



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT



Updates to SNHD Clinical Master Fee Schedule

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CHIEF FINANCIAL OFFICER

APRIL 21, 2026

Clinical Master Fee Schedule Review

The billing fee schedule is reviewed annually to add new fees or adjust existing fees.

Annual review of fees allows for changes on a consistent basis to stay consistent with the local medical community prevailing rates. These regular fee updates position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.

Uninsured patients will see minimal, or no impact based on the availability of the sliding fee or point of care discount.

Clinical Master Fee Review Methodology

Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2026).

Identify existing fees lower than 60th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2026.

Propose fee changes based on comparison of current fees to 60th percentile of reported fees and Medicare reimbursement rate.

If there are fees not represented in the Physician Fees Report, an analysis of direct and indirect costs for services, medications or other ancillary costs is completed to form a basis for the fees.

These methods ensure SNHD is positioned to receive the fullest reimbursement possible from payers. Proposed changes to individual fees are included in Exhibit A (247 fees total with 20 new fees). All other fees on the billing fee schedule remain the same.

“Qualifying G-Codes have been set to the approved PPS rate to support shadow billing, effective 1/1/2026”

REFERENCES

The complete SNHD billing fee schedule is included in the meeting materials.

The complete master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing can be furnished upon request. SNHD only utilizes a small percentage of this entire schedule.

EXHIBIT A

2026 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

| CPT CODE | Description | Current Rate | Proposed New Fee |
|----------|---------------------------------|--------------|------------------|
| | Integumentary | | |
| 11104 | PUNCH BX SKIN SINGLE LESION | \$ 248.00 | \$ 300.00 |
| 11105 | PUNCH BX SKIN EA SEP/ADDL | \$ 126.00 | \$ 149.00 |
| 11106 | INCAL BX SKN SINGLE LES | \$ 273.00 | \$ 286.00 |
| 11200 | REMOVAL OF SKIN TAGS | \$ 180.00 | \$ 217.00 |
| 11300 | SHAVE TRUNK <0.5 CM | \$ 214.00 | \$ 231.00 |
| 11301 | SHAVE TRUNK 0.6-1 CM | \$ 252.00 | \$ 262.00 |
| 11302 | SHAVE TRUNK 1.1-2 CM | \$ 275.00 | \$ 285.00 |
| 11303 | SHAVE TRUNK >2 CM | \$ 317.00 | \$ 320.00 |
| 11306 | SHAVE S-N-H 0.6-1 CM | \$ 214.00 | \$ 230.00 |
| 11307 | SHAVE S-N-H 1.1-2 CM | \$ 251.00 | \$ 258.00 |
| 11308 | SHAVE S-N-H >2 CM | \$ 253.00 | \$ 269.00 |
| 11310 | SHAVE F-E-E-N-L-M <0.5 CM | \$ 242.00 | \$ 258.00 |
| 11311 | SHAVE F-E-E-N-L-M 0.6-1 CM | \$ 276.00 | \$ 286.00 |
| 11312 | SHAVE F-E-E-N-L-M 1-2 CM | \$ 287.00 | \$ 290.00 |
| 11900 | INJECTION INTO SKIN LESIONS | New Fee | \$ 132.00 |
| 11981 | Implant - Insertion | \$ 315.00 | \$ 339.00 |
| 11982 | Implant - Removal | \$ 326.00 | \$ 346.00 |
| 11983 | Implant Removal and Reinsertion | \$ 497.00 | \$ 514.00 |
| 15780 | ABRASION TREATMENT OF SKIN | New Fee | \$2,632.00 |

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|-------|-----------------------------------|-----------|-----------|
| | Female Genital | | |
| 57410 | PELVIC EXAMINATION | \$ 296.00 | \$ 298.00 |
| 58300 | IUD Insertion | \$ 280.00 | \$ 294.00 |
| 58301 | IUD Removal | \$ 267.00 | \$ 279.00 |
| | Radiology | | |
| 71046 | X-RAY EXAM CHEST 2 VIEWS - 26 | \$ 131.00 | \$ 166.00 |
| 76376 | 3D RENDER W/O POSTPROCESS-26 | \$ 23.58 | \$ 51.00 |
| | Pathology & Laboratory | | |
| 80074 | Acute Hepatitis Panel w/reflex | \$ 592.00 | \$ 710.00 |
| 81001 | URINALYSIS- AUTO W/SCOPE | \$ 41.00 | \$ 55.00 |
| 82040 | ASSAY OF SERUM ALBUMIN | \$ 22.00 | \$ 26.00 |
| 82435 | ASSAY OF BLOOD CHLORIDE | \$ 11.00 | \$ 19.00 |
| 82947 | Glucose Quantitative Blood | \$ 24.00 | \$ 25.00 |
| 83036 | Hemoglobin Glycosylated A1c | \$ 83.00 | \$ 88.00 |
| 83540 | ASSAY OF IRON | \$ 42.00 | \$ 45.00 |
| 83690 | ASSAY OF LIPASE | \$ 59.00 | \$ 72.00 |
| 83718 | HDL | \$ 41.00 | \$ 42.00 |
| 83721 | LDL | \$ 37.00 | \$ 38.00 |
| 84075 | ASSAY ALKALINE PHOSPHATASE | \$ 23.00 | \$ 29.00 |

| | | | |
|-------|---------------------------------------------------------------|-----------|-----------|
| 84132 | ASSAY OF SERUM POTASSIUM | \$ 28.00 | \$ 30.00 |
| 84155 | ASSAY OF PROTEIN | \$ 20.00 | \$ 28.00 |
| 84295 | ASSAY OF SERUM SODIUM | \$ 30.00 | \$ 36.00 |
| 84450 | TRANSFERASE (AST) (SGOT) | \$ 38.00 | \$ 44.00 |
| 84460 | ALANINE AMINO (ALT) (SGPT) | \$ 44.00 | \$ 49.00 |
| 84478 | ASSAY OF TRIGLYCERIDES | \$ 40.00 | \$ 50.00 |
| 84520 | ASSAY OF UREA NITROGEN | \$ 22.00 | \$ 29.00 |
| 84550 | ASSAY OF BLOOD/URIC ACID | \$ 45.00 | \$ 49.00 |
| 85027 | COMPLETE CBC- AUTOMATED | \$ 45.00 | \$ 46.00 |
| 86141 | C-REACTIVE PROTEIN- HS | \$ 72.00 | \$ 78.00 |
| 86480 | Quantiferon | \$ 325.00 | \$ 396.00 |
| 86480 | Quantiferon Prof. Comp (26) | \$ 67.00 | \$ 73.00 |
| 86705 | HEP B CORE ANTIBODY- IGM | \$ 121.00 | \$ 152.00 |
| 86706 | Hepatitis B surface Ab- qualitative | \$ 89.00 | \$ 103.00 |
| 86769 | SARS-COV-2 COVID-19 ANTIBODY | \$ 77.00 | \$ 83.00 |
| 86803 | Hep C- Rapid- Oraquick | \$ 148.00 | \$ 170.00 |
| 87340 | HEPATITIS B SURFACE AG- EIA | \$ 87.00 | \$ 99.00 |
| 87389 | HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result | \$ 126.00 | \$ 127.00 |
| 87491 | Chlamydia- Detection by Amplified Probe Technique | \$ 120.00 | \$ 122.00 |
| 87522 | HEPATITIS C- RNA- QUANT | \$ 608.00 | \$ 669.00 |
| 87591 | Neisseria gonorrhoeae- Detection by Amplified Probe Technique | \$ 121.00 | \$ 122.00 |
| 87624 | HPV (AMP) | \$ 148.00 | \$ 153.00 |
| 88164 | Cytopathology- slides- cervical or vaginal/V- MANUAL | \$ 77.00 | \$ 89.00 |

| | Immuunizations/Vaccines | | |
|-------|-------------------------------------------------------|-----------|-------------|
| 90380 | Respiratory syncytial virus (RSV) monoclonal antibody | \$ 941.00 | \$ 988.00 |
| 90381 | Respiratory syncytial virus (RSV) monoclonal antibody | \$ 941.00 | \$ 1,001.00 |
| 90460 | IMADM ANY ROUTE 1ST VAC/TOX | \$ 57.00 | \$ 62.00 |
| 90461 | INADM ANY ROUTE ADDL VAC/TOX | \$ 41.00 | \$ 46.00 |
| 90471 | Admin Fee 1st Vaccine | \$ 60.00 | \$ 64.00 |
| 90472 | Admin Fee Each Additional Vaccine (IM or SQ) | \$ 37.00 | \$ 41.00 |
| 90593 | CHIKUNGUNYA VACC RECOMB IM | New Fee | \$ 330.00 |
| 90611 | JYNNEOS | \$ 280.00 | \$ 467.00 |
| 90619 | Meningococcal MenACWY MenQuadfi | \$ 309.00 | \$ 352.00 |
| 90620 | Meningococcal (MenB-4C-Bexsero) | \$ 381.00 | \$ 422.00 |
| 90621 | Meningococcal (MenB-FHbhp- Trumenba) | \$ 345.00 | \$ 415.00 |
| 90632 | Hepatitis A (Adult) | \$ 164.00 | \$ 185.00 |
| 90633 | Hepatitis A (Child) | \$ 92.00 | \$ 99.00 |
| 90636 | Hepatitis A & B (Twinrix) | \$ 233.00 | \$ 254.00 |
| 90644 | Meningococcal C/Y-HIB PRP | \$ 12.00 | \$ 56.00 |
| 90647 | Hib PRP-OMP | \$ 74.00 | \$ 78.00 |
| 90648 | Hib PRP-T | \$ 67.00 | \$ 71.00 |
| 90649 | HPV- quadrivalent | \$ 276.00 | \$ 284.00 |
| 90650 | HPV- bivalent | \$ 308.00 | \$ 316.00 |
| 90651 | HPV9- Gardasil | \$ 483.00 | \$ 552.00 |

