

PCHC Procedure Price List

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Evaluation Services - Office, Telehealth, Home, and Nursing Home		
Code	Description	Fee
99202	Office or other outpatient visit for the evaluation and management of a new patient,	\$171.00
99203	Office or other outpatient visit for the evaluation and management of a new patient	\$265.00
99204	Office or other outpatient visit for the evaluation and management of a new patient,	\$395.00
99205	Office or other outpatient visit for the evaluation and management of a new patient,	\$521.00
99211	Office or other outpatient visit for the evaluation and management of an established patient	\$44.00
99212	Office or other outpatient visit for the evaluation and management	\$133.00
99213	Office or other outpatient visit for the evaluation and management	\$214.00
99214	Office or other outpatient visit for the evaluation and management of an established patient	\$303.00
99215	Office or other outpatient visit for the evaluation and management of an established patient,	\$425.00
99305	Initial nursing facility care, per day for eval and management of a patient which requires these three key components. comprehensive	\$318.00
99306	Initial nursing facility care, per day, for the evaluation and management, comprehensive, high complexity	\$436.00
99307	Subsequent nursing facility car, per day, for the eval and management, problem focused, straightforward medical decision making	\$94.00
99308	Subsequent nursing facility care, per day, for the eval and management	\$177.00
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, detailed, and moderate complexity	\$254.00
99310	Subsequent nursing facility care, per day, for the eval and management of a patient, comprehensive history, high complexity	\$366.00
99315	Nursing facility discharge day management; 30 minutes or less	\$195.00
99316	Nursing facility discharge day management; more than 30 minutes	\$314.00
99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; st	\$116.00
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem foc	\$183.00
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision	\$305.00

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Evaluation Services - Office, Telehealth, Home, and Nursing Home		
Code	Description	Fee
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medica	\$445.00
99381	Preventive Exam, New Patient Under 1yr	\$258.00
99382	Preventive Exam, New Patient, 1-4yrs	\$269.00
99383	Preventive Exam, New Patient, 5-11 yrs	\$280.00
99384	Preventive Exam, New Patient, 12-17yrs	\$316.00
99385	Preventive Exam, New Patient, 18-39 yrs	\$307.00
99386	Preventive Exam, New Patient, 40-64yrs	\$354.00
99391	Preventive Exam, under 1 year	\$232.00
99392	Preventive Exam, 1-4yrs	\$248.00
99393	Preventive Exam, 5-11yrs	\$247.00
99394	Preventive Exam, 12-17yrs	\$270.00
99395	Preventive Exam, 18-39yrs	\$276.00
99396	Preventive Exam, 40-64yrs	\$294.00
99397	Preventive Exam, 65 and older	\$316.00
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	\$91.00
99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor le	\$154.00
99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor le	\$226.00
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elemen	\$184.00
99212-ITV	Office or other outpatient visit for the evaluation and management	\$133.00
99213-ITV	Office or other outpatient visit for the evaluation and management	\$214.00
99214-ITV	Office or other outpatient visit for the evaluation and management of an established patient	\$303.00
99215-ITV	Office or other outpatient visit for the evaluation and management of an established patient,	\$425.00
99309-ITV	Subsequent nursing facility Care per day for the evaluation and management of a patient detailed and moderate	\$254.00
99310-ITV	Subsequent nursing facility care for the evaluation and management of a patient comprehensive history high complexity	\$366.00
G0438	Wellness Visit for Medicare	\$394.00

