

**2025 Preventive Health - (Health Department) Fee Schedule (Provider type 20)** revised 9.1.2025

**Notes**



- Red indicates new codes or changes for the most current revision date.
- Blue indicates code discontinued by the AMA
- Providers will receive a single administration fee for each vaccine provided, regardless of the number of vaccine/toxoid components.
  - Federal Register <https://www.federalregister.gov/documents/2012/11/06/2012-26507/rin-0938-aq63>
  - CDC VFC Operations Guide <https://www.cdc.gov/vaccines-for-children/about/index.html>
- SL modifier must be used for ANY vaccine procured through the Vaccine for Children Program **INCLUDING THE ADMINISTRATION CODE.**
- 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.
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Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
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**Vaccines - SL modifier must be used for ANY vaccine procured through the Vaccine for Children Program**

90378	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY FOR INJECTION INTO TISSUE OR MUSCLE RSV MAB IM 50MG	SL	\$0.00	\$327.21	Birth to 24 months
90380	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY, 0.5 ML DOSAGE FOR INJECTION INTO MUSCLE AstraZeneca/Sobi/Sanofi's Beyfortus (nirsevimab-alip) seasonal dose	SL	\$0.00	\$485.10	Birth to 24 months
90381	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY, 1.0 ML DOSAGE FOR INJECTION INTO MUSCLE AstraZeneca/Sobi/Sanofi's Beyfortus (nirsevimab-alip) seasonal dose	SL	\$0.00	\$485.10	Birth to 24 months
90460	ADMINISTRATION OF FIRST VACCINE OR TOXOID COMPONENT WITH COUNSELING (18 YEARS OR YOUNGER)	SL	\$19.93	\$27.49	Rate Eff: 8/1/22
90461	ADMINISTRATION OF VACCINE OR TOXOID COMPONENT WITH COUNSELING (18 YEARS OR YOUNGER), EACH ADDITIONAL VACCINE OR TOXOID COMPONENT			\$18.40	
90471	ADMINISTRATION OF VACCINE	SL	\$19.93	\$27.49	Rate Eff: 8/1/22
90472	ADMINISTRATION OF VACCINE, EACH ADDITIONAL VACCINE	SL	\$11.96	\$11.96	
90473	ADMINISTRATION OF NASAL OR ORAL VACCINE, 1 VACCINE	SL	\$19.93	\$27.49	Rate Eff: 8/1/22



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90474	ADMINISTRATION OF NASAL OR ORAL VACCINE, EACH ADDITIONAL VACCINE	SL	\$11.96	\$11.96	
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, SINGLE DOSE	SL	\$19.93	\$40.00	
90589	CHIKUNGUNYA VIRUS VACCINE LIVE IM			\$0.00	
90611	SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIRUS, LIVE, NON-REPLICATING, PRESERVATIVE FREE, 0.5 ML DOSAGE, SUSPENSION, FOR SUBCUTANEOUS USE	SL	\$0.00	\$51.31	
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y, QUADRIVALENT, TETANUS TOXOID CARRIER	SL	\$0.00	\$82.00	
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B	SL	\$0.00	\$122.95	
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B	SL	\$0.00	\$95.75	
90622	VACCINIA (SMALLPOX) VIRUS VACCINE, LIVE, LYOPHILIZED, 0.3 ML DOSAGE, FOR PERCUTANEOUS USE			\$51.31	
90623	MENINGOCOCCAL CONJUGATE VACCINE SEROGROUPS A, C, W, Y, B-FHBP, PENTAVALENT, TETANUS TOXOID CARRIER	SL	\$0.00	\$211.60	
90626	INACTIVATED TICK-BORNE ENCEPHALITIS VIRUS VACCINE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE			\$0.00	
90627	INACTIVATED TICK-BORNE ENCEPHALITIS VIRUS VACCINE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE			\$0.00	
90630	INFLUENZA VACCINE, QUADRIVALENT			\$28.60	End dated by AMA 12/31/2024 Rate Eff: 4/1/22
90632	HEPATITIS A VACCINE ADULT DOSAGE			\$65.70	Age 18 and older
90633	HEPATITIS A VACCINE PEDIATRIC OR ADOLESCENT DOSAGE	SL	\$0.00	\$29.55	Age 12 months to 18 years old
90634	HEPATITIS A VACCINE PEDIATRIC OR ADOLESCENT DOSAGE (3 DOSE SCHEDULE)			\$29.55	Age 12 months to 18 years old