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|-------|------------------------------------------------------|-----------|-----------|
| 90653 | Fluad TIV (2025-2026) | \$ 111.00 | \$ 118.00 |
| 90661 | Flucelvax TIV Pre-Filled syringe (2025-2026) | \$ 66.00 | \$ 71.00 |
| 90670 | Pneumococcal (Pevnar 13) | \$ 424.00 | \$ 432.00 |
| 90671 | PCV15 (Vaxneuvance) | \$ 465.00 | \$ 494.00 |
| 90672 | Influenza-live- intranasal- quadrivalent | \$ 62.00 | \$ 69.00 |
| 90675 | Rabies | \$ 647.00 | \$ 747.00 |
| 90677 | PCV20 (Pevnar 20) | \$ 542.00 | \$ 597.00 |
| 90678 | Respiratory syncytial virus (RSV)- vaccine- bivalent | \$ 536.00 | \$ 618.00 |
| 90679 | RSV Vaccine | \$ 470.00 | \$ 533.00 |
| 90680 | Rotavirus- Pentavalent | \$ 202.00 | \$ 215.00 |
| 90681 | Rotavirus- Monovalent (Rotarix) | \$ 259.00 | \$ 275.00 |
| 90684 | PCV21 (Capvaxive) | \$ 344.00 | \$ 590.00 |
| 90687 | Influenza- Quad Inj Prsve 0.25 (1 dose) | \$ 40.00 | \$ 43.00 |
| 90691 | Typhoid- VICPs | \$ 226.00 | \$ 244.00 |
| 90694 | VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM | \$ 105.00 | \$ 111.00 |
| 90696 | DTaP-IPV VACCINE Quadracel | \$ 137.00 | \$ 153.00 |
| 90697 | DTaP-IPV-HepB-Hib - PFS | \$ 281.00 | \$ 338.00 |
| 90698 | DTaP- Hib- IPV (Pentacel) | \$ 218.00 | \$ 237.00 |
| 90700 | DTaP - Daptacel | \$ 74.00 | \$ 79.00 |
| 90707 | MMR | \$ 170.00 | \$ 187.00 |
| 90710 | MMRV | \$ 468.00 | \$ 518.00 |
| 90713 | IPV (Polio) | \$ 82.00 | \$ 90.00 |
| 90714 | Td (Tenivac) Preserve Free | \$ 74.00 | \$ 82.00 |

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|-------|------------------------------------|-----------|-----------|
| 90715 | Tdap | \$ 104.00 | \$ 113.00 |
| 90716 | Varicella (chicken pox) | \$ 283.00 | \$ 323.00 |
| 90717 | Yellow Fever | \$ 325.00 | \$ 332.00 |
| 90723 | DTaP-Hep B- IPV (Pediarix) | \$ 201.00 | \$ 214.00 |
| 90732 | Pneumococcal (Pneumovax 23) | \$ 238.00 | \$ 268.00 |
| 90734 | Meningococcal (MCV4) Menactra | \$ 277.00 | \$ 304.00 |
| 90738 | Japanese encephalitis IM | \$ 520.00 | \$ 539.00 |
| 90739 | HEP B VACC ADULT 2 DOSE IM | \$ 280.00 | \$ 319.00 |
| 90744 | Hepatitis B (Child) | \$ 82.00 | \$ 86.00 |
| 90746 | Hepatitis B (Adult) | \$ 170.00 | \$ 189.00 |
| 90750 | Zoster- recombinant (Shingrix) | \$ 348.00 | \$ 389.00 |
| 90756 | Flu- MDCK- W/Preservative Quad MDV | \$ 62.00 | \$ 66.00 |
| | Medicine/Behavioral Health | | |
| 90791 | PSYCH DIAGNOSTIC EVALUATION | \$ 269.00 | \$ 270.00 |
| 90792 | PSYCH DIAG EVAL W/MED SRVCS | \$ 365.00 | \$ 392.00 |
| 90833 | PSYTX PT&/FAM W/E&M 30 MIN | \$ 73.40 | \$ 149.00 |
| 90834 | PSYTX PT&/FAMILY 45 MINUTES | \$ 176.00 | \$ 179.00 |
| 90836 | PSYTX PT&/FAM W/E&M 45 MIN | \$ 93.04 | \$ 192.00 |
| 90837 | PSYTX PT&/FAMILY 60 MINUTES | \$ 206.00 | \$ 211.00 |
| 90840 | PSYTX CRISIS EA ADDL 30 MIN | \$ 117.00 | \$ 130.00 |
| 90845 | PSYCHOANALYSIS | \$ 217.00 | \$ 228.00 |

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|-------|--------------------------------------------------------------------|-----------|-----------|
| 90846 | FAMILY PSYTX W/O PATIENT | \$ 104.35 | \$ 201.00 |
| 90847 | FAMILY PSYTX W/PATIENT | \$ 107.97 | \$ 209.00 |
| 90849 | MULTIPLE FAMILY GROUP PSYTX | \$ 36.99 | \$ 134.00 |
| 90853 | GROUP PSYCHOTHERAPY | \$ 28.33 | \$ 75.00 |
| 90865 | NARCOSYNTHESIS | \$ 174.16 | \$ 388.00 |
| 90870 | ELECTROCONVULSIVE THERAPY | \$ 180.87 | \$ 387.00 |
| 90880 | HYPNOTHERAPY | \$ 111.89 | \$ 183.00 |
| 92551 | Audiometry/screening test- pure tone- air only | \$ 42.00 | \$ 43.00 |
| 92567 | TYMPANOMETRY | \$ 64.00 | \$ 65.00 |
| 94640 | Nebulizer/Inhalation Treatment | \$ 59.00 | \$ 64.00 |
| 94760 | Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination | \$ 20.00 | \$ 22.00 |
| 97597 | ACTIVE WOUND CARE/20 CM OR < | \$ 210.00 | \$ 235.00 |
| 97598 | ACTIVE WOUND CARE > 20 CM | \$ 119.00 | \$ 135.00 |
| 97802 | MEDICAL NUTRITION- INDIV- IN | \$ 73.00 | \$ 76.00 |
| 97803 | MED NUTRITION- INDIV- SUBSEQ | \$ 62.00 | \$ 69.00 |
| 98000 | SYNCH AUDIO-VIDEO NEW SF 15 | New Fee | \$ 171.00 |
| 98001 | SYNCH AUDIO-VIDEO NEW LOW 30 | New Fee | \$ 370.00 |
| 98002 | SYNCH AUDIO-VIDEO NEW MOD 45 | New Fee | \$ 532.00 |
| 98003 | SYNCH AUDIO-VIDEO NEW HI 60 | New Fee | \$ 717.00 |
| 98004 | SYNCH AUDIO-VIDEO EST SF 10 | New Fee | \$ 129.00 |
| 98005 | SYNCH AUDIO-VIDEO EST LOW 20 | New Fee | \$ 250.00 |
| 98006 | SYNCH AUDIO-VIDEO EST MOD 30 | New Fee | \$ 335.00 |
| 98007 | SYNCH AUDIO-VIDEO EST HI 40 | New Fee | \$ 531.00 |
| 98008 | SYNCH AUDIO-ONLY NEW SF 15 | New Fee | \$ 123.00 |