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Evaluation Services - Office, Telehealth, Home, and Nursing Home		
Code	Description	Fee
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	\$307.00
G0466	FQHC visit, new patient	\$391.00
G0467	FQHC visit, established patient	\$270.00
G0467-2	FQHC visit, established patient, Home Visit	\$312.00
G0467-4	FQHC visit, established patient, SNF	\$270.00
G0468	FQHC visit, IPPE or AWV	\$391.00
G0470	FQHC visit, mental health, established patient	\$297.00
G0470-2	FQHC visit, mental health, established patient, telehealth	\$297.00
G2025	FQHC Telehealth Encounter	\$270.00
SPORTS PE	Sports Physical	\$47.00
Mental Health Services - In Office and Telehealth		
Code	Description	Fee
90785	Psychiatric Interactive Complexity	\$36.00
90791	Psychiatric Diagnostic Evaluation	\$424.00
90792	Psychiatric diagnostic evaluation with medical services	\$474.00
90832	Psychotherapy, 30 minutes with patient and/or family member	\$184.00
90834	Psychotherapy, 45 minutes with patient and/or family	\$243.00
90837	Psychotherapy, 60 minutes with patient and/or family member	\$358.00
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	\$244.00
90853	Group psychotherapy (other than of a multiple-family group)	\$65.00
90791-ITV	Psychiatric Diagnostic Evaluation	\$424.00
90792-ITV	Psychiatric diagnostic evaluation with medical services	\$474.00
90832-ITV	Psychotherapy, 30 minutes with patient and/or family member	\$184.00
90834-ITV	Psychotherapy, 45 minutes with patient and/or family	\$243.00
90837-ITV	Psychotherapy, 60 minutes with patient and/or family member	\$358.00
90846-ITV	Family psychotherapy (without the patient present)	\$234.00
90847-ITV	Family psychotherapy (conjoint psychotherapy) (with patient present)	\$244.00
90853-ITV	Group psychotherapy (other than of a multiple-family group)	\$65.00
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	\$0.00
96127	Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale), with scoring and documentation, per standardized instrument	\$0.00
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	\$158.00
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	\$54.00
H2000CLU	Comprehensive Assessment per 1/4 hr	\$25.73
H2030	Mental health clubhouse services, per 15 minutes	\$8.67

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Surgeries and Procedures- Minor and Major		
Code	Description	Fee
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$296.00
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	\$167.00
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	\$238.00
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	\$294.00
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	\$364.00
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	\$215.00
11421	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	\$377.00
11720	Debridement of nail(s) by any method(s); one to five	\$77.00
11721	Debridement of nail(s) by any method(s); six or more	\$105.00
11750	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;	\$376.00
11981	Insertion, non-biodegradable drug delivery implant	\$293.00
11982	Removal, non-biodegradable drug delivery implant	\$326.00
11983	Removal with reinsertion, non-biodegradable drug delivery implant	\$479.00
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$220.00
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	\$267.00
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular	\$158.00
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular	\$16.00
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular	\$312.00
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of flat warts, molluscum contagiosum, or milia; up to 14 lesions	\$422.00
20550	Injection; tendon sheath, ligament, ganglion cyst	\$137.00

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Surgeries and Procedures- Minor and Major		
Code	Description	Fee
20605	Arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	\$130.00
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	\$152.00
58300	Insertion of intrauterine device (IUD)	\$261.00
58301	Removal of intrauterine device (IUD)	\$260.00
69209	Removal impacted cerumen using irrigation/lavage, unilateral	\$35.00
69209B	Removal impacted cerumen using irrigation/lavage, bilateral	\$55.00
69210	Removal impacted cerumen with curette, unilateral	\$112.00
69210B	Removal impacted cerumen with curette, bilateral	\$170.00
X-Ray Services		
Code	Description	Fee
71046	Radiologic examination, chest, 2 views	\$79.00
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views	\$99.00
72050	Radiologic examination, spine, cervical; minimum of four views	\$124.00
72072	Radiologic examination, spine; thoracic, three views	\$92.00
72100	Radiologic examination, spine, lumbosacral; two or three views	\$93.00
72220	Radiologic examination, sacrum and coccyx, minimum of two views	\$76.00
73030	Radiologic examination, shoulder; complete, minimum of two views	\$81.00
73080	Radiologic examination, elbow; complete, minimum of three views	\$76.00
73090	Radiologic examination; forearm, two views	\$68.00
73110	Radiologic examination, wrist; complete, minimum of three views	\$95.00
73130	Radiologic examination, hand; minimum of three views	\$86.00
73140	Radiologic examination, finger(s), minimum of two views	\$88.00
73502	Radiologic examination, hip, unilateral, with pelvis when performed, 2-3 views	\$109.00
73522	Radiologic examination, hip, bilateral, with pelvis when performed; 3-4 views	\$125.00
73560	Radiologic examination, knee; one or two views	\$80.00
73564	Radiologic examination, knee; complete, four or more views	\$109.00
73590	Radiologic examination; tibia and fibula, two views	\$74.00
73600	Radiologic examination, ankle; two views	\$76.00
73610	Radiologic examination, ankle; complete, minimum of three views	\$86.00
73630	Radiologic examination, foot; complete, minimum of three views	\$80.00
73650	Radiologic examination; calcaneus, minimum of two views	\$67.00
73660	Radiologic examination; toe(s), minimum of two views	\$68.00
74018	Radiologic examination, abdomen; 1 view	\$70.00
74019	Radiologic examination, abdomen; 2 views	\$87.00

