TREP QUAL		\$6.11	1/1/2010	
86701	Hiv-1antibody		\$12.76	1/1/2012	
86703	HIV-1/HIV-2 1 RESULT ANTBDY		\$19.30	1/1/2011	
86704	HEP B CORE ANTIBODY TOTAL		\$17.26	1/1/2010	
86706	HEP B SURFACE ANTIBODY		\$15.38	1/1/2010	
86762	RUBELLA ANTIBODY		\$20.62	1/1/2010	
86777	TOXOPLASMA ANTIBODY		\$20.79	1/1/2010	
86780	Treponema Pallidum Antibody		\$13.34	6/1/2013	
86787	VARICELLA-ZOSTER ANTIBODY		\$18.46	1/1/2010	
86803	HEPATITIS C ANTIBODY TEST		\$19.42	1/1/2016	
86850	RBC ANTIBODY SCREEN		\$47.17	7/1/2005	
86900	BLOOD TYPING ABO		\$4.27	1/1/2010	
86901	BLOOD TYPING RH (D)		\$4.27	1/1/2010	
86906	BLOOD TYPING RH PHENOTYPE		\$11.10	1/1/2010	
87045	FECES CULTURE AEROBIC BACT		\$13.33	1/1/2010	
87081	CULTURE SCREEN ONLY		\$9.50	1/1/2010	
87086	URINE CULTURE/COLONY COUNT		\$14.39	1/1/2010	
87116	MYCOBACTERIA CULTURE		\$15.48	1/1/2010	
87177	OVA AND PARASITES SMEARS		\$12.50	1/1/2010	
87205	SMEAR GRAM STAIN		\$6.11	1/1/2010	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
87206	SMEAR FLUORESCENT/ACID STAI		\$7.70	1/1/2010	
87207	SMEAR SPECIAL STAIN		\$8.58	1/1/2010	
87210	SMEAR WET MOUNT SALINE/INK		\$5.82	1/1/2010	
87253	VIRUS INOCULATE TISSUE ADDL		\$28.93	1/1/2010	
87340	HEPATITIS B SURFACE AG EIA		\$14.79	1/1/2010	
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result		\$29.73	7/1/2018	
87426	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS		\$100.00	7/1/2020	
87481	CANDIDA DNA AMP PROBE		\$35.09	6/1/2020	
87490	CHYLM D TRACH DNA DIR PROBE		\$28.24	1/1/2010	
87491	CHYLM D TRACH DNA AMP PROBE		\$50.27	1/1/2010	
87502	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID		\$105.06	7/1/2018	
87521	HEPATITIS C PROBE & REVRS TRNSCRPJ		\$49.71	6/1/2013	
87522	HEPATITIS C REVRS TRNSCRPJ		\$58.29	1/1/2016	
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique		43.33 X 2 UNITS	7/1/2018	
87563	DETECTION OF MYCOPLASMA GENITALIUM BY DNA OR RNA PROBE		\$35.09	1/1/2020	
87590	N.GONORRHOEAE DNA DIR PROB		\$28.24	1/1/2010	
87591	N.GONORRHOEAE DNA AMP PROB		\$50.27	1/1/2010	
87593	DETECTION OF ORTHOPOXVIRUS		\$76.97	7/26/2022	
87635	AMPLIFIED DNA OR RNA PROBE DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIGEN		\$51.33	7/1/2020	
87636	DETECTION TEST BY MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (COVID-19) AND INFLUENZA VIRUS TYPES A AND B		\$142.63	10/6/2020	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
87637	DETECTION TEST BY MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (COVID-19), INFLUENZA VIRUS TYPES A AND B, AND RESPIRATORY SYNCYTIAL VIRUS		\$142.63	10/6/2020	
87661	TRICHOMONAS VAGINALIS AMPIF		\$35.09	6/1/2020	
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism		\$43.33	7/1/2018	
87801	DETECT AGNT MULT DNA AMPLI		\$70.20	6/1/2020	
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY	QW	\$16.55	7/1/2018	
87811	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19)		\$52.00	10/6/2020	
87880	STREP A ASSAY W/OPTIC		\$16.53	1/1/2010	
88104	CYTOPATH FL NONGYN SMEARS		\$67.16	1/1/2009	