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90636	HEPATITIS A AND HEPATITIS B VACCINE ADULT			\$112.35	Rate Eff: 4/1/22 Age 18 and older
90644	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE 6WK-18M0			\$115.18	
90647	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, PRP-OMP CONJUGATE 3 DOSE	SL	\$0.00	\$22.77	
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, PRP-T CONJUGATE 4 DOSE	SL	\$0.00	\$26.21	
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUADRIVALENT 3 DOSE IM	SL	\$0.00	\$141.38	Ages 9 to 26 years old
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT 3 DOSE			\$128.75	
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALENT 2/3 DOSE	SL	\$0.00	\$253.60	Rate Eff: 4/1/22 Ages 9 to 26 years old
90653	INFLUENZA VACCINE, INACTIVATED			\$98.16	Rate updated from \$83.49 to \$98.16 Effective 8/1/2025 Age 65 years and older
90654	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE			\$18.92	End dated by AMA 12/31/2024
90655	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE, 0.25 ML DOSAGE 6-35M	SL	\$0.00	\$18.40	Age 6 months to 35 months.
90656	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE, 0.5 ML DOSAGE	SL	\$0.00	\$23.22	Rate updated from \$22.35 to 23.22 Effective 8/1/2025 Age 6 months and older
90657	INFLUENZA VACCINE, TRIVALENT, 0.25 ML DOSAGE	SL	\$0.00	\$18.40	Age 6 months and older
90658	INFLUENZA VACCINE, TRIVALENT, 0.5 ML DOSAGE	SL	\$0.00	\$21.86	Rate update effective: 8/1/2024 Age 6 months and older
90660	INFLUENZA VACCINE, TRIVALENT FOR NASAL ADMINISTRATION	SL	\$0.00	\$29.14	Ages 2 to 49 years old
90661	INFLUENZA VACCINE, TRIVALENT DERIVED FROM CELL CULTURES0.5 ML	SL	\$0.00	\$49.50	Rate updated from \$36.85 to \$49.50 Effective 8/1/2025 Age 6 months and older

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90662	INFLUENZA VACCINE SPLIT VIRUS, PRESERVATIVE FREE			\$83.49	Rate update effective: 8/1/2024 Age 65 and older
90670	PNEUMOCOCCAL VACCINE, 13-VALENT	SL	\$0.00	\$257.99	Rate Eff: 4/1/22
90671	PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), FOR INTRAMUSCULAR USE	SL	\$0.00	\$246.20	Rate Eff: 1/1/22
90672	INFLUENZA VACCINE, QUADRIVALENT FOR NASAL ADMINISTRATION	SL	\$0.00	\$27.79	Rate Update effective 8/1/2023 Age 2 years to 49 years old
90673	INFLUENZA VACCINE, TRIVALENT DERIVED FROM RECOMBINANT DNA			\$83.49	Rate update effective: 8/1/2024
90674	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM CELL CULTURES, PRESERVATIVE AND ANTIBIOTIC FREE 0.5 ML	SL	\$0.00	\$34.17	Rate Update effective 8/1/2023
90675	RABIES VACCINE FOR INJECTION INTO MUSCLE			\$382.33	Rate Update effective 8/1/2023
90676	RABIES VACCINE FOR INJECTION INTO SKIN			\$111.96	
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR INTRAMUSCULAR USE	SL	\$0.00	\$283.72	Rate Eff: 4/1/22
90678	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, FOR INTRAMUSCULAR USE			\$320.14	60 & older, preg women 32-36 weeks
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE, GlaxoSmithKline's Arexvy "Vaccine"			\$274.40	Age 60 and older
90680	ROTAVIRUS VACCINE, PENTAVALENT 3 DOSE LIVE ORAL	SL	\$0.00	\$75.20	
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED 2 DOSE LIVE ORAL	SL	\$0.00	\$106.57	
90682	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM RECOMBINANT DNA			\$73.40	Rate Update effective 8/1/2023 Age 18 years and older
90683	RSV, Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use.			\$274.40	Effective 1/1/2024 Age 60 years and older
90685	INFLUENZA VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.25 ML DOSAGE	SL	\$0.00	\$23.23	Rate Eff: 8/1/22 6 months to 35 months
90686	INFLUENZA VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.5 ML DOSAGE	SL	\$0.00	\$22.35	Rate Update effective 8/1/2023 Age 6 months and older
90687	INFLUENZA VACCINE, QUADRIVALENT, 0.25 ML DOSAGE	SL	\$0.00	\$14.35	Rate Update effective 8/1/2023 Age 6 months to 35 months
90688	INFLUENZA VACCINE, QUADRIVALENT, 0.5 ML DOSAGE	SL	\$0.00	\$20.88	Rate Update effective 8/1/2023 Age 6 months and older