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Lab Services		
Code	Description	Fee
36415	Routine venipuncture or finger/heel/ear stick for collection of specimen(s)	\$5.00
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$5.00
80048	Basic metabolic panel This panel must include the following: Calcium (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (\$24.00
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Hemogram, automated, and manual differential WBC count (CBC) (85022) OR Hemogram and platelet count, a	\$108.00
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) G	\$29.00
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	\$37.00
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorgani	\$24.00
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alani	\$23.00
80305	Drug test(s), presumptive, any number of drug calsses, any number of devices or procedures (eg. immunoassay); capable of being read by direct observation only (eg, dipsticks, cups, cards, cartridges)	\$32.00
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, w	\$9.00
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, w	\$6.00
81025	Urine pregnancy test, by visual color comparison methods	\$22.00
82043	Albumin; urine, microalbumin, quantitative	\$16.00
82248	Bilirubin; direct	\$14.00
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	\$44.00
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	\$82.00
82550	Creatine kinase (CK), (CPK); total	\$18.00
82565	Creatinine; blood	\$14.00

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Lab Services		
Code	Description	Fee
82607	Cyanocobalamin (Vitamin B-12);	\$42.00
82728	Ferritin	\$38.00
82947	Glucose; quantitative, blood (except reagent strip)	\$11.00
82977	Glutamyltransferase, gamma (GGT)	\$20.00
83036	Hemoglobin; glycated	\$27.00
83540	Iron	\$18.00
83550	Iron binding capacity	\$24.00
83655	Lead	\$34.00
83690	Lipase	\$19.00
83721	Lipoprotein, direct measurement; direct measurement, LDL cholesterol	\$27.00
83735	Magnesium	\$19.00
84100	Phosphorus inorganic (phosphate);	\$13.00
84132	Potassium; serum	\$13.00
84153	Prostate specific antigen (PSA); total	\$51.00
84439	Thyroxine; free	\$25.00
84443	Thyroid stimulating hormone (TSH)	\$47.00
84450	Transferase; aspartate amino (AST) (SGOT)	\$14.00
84460	Transferase; alanine amino (ALT) (SGPT)	\$15.00
84550	Uric acid; blood	\$13.00
84703	HCG Serum	\$21.00
85014	Blood count; other than spun hematocrit	\$7.00
85018	Blood count; hemoglobin	\$12.00
85025	Blood count; hemogram and platelet count, automated, and automated complete differential WBC count (CBC)	\$22.00
85027	Blood count; hemogram and platelet count, automated	\$18.00
85610	Prothrombin time	\$11.00
85651	Sedimentation rate, erythrocyte; non-automated	\$11.00
85652	Sedimentation rate, erythrocyte; automated	\$8.00
86308	Heterophile antibodies; screening, Mono	\$14.00
86580	Skin test; PPD, intradermal	\$23.00
87070	Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates	\$24.00
87088	Culture, bacterial; with isolation and presumptive identification of isolates, urine	\$22.00
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	\$19.00
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	\$12.00
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	\$88.00
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	\$88.00

