

**KWC 2025 Fee Schedule**

<b>PROCEDURE CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>CURRENT FEE</b>
0240U	NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN	\$171.15
0241U	NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	\$171.15
0403T	DIABETES PREVENTION PROG STANDARDIZED CURRICULUM	\$26.00
10040	ACNE SURGERY	\$170.00
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$235.00
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	\$471.00
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	\$379.00
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	\$867.00
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	\$470.00
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	\$325.00
11000	DBRDMT EXTENSV ECZMT/INFCT SKIN UP 10% BDY SURF	\$115.00
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	\$314.00
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	\$55.00
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	\$66.00
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	\$92.00
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	\$220.00
11104	PUNCH BIOPSY SKIN SINGLE LESION	\$278.00
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$116.00
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	\$220.00
11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$116.00
11200	RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	\$203.00
11201	RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	\$75.00
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	\$194.00
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	\$239.00
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	\$283.00
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	\$340.00
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	\$209.00
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	\$254.00
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	\$298.00
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	\$343.00
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	\$239.00
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	\$280.00
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	\$328.00
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	\$412.00
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	\$256.00
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	\$305.00
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	\$391.00
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	\$500.00
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	\$659.00
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	\$689.00

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11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	\$256.00
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	\$330.00
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	\$415.00
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	\$610.00
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	\$696.00
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	\$976.00
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	\$588.00
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	\$42.00
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	\$183.00
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	\$92.00
11740	EVACUATION SUBUNGUAL HEMATOMA	\$141.00
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	\$381.00
11765	WEDGE EXCISION SKIN NAIL FOLD	\$226.00
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	\$340.96
11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	\$677.45
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$199.36
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	\$264.00
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	\$365.00
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	\$453.00
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	\$592.00
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	\$729.00
12007	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	\$806.00
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	\$343.00
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	\$396.00
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	\$529.00
12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	\$668.00
12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	\$798.00
12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	\$1,021.00
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	\$338.72
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$655.00
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$798.00
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	\$848.00
12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	\$1,068.00
12037	REPAIR INTERMEDIATE S/A/T/E >30.0 CM	\$1,247.00
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	\$584.00
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	\$622.00
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	\$720.00
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	\$900.00
12046	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	\$1,280.00
12047	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	\$1,411.00
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	\$573.00
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	\$675.00

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12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	\$720.00
12054	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	\$874.00
12055	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	\$1,107.00
12056	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	\$1,505.00
12057	REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	\$1,530.00
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	\$0.00
15853	REMOVAL SUTURES/STAPLES NOT REQUIRING ANESTHESIA	\$15.44
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	\$96.00
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$148.00
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	\$235.00
16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	\$349.00
17000	DESTRUCTION PREMALIGNANT LESION 1ST	\$83.00
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$19.00
17004	DESTRUCTION PREMALIGNANT LESION 15/>	\$381.00
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$115.00
17111	DESTRUCTION BENIGN LESIONS 15/>	\$293.00
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	\$147.00
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	\$156.00
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	\$203.00
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	\$184.00
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	\$156.00
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	\$162.00
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	\$191.00
27040	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	\$400.00
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	\$466.00
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	\$203.00
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	\$167.00
29705	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	\$84.00
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	\$17.00
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	\$16.00
56405	I&D VULVA/PERINEAL ABSCESS	\$146.00
69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	\$390.00
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	\$61.00
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	\$92.00
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	\$127.00
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	\$191.00
76975	GI ENDOSCOPIC US S&I	\$56.88
80053	COMPREHENSIVE METABOLIC PANEL	\$10.78
80061	LIPID PANEL	\$41.00
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	\$41.00
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	\$54.00
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	\$14.00