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|-------|-------------------------------------------------------|-----------|-----------|
| 98009 | SYNCH AUDIO-ONLY NEW LOW 30 | New Fee | \$ 196.00 |
| 98010 | SYNCH AUDIO-ONLY NEW MOD 45 | New Fee | \$ 309.00 |
| 98011 | SYNCH AUDIO-ONLY NEW HIGH 60 | New Fee | \$ 373.00 |
| 98012 | SYNCH AUDIO-ONLY EST SF 10 | New Fee | \$ 111.00 |
| 98013 | SYNCH AUDIO-ONLY EST LOW 20 | New Fee | \$ 178.00 |
| 98014 | SYNCH AUDIO-ONLY EST MOD 30 | New Fee | \$ 279.00 |
| 98015 | SYNCH AUDIO-ONLY EST HIGH 40 | New Fee | \$ 342.00 |
| 98016 | BRIEF COMUNICAJ TECH-BSD SVC | \$ 16.00 | \$ 40.00 |
| 98961 | SELF-MGMT EDUC/TRAIN- 2-4 PT | \$ 68.00 | \$ 70.00 |
| 98962 | SELF-MGMT EDUC/TRAIN- 5-8 PT | \$ 47.00 | \$ 50.00 |
| 99000 | Collection of Other Lab Spec | \$ 22.00 | \$ 27.00 |
| 99080 | SPECIAL REPORTS | \$ 30.00 | \$ 36.00 |
| 99213 | E&M Established Outpatient Expanded Problem Focused | \$ 200.00 | \$ 204.00 |
| 99214 | E&M Established Outpatient - Detailed Problem Focused | \$ 293.00 | \$ 295.00 |
| 99242 | Office Consultation Level 2 | \$ 270.00 | \$ 271.00 |
| 99243 | Office Consultation Level 3 | \$ 395.00 | \$ 405.00 |
| 99244 | Office Consultation Level 4 | \$ 557.00 | \$ 565.00 |
| 99245 | Office Consultation Level 5 | \$ 760.00 | \$ 802.00 |
| 99381 | Preventive Medicine- New patient- <1 Year Old | \$ 242.00 | \$ 249.00 |
| 99382 | Preventive Medicine- New patient- 1-4 Years Old | \$ 253.00 | \$ 262.00 |

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|-------|-----------------------------------------------------------|-----------|-----------|
| 99383 | Preventive Medicine- New patient- 5-11 Years Old | \$ 258.00 | \$ 269.00 |
| 99384 | Preventive Medicine- New patient- 12-17 Years Old | \$ 283.00 | \$ 288.00 |
| 99385 | Preventive Medicine- New patient- 18-39 Years Old | \$ 322.00 | \$ 330.00 |
| 99386 | Preventive Medicine- New patient- 40-64 Years Old | \$ 354.00 | \$ 365.00 |
| 99387 | Preventive Medicine- New patient- 65 Years Old | \$ 359.00 | \$ 363.00 |
| 99391 | Preventive Medicine- Established patient- <1 Year Old | \$ 221.00 | \$ 227.00 |
| 99392 | Preventive Medicine- Established patient- 1-4 Years Old | \$ 230.00 | \$ 239.00 |
| 99393 | Preventive Medicine- Established patient- 5-11 Years Old | \$ 228.00 | \$ 234.00 |
| 99394 | Preventive Medicine- Established patient- 12-17 Years Old | \$ 248.00 | \$ 256.00 |
| 99395 | Preventive Medicine- Established patient- 18-39 Years Old | \$ 276.00 | \$ 283.00 |
| 99396 | Preventive Medicine- Established patient- 40-64 Years Old | \$ 288.00 | \$ 300.00 |
| 99397 | Preventive Medicine- Established patient- 65+ Years Old | \$ 303.00 | \$ 315.00 |
| 99402 | Preventative- Risk Reduction Counseling- Approx 30 Min. | \$ 160.00 | \$ 170.00 |
| 99404 | Preventative- Risk Reduction Counseling- Approx 60 Min. | \$ 198.00 | \$ 231.00 |
| 99406 | Tobacco counseling/3-10 min | \$ 35.00 | \$ 38.00 |
| 99423 | OL DIG E/M SVC 21+ MIN | \$ 126.00 | \$ 130.00 |
| 99492 | 1ST PSYC COLLAB CARE MGMT | \$ 157.75 | \$ 406.00 |
| 99494 | 1ST/SBSQ PSYC COLLAB CARE | \$ 64.23 | \$ 228.00 |
| | Medical & Supplies | | |
| A4267 | Condoms (Male) (1 pk = 12) | \$ 0.51 | \$ 1.00 |
| A6250 | Antibiotic Ointment (Bacitracin Zinc) Packet | \$ 0.09 | \$ 27.00 |
| A6250 | Silver Sulfadiazine 1% cream | \$ 0.27 | \$ 27.00 |

| | Professional Services/Procedures | | |
|-------|-------------------------------------|-----------|-----------|
| G0008 | ADMN FLU VAC NO FEE SCHED SAME DAY | \$ 35.00 | \$ 44.00 |
| G0009 | ADMN PNEUMCOC VAC NO FEE SCHED DAY | \$ 35.00 | \$ 52.00 |
| G0010 | ADMN HEP B VAC NO FEE SCHD SAME DAY | \$ 35.00 | \$ 54.00 |
| G0101 | CA Screen/Breast Exam | \$ 58.00 | \$ 104.00 |
| G0102 | PROS CANCER SCR; DIGTL RECTAL EXAM | \$ 25.00 | \$ 51.00 |
| G0108 | DM OP SLF-MGMT TRN SRVC IND-30 MIN | \$ 58.00 | \$ 130.00 |
| G0109 | DM SLF-MGMT TRN SRVC GRP-30 MIN | \$ 16.00 | \$ 59.00 |
| G0410 | GRP PSYCH NOT FAM PAR HOS 45-50 MIN | New Fee | \$ 416.00 |
| G0270 | MED NUT TX; REASSESS W/PT EA 15 MIN | \$ 34.00 | \$ 54.00 |
| G0271 | MED NUT TX REASSESS GRP EA 30 MIN | \$ 18.00 | \$ 21.00 |
| G0402 | INIT PREV PE LTD DUR 1ST 12 MOS MCR | \$ 176.00 | \$ 338.00 |
| G0438 | ANNUAL WELLNES VST; PERSNL PPS INIT | \$ 176.00 | \$ 356.00 |
| G0439 | ANNUAL WELLNESS VST; PPS SUBSQT VST | \$ 139.00 | \$ 266.00 |
| G0444 | ANNUAL DEPRESSION SCREENING 15 MIN | \$ 20.00 | \$ 42.00 |
| G0446 | ANN F2F INT BEHV TX CV DZ IND 15 MN | \$ 28.00 | \$ 52.00 |
| G0466 | FQHC VISIT NEW PATIENT | \$ 244.00 | \$ 405.00 |
| G0467 | FQHC VISIT ESTABLISHED PATIENT | \$ 244.00 | \$ 405.00 |
| G0468 | FQHC VISIT IPPE/AWV | \$ 244.00 | \$ 405.00 |
| G0469 | FQHC VISIT MENTAL HEALTH NEW PT | \$ 240.00 | \$ 173.00 |
| G0470 | FQHC VISIT MENTAL HEALTH ESTAB PT | \$ 240.00 | \$ 173.00 |
| G2010 | Remot image submit by pt | \$ 14.00 | \$ 51.00 |

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|-------|--------------------------------------------------------------|----------|-----------|
| G2025 | Telehealth | \$ 97.00 | \$ 121.00 |
| G8598 | Aspirin 325mg (ASA) | \$ 0.02 | \$ 11.00 |
| H0002 | Alcohol and/or drug screenin | \$ 35.00 | \$ 77.00 |
| | Drugs/Devices Administered Oral and other Methods | | |
| H0033 | Other Preventive Medicine- Directly Observed Therapy | \$ 6.00 | \$ 36.00 |
| J0561 | Bicillin 1.2 mil Long Acting | \$ 14.19 | \$ 33.00 |
| J0561 | Bicillin 2.4 LA Long Acting | \$ 14.19 | \$ 66.00 |
| J0561 | Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit) | \$ 14.19 | \$ 66.00 |
| J0696 | Ceftriaxone 250mg/mL- IM | \$ 13.04 | \$ 20.00 |
| J0696 | Ceftriaxone 500mg/mL- IM | \$ 14.57 | \$ 40.00 |
| J1050 | Medroxyprogesterone 150mg/ml IM | \$ 59.42 | \$ 150.00 |
| J1100 | Dexamethasone sodium phosphate 10mg/ml INJ | \$ 39.32 | \$ 170.00 |
| J1100 | Dexamethasone sodium phosphate 4mg/ml INJ | \$ 12.84 | \$ 170.00 |
| J1200 | Diphenhydramine HCl 50mg/mL Inj | \$ 0.86 | \$ 7.00 |
| J1580 | Gentamicin 80 mg/ml 2ML | \$ 1.17 | \$ 14.00 |
| J1580 | Gentamicin 80mg/mL 2ML | \$ 1.17 | \$ 14.00 |
| J1741 | Ibuprofen 200mg CAP | \$ 0.06 | \$ 30.00 |
| J1885 | Ketorolac tromethamine 30mg/mL INJ | \$ 1.85 | \$ 20.00 |
| J1885 | Ketorolac tromethamine 60mg/2mL INJ | \$ 3.04 | \$ 40.00 |
| J2405 | Ondansetron 4mg/2mL INJ (the code is 1 unit) | \$ 0.49 | \$ 12.00 |
| J3420 | Vitamin B12 (Cyanocobalamin) 1000 mg INJ | \$ 7.69 | \$ 20.00 |