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90689	INFLUENZA VACCINE, QUADRIVALENT INACTIVATED, 0.25 ML DOSAGE			\$22.79	
90690	TYPHOID VACCINE ORAL			\$88.99	
90691	TYPHOID VACCINE FOR INJECTION INTO MUSCLE			\$89.12	
90694	INFLUENZA VACCINE, QUADRIVALENT INACTIVATED, 0.5 ML DOSAGE			\$77.36	Rate Update effective 8/1/2023
90696	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, AND POLIO VACCINE	SL	\$0.00	\$48.00	Age 4 to 6 years old
90697	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, HAEMOPHILUS INFLUENZAE TYPE B, AND HEPATITIS B VACCINE	SL	\$0.00	\$132.77	
90698	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE	SL	\$0.00	\$70.72	
90700	DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS VACCINE (YOUNGER THAN 7 YEARS)	SL	\$0.00	\$23.47	Ages 0 to 7 years old
90702	DIPHTHERIA AND TETANUS VACCINE (YOUNGER THAN 7 YEARS)	SL	\$0.00	\$23.47	Ages 0 to 7 years old
90707	MEASLES, MUMPS, AND RUBELLA VACCINE	SL	\$0.00	\$87.31	Rate Eff: 4/1/22
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE	SL	\$0.00	\$157.64	
90713	POLIOVIRUS VACCINE	SL	\$0.00	\$35.00	Rate Eff: 4/1/22
90714	DIPHTHERIA AND TETANUS VACCINE (7 YEARS OR OLDER)	SL	\$0.00	\$27.94	Rate Eff: 4/1/22 Age 7 years and older
90715	DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS VACCINE (7 YEARS OR OLDER)	SL	\$0.00	\$35.64	Rate Eff: 4/1/22 Age 7 years and older
90716	VARICELLA VACCINE - CHICKEN POX VACCINE SC	SL	\$0.00	\$150.98	Rate Eff: 4/1/22
90723	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, HEPATITIS B, AND POLIO VACCINE	SL	\$0.00	\$70.72	
90732	PNEUMOCOCCAL VACCINE, 23-VALENT 2 YRS+	SL	\$0.00	\$133.47	Rate Eff: 4/1/22 Age 2 years and older
90733	MENINGOCOCCAL VACCINE, SEROGROUPS A, C, Y, W-135			\$106.49	
90734	MENINGOCOCCAL VACCINE, SEROGROUPS A, C, W, Y, DIPHTHERIA TOXOID CARRIER VACCINE	SL	\$0.00	\$117.41	
90736	SHINGLES VACCINE FOR INJECTION UNDER SKIN - ZOSTER			\$165.59	

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90739	HEPATITIS B VACCINE (HEPB), CPG-ADJUVANTED, ADULT DOSAGE, 2 DOSE OR 4 DOSE SCHEDULE, FOR INTRAMUSCULAR USE			\$117.99	
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE - 3 DOSE			\$119.42	
90743	HEPATITIS B VACCINE, ADOLESCENT DOSAGE 2 DOSE	SL	\$0.00	\$24.22	
90744	HEPATITIS B VACCINE, PEDIATRIC OR ADOLESCENT DOSAGE (3 DOSE SCHEDULE)	SL	\$0.00	\$24.22	Age 0 to 20 years old
90746	HEP B VACC ADULT 3 DOSE IM			\$65.12	Rate Eff: 4/1/22
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE)			\$119.42	
90748	HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE			\$43.56	
90750	SHINGLES VACCINE FOR INJECTION INTO MUSCLE			\$280.00	
90756	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM CELL CULTURES			\$32.37	Rate Update effective 8/1/2023
90758	LIVE ZAIRE EBOLAVIRUS VACCINE, FOR INTRAMUSCULAR USE			\$0.00	
90759	VACCINE FOR HEPATITIS B (3 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, 10 MCG DOSAGE			\$74.53	Rate Eff: 4/1/22
91304	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VACCINE, RECOMBINANT SPIKE PROTEIN NANOPARTICLE, SAPONIN-BASED ADJUVANT, PRESERVATIVE FREE, 5 MCG/0.5ML DOSAGE, FOR INTRAMUSCULAR USE	SL	\$0.00	\$161.54	Rate updated from \$0 to \$148.20 effective 10/1/2023 Rate updated from \$148.20 to \$161.54 effective 8/30/2024 Age 12 years and older.
91318	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNALNP, SPIKE PROTEIN, 3 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE Pfizer, 2023-2024 formula, 3 MCG TRS-SUC, Yellow Cap	SL	\$0.00	\$65.55	Rate updated from \$65.36 to \$65.55 effective 8/22/2024 Age 6 months to 4 years old
91319	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNALNP, SPIKE PROTEIN, 10 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE Pfizer, 2023-2024 formula, 10 MCG TRS-SUC, Blue Cap	SL	\$0.00	\$87.78	Age 5 to 11 years old