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Lab Services		
Code	Description	Fee
87635	COVID-19/SARS-CoV-2 RT-PCR, Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe tech	\$128.00
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory s	\$357.00
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	\$88.00
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	\$88.00
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	\$41.00
87806	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	\$82.00
G0475	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	\$82.00
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	\$103.00
87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A	\$41.00
88720	Bilirubin, total, transcutaneous	\$16.00
G0103	Prostate cancer screening; prostate specific antigen test (psa), total	\$51.00
G0328	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations.	\$45.00
Vaccines		
Code	Description	Fee
90471	Immunization administration (includes percutaneous, intradermal,	\$27.00
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in add	\$25.00
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	\$180.00
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	\$83.00
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	\$450.00
90686	Influenza (FluLaval) quadrivalent preservative-free flu shot, ages 6mo+, 0.5mL	\$23.00
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use	\$100.00
90714	Tetanus and Diphtheria toxoids (Td) absorbed, preservative free, for use in individuals 7 years or older, for intramuscular use	\$80.00
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use	\$97.00

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Vaccines		
Code	Description	Fee
90732	inj, pneumococcal vaccine, purchased	\$334.00
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	\$176.00
90750	Zoster (shingles Shingrix) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	\$422.00
91312	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (Gray Cap	\$0.00
91315	Pfizer BioN-Tech COVID-19 Vaccine Bivalent Booster- 5 to 11 years old	\$0.00
90471S	Immunization administratoin STATE SUPPLIED	\$21.58
90472S	Immunization admin subsequent doses STATE SUPPLIED	\$21.58
90473S	State-Supplied Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	\$21.58
90474S	STATE SUPPLIED mmunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$21.58
90619S	Meningococcal [Groups A, C, Y, W] Conjugate Vaccine, Solution for Intramuscular Injection (MenQuadfl)	\$0.00
90620S	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2 dose schedule, for intramuscular use	\$0.00
90632S	STATE SUPPLIED Hepatitis A Vaccine (HepA), adult dosage, for intramuscular use	\$0.00
90633S	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	\$0.00
90647S	Injection, STATE SUPPLIED Hib PRP-OMP conj. 3 dose	\$0.00
90648S	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	\$0.00
90651S	State-Supplied HPV9 vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use	\$0.00
90670S	STATE-SUPPLIED Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	\$0.00
90671S	Vaxneuvance PCV15 State Supplied	\$0.00
90681S	ROTARIX vaccine, human, attenuated, 2 dose schedule, live, for oral use	\$0.00
90686s	State-Supplied Influenza (FluLaval) quadrivalent preservative-free flu shot, ages 6mo+, 0.5mL	\$0.00
90696S	StateSupplied Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular u	\$0.00
90697S	Vaxelis STATE (DTaP-IPV-HepB-Hib) SD Syringe	\$0.00
90698S	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	\$0.00
90700S	Injection, d DTaP STATE SUPPLIED	\$0.00