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|-------|------------------------------------------|-------------|-------------|
| J7620 | Iprat-Albut 0.5-3(2.5)mg/3mL | \$ 2.03 | \$ 5.00 |
| J7620 | Ipratropium BR 0.02% SOLN | \$ 1.55 | \$ 5.00 |
| J7296 | Kyleena- 19.5 mg | \$ 1,272.00 | \$ 1,916.00 |
| J7297 | IUD Device - Liletta | \$ 1,303.00 | \$ 1,439.00 |
| J7298 | IUD Device - Mirena | \$ 1,272.00 | \$ 1,809.00 |
| J7300 | IUD Device - Paragard | \$ 1,184.00 | \$ 1,559.00 |
| J7301 | IUD Device - Skyla | \$ 1,059.00 | \$ 1,512.00 |
| J7307 | Implant Device - Nexplanon | \$ 1,271.00 | \$ 1,668.00 |
| J7510 | PREDNISOLONE 15mg/5mL SOLN. ORAL | \$ 0.42 | \$ 6.00 |
| J7613 | Albuterol Sul 2.5mg/3mL SOLN | \$ 1.17 | \$ 12.50 |
| J7626 | Budesonide 0.5mg/2mL INH SUSP | \$ 9.75 | \$ 10.00 |
| J8501 | Levofloxacin Tab 500 MG 50 CT | \$ 3.40 | \$ 16.00 |
| Q0091 | Pap Smear | \$ 74.00 | \$ 97.00 |
| Q0163 | Diphenhydramine 25mg CAP | \$ 0.02 | \$ 5.00 |
| S3620 | NEWBORN METABOLIC SCREENING PANEL | \$ 5.00 | \$ 127.00 |
| S4993 | Birth Control Pills - Trinessa (28 tabs) | \$ 27.90 | \$ 35.00 |
| S4993 | Emergency Birth Control - Plan B | \$ 32.07 | \$ 35.00 |
| S4993 | NEW DAY TAB 1.5MG 1 NSTR@ | \$ 32.83 | \$ 35.00 |
| T1013 | Sign Lang/Oral Interpreter | \$ 23.00 | \$ 39.00 |
| 11305 | SHAVE S-N-H <0.5 CM | \$ 170.00 | \$ 172.00 |

Questions?

*Motion to Approve Clinical Master Fee Schedule,
as presented.*



| CPTCODE | Description | Fee |
|---------|--------------------------------------------------------|-------------|
| 10060 | I&D Abscess | \$ 426.00 |
| 10061 | I&D ABSCESS COMP/MULTIPLE | \$ 941.00 |
| 10080 | DRAINAGE OF PILONIDAL CYST | \$ 908.00 |
| 10081 | I&D PILONIDAL CYST COMP | \$ 1,830.00 |
| 10120 | Foreign Body- SKIN- Simple | \$ 599.00 |
| 11104 | PUNCH BX SKIN SINGLE LESION | \$ 248.00 |
| 11105 | PUNCH BX SKIN EA SEP/ADDL | \$ 126.00 |
| 11106 | INCAL BX SKN SINGLE LES | \$ 273.00 |
| 11200 | REMOVAL OF SKIN TAGS | \$ 180.00 |
| 11300 | SHAVE TRUNK <0.5 CM | \$ 214.00 |
| 11301 | SHAVE TRUNK 0.6-1 CM | \$ 252.00 |
| 11302 | SHAVE TRUNK 1.1-2 CM | \$ 275.00 |
| 11303 | SHAVE TRUNK >2 CM | \$ 317.00 |
| 11305 | SHAVE S-N-H <0.5 CM | \$ 1,765.00 |
| 11306 | SHAVE S-N-H 0.6-1 CM | \$ 214.00 |
| 11307 | SHAVE S-N-H 1.1-2 CM | \$ 251.00 |
| 11308 | SHAVE S-N-H >2 CM | \$ 253.00 |
| 11310 | SHAVE F-E-E-N-L-M <0.5 CM | \$ 242.00 |
| 11311 | SHAVE F-E-E-N-L-M 0.6-1 CM | \$ 276.00 |
| 11312 | SHAVE F-E-E-N-L-M 1-2 CM | \$ 287.00 |
| 11313 | SHAVE F-E-E-N-L-M >2 CM | \$ 340.00 |
| 11730 | REMOVAL OF NAIL PLATE | \$ 297.00 |
| 11732 | REMOVE NAIL PLATE- ADD-ON | \$ 114.00 |
| 11750 | REMOVAL OF NAIL BED | \$ 555.00 |
| 11900 | INJECTION INTO SKIN LESIONS | New Fee |
| 11981 | Implant - Insertion | \$ 315.00 |
| 11982 | Implant - Removal | \$ 326.00 |
| 11983 | Implant Removal and Reinsertion | \$ 497.00 |
| 12001 | Laceration repair- simple (site- size): 2.5 cm or less | \$ 551.00 |
| 15780 | ABRASION TREATMENT OF SKIN | New Fee |
| 15851 | REMOVAL OF SUTURES | \$ 164.00 |
| 16000 | Burn Care- Initial | \$ 404.00 |
| 17110 | DESTRUCT LESION- 1-14 | \$ 305.00 |
| 17111 | DESTRUCT LESION- 15 OR MORE | \$ 305.00 |
| 20610 | DRAIN/INJECT- JOINT/BURSA | \$ 343.00 |
| 36415 | Collection of Venous Blood | \$ 24.00 |
| 36416 | Collection of Capillary Blood | \$ 23.00 |
| 41899 | DENTAL SURGERY PROCEDURE | \$ 286.00 |
| 57410 | PELVIC EXAMINATION | \$ 296.00 |
| 58300 | IUD Insertion | \$ 280.00 |
| 58301 | IUD Removal | \$ 267.00 |
| 69209 | Cerumen removal w/o instrument | \$ 49.00 |
| 69210 | Cerumen removal w/ instrument | \$ 137.50 |

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|-------|--------------------------------------|-----------|
| 71046 | X-RAY EXAM CHEST 2 VIEWS | \$ 131.00 |
| 72040 | X-RAY EXAM OF NECK SPINE | \$ 125.00 |
| 76376 | 3D RENDER W/O POSTPROCESS | \$ 23.58 |
| 80048 | BASIC METABOLIC PANEL | \$ 56.00 |
| 80051 | ELECTROLYTE PANEL | \$ 53.00 |
| 80053 | COMPREHEN METABOLIC PANEL | \$ 95.00 |
| 80061 | LIPID PANEL | \$ 137.00 |
| 80069 | RENAL FUNCTION PANEL | \$ 75.00 |
| 80074 | Acute Hepatitis Panel w/reflex | \$ 592.00 |
| 80076 | Hepatic Function Panel (Liver Panel) | \$ 48.00 |
| 80305 | DRUG TEST PRSMV DIR OPT OBS | \$ 55.00 |
| 81001 | URINALYSIS- AUTO W/SCOPE | \$ 41.00 |
| 81002 | UA Dipstick | \$ 21.00 |
| 81025 | Urine Pregnancy Test | \$ 40.00 |
| 82040 | ASSAY OF SERUM ALBUMIN | \$ 22.00 |
| 82044 | Microalbumin | \$ 23.00 |
| 82150 | ASSAY OF AMYLASE | \$ 52.00 |
| 82247 | BILIRUBIN- TOTAL | \$ 32.00 |
| 82248 | BILIRUBIN- DIRECT | \$ 35.00 |
| 82270 | Hemoccult - Clia | \$ 25.00 |
| 82310 | ASSAY OF CALCIUM | \$ 29.00 |
| 82374 | ASSAY- BLOOD CARBON DIOXIDE | \$ 10.00 |
| 82435 | ASSAY OF BLOOD CHLORIDE | \$ 11.00 |
| 82465 | Cholesterol Serum Whole Blood Total | \$ 34.00 |
| 82565 | ASSAY OF CREATININE | \$ 31.00 |
| 82947 | Glucose Quantitative Blood | \$ 24.00 |
| 83036 | Hemoglobin Glycosylated A1c | \$ 83.00 |
| 83540 | ASSAY OF IRON | \$ 42.00 |
| 83655 | Lead - Clia | \$ 53.00 |
| 83690 | ASSAY OF LIPASE | \$ 59.00 |
| 83718 | ASSAY OF LIPOPROTEIN | \$ 41.00 |
| 83721 | ASSAY OF BLOOD LIPOPROTEIN | \$ 37.00 |
| 83735 | ASSAY OF MAGNESIUM | \$ 60.00 |
| 83986 | ASSAY OF BODY FLUID ACIDITY | \$ 15.00 |
| 84075 | ASSAY ALKALINE PHOSPHATASE | \$ 23.00 |
| 84100 | ASSAY OF PHOSPHORUS | \$ 35.00 |
| 84132 | ASSAY OF SERUM POTASSIUM | \$ 28.00 |
| 84155 | ASSAY OF PROTEIN | \$ 20.00 |
| 84295 | ASSAY OF SERUM SODIUM | \$ 30.00 |
| 84450 | TRANSFERASE (AST) (SGOT) | \$ 38.00 |
| 84460 | ALANINE AMINO (ALT) (SGPT) | \$ 44.00 |
| 84478 | ASSAY OF TRIGLYCERIDES | \$ 40.00 |
| 84520 | ASSAY OF UREA NITROGEN | \$ 22.00 |
| 84550 | ASSAY OF BLOOD/URIC ACID | \$ 45.00 |