88141	CYTOPATH C/V INTERPRET		\$29.62	1/1/2009	
88142	CYTOPATH C/V THIN LAYER		\$29.02	1/1/2010	
88164	CYTOPATH TBS C/V MANUAL		\$15.15	1/1/2010	
88175	CYTOPATH C/V AUTOFLUID REDO, PAP TEST		\$26.21	5/1/2021	
88305	TISSUE EXAM BY PATHOLOGIST		\$64.91	1/1/2009	
88346	IMMUNOFLUORESCENT STUDY		\$96.65	1/1/2009	
88347	IMMUNOFLUORESCENT STUDY		\$81.34	1/1/2009	
90281	HUMAN IMMUNE GLOBULIN FOR INJECTION INTO MUSCLE		\$68.64	1/1/2019	
90371	HEPATITIS B IMMUNE GLOBULIN FOR INJECTION INTO MUSCLE		\$152.59	1/1/1999	
92551	PURE TONE HEARING TEST AIR		\$10.46	1/1/2009	
92552	PURE TONE AUDIOMETRY AIR		\$26.83	1/1/2009	
92567	TYMPANOMETRY		\$13.69	1/1/2009	
93000	ELECTROCARDIOGRAM COMPLETE		\$15.39	1/1/2009	
93005	ELECTROCARDIOGRAM TRACING		\$7.15	1/1/2009	
93306	TTE W/DOPPLER COMPLETE		\$205.71	1/1/2009	
96110	DEVELOPMENTAL TEST (DENVERS/DASE, ETC.)		\$12.62	1/1/2012	
96372	THER/PROPH/DIAG INJ SC/IM		\$22.61	1/1/2009	
97802	MEDICAL NUTRITION INDIV IN		\$35.81	1/1/2020	
97803	MED NUTRITION INDIV SUBSEQ		\$31.03	1/1/2020	
97804	MEDICAL NUTRITION GROUP		\$15.17	1/1/2009	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES	UB	\$22.53	7/1/2023	Community Health Workers (CHW). No more than 104 units per calendar year. Must use UB modifier
98961	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, 2-4 PATIENTS, EACH 30 MINUTES	UB	\$10.88	7/1/2023	Community Health Workers (CHW). No more than 104 units per calendar year. Must use UB modifier
98962	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, 5-8 PATIENTS, EACH 30 MINUTES	UB	\$8.03	7/1/2023	Community Health Workers (CHW). No more than 104 units per calendar year. Must use UB modifier
98966	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 5-10 MINUTES		\$11.17	10/1/2023	
98967	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTES		\$21.80	10/1/2023	
98968	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTES		\$31.94	10/1/2023	
98970	QNHP OL DIG E/M SVC 5-10MIN		\$12.00	1/1/2020	
98971	QNHP OL DIG EM SVC 11-20MIN		\$24.00	1/1/2020	
98972	QNHP OL DIG E/M SVC 21+ MIN		\$38.56	1/1/2020	
99173	VISUAL ACUITY SCREEN		\$2.52	1/1/2009	
99188	APPLICATION OF TOPICAL FLUORIDE		\$18.75	1/1/1990	Rate Update effective 9/1/2023
99202	OFFICE/OUTPATIENT VISIT NEW		\$68.99	1/1/2009	
99203	OFFICE/OUTPATIENT VISIT NEW		\$100.39	1/1/2009	
99204	OFFICE/OUTPATIENT VISIT NEW		\$155.31	1/1/2009	
99205	OFFICE/OUTPATIENT VISIT NEW		\$194.18	1/1/2009	
99211	OFFICE/OUTPATIENT VISIT EST		\$18.28	1/1/2009	
99212	OFFICE/OUTPATIENT VISIT EST		\$40.17	1/1/2009	
99213	OFFICE/OUTPATIENT VISIT EST		\$67.93	1/1/2009	
99214	OFFICE/OUTPATIENT VISIT EST		\$100.55	1/1/2009	
99215	OFFICE/OUTPATIENT VISIT EST		\$135.11	1/1/2009	
99241	PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES		\$36.55	1/1/2018	
99341	HOME VISIT NEW PATIENT		\$52.80	1/1/2009	
99342	HOME VISIT NEW PATIENT		\$76.56	1/1/2009	
99343	HOME VISIT NEW PATIENT		\$125.33	1/1/2009	
99344	HOME VISIT NEW PATIENT		\$174.38	1/1/2009	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