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	\$15.00
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	\$27.00
82043	URINE ALBUMIN QUANTITATIVE	\$15.00
82044	URINE ALBUMIN SEMIQUANTITATIVE	\$10.00
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	\$14.00
82570	CREATININE OTHER SOURCE	\$15.00
82607	CYANOCOBALAMIN VITAMIN B-12	\$57.00
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	\$14.00
82948	GLUCOSE BLOOD REAGENT STRIP	\$11.00
82950	GLUCOSE POST GLUCOSE DOSE	\$17.00
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	\$32.00
82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	\$15.00
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	\$11.00
83036	HEMOGLOBIN GLYCOSYLATED A1C	\$29.00
83655	ASSAY OF LEAD	\$36.00
84030	ASSAY OF PHENYLALANINE BLOOD	\$19.00
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	\$14.00
84460	TRANSFERASE ALANINE AMINO ALT SGPT	\$14.00
84703	GONADOTROPIN CHORIONIC QUALITATIVE	\$15.00
85014	BLOOD COUNT HEMATOCRIT	\$13.00
85018	BLOOD COUNT HEMOGLOBIN	\$13.00
85610	PROTHROMBIN TIME	\$18.00
86308	HETEROPHILE ANTIBODIES SCREEN	\$26.00
86318	IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	\$34.00
86328	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	\$34.00
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	\$125.00
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	\$16.00
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	\$34.00
86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	\$40.00
87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	\$19.00
87210	SMR PRIM SRC WET MOUNT NFCT AGT	\$17.00
87220	TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	\$19.00
87400	IAAD IA INFLUENZA A/B EACH	\$15.00
87430	IAAD IA STREPTOCOCCUS GROUP A	\$23.00
87634	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	\$125.00
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	\$80.00
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	\$97.00
87804	IAADIADOO INFLUENZA	\$20.00
87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	\$41.38
87880	IAADIADOO STREPTOCOCCUS GROUP A	\$34.00
90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	\$63.00
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	\$38.00

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$21.96
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	\$21.96
90480	IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	\$40.00
90611	SMALLPOX & MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE	\$0.00
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	\$145.21
90621	MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	\$160.02
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	\$69.58
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	\$37.73
90634	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	\$25.00
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	\$97.89
90644	HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	\$20.88
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	\$28.04
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	\$11.78
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	\$153.79
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	\$287.53
90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	\$83.49
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	\$22.35
90657	IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	\$10.00
90658	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	\$20.00
90661	CCIIV3 VACCINE ABX FREE 0.5 ML FOR IM USE	\$36.84
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	\$70.00
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	\$224.17
90671	PCV15 VACCINE FOR INTRAMUSCULAR USE	\$216.09
90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	\$246.52
90678	RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	\$295.00
90679	RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	\$265.00
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	\$90.49
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	\$123.46
90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	\$20.00
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	\$25.00
90687	IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	\$25.00
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	\$25.00
90694	AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	\$77.36
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	\$56.56
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	\$106.42
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	\$26.74
90702	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	\$62.96
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	\$92.49
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	\$250.01
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	\$38.60
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	\$34.44
90715	TDAP VACCINE 7 YRS/> IM	\$44.36

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90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	\$150.97
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	\$69.10
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	\$117.08
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	\$123.17
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	\$123.55
90739	HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	\$233.00
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	\$27.11
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	\$45.56
90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	\$43.52
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	\$183.22
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	\$40.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$310.00
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	\$365.00
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	\$175.00
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	\$175.00
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	\$225.00
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	\$225.00
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	\$275.00
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	\$275.00
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	\$151.68
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	\$205.00
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	\$180.00
90853	GROUP PSYCHOTHERAPY	\$75.00
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	\$140.40
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	\$60.00
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	\$102.00
91300	PFIZER-BIONTECH COVID-19 VACCINE	\$0.00
91301	MODERNA COVID-19 100MCG/0.5ML IM VACCINE	\$0.00
91302	SARSCOV2 VACCINE CHADOX1 5X1010 VP/0.5ML IM USE	\$0.00
91303	JANSSEN SARS-COV-2 (COVID-19) VACCINE, AD26, PRESERVATIVE FREE, 0.5 ML	\$0.00
91304	SARSCOV2 VACC SAPONIN-BSD ADJT 5MCG/0.5ML IM USE	\$161.55
91305	SARSCOV2 VACCINE 30MCG/0.3ML TRIS-SUCROSE IM USE	\$0.00
91306	SARSCOV2 VACCINE 50 MCG/0.25 ML IM USE	\$0.00
91307	SARSCOV2 VACCINE 10MCG/0.2ML TRIS-SUCROSE IM USE	\$0.00
91312	PFIZER (COVID-19) SARSCOV2 VACCINE BIVALENT 30 MCG/0.3 ML IM USE	\$0.00
91313	MODERNA (COVID-19) SARSCOV2 VACCINE BIVALENT 50 MCG/0.5 ML IM USE	\$0.00
91318	SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	\$65.55
91319	SARSCOV2 VACC 10MCG/0.3ML TRIS-SUCROSE IM USE	\$87.78
91320	SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	\$155.89
91321	SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	\$147.06
91322	SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	\$145.92
92551	SCREENING TEST PURE TONE AIR ONLY	\$30.00