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91320	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNALNP, SPIKE PROTEIN, 30 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE Pfizer, 2023-2024 formula	SL	\$0.00	\$155.89	Rate updated from \$131.10 to \$155.89 effective 8/22/2024 Age 12 years and older
91321	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNALNP, 25 MCG/0.25 ML DOSAGE, FOR INTRAMUSCULAR USE Moderna, 2023-2024 formula	SL	\$0.00	\$147.06	Rate updated from \$145.92 to \$147.06 effective 8/22/2024 Age 6 months to 11 years old
91322	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNALNP, 50 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE Moderna Spike Vac, 2023-2024	SL	\$0.00	\$161.65	Rate updated from \$145.92 to \$161.65 effective 8/22/2024 Age 12 years and older
96380	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE BY INTRAMUSCULAR INJECTION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	SL	\$18.58	\$18.58	
96381	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE BY INTRAMUSCULAR INJECTION	SL	\$15.98	\$15.98	
<b>Other procedures</b>					
11976	REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES			\$135.22	
11981	INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE			\$126.87	
11982	REMOVAL OF DRUG DELIVERY IMPLANT FROM TISSUE			\$144.17	
11983	REMOVAL WITH REINSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE			\$204.52	
17000	DESTRUCTION OF PRECANCER SKIN GROWTH, 1 GROWTH			\$68.11	
17003	DESTRUCTION OF PRECANCER SKIN GROWTH, 2-14 GROWTHS			\$8.89	
36415	INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE			\$3.00	

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56501	SIMPLE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS - DESTROY VULVA LESIONS			\$123.16	
57170	FITTING AND INSERTION OF PREGNANCY PREVENTION DEVICE - FITTING OF DIAPHRAGM/CAP			\$58.07	
57452	EXAM OF CERVIX AND UPPER PART OF VAGINA USING AN ENDOSCOPE			\$103.53	
57454	BIOPSY AND SCRAPING OF CERVIX USING AN ENDOSCOPE			\$147.18	
57455	BIOPSY OF CERVIX USING AN ENDOSCOPE			\$136.08	
57460	BIOPSY OF CERVIX USING AN ENDOSCOPE WITH LOOP ELECTRODE			\$263.14	
57505	SCRAPING OF TISSUE OF CERVIX			\$95.69	
57511	DESTRUCTION OF CERVIX USING FREEZING			\$138.08	
57522	REMOVAL OR DESTRUCTION OF CERVIX USING LOOP ELECTRODE			\$251.19	
58300	INSERTION OF IUD FOR PREGNANCY PREVENTION			\$68.89	
58301	REMOVAL OF IUD			\$90.68	
59020	FETAL CONTRACTION STRESS TEST			\$65.25	
59025	FETAL NON-STRESS TEST			\$44.49	
59820	TREATMENT OF MISCARRIAGE DURING FIRST TRIMESTER			\$359.89	
69210	REMOVAL OF IMPACTED EAR WAX			\$46.28	
71045	X-RAY OF CHEST, 1 VIEW			\$15.09	
71045	X-RAY OF CHEST, 1 VIEW	TC		\$7.81	
71045	CHEST X RAY; 1 VIEW	26		\$7.27	
71046	X-RAY OF CHEST, 2 VIEWS			\$23.03	
71046	X-RAY OF CHEST, 2 VIEWS	TC		\$14.34	
71046	X-RAY OF CHEST, 2 VIEWS	26		\$8.69	
71047	X-RAY OF CHEST, 3 VIEWS			\$29.44	
71047	X-RAY OF CHEST, 3 VIEWS	TC		\$18.46	
71047	X-RAY OF CHEST, 3 VIEWS	26		\$12.86	
71048	X-RAY OF CHEST, 4+ VIEWS			\$31.64	
71048	X-RAY OF CHEST, 4+ VIEWS	TC		\$18.78	
71048	X-RAY OF CHEST, 4+ VIEWS	26		\$12.86	
71271	LOW DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING			\$116.09	
71271	LOW DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING	TC		\$73.99	

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71271	LOW DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING	26		\$42.11	
76145	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE, INCLUDING REPORT			\$640.73	
76805	ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), SINGLE OR FIRST FETUS			\$133.41	
76810	ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), EACH ADDITIONAL FETUS			\$89.94	
76811	ULTRASOUND SCAN OF PREGNANT UTERUS WITH DETAILED FETAL ANATOMIC EXAMINATION, SINGLE OR FIRST FETUS			\$139.29	
76818	ULTRASOUND AND MONITORING OF HEART OF FETUS			\$76.93	
76856	COMPLETE ULTRASOUND SCAN OF PELVIS			\$112.67	
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)			\$16.31	
81002	URINALYSIS, MANUAL TEST			\$3.48	
81015	URINALYSIS USING MICROSCOPE			\$4.35	
81025	URINE PREGNANCY TEST			\$8.61	
81220	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) COMMON VARIANTS			\$556.60	
81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3, HCG [ANY FORM], DIA) UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE			\$153.50	
82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM			\$24.03	
82120	VAGINAL FLUID CHEMICAL ANALYSIS FOR BACTERIA			\$5.99	
82270	STOOL ANALYSIS FOR BLOOD TO SCREEN FOR COLON TUMORS			\$4.66	
82274	STOOL ANALYSIS FOR BLOOD, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY			\$21.65	
82465	ASSAY BLD/SERUM CHOLESTEROL			\$6.24	
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREENING TEST			\$12.01	
82947	ASSAY GLUCOSE BLOOD QUANT - BLOOD GLUCOSE (SUGAR) LEVEL			\$5.73	
82948	BLOOD GLUCOSE (SUGAR) MEASUREMENT USING REAGENT STRIP			\$5.04	
82950	BLOOD GLUCOSE (SUGAR) LEVEL AFTER RECEIVING DOSE OF GLUCOSE			\$6.80	