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| 85014 | HEMOCULT | \$ 12.00 |
| 85018 | Hemoglobin - Clia | \$ 23.00 |
| 85025 | COMPLETE CBC W/AUTO DIFF WBC | \$ 46.00 |
| 85027 | COMPLETE CBC- AUTOMATED | \$ 45.00 |
| 86141 | C-REACTIVE PROTEIN- HS | \$ 72.00 |
| 86308 | Mononucleosis | \$ 29.00 |
| 86317 | Hepatitis B surface Ab- quantitative | \$ 66.00 |
| 86403 | Strep A | \$ 39.00 |
| 86480 | Quantiferon | \$ 325.00 |
| 86580 | Tuberculosis Skin Testing | \$ 32.90 |
| 86592 | RPR- non treponemal qualitative | \$ 50.00 |
| 86593 | RPR titer- non-treponemal quantitative | \$ 50.00 |
| 86701 | HIV-1ANTIBODY | \$ 46.00 |
| 86702 | HIV-2 antibody (Multispot) | \$ 126.00 |
| 86703 | HIV-1 and HIV-2 antibody- single result (EIA) | \$ 65.00 |
| 86704 | HEP B CORE ANTIBODY- TOTAL | \$ 123.00 |
| 86705 | HEP B CORE ANTIBODY- IGM | \$ 121.00 |
| 86706 | Hepatitis B surface Ab- qualitative | \$ 89.00 |
| 86708 | HEP A ANTIBODY- TOTAL | \$ 140.00 |
| 86709 | HEP A ANTIBODY- IGM | \$ 85.00 |
| 86769 | SARS-COV-2 COVID-19 ANTIBODY | \$ 77.00 |
| 86780 | Syphilis IgG antibody (treponemal) | \$ 71.00 |
| 86803 | Hep C- Rapid- Oraquick | \$ 148.00 |
| 87071 | Gonorrhea Culture- Isolation and Presumptive Identification | \$ 120.00 |
| 87077 | N. gonorrhoeae Culture- Confirmatory Identification | \$ 151.00 |
| 87210 | Smear- Wet Mount for Inf Agents | \$ 23.00 |
| 87340 | HEPATITIS B SURFACE AG- EIA | \$ 87.00 |
| 87389 | HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result | \$ 126.00 |
| 87390 | HIV-1 AG- EIA | \$ 80.00 |
| 87490 | CHYLM D TRACH- DNA- DIR PROBE | \$ 91.00 |
| 87491 | Chlamydia- Detection by Amplified Probe Technique | \$ 120.00 |
| 87521 | HEPATITIS C- RNA- AMP PROBE | \$ 487.00 |
| 87522 | HEPATITIS C- RNA- QUANT | \$ 608.00 |
| 87536 | HIV-1- DNA/RNA- QUANT | \$ 489.00 |
| 87563 | M. GENITALIUM AMP PROBE | \$ 139.00 |
| 87591 | Neisseria gonorrhoeae- Detection by Amplified Probe Technique | \$ 121.00 |
| 87624 | HPV (AMP) | \$ 148.00 |
| 87661 | TRICHOMONAS VAGINALIS AMPLIF | \$ 135.00 |
| 87804 | Influenza - Clia | \$ 43.00 |
| 87806 | HIV - 1/2 | \$ 83.00 |
| 87807 | RSV - Clia | \$ 43.00 |
| 87808 | Trichomonas Vaginalis - Clia | \$ 48.00 |
| 87905 | SNHD Bacterial Vaginosis | \$ 40.00 |
| 88150 | Pap Smear | \$ 65.00 |

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| 88164 | Cytopathology- slides- cervical or vaginal/V- MANUAL | \$ 77.00 |
| 90380 | Respiratory syncytial virus (RSV) monoclonal antibody | \$ 941.00 |
| 90381 | Respiratory syncytial virus (RSV) monoclonal antibody | \$ 941.00 |
| 90382 | RSV - Enflonsia PFS | \$ 941.00 |
| 90460 | IMADM ANY ROUTE 1ST VAC/TOX | \$ 57.00 |
| 90461 | INADM ANY ROUTE ADDL VAC/TOX | \$ 41.00 |
| 90471 | Admin Fee 1st Vaccine | \$ 60.00 |
| 90472 | Admin Fee Each Additional Vaccine (IM or SQ) | \$ 37.00 |
| 90480 | ADMN SARSCOV2 VACC 1 DOSE | \$ 40.00 |
| 90611 | JYNNEOS | \$ 280.00 |
| 90619 | Meningococcal MenACWY MenQuadfi | \$ 309.00 |
| 90620 | Meningococcal (MenB-4C-Bexsero) | \$ 381.00 |
| 90621 | Meningococcal (MenB-FHbhp- Trumenba) | \$ 345.00 |
| 90622 | Influenza- High Dose Seasonal | \$ 87.00 |
| 90625 | Cholera- live oral | \$ 431.00 |
| 90632 | Hepatitis A (Adult) VAQTA | \$ 164.00 |
| 90633 | Hepatitis A (Child) VAQTA | \$ 92.00 |
| 90636 | Hepatitis A & B (Twinrix) | \$ 233.00 |
| 90644 | Meningococcal C/Y-HIB PRP | \$ 12.00 |
| 90647 | Hib PRP-OMP | \$ 74.00 |
| 90648 | Hib PRP-T | \$ 67.00 |
| 90649 | H PAPILOMA VACC 3 DOSE IM | \$ 276.00 |
| 90650 | HPV TYP BIVAL 3 DOSE IM | \$ 308.00 |
| 90650 | HPV- bivalent | \$ 308.00 |
| 90651 | HPV9- Gardasil | \$ 483.00 |
| 90653 | Fluad TIV (2025-2026) | \$ 111.00 |
| 90661 | Flucelvax TIV Pre-Filled syringe (2025-2026) | \$ 66.00 |
| 90670 | Pneumococcal (Pevnar 13) | \$ 424.00 |
| 90671 | PCV15 (Vaxneuvance) | \$ 465.00 |
| 90672 | Influenza-live- intranasal- quadrivalent | \$ 62.00 |
| 90675 | Rabies | \$ 647.00 |
| 90677 | PCV20 (Pevnar 20) | \$ 542.00 |
| 90678 | Respiratory syncytial virus (RSV)- vaccine- bivalent | \$ 536.00 |
| 90679 | RSV Vaccine | \$ 470.00 |
| 90680 | Rotavirus- Pentavalent | \$ 202.00 |
| 90681 | Rotavirus- Monovalent (Rotarix) | \$ 259.00 |
| 90684 | PCV21 VACCINE IM | \$ 344.00 |
| 90687 | Influenza- Quad Inj Prsve 0.25 (1 dose) | \$ 40.00 |
| 90691 | Typhoid- ViCPs | \$ 226.00 |
| 90694 | VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM | \$ 105.00 |
| 90696 | DTAP-IPV VACCINE Quadracel | \$ 137.00 |
| 90697 | DTAP-IPV-HIB-HEPB VACCINE IM | \$ 281.00 |
| 90698 | DTaP- Hib- IPV (Pentacel) | \$ 218.00 |
| 90700 | DTaP - Daptacel | \$ 74.00 |