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Vaccines		
Code	Description	Fee
90707S	Injection- STATE SUPPLIED MMR	\$0.00
90710S	MMR and Varicella STATE SUPPLIED	\$0.00
90713S	Injection STATE SUPPLIED IPV	\$0.00
90715S	State supplied TDAP	\$0.00
90716S	Injection STATE SUPPLIED varicella	\$0.00
90734S	Menigococcal vaccine	\$0.00
90744S	Injection STATE SUPPLIED Hep B adolescent	\$0.00
0124A	Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Gray Cap) Administration Booster Dose	\$40.00
0154A	Pfizer BioN-Tech COVID-19 Vaccine Bivalent Booster- 5 to 11 years old Admin Fee	\$40.00
0173A	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) Administration - Third dose	\$40.00
G0008	Administration of flu vaccine - FQHC	\$27.00
G0008SL	Administration of state-supplied flu vaccine FQHC	\$21.58
G0009	Administration of pneumococcal vaccine, FQHC	\$27.00
G0009S	Administration of state-supplied pneumococcal vaccine, FQHC	\$21.58
Speech and Audiology Services and Supplies		
Code	Description	Fee
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	\$184.00
92522	Evaluation of speech sound production (eg., articulation, phonological process, apraxia, dysarthria)	\$268.00
92523	Evaluation of speech sound production (eg., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg., receptive and expressive language)	\$549.00
92551	Screening test, pure tone, air only	\$27.00
92552	Pure tone audiometry (threshold); air only	\$81.00
92553	Pure tone audiometry (threshold); air and bone	\$77.00
92555	Speech audiometry threshold;	\$63.00
92556	Speech audiometry threshold; with speech recognition	\$97.00
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	\$89.00
92567	Tympanometry (impedance testing)	\$39.00
92579	Visual reinforcement audiometry (VRA)	\$108.00
92582	Conditioning play audiometry	\$188.00
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	\$52.00
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$218.00
92626	Evaluation of auditory rehabilitation status; first hour	\$209.00
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	\$280.00

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Speech and Audiology Services and Supplies		
Code	Description	Fee
92507-ITV	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$184.00
Earmolds	EarMolds	\$75.00
Hearclean	Hearing Aid Cleaner	\$10.00
TubesDom	Tubes & Domes	\$10.00
V5010	Assessment for hearing aid	\$0.00
V5011	Fitting/orientation/checking of hearing aid	\$0.00
V5160	Dispensing fee, binaural	\$179.00
V5241	Dispensing fee, monaural hearing aid, any type	\$126.00
V5257	Hearing aid, digital, monaural, bte	Varies by device
V5261	Hearing aid, digital, binaural, bte	Varies by device
V5266	Battery for use in hearing device	\$1.25
V5275	Ear impression, each	\$0.00
Waxguard	Wax Guard	\$8.00
Office Procedures - Includes Chiropractic and Osteopathic Manipulation Treatment		
Code	Description	Fee
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$35.00
94060	PFT Pre Post	\$114.00
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or inter	\$36.00
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	\$23.00
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; two or more injections	\$27.00
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	\$34.00
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps)	\$236.00
98925	Osteopathic manipulative treatment (OMT); one to two body regions involved	\$74.00
98926	Osteopathic manipulative treatment (OMT); three to four body regions involved	\$107.00
98927	Osteopathic manipulative treatment (OMT); five to six body regions involved	\$139.00
98928	Osteopathic manipulative treatment (OMT); seven to eight body regions involved	\$171.00
98929	Osteopathic manipulative treatment (OMT); nine to ten body regions involved	\$201.00

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Office Procedures - Includes Chiropractic and Osteopathic Manipulation Treatment		
Code	Description	Fee
98940	Chiropractic manipulative treatment (CMT); spinal, one to two regions	\$66.00
98941	Chiropractic manipulative treatment (CMT); spinal, three to four regions	\$96.00
98942	Chiropractic manipulative treatment (CMT); spinal, five regions	\$125.00
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions	\$63.00
99024	Postoperative follow-up visit, included in global service	\$0.00
99173	Screening test of visual acuity, quantitative, bilateral	\$7.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$45.00
99188	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$45.00
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	\$50.00
Physical Therapy		
Code	Description	Fee
97010	Application of a modality to one or more areas; hot or cold packs	\$15.00
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	\$30.00
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	\$34.00
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$71.00
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$65.00
97161	Physical therapy evaluation; low complexity	\$242.00
Medical Nutrition Therapy		
Code	Description	Fee
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$88.00
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$76.00
97802-ITV	Medical nutrition therapy; initial assessment, each 15 minutes	\$88.00
97803-ITV	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$76.00
Medical Supplies and DME		
Code	Description	Fee
A5500	Depth Shoe	\$268.00
A5514	Mult den insert dir carv/cam, For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total con	\$129.00
A9270	Non-covered item or service	\$58.00