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82951	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST, 3 SPECIMENS			\$18.44	
82952	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIMENS			\$5.61	
82962	BLOOD GLUCOSE (SUGAR) TEST PERFORMED BY HAND-HELD INSTRUMENT			\$3.35	
83020	HEMOGLOBIN ANALYSIS AND MEASUREMENT, ELECTROPHORESIS			\$18.44	
83615	LACTATE DEHYDROGENASE (ENZYME) LEVEL			\$8.64	
83655	ASSAY OF LEAD			\$17.34	
83719	ASSAY OF BLOOD LIPOPROTEIN - CHOLESTEROL LEVEL			\$13.33	
83721	ASSAY OF BLOOD LIPOPROTEIN - LDL CHOLESTEROL LEVEL			\$13.66	
83986	ASSAY PH BODY FLUID NOS			\$5.13	
84030	ASSAY PHENYLALANINE, PKU (AMINO ACID) LEVEL			\$7.88	
84155	ASSAY OF TOTAL PROTEIN LEVEL, SERUM			\$5.25	
84437	ASSAY OF NEONATAL THYROXINE (THYROID CHEMICAL), REQUIRING ELUTION			\$9.27	
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)			\$24.06	
84450	TRANSFERASE (AST) (SGOT) LIVER ENZYME LEVEL			\$7.41	
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL TEST			\$21.56	
85013	SPUN MICROHEMATOCRIT - RED BLOOD CELL HEMOGLOBIN CONCENTRATION			\$7.00	
85018	BLOOD COUNT, HEMOGLOBIN			\$3.05	
85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST AND AUTOMATED DIFFERENTIAL WHITE BLOOD CELL COUNT			\$11.14	
86328	TEST FOR DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE			\$45.23	
86480	TUBERCULOSIS TEST, GAMMA INTERFERON			\$87.22	
86481	TUBERCULOSIS TEST, ENUMERATION OF T-CELLS			\$100.00	
86580	SKIN TEST FOR TUBERCULOSIS			\$6.84	
86592	SYPHILIS DETECTION TEST - BLOOD SEROLOGY, QUALITATIVE			\$6.11	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
86701	ANALYSIS FOR ANTIBODY TO HIV -1 VIRUS			\$12.76	
86703	ANALYSIS FOR ANTIBODY TO HIV-1 AND HIV-2 VIRUS			\$19.30	
86704	HEPATITIS B CORE ANTIBODY MEASUREMENT TOTAL			\$17.26	
86706	HEPATITIS B SURFACE ANTIBODY MEASUREMENT			\$15.38	
86762	ANALYSIS FOR ANTIBODY TO RUBELLA (GERMAN MEASLES VIRUS)			\$20.62	
86777	ANALYSIS FOR ANTIBODY TO TOXOPLASMA (PARASITE)			\$20.79	
86780	ANALYSIS FOR ANTIBODY, TREPONEMA PALLIDUM			\$13.34	
86787	ANALYSIS FOR ANTIBODY TO VARICELLA-ZOSTER VIRUS (CHICKEN POX)			\$18.46	
86803	HEPATITIS C ANTIBODY MEASUREMENT TEST			\$19.42	
86850	SCREENING TEST FOR RED BLOOD CELL ANTIBODIES			\$47.17	
86900	BLOOD GROUP TYPING (ABO)			\$4.27	
86901	BLOOD TYPING FOR RH (D) ANTIGEN			\$4.27	
86906	BLOOD TYPING RH PHENOTYPING			\$11.10	
87045	FECES CULTURE AEROBIC BACT			\$13.33	
87081	SCREENING TEST FOR PATHOGENIC ORGANISMS - CULTURE ONLY			\$9.50	
87086	BACTERIAL COLONY COUNT, URINE			\$14.39	
87116	CULTURE FOR ACID-FAST BACILLI			\$15.48	
87177	OVA AND PARASITES SMEARS			\$12.50	
87205	SPECIAL GRAM OR GIEMSA STAIN FOR MICROORGANISM			\$6.11	
87206	SPECIAL FLUORESCENT AND/OR ACID FAST STAIN FOR MICROORGANISM			\$7.70	
87207	SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES			\$8.58	
87210	SMEAR FOR INFECTIOUS AGENTS WET MOUNT SALINE/INK			\$5.82	
87253	TISSUE CULTURE FOR VIRUS ISOLATION			\$28.93	
87340	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN			\$14.79	
87389	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN AND HIV-1 AND HIV-2 ANTIBODIES			\$29.73	
87426	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS			\$100.00	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
87481	DETECTION TEST FOR CANDIDA SPECIES (YEAST), AMPLIFIED PROBE TECHNIQUE			\$35.09	
87490	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA, DIRECT PROBE TECHNIQUE			\$28.24	
87491	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE			\$50.27	
87502	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES INFLUENZA VIRUS			\$105.06	
87521	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, AMPLIFIED PROBE TECHNIQUE			\$49.71	
87522	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, QUANTIFICATION			\$58.29	
87529	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE			\$43.33	Limit of 2 per day per member 43.33 X 2 UNITS