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| 90702 | DT | \$ 120.00 |
| 90707 | MMR | \$ 170.00 |
| 90710 | MMRV | \$ 468.00 |
| 90713 | Polio (IPV) | \$ 82.00 |
| 90714 | Td Grifols | \$ 74.00 |
| 90715 | Tdap Boostrix | \$ 104.00 |
| 90716 | Varicella (chicken pox) | \$ 283.00 |
| 90717 | Yellow Fever | \$ 325.00 |
| 90723 | DTaP-Hep B- IPV (Pediarix) | \$ 201.00 |
| 90732 | Pneumococcal (Pneumovax 23) | \$ 238.00 |
| 90734 | Meningococcal (MCV4) Menactra | \$ 277.00 |
| 90738 | Japanese encephalitis IM | \$ 520.00 |
| 90739 | HEP B VACC ADULT 2 DOSE IM | \$ 280.00 |
| 90744 | Hepatitis B (Child) | \$ 82.00 |
| 90746 | Hepatitis B (Adult) | \$ 170.00 |
| 90747 | Hepatitis B (Recombinant) 40mcg/mL | \$ 289.00 |
| 90750 | Zoster- recombinant (Shingrix) | \$ 348.00 |
| 90756 | Flu- MDCK- W/Preservative Quad MDV | \$ 62.00 |
| 90791 | PSYCH DIAGNOSTIC EVALUATION | \$ 269.00 |
| 90792 | PSYCH DIAG EVAL W/MED SRVCS | \$ 365.00 |
| 90832 | PSYTX PT&/FAMILY 30 MINUTES | \$ 138.00 |
| 90833 | PSYTX PT&/FAM W/E&M 30 MIN | \$ 73.40 |
| 90834 | PSYTX PT&/FAMILY 45 MINUTES | \$ 176.00 |
| 90836 | PSYTX PT&/FAM W/E&M 45 MIN | \$ 93.04 |
| 90837 | PSYTX PT&/FAMILY 60 MINUTES | \$ 206.00 |
| 90838 | PSYTX PT&/FAM W/E&M 60 MIN | \$ 234.00 |
| 90839 | PSYTX CRISIS INITIAL 60 MIN | \$ 243.00 |
| 90840 | PSYTX CRISIS EA ADDL 30 MIN | \$ 117.00 |
| 90845 | PSYCHOANALYSIS | \$ 217.00 |
| 90846 | FAMILY PSYTX W/O PATIENT | \$ 104.35 |
| 90847 | FAMILY PSYTX W/PATIENT | \$ 107.97 |
| 90849 | MULTIPLE FAMILY GROUP PSYTX | \$ 36.99 |
| 90853 | GROUP PSYCHOTHERAPY | \$ 28.33 |
| 90865 | NARCOSYNTHESIS | \$ 174.16 |
| 90870 | ELECTROCONVULSIVE THERAPY | \$ 180.87 |
| 90880 | HYPNOTHERAPY | \$ 111.89 |
| 91304 | COVID-19 Novavax PFS | \$ 193.00 |
| 91319 | COVID-19 Pfizer (5yr - 11yr) | \$ 85.00 |
| 91320 | COVID-19 Pfizer 12+ | \$ 130.00 |
| 91321 | SPIKEVAX (COVID-19 Vaccine- mRNA)- Pediatric 6 MO - 11 years | \$ 176.00 |
| 91322 | SPIKEVAX COVID-19 Vaccine- 0.5 mL PFS 12Y and Up | \$ 169.00 |
| 92551 | Audiometry/screening test- pure tone- air only | \$ 42.00 |
| 92567 | TYMPANOMETRY | \$ 64.00 |
| 93000 | ECG w/interpretation | \$ 85.00 |

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| 93040 | ECG- Rhythm Strip | \$ 76.00 |
| 94010 | SPIROMETRY | \$ 135.00 |
| 94060 | Spirometry- Pre and Post | \$ 233.00 |
| 94640 | Nebulizer/Inhalation Treatment | \$ 59.00 |
| 94664 | Nebulizer - demo/eval of pt use | \$ 126.00 |
| 94760 | Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination | \$ 20.00 |
| 96110 | ASQ (developmental screening) | \$ 59.00 |
| 96127 | BRIEF EMOTIONAL/BEHAV ASSMT | \$ 22.00 |
| 96161 | CAREGIVER HEALTH RISK ASSMT | \$ 22.00 |
| 96372 | Therapeutic IM/SC Injection | \$ 65.00 |
| 96381 | ADMN RSV MONOC ANTB IM NJX | \$ 65.00 |
| 97597 | ACTIVE WOUND CARE/20 CM OR < | \$ 210.00 |
| 97598 | ACTIVE WOUND CARE > 20 CM | \$ 119.00 |
| 97802 | MEDICAL NUTRITION- INDIV- IN | \$ 73.00 |
| 97803 | MED NUTRITION- INDIV- SUBSEQ | \$ 62.00 |
| 97804 | MEDICAL NUTRITION- GROUP | \$ 55.00 |
| 98000 | SYNCH AUDIO-VIDEO NEW SF 15 | New Fee |
| 98001 | SYNCH AUDIO-VIDEO NEW LOW 30 | New Fee |
| 98002 | SYNCH AUDIO-VIDEO NEW MOD 45 | New Fee |
| 98003 | SYNCH AUDIO-VIDEO NEW HI 60 | New Fee |
| 98004 | SYNCH AUDIO-VIDEO EST SF 10 | New Fee |
| 98005 | SYNCH AUDIO-VIDEO EST LOW 20 | New Fee |
| 98006 | SYNCH AUDIO-VIDEO EST MOD 30 | New Fee |
| 98007 | SYNCH AUDIO-VIDEO EST HI 40 | New Fee |
| 98008 | SYNCH AUDIO-ONLY NEW SF 15 | New Fee |
| 98009 | SYNCH AUDIO-ONLY NEW LOW 30 | New Fee |
| 98010 | SYNCH AUDIO-ONLY NEW MOD 45 | New Fee |
| 98011 | SYNCH AUDIO-ONLY NEW HIGH 60 | New Fee |
| 98012 | SYNCH AUDIO-ONLY EST SF 10 | New Fee |
| 98013 | SYNCH AUDIO-ONLY EST LOW 20 | New Fee |
| 98014 | SYNCH AUDIO-ONLY EST MOD 30 | New Fee |
| 98015 | SYNCH AUDIO-ONLY EST HIGH 40 | New Fee |
| 98016 | BRIEF COMUNICAJ TECH-BSD SVC | \$ 16.00 |
| 98960 | SELF-MGMT EDUC & TRAIN- 1 PT | \$ 69.00 |
| 98961 | SELF-MGMT EDUC/TRAIN- 2-4 PT | \$ 68.00 |
| 98962 | SELF-MGMT EDUC/TRAIN- 5-8 PT | \$ 47.00 |
| 99000 | Collection of Other Lab Spec | \$ 22.00 |
| 99070 | Vandazole Vaginal Gel TUBE | \$ 135.43 |
| 99080 | SPECIAL REPORTS | \$ 30.00 |
| 99173 | Vision screen- Bilateral | \$ 28.00 |
| 99174 | Vision screen- bilateral- Instrument based with remote analysis and report | \$ 52.00 |
| 99177 | Vision screen- bilateral- Instrument based with on-site analysis | \$ 28.00 |
| 99188 | Fluoride Varnish Administered (Medical) | \$ 45.00 |
| 99202 | E&M New Outpatient - Expanded Problem Focused | \$ 175.00 |

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| 99203 | New Patient Detailed Problem Focused | \$ 281.00 |
| 99204 | E&M New Outpatient Comprehensive Problem | \$ 429.00 |
| 99205 | E&M New Outpatient- Very Comprehensive Problem Focused | \$ 568.00 |
| 99211 | E&M Established Outpatient - RN Only | \$ 68.00 |
| 99212 | E&M Established Outpatient - Problem Focused | \$ 129.00 |
| 99213 | E&M Established Outpatient Expanded Problem Focused | \$ 200.00 |
| 99214 | E&M Established Outpatient - Detailed Problem Focused | \$ 293.00 |
| 99215 | E&M Established Outpatient - Comprehensive Problem Focused | \$ 431.00 |
| 99242 | Office Consultation Level 2 | \$ 270.00 |
| 99243 | Office Consultation Level 3 | \$ 395.00 |
| 99244 | Office Consultation Level 4 | \$ 557.00 |
| 99245 | Office Consultation Level 5 | \$ 760.00 |
| 99341 | HOME V- NP FOCUSED | \$ 123.00 |
| 99342 | HOME V- NP EXPANDED | \$ 313.00 |
| 99344 | HOME V- NP COMREH | \$ 345.00 |
| 99345 | HOME V- NP HI COMP | \$ 391.00 |
| 99347 | HOME V- EP FOCUSED | \$ 107.00 |
| 99348 | HOME V- EP EXPANDED | \$ 337.00 |
| 99349 | HOME V- EP DETAILED | \$ 268.00 |
| 99350 | HOME V- EP COMPREHEN | \$ 377.00 |
| 99381 | Preventive Medicine- New patient- <1 Year Old | \$ 242.00 |
| 99382 | Preventive Medicine- New patient- 1-4 Years Old | \$ 253.00 |
| 99383 | Preventive Medicine- New patient- 5-11 Years Old | \$ 258.00 |
| 99384 | Preventive Medicine- New patient- 12-17 Years Old | \$ 283.00 |
| 99385 | Preventive Medicine- New patient- 18-39 Years Old | \$ 322.00 |
| 99386 | Preventive Medicine- New patient- 40-64 Years Old | \$ 354.00 |
| 99387 | Preventive Medicine- New patient- 65 Years Old | \$ 359.00 |
| 99391 | Preventive Medicine- Established patient- <1 Year Old | \$ 221.00 |
| 99392 | Preventive Medicine- Established patient- 1-4 Years Old | \$ 230.00 |
| 99393 | Preventive Medicine- Established patient- 5-11 Years Old | \$ 228.00 |
| 99394 | Preventive Medicine- Established patient- 12-17 Years Old | \$ 248.00 |
| 99395 | Preventive Medicine- Established patient- 18-39 Years Old | \$ 276.00 |
| 99396 | Preventive Medicine- Established patient- 40-64 Years Old | \$ 288.00 |
| 99397 | Preventive Medicine- Established patient- 65+ Years Old | \$ 303.00 |
| 99401 | Preventative- Risk Reduction Counseling- Approx 15 Min. | \$ 87.00 |
| 99402 | Preventative- Risk Reduction Counseling- Approx 30 Min. | \$ 160.00 |
| 99403 | Preventative- Risk Reduction Counseling- Approx 45 Min. | \$ 450.00 |
| 99404 | Preventative- Risk Reduction Counseling- Approx 60 Min. | \$ 198.00 |
| 99406 | Tobacco counseling/3-10 min | \$ 35.00 |
| 99407 | Tobacco counseling></div>10 min | \$ 68.00 |
| 99421 | OL DIG E/M SVC 5-10 MIN | \$ 93.02 |
| 99422 | OL DIG E/M SVC 11-20 MIN | \$ 93.02 |
| 99423 | OL DIG E/M SVC 21+ MIN | \$ 126.00 |
| 99492 | 1ST PSYC COLLAB CARE MGMT | \$ 157.75 |