99345	HOME VISIT NEW PATIENT		\$210.30	1/1/2009	
99347	HOME VISIT EST PATIENT		\$53.07	1/1/2009	
99348	HOME VISIT EST PATIENT		\$80.52	1/1/2009	
99349	HOME VISIT EST PATIENT		\$121.75	1/1/2009	
99350	HOME VISIT EST PATIENT		\$169.87	1/1/2009	
99381	INIT PM E/M NEW PAT INFANT		\$87.64	1/1/2009	
99382	INIT PM E/M NEW PAT 1-4 YRS		\$95.94	1/1/2009	
99383	PREV VISIT NEW AGE 5-11		\$95.58	1/1/2009	
99384	PREV VISIT NEW AGE 12-17		\$104.23	1/1/2009	
99385	PREV VISIT NEW AGE 18-39		\$104.23	1/1/2009	
99386	PREV VISIT NEW AGE 40-64		\$121.18	1/1/2009	
99387	INIT PM E/M NEW PAT 65+ YRS		\$133.45	1/1/2009	
99391	PER PM REEVAL EST PAT INFANT		\$75.38	1/1/2009	
99392	PREV VISIT EST AGE 1-4		\$84.04	1/1/2009	
99393	PREV VISIT EST AGE 5-11		\$83.67	1/1/2009	
99394	PREV VISIT EST AGE 12-17		\$91.97	1/1/2009	
99395	PREV VISIT EST AGE 18-39		\$91.97	1/1/2009	
99396	PREV VISIT EST AGE 40-64		\$100.63	1/1/2009	
99397	PER PM REEVAL EST PAT 65+ YR		\$112.89	1/1/2009	
99401	PREVENTIVE COUNSELING INDIV		\$33.54	1/1/2009	
99402	PREVENTIVE COUNSELING INDIV		\$57.71	1/1/2009	
99403	PREVENTIVE COUNSELING INDIV		\$81.51	1/1/2009	
99404	PREVENTIVE COUNSELING INDIV		\$105.68	1/1/2009	
99406	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, 4-10 MINUTES		\$11.34		
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, MORE THAN 10 MINUTES		\$26.24	9/1/2010	
99408	ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, 15-30 MINUTES		\$27.96	1/1/2014	
99411	PREVENTIVE COUNSELING GROUP		\$14.79	1/1/2009	
99412	PREVENTIVE COUNSELING GROUP		\$19.84	1/1/2009	
99417	E/M PROLONG OFF/CP 15 MIN		\$26.52	1/1/2021	
99420	HEALTH RISK ASSESSMENT TEST		\$9.38	1/1/2009	
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 5-10 MINUTES		\$11.94	10/1/2023	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 11-20 MINUTES		\$23.87	10/1/2023	
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR MORE MINUTES		\$38.56	10/1/2023	
99439	E/M CHRNC CARE MGMT SVC EA		\$29.93	1/1/2021	
99441	PHONE E/M PHYS/QHP 5-10 MIN		\$42.63	1/1/2019	
99442	PHONE E/M PHYS/QHP 11-20 MIN		\$67.10	1/1/2019	
99443	PHONE E/M PHYS/QHP 21-30 MIN		\$98.39	1/1/2019	
99446	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES		\$14.53	10/1/2023	
99447	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 11-20 MINUTES		\$28.79	10/1/2023	
99448	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 21-30 MINUTES		\$43.32	10/1/2023	
99449	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, MORE THAN 30 MINUTES		\$57.58	10/1/2023	
99451	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 MINUTES		\$29.56	10/1/2023	
99452	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES		\$29.56	10/1/2023	
99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT		\$14.08	10/1/2023	
99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, EACH 30 DAYS		\$46.46	10/1/2023	
99457	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, FIRST 20 MINUTES		\$39.44	10/1/2023	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