87563	DETECTION OF MYCOPLASMA GENITALIUM BY DNA OR RNA PROBE			\$35.09	
87590	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), DIRECT PROBE TECHNIQUE			\$28.24	
87591	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), AMPLIFIED PROBE TECHNIQUE			\$50.27	
87593	DETECTION OF ORTHOPOXVIRUS			\$76.97	
87635	AMPLIFIED DNA OR RNA PROBE DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIGEN			\$51.33	
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	
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	
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE			\$35.09	
87798	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, AMPLIFIED PROBE TECHNIQUE			\$43.33	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
87801	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, AMPLIFIED PROBE(S) TECHNIQUE			\$70.20	
87804	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR INFLUENZA VIRUS	QW		\$16.55	
87811	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19)			\$52.00	
87880	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR STREPTOCOCCUS, GROUP A (STREP)			\$16.53	
88104	CELL EXAMINATION OF BODY FLUID, SMEARS			\$67.16	
88141	CYTOPATH C/V INTERPRET - PAP TEST			\$29.62	
88142	CYTOPATH C/V THIN LAYER - PAP TEST, MANUAL SCREENING			\$29.02	
88164	CYTOPATH TBS C/V MANUAL - PAP TEST, SLIDES, MANUAL SCREENING (THE BETHESDA SYSTEM)			\$15.15	
88175	CYTOPATH C/V AUTO FLUID REDO - PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM AND MANUAL RESCREENING			\$26.61	Corrected rate from \$26.21 to \$26.61 effective 5/1/2021
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY			\$64.91	
88346	IMMUNOFLUORESCENT STUDY - ANTIBODY EVALUATION, INITIAL SINGLE ANTIBODY STAIN PROCEDURE			\$96.65	
90281	HUMAN IMMUNE GLOBULIN FOR INJECTION INTO MUSCLE			\$68.64	
90371	HEPATITIS B IMMUNE GLOBULIN FOR INJECTION INTO MUSCLE			\$152.59	
90375	RABIES IMMUNE GLOBULIN FOR INJECTION			\$53.06	
90376	RABIES IMMUNE GLOBULIN FOR INJECTION BENEATH THE SKIN AND/OR INTO MUSCLE, HEAT-TREATED			\$285.66	Rate Eff: 07/01/19
90384	RHO(D) IMMUNE GLOBULIN (FULL DOSE) FOR INJECTION INTO MUSCLE			\$53.06	
92551	PURE TONE HEARING TEST AIR			\$10.46	
92552	PURE TONE AUDIOMETRY AIR - TEST FOR HEARING VARIOUS PITCHES USING EARPHONE			\$26.83	
92567	TYMPANOMETRY - TEST TO ASSESS MIDDLE EAR FUNCTION			\$13.69	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
93000	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH INTERPRETATION AND REPORT			\$15.39	
93005	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH TRACING			\$7.15	
93306	ULTRASOUND OF HEART WITH COLOR-DEPICTED BLOOD FLOW, RATE, DIRECTION AND VALVE FUNCTION			\$205.71	
96110	DEVELOPMENTAL SCREEN W/SCORE			\$12.62	
96372	INJECTION OF DRUG OR SUBSTANCE UNDER SKIN OR INTO MUSCLE			\$22.61	
97802	THERAPY PROCEDURE FOR NUTRITION MANAGEMENT, EACH 15 MINUTES			\$35.81	
97803	THERAPY PROCEDURE REASSESSMENT FOR NUTRITION MANAGEMENT, EACH 15 MINUTES			\$31.03	
97804	THERAPY PROCEDURE FOR NUTRITION MANAGEMENT WITH GROUP, EACH 30 MINUTES			\$15.17	
98000	NEW PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME 15 MINUTES OR MORE			\$42.44	Effective 1/1/2025
98001	NEW PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH LOW MEDICAL DECISION MAKING, IF USING TIME 30 MINUTES OR MORE			\$70.19	Effective 1/1/2025
98002	NEW PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH MODERATE MEDICAL DECISION MAKING, IF USING TIME 45 MINUTES OR MORE			\$112.03	Effective 1/1/2025
98003	NEW PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH HIGH MEDICAL DECISION MAKING, IF USING TIME 60 MINUTES OR MORE			\$148.68	Effective 1/1/2025
98004	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME 10 MINUTES OR MORE			\$32.75	Effective 1/1/2025
98005	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH LOW MEDICAL DECISION MAKING, IF USING TIME 20 MINUTES OR MORE			\$57.44	Effective 1/1/2025