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| 99494 | 1ST/SBSQ PSYC COLLAB CARE | \$ 64.23 |
| 99606 | Medications Management Therapy | \$ 41.00 |
| 99607 | Medications Management Therapy Addl 15min | \$ 41.00 |
| 99608 | Medications Management Therapy | \$ 41.00 |
| A4266 | Diaphragm Device | \$ 109.00 |
| A4267 | Condoms (Male) (1 pk = 12) | \$ 0.51 |
| A6250 | Antibiotic Ointment (Bacitracin Zinc) Packet | \$ 0.09 |
| A6250 | Silver Sulfadiazine 1% cream | \$ 0.27 |
| D0120 | PERIODIC ORAL EXAMINATION | \$ 44.00 |
| D0140 | LTD ORAL EVALUATION - PROBLEM FOCUS | \$ 43.00 |
| D0145 | ORAL EVALUATION- PT < 3YRS | \$ 41.00 |
| D0150 | COMP ORAL EVALUATION - NEW/EST PT | \$ 52.00 |
| D0190 | Screening of Patient | \$ 41.00 |
| D0191 | ASSESSMENT OF A PATIENT | \$ 44.00 |
| D0210 | INTRAORL - CMPL SERIES CODE 70320 | \$ 83.00 |
| D0220 | INTRAORL-PERIAPICAL 1 FILM 70300 | \$ 25.00 |
| D0230 | INTRAORL-PERIAPICAL EA ADD FILM | \$ 20.00 |
| D0240 | INTRAORAL - OCCLUSAL FILM | \$ 15.00 |
| D0270 | BITEWING - SINGLE FILM | \$ 12.00 |
| D0272 | BITEWINGS - TWO FILMS | \$ 28.00 |
| D0273 | BITEWINGS - THREE FILMS | \$ 41.00 |
| D0274 | BITEWINGS - FOUR FILMS | \$ 45.00 |
| D0601 | CARIES RISK ASSESS DOC FIND LOW RSK | \$ 5.00 |
| D0602 | CARIES RISK ASSESS DOC FIND MOD RSK | \$ 5.00 |
| D0603 | CARIES RISK ASSESS DOC FIND HI RSK | \$ 5.00 |
| D1110 | PROPHYLAXIS - ADULT | \$ 75.00 |
| D1120 | PROPHYLAXIS - CHILD | \$ 75.00 |
| D1206 | TOPICAL FLUORIDE VARNISH | \$ 53.00 |
| D1330 | ORAL HYGIENE INSTRUCTIONS | \$ 1.00 |
| D1351 | Dental Sealant - per tooth | \$ 37.00 |
| D1352 | PREV RSN REST MOD HIGH CARIES RISK | \$ 11.00 |
| D1353 | SEALANT REPAIR - PER TOOTH | \$ 25.00 |
| D1354 | INTERIM CARIES ARRESTING MED APPLIC | \$ 13.00 |
| D2330 | RESIN COMPOS - ONE SURFACE ANTERIOR | \$ 116.00 |
| D2331 | RESIN COMPOS - 2 SURFACES ANTERIOR | \$ 132.00 |
| D2332 | RESIN COMPOS - 3 SURFACES ANTERIOR | \$ 169.00 |
| D2335 | RSN COMPOS-4></div> SURF/W/INCISAL ANG | \$ 211.00 |
| D2391 | RESIN COMPOS - 1 SURFACE POSTERIOR | \$ 146.00 |
| D2392 | RESIN COMPOS - 2 SURFACES POSTERIOR | \$ 186.00 |
| D2393 | RESIN COMPOS - 3 SURFACES POSTERIOR | \$ 227.00 |
| D2394 | RESIN COMPOS - 4/MORE SURFACES POST | \$ 273.00 |
| D2740 | CROWN - PORCELAIN/CERAMIC SUBSTRATE | \$ 769.00 |
| D2751 | CROWN-PORCELN FUSD PREDOM BASE METL | \$ 755.00 |
| D2791 | CROWN - FULL CAST PREDOM BASE METL | \$ 328.00 |

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| D3110 | PULP CAP - DIRECT | \$ 53.00 |
| D3120 | PULP CAP - INDIRECT | \$ 56.00 |
| D3220 | TX PULPOT-CORONL DENTNOCEMENTL JUNC | \$ 138.00 |
| D4341 | Periodontal scaling & root | \$ 155.00 |
| D4342 | PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH | \$ 130.00 |
| D4346 | Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation | \$ 277.00 |
| D4355 | Full mouth debridement | \$ 112.00 |
| D4381 | Localized delivery of antimicrobial agent - per tooth | \$ 105.00 |
| D4910 | Periodontal maint procedures | \$ 103.00 |
| D5110 | COMPLETE DENTURE - MAXILLARY | \$ 1,103.00 |
| D5120 | COMPLETE DENTURE - MANDIBULAR | \$ 1,104.00 |
| D5130 | IMMEDIATE DENTURE - MAXILLARY | \$ 1,148.00 |
| D5140 | IMMEDIATE DENTURE - MANDIBULAR | \$ 1,149.00 |
| D5211 | MAX PARTIAL DENTURE - RESIN BASE | \$ 1,109.00 |
| D5212 | MAND PARTIAL DENTUR - RESIN BASE | \$ 1,111.00 |
| D5213 | MAX PART DENTUR-CAST METL W/RSN | \$ 1,172.00 |
| D5214 | MAND PART DENTUR- CAST METL W/RSN | \$ 1,175.00 |
| D5410 | ADJUST COMPLETE DENTURE - MAXILLARY | \$ 41.00 |
| D5411 | ADJUST COMPLETE DENTUR - MANDIBULAR | \$ 41.00 |
| D5421 | ADJUST PARTIAL DENTURE - MAXILLARY | \$ 41.00 |
| D5422 | ADJUST PARTIAL DENTURE - MANDIBULAR | \$ 41.00 |
| D5650 | ADD TOOTH EXISTING PARTIAL DENTURE | \$ 165.00 |
| D5750 | RELINE COMPLETE MAXILLARY DENTURE | \$ 266.00 |
| D5751 | RELINE COMPLETE MANDIBULAR DENTURE | \$ 266.00 |
| D5820 | INTERIM PARTIAL DENTURE | \$ 205.00 |
| D5821 | INTERIM PARTIAL DENTURE | \$ 205.00 |
| D7140 | EXTRAC ERUPTED TOOTH/EXPOSED ROOT | \$ 128.00 |
| D7210 | SURG REMOVAL ERUPTED TOOTH | \$ 201.00 |
| D9311 | Consultation with a Medical Health Care Professional | \$ 95.00 |
| D9430 | Office Visit for Observation (during regularly scheduled hours) | \$ 69.00 |
| D9991 | Dental Case Management - Addressing appointment compliance barriers | \$ 15.00 |
| D9992 | Dental Case Management - Care Coordination | \$ 31.00 |
| D9993 | Dental Case Management - Motivational Interviewing | \$ 15.00 |
| D9994 | Dental Case Management - patient education to improve oral health literacy | \$ 15.00 |
| G0008 | ADMN FLU VAC NO FEE SCHED SAME DAY | \$ 35.00 |
| G0009 | ADMN PNEUMCOC VAC NO FEE SCHED DAY | \$ 35.00 |
| G0010 | ADMN HEP B VAC NO FEE SCHD SAME DAY | \$ 35.00 |
| G0101 | CA Screen/Breast Exam | \$ 58.00 |
| G0102 | PROS CANCER SCR; DIGTL RECTAL EXAM | \$ 25.00 |
| G0108 | DM OP SLF-MGMT TRN SRVC IND-30 MIN | \$ 58.00 |
| G0109 | DM SLF-MGMT TRN SRVC GRP-30 MIN | \$ 16.00 |
| G0270 | MED NUT TX; REASSESS W/PT EA 15 MIN | \$ 34.00 |
| G0271 | MED NUT TX REASSESS GRP EA 30 MIN | \$ 18.00 |
| G0344 | Welcome to Medicare Exam | \$ 275.00 |