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Medical Supplies and DME		
Code	Description	Fee
J0171	Injection, adrenalin, epinephrine, 0.1mg	\$10.00
J0696	Injection, ceftriaxone sodium, per 250 mg	\$18.00
J1030	Injection, methylprednisolone acetate, 40 mg	\$19.00
J1050	Injection, medroxyprogesterone acetate, 1 mg	\$1.00
J1094	Injection, dexamethasone acetate, 1 mg	\$3.00
J1885	Injection, Toradol, per 15 mg	\$9.00
J2315	Injection, naltrexone, depot form, 1 mg (Vivitrol)	\$5.00
J2405	Injection, ondansetron HCl, per 1 mg	\$0.50
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	\$14.00
J3301	Injection, triamcinolone acetonide, per 10mg	\$40.00
J3420	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	\$3.00
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	\$1,311.00
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	\$444.00
Dental Clinic Procedures		
Code	Description	Fee
D0120	Periodic oral evaluation	\$67.00
D1110	Prophylaxis-adult	\$111.00
D1206	Topical fluoride varnish	\$51.00
D0274	Bitewings-four films	\$76.00
D0140	Limited oral exam, problem focu	\$89.00
D0220	Intraoral-periapical-1st film	\$38.00
D1120	Prophylaxis-child	\$83.00
D7140	Extract,erupted th/exposed rt	\$207.00
D2391	Resin composite-1 s, posterior	\$213.00
D2392	Resin composite-2 s, posterior	\$257.00
D1351	Sealant-per tooth	\$65.00
D0330	Panoramic film	\$130.00
D0272	Bitewings-two films	\$64.00
D8660	Pre-orthodontic treatment visit	\$55.00
D0270	Bitewing-single film	\$51.00
D0210	Full mouth series x-rays	\$151.00
D0340	Cephalometric film	\$148.00
D0230	Periapical x-ray additional	\$31.00
D0350	Oral/Facial Photographic Images	\$87.00
D2330	Resin-one surface, anterior	\$189.00
D2331	Resin-two surfaces, anterior	\$228.00
D2393	Resin composite-3 s, posterior	\$320.00
D4910	Periodontal maintenance	\$160.00
D7210	Extraction-surgical/erupt tooth	\$320.00
D2332	Resin-three surfaces, anterior	\$273.00
D0150	Comp oral eval-new/estab pat	\$103.00
D0145	Oral eval under age 3	\$95.00

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Dental Clinic Procedures		
Code	Description	Fee
D9310	Consultation-per session	\$151.00
D2740	Crown-porcelain/ceramic substr	\$1,270.00
D2335	Resin-4+ Anterior, or w/incisal	\$334.00
D2950	Core buildup, includ any pins	\$297.00
D2940	Protective Restoration	\$138.00
D9110	Emerg treatment, palliative	\$155.00
D1354	Interim Caries Arresting Medicament applicati	\$72.00
D4341	Perio scale&root pln-4+per quad	\$277.00
D1208	Topical Application of Fluoride	\$47.00
D2394	Resin composite-4 +s, posterior	\$363.00
D0273	Bitewings, Three Films	\$67.00
D1352	Preventive Restoration, Perm Th	\$115.00
D8090 M3	0 - (30 Month) Comprehensive: Adult Dent	\$6,255.00
D8080 M3	0 - (30 Month) Comprehensive: Adolescent Dent	\$5,255.00
D9944	Occ guard, full arch, hard appliance	\$605.00
D3310	Root canal therapy - anterior	\$832.00
D3320	Root canal therapy - bicuspid	\$955.00
D3330	Root canal therapy - molar	\$1,157.00
D7111	Extraction crnl remnts-decid th	\$155.00
D8703	Replacement of lost/broken retainer - Max	\$341.00
D8020 M1	6 - (16 Month) Limited Ortho: Transitional Dent	\$2,655.00
D4342	Quad Scale 1-3 teeth/quad	\$198.00
D8740	Replacement of lost/broken retainer - Mand	\$341.00