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
98006	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH MODERATE MEDICAL DECISION MAKING, IF USING TIME 30 MINUTES OR MORE			\$84.81	Effective 1/1/2025
98007	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH HIGH MEDICAL DECISION MAKING, IF USING TIME 40 MINUTES OR MORE			\$112.55	Effective 1/1/2025
98008	NEW PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 15 MINUTES OR MORE			\$40.28	Effective 1/1/2025
98009	NEW PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 15 MINUTES OR MORE			\$66.92	Effective 1/1/2025
98010	NEW PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH MODERATE MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 45 MINUTES OR MORE			\$104.30	Effective 1/1/2025
98011	NEW PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH HIGH MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 60 MINUTES OR MORE			\$135.67	Effective 1/1/2025
98012	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 10 MINUTES OR MORE			\$30.03	Effective 1/1/2025

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
98013	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH LOW MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 20 MINUTES OR MORE			\$52.49	Effective 1/1/2025
98014	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH MODERATE MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 30 MINUTES OR MORE			\$76.83	Effective 1/1/2025
98015	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH HIGH MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 40 MINUTES OR MORE			\$111.77	Effective 1/1/2025
98016	ESTABLISHED PATIENT BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE WITH 5-10 MINUTES OF MEDICAL DISCUSSION			\$13.52	Effective 1/1/2025
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES	UB		\$22.53	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	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	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	
98967	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTES			\$21.80	
98968	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTES			\$31.94	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
98970	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE PROVIDED BY NONPHYSICIAN PROFESSIONAL FOR UP TO 7 DAYS, TOTAL TIME 5-10 MINUTES			\$12.00	
98971	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE PROVIDED BY NONPHYSICIAN PROFESSIONAL FOR UP TO 7 DAYS, TOTAL TIME 11-20 MINUTES			\$24.00	
98972	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE PROVIDED BY NONPHYSICIAN PROFESSIONAL FOR UP TO 7 DAYS, TOTAL TIME 21 MINUTES OR MORE			\$38.56	
99173	SCREENING FOR VISUAL SHARPNESS			\$2.52	
99188	APPLICATION OF TOPICAL FLUORIDE			\$18.75	Rate Update effective 9/1/2023 Age 0 to 20 years old
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE			\$68.99	
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 30 MINUTES OR MORE			\$100.39	
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 45 MINUTES OR MORE			\$155.31	
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 60 MINUTES OR MORE			\$194.18	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF ESTABLISHED PATIENT THAT MAY NOT REQUIRE PRESENCE OF HEALTHCARE PROFESSIONAL			\$18.28	
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME, 10 MINUTES OR MORE			\$40.17	
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING, IF USING TIME, 20 MINUTES OR MORE			\$67.93	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING, IF USING TIME, 30 MINUTES OR MORE			\$100.55	
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 40 MINUTES OR MORE			\$135.11	
99341	RESIDENCE VISIT FOR NEW PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 15 MINUTES			\$52.80	
99342	RESIDENCE VISIT FOR NEW PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 30 MINUTES			\$76.56	
99344	RESIDENCE VISIT FOR NEW PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 60 MINUTES			\$174.38	
99345	RESIDENCE VISIT FOR NEW PATIENT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 75 MINUTES			\$210.30	
99347	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 15 MINUTES			\$53.07	
99348	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 30 MINUTES			\$80.52	
99349	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 40 MINUTES			\$121.75	
99350	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 60 MINUTES			\$169.87	
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (YOUNGER THAN 1 YEAR)			\$87.64	
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (1-4 YEARS)			\$95.94	
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (5-11 YEARS)			\$95.58	
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (12-17 YEARS)			\$104.23	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)			\$104.23	
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)			\$121.18	
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (65 YEARS OR OLDER)			\$133.45	
99391	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (YOUNGER THAN 1 YEAR)			\$75.38	
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (1-4 YEARS)			\$84.04	
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (5-11 YEARS)			\$83.67	
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (12-17 YEARS)			\$91.97	
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (18-39 YEARS)			\$91.97	
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (40-64 YEARS)			\$100.63	
99397	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (65 YEAR OLD OR OLDER)			\$112.89	
99401	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 15 MINUTES			\$33.54	
99402	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES			\$57.71	
99403	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 45 MINUTES			\$81.51	
99404	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR			\$105.68	
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	
99408	ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, 15-30 MINUTES			\$27.96	