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| G0366 | ECG w/ Welcome to Medicare exam | \$ 29.00 |
| G0402 | INIT PREV PE LTD DUR 1ST 12 MOS MCR | \$ 176.00 |
| G0410 | GRP PSYCH NOT FAM PAR HOS 45-50 MIN | New Fee |
| G0438 | ANNUAL WELLNES VST; PERSNL PPS INIT | \$ 176.00 |
| G0439 | ANNUAL WELLNESS VST; PPS SUBSQVT VST | \$ 139.00 |
| G0444 | ANNUAL DEPRESSION SCREENING 15 MIN | \$ 20.00 |
| G0446 | ANN F2F INT BEHV TX CV DZ IND 15 MN | \$ 28.00 |
| G0447 | Obesity Counseling (15 mins face-to-face) | \$ 60.00 |
| G0466 | FQHC VISIT NEW PATIENT | \$ 405.00 |
| G0467 | FQHC VISIT ESTABLISHED PATIENT | \$ 405.00 |
| G0468 | FQHC VISIT IPPE/AWV | \$ 405.00 |
| G0469 | FQHC VISIT MENTAL HEALTH NEW PT | \$ 310.00 |
| G0470 | FQHC VISIT MENTAL HEALTH ESTAB PT | \$ 310.00 |
| G2010 | Remot image submit by pt | \$ 14.00 |
| G2025 | Telehealth | \$ 97.00 |
| G8598 | Aspirin 325mg (ASA) | \$ 0.02 |
| H0002 | Alcohol and/or drug screenin | \$ 35.00 |
| H0033 | Other Preventive Medicine- Directly Observed Therapy | \$ 6.00 |
| J0131 | Acetaminophen 120mg SUPPOS. ORAL | \$ 0.33 |
| J0131 | Acetaminophen 160mg/5ml. LQ. ORAL | \$ 0.44 |
| J0131 | Acetaminophen 325mg CAP TAB. ORAL | \$ 0.01 |
| J0170 | Epinephrine 1mg/ml INJ. VIAL | \$ 15.40 |
| J0558 | Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit) | \$ 132.46 |
| J0561 | Bicillin 1.2 mil Long Acting | \$ 14.19 |
| J0561 | Bicillin 2.4 LA Long Acting | \$ 14.19 |
| J0561 | Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit) | \$ 14.19 |
| J0696 | Ceftriaxone 250mg/mL- IM | \$ 13.04 |
| J0696 | Ceftriaxone 500mg/mL- IM | \$ 14.57 |
| J1050 | Medroxyprogesterone 150mg/ml IM | \$ 59.42 |
| J1100 | Dexamethasone sodium phosphate 10mg/ml INJ | \$ 39.32 |
| J1100 | Dexamethasone sodium phosphate 4mg/ml INJ | \$ 12.84 |
| J1200 | Diphenhydramine HCl 50mg/mL Inj | \$ 0.86 |
| J1580 | Gentamicin 80 mg/ml 2ML | \$ 1.17 |
| J1741 | Ibuprofen 200mg CAP | \$ 0.06 |
| J1885 | Ketorolac tromethamine 30mg/mL INJ | \$ 1.85 |
| J1885 | Ketorolac tromethamine 60mg/2mL INJ | \$ 3.04 |
| J2020 | Linezolid 100/5ml | \$ 287.30 |
| J2020 | Pretomanid Tab 200 MG | \$ 647.78 |
| J2405 | Ondansetron 4mg/2mL INJ (the code is 1 unit) | \$ 0.49 |
| J2405 | Ondansetron ODT 4mg TAB | \$ 19.60 |
| J2550 | Promethazine HCl 25mg/mL (inj code is 50mg) | \$ 31.43 |
| J3301 | Triamcinolone acetonide 40mg/mL INJ (10mg per unit) | \$ 8.73 |
| J3420 | Vitamin B12 (Cyanocobalamin) 1000 mg INJ | \$ 7.69 |
| J3490 | Capastat Injectable (1gr = 10ml) | \$ 227.51 |

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| J3490 | Paser 4gm | \$ 6.85 |
| J7296 | Kyleena- 19.5 mg | \$ 1,272.00 |
| J7297 | IUD Device - Liletta | \$ 1,303.00 |
| J7298 | IUD Device - Mirena | \$ 1,272.00 |
| J7300 | IUD Device - Paragard | \$ 1,184.00 |
| J7301 | IUD Device - Skyla | \$ 1,059.00 |
| J7307 | Implant Device - Nexplanon | \$ 1,271.00 |
| J7510 | PREDNISOLONE 15mg/5mL SOLN. ORAL | \$ 0.42 |
| J7613 | Albuterol Sul 2.5mg/3mL SOLN | \$ 1.17 |
| J7620 | Iprat-Albut 0.5-3(2.5)mg/3mL | \$ 2.03 |
| J7620 | Ipratropium BR 0.02% SOLN | \$ 1.55 |
| J7626 | Budesonide 0.5mg/2mL INH SUSP | \$ 9.75 |
| J7627 | Budesonide 1mg/2mL INH SUSP | \$ 20.31 |
| J8499 | Avelox 400mg | \$ 32.15 |
| J8499 | Azithromycin 500mg | \$ 13.70 |
| J8499 | Cycloserine 250mg | \$ 68.75 |
| J8499 | Diphenhydramine 12.5mg/5ml LQ | \$ 0.02 |
| J8499 | Doxycycline 100mg | \$ 0.21 |
| J8499 | Ethambutol 100mg | \$ 8.43 |
| J8499 | Ethambutol 400 mg | \$ 1.16 |
| J8499 | Ethionamide 250 mg | \$ 5.83 |
| J8499 | Hurricane Gyno-Gel | \$ 7.61 |
| J8499 | Ibuprofen 100mg/5mL LQ ORAL | \$ 0.03 |
| J8499 | INH 300 MG 100CT | \$ 9.42 |
| J8499 | Isoniazid 100mg | \$ 0.13 |
| J8499 | Isoniazid 300mg | \$ 0.44 |
| J8499 | Levaquin 250mg | \$ 14.79 |
| J8499 | Levaquin 500mg | \$ 17.68 |
| J8499 | Levaquin 750mg | \$ 31.74 |
| J8499 | Linezolid 600mg Tab | \$ 151.05 |
| J8499 | Metronidazole 500 mg | \$ 5.71 |
| J8499 | Moxifloxacin 400 mg Tab | \$ 27.51 |
| J8499 | Mycobutin 150mg | \$ 15.40 |
| J8499 | Mylanta | \$ 0.09 |
| J8499 | Priftin 150mg | \$ 4.01 |
| J8499 | Pyrazinamide 500mg | \$ 2.52 |
| J8499 | Rifamate (rifampin and isoniazid) 150/300mg | \$ 62.53 |
| J8499 | Rifampin 150mg | \$ 17.42 |
| J8499 | Rifampin 300mg | \$ 14.42 |
| J8499 | Streptomycin 1 gram VIAL | \$ 82.24 |
| J8499 | TB Rifapentine 150mg | \$ 4.01 |
| J8499 | Vitamin B-6 25 MG | \$ 1.10 |
| J8499 | Vitamin B-6 50mg | \$ 0.02 |
| J8499 | Zyvox 600mg | \$ 11.28 |

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| J8501 | Levofloxacin Tab 500 MG 50 CT | \$ 3.40 |
| PHYEX | SNHD General Physical | \$ 91.00 |
| Q0091 | Pap Smear | \$ 74.00 |
| Q0144 | Zithromax 1 gm powder | \$ 123.50 |
| Q0163 | Diphenhydramine 25mg CAP | \$ 0.02 |
| Q3014 | TELEHEALTH ORIG SITE FACILITY FEE | \$ 77.00 |
| Q4026 | CAST SPL HIP SPICA ADULT FIBRGLS | \$2,100.00 |
| S3620 | NEWBORN METABOLIC SCREENING PANEL | \$ 5.00 |
| S4993 | Birth Control Pills - Trinessa (28 tabs) | \$ 27.90 |
| S4993 | Emergency Birth Control - Plan B | \$ 32.07 |
| S4993 | NEW DAY TAB 1.5MG 1 NSTR@ | \$ 32.83 |
| T1013 | Sign Lang/Oral Interpreter | \$ 23.00 |
| TBCB1 | TBCB1 CHARGE | \$ 100.00 |
| TBCB2 | TBCB2 CHARGE | \$ 200.00 |
| U0002 | Covid-19 lab test non-cdc | \$ 100.00 |