99458	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, EACH ADDITIONAL 20 MINUTES		\$32.38	10/1/2023	
99459	PELVIC EXAMINATION		\$17.69	1/1/2024	
99510	HOME VISIT SING/M/FAM COUNS		\$125.44	7/1/2006	
A4261	CERVICAL CAP CONTRACEPTIVE		\$65.00	7/1/2006	
A4266	DIAPHRAGM		\$22.00	7/1/2006	
A4267	MALE CONDOM		\$0.25	7/1/2006	
A4268	FEMALE CONDOM		\$0.25	7/1/2006	
A4269	SPERMICIDE		\$5.00	7/1/2006	
A9900	SUPPLY/ACCESSORY/SERVICE		\$0.60	7/1/2006	
D0140	LIMIT ORAL EVAL PROBLM FOCUS		\$46.65	7/1/2022	
D0190	SCREENING OF A PATIENT		No Charge	2/5/2016	
D0191	ASSESSMENT OF A PATIENT		\$25.00	2/5/2016	Under 21 only
D1110	DENTAL PROPHYLAXIS (14 AND OLDER)		\$60.13	New rate effective 2/5/2016	Rate updated effective 11/1/2023
D1120	DENTAL PROPHYLAXIS CHILD (13 AND UNDER)		\$60.13	New rate effective 2/5/2016	Under 13 only
D1206	FLUORIDE VARNISH		\$18.75	New rate effective 2/5/2016	Under 21 only
D1321	COUNSELING FOR HIGH RISK SUBSTANCE USE		\$15.00	7/1/2022	
D1351	DENTAL SEALANT PER TOOTH (AGES 5-20)		\$24.38	New rate effective 2/5/2016	Under 21 only
D1354	INTERIM CARIES MEDICAMENT APP PER TOOTH		\$12.00	7/1/2022	
D9986	MISSED APPOINTMENT		No charge	2/5/2016	
D9987	CANCELLED APPOINTMENT		No Charge	2/5/2016	
D9996	TELEDENTISTRY DENTAL REVIEW		\$50.00	10/1/2022	
G0101	CA SCREEN; PELVIC/BREAST EXAM		\$35.07	1/1/2014	
G0108	DIAB MANAGE TRN PER INDIV		\$50.50	1/1/2009	
G0109	DIAB MANAGE TRN IND/GROUP		\$13.92	1/1/2009	
G2010	REMOTE IMAGE SUBMIT BY PT		\$9.40	2/4/2020	
G2012	BRIEF CHECK IN BY MD/QHP		\$11.43	2/4/2020	
H0001	ALCOHOL AND/OR DRUG ASSESS		\$28.70	1/1/2014	
H0002	SUBSTANCE SCREENING		\$28.70	1/1/2014	
H0031	MENTAL HEALTH ASSEMENT		\$28.70	1/1/2014	
J0696	CEFTRIAXONE SODIUM INJECTION		\$13.35	7/1/2006	
J1050	MEDROXYPROGESTERONE ACETATE		\$47.12	1/1/2013	

Procedure Code	Procedure Description	Modifiers	Rate	Effective Date	NOTES
J7294	SEGESTERONE ACET & ETH ESTRADIOL YEARLY		\$339.96	7/1/2022	
J7295	ETHINYL ESTRADIOL & ETONOGESTROL MONTHLY		\$28.33	7/1/2022	
J7296	KYLEENA		\$1,049.24	2/1/2022	
J7297	LILETTA		\$656.25	1/1/2016	
J7298	MIRENA		\$1,049.24	2/1/2022	
J7300	PARAGARD		\$1,085.00	7/1/2021	Rate Eff 1/1/2024
J7301	SKYLA		\$873.67	2/1/2022	
J7303	CONTRACEPTIVE VAGINAL RING		\$26.33	7/1/2006	
J7304	CONTRACEPTIVE HORMONE PATCH		\$7.64	7/1/2006	
J7306	LEVONORGESTREL CONTRACEPT IMPLANT SYS		\$1,049.24	7/1/2022	
J7307	NEXPLANON		\$1,156.28	9/1/2021	
M0201	COVID-19 VACCINE HOME ADMIN		\$35.50	1/1/2022	
M0220	COVID-19 TIXAGEVIMAB & CILGAVIMAB INJ ASTRAZENECA		\$150.00	1/1/2022	
M0221	COVID-19 TIXAGEVIMAB & CILGAVIMAB INJ HM ASTRAZENECA		\$250.50	1/1/2022	
Q0111	WET MOUNTS/ W PREPARATIONS		\$15.15	1/1/2007	
Q0112	POTASSIUM HYDROXIDE PREPS		\$5.96	1/1/2007	
S3620	NEWBORN METABOLIC SCREENING		\$123.00	1/1/2006	
S4993	CONTRACEPTIVE PILLS FOR BC		\$4.64	7/1/2006	
S9453	SMOKING CESSATION GROUP		\$18.87	4/1/2018	
T1029	DWELLING LEAD INVESTIGATION		\$220.69	1/1/2009	
U0001	2019-NCOV DIAGNOSTIC P		\$35.91	2/4/2020	
U0002	SARS-COV-2, FOR NON-CDC		\$51.31	2/4/2020	