99411	GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES			\$14.79	
99412	GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR			\$19.84	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
99417	PROLONGED OUTPATIENT SERVICE, EACH 15 MINUTES OF TOTAL TIME BEYOND REQUIRED TIME OF PRIMARY SERVICE			\$26.52	
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 5-10 MINUTES			\$11.94	
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 11-20 MINUTES			\$23.87	
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR MORE MINUTES			\$38.56	
99439	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR MORE MINUTES			\$29.93	
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES			\$42.63	End dated by AMA 12/31/2024
99442	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES			\$67.10	End dated by AMA 12/31/2024
99443	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES			\$98.39	End dated by AMA 12/31/2024
99446	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES			\$14.53	
99447	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 11-20 MINUTES			\$28.79	
99448	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 21-30 MINUTES			\$43.32	
99449	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, MORE THAN 30 MINUTES			\$57.58	
99451	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 MINUTES			\$29.56	
99452	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES			\$29.56	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT			\$14.08	
99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, EACH 30 DAYS			\$46.46	
99457	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, FIRST 20 MINUTES			\$39.44	
99458	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, EACH ADDITIONAL 20 MINUTES			\$32.28	Corrected rate from \$32.38 to \$32.28 effective 1/1/2020
99459	PELVIC EXAMINATION			\$17.69	
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING			\$125.44	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE			\$65.00	
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE			\$22.00	
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH			\$0.25	
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH			\$0.25	
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			\$5.00	
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE			\$0.60	
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED			\$46.65	
D0190	SCREENING OF A PATIENT			No Charge	
D0191	ASSESSMENT OF A PATIENT			\$25.00	Under 21 only
D1110	DENTAL PROPHYLAXIS ADULT (14 AND OLDER)			\$60.13	Rate updated effective 11/1/2023
D1120	DENTAL PROPHYLAXIS CHILD (13 AND UNDER)			\$60.13	Age 13 and under
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH			\$18.75	Under 21 only
D1321	COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE			\$15.00	
D1351	DENTAL SEALANT PER TOOTH			\$24.38	Ages 5 to 20 years old
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH			\$12.00	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
D9986	MISSED APPOINTMENT			No charge	
D9987	CANCELLED APPOINTMENT			No Charge	
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY			\$22.53	CHW services. Units equals per patient per time frame
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW			\$50.00	
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION			\$35.07	
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES			\$50.50	
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES			\$13.92	
G2010	REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G., STORE AND FORWARD), INCLUDING INTERPRETATION WITH FOLLOW-UP WITH THE PATIENT WITHIN 24 BUSINESS HOURS, NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT			\$9.40	
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO CAN REPORT EVALUATION AND MANAGEMENT SERVICES, PROVIDED TO AN ESTABLISHED PATIENT, NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 5-10 MINUTES OF MEDICAL DISCUSSION			\$11.43	CMS Termed 12/31/2024
H0001	ALCOHOL AND/OR DRUG ASSESSMENT			\$28.70	
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM			\$28.70	
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN			\$28.70	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG			\$13.35	
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG			\$47.12	
J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG, 0.013MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH			\$339.96	
J7295	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH			\$28.33	
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG			\$1,049.24	
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG			\$656.25	
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG			\$1,049.24	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE			\$1,085.00	Rate Eff 1/1/2024
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG			\$873.67	
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH			\$7.64	
J7306	LEVONORGESTREL CONTRACEPT IMPLANT SYS			\$1,049.24	
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES			\$1,156.28	
M0201	ADMINISTRATION OF PNEUMOCOCCAL, INFLUENZA, HEPATITIS B, AND/OR COVID-19 VACCINE INSIDE A PATIENT'S HOME; REPORTED ONLY ONCE PER INDIVIDUAL HOME PER DATE OF SERVICE WHEN SUCH VACCINE ADMINISTRATION(S) ARE PERFORMED AT THE PATIENT'S HOME			\$35.50	
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS			\$15.15	
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS			\$5.96	
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL)			\$123.00	
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL			\$4.64	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
S9453	SMOKING CESSATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION			\$18.87	
T1029	COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION, NOT INCLUDING LABORATORY ANALYSIS, PER DWELLING			\$220.69	
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL			\$35.91	
U0002	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC			\$51.31	