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92552	PURE TONE AUDIOMETRY AIR ONLY	\$74.00
92567	TYMPANOMETRY	\$105.31
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$50.00
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	\$75.29
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	\$120.00
93224	XTRNL ECG REC<48 HRS RECORDING SCAN A/R R&I	\$127.00
93227	XTRNL ECG REC<48 HRS RVW&INTERPJ PHYS/QHP	\$23.59
93242	EXTERNAL ECG REC>48HR<7D RECORDING	\$14.24
93246	EXTERNAL ECG REC>7D<15D RECORDING	\$15.00
93793	ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	\$32.00
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	\$94.00
94618	PULMONARY STRESS TESTING	\$65.00
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	\$39.00
94664	DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	\$46.00
94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	\$28.00
94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	\$49.00
94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	\$61.00
95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	\$23.00
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	\$34.00
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	\$201.00
95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	\$99.00
95992	CANALITH REPOSITIONING PROCEDURE	\$41.08
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	\$0.00
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	\$25.00
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	\$9.00
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$25.00
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$15.00
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	\$55.00
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	\$63.00
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	\$11.34
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	\$12.00
97032	APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	\$14.23
97035	APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	\$13.91
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	\$25.00
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	\$25.00
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	\$28.51
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	\$20.00
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	\$21.00
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	\$97.46
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	\$97.46
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	\$97.46
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	\$67.59

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	\$35.61
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	\$32.02
97550	PR CAREGIVER TRAINING STRATEGIES&TQ 1ST 30 MINUTES	\$52.08
97551	PR CAREGIVER TRAINING STRATEGIES&TQ EA ADDL 15 MIN	\$25.55
97597	DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	\$195.00
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	\$63.00
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	\$33.32
97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	\$40.43
97763	ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	\$50.14
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	\$56.00
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	\$56.00
97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	\$21.00
98960	EDUCATION&TRAINING PT SELF-MGMT NQHP INDIV PT	\$85.00
98966	TELEPHONE ASSMT&MGMT SVC NQHP EST PT 5-10 MIN	\$45.00
98967	TELEPHONE ASSMT&MGMT SVC NQHP EST PT 11-20 MIN	\$0.00
98968	TELEPHONE ASSMT&MGMT SVC NQHP EST PT 21-30 MIN	\$0.00
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	\$55.00
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	\$0.00
99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	\$12.00
99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	\$25.00
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	\$10.00
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	\$26.58
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	\$203.00
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	\$265.00
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	\$378.00
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	\$511.00
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	\$75.00
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	\$122.00
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	\$181.00
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	\$263.00
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	\$353.00
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	\$284.00
99341	HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	\$164.00
99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	\$205.00
99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	\$377.00
99347	HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	\$128.00
99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	\$164.00
99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	\$237.00
99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	\$379.00
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	\$217.00
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	\$234.00
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	\$250.00

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	\$267.00
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	\$361.00
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	\$395.00
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	\$445.00
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	\$178.00
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	\$189.00
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	\$206.00
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	\$222.00
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	\$300.00
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$328.00
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	\$373.00
99401	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 15 MIN	\$95.00
99402	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 30 MIN	\$184.00
99403	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 45 MIN	\$278.00
99404	PREV MED CNSL&/RSK FCTR RDCTJ INDV APPROX 60 MIN	\$361.00
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	\$40.00
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	\$65.00
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	\$133.00
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	\$261.00
99417	PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES	\$33.00
99421	ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	\$48.00
99422	ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	\$86.00
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	\$100.00
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	\$150.00
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	\$220.00
99446	NTRPROF PHONE/NTRNET/EHR ASSMT&MGMT 5-10 MIN	\$0.00
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION	\$122.00
99455	WORK RELATED/MED DBLT XM TREATING PHYS	\$250.00
99483	ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	\$574.00
99487	COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO	\$236.00
99489	CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO	\$155.00
99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	\$103.00
99495	TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	\$495.00
99496	TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	\$607.00
99497	ADVANCE CARE PLANNING FIRST 30 MINS	\$212.00
99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	\$150.00
99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	\$83.00
99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	\$52.00
99607	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	\$52.00
A0130	NONER TRANSPORT WHEELCH VAN	\$17.72
A0170	TRANSPORT PARKING FEES/TOLLS	\$1.19
A4550	SURGICAL TRAYS	\$15.00

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
A4565	SLINGS	\$6.67
A4570	SPLINT	\$11.00
A4670	AUTOMATIC BP MONITOR, DIAL	\$40.00
A6025	SILICONE GEL SHEET, EACH	\$8.00
A6210	FOAM DRG >16<=48 SQ IN W/O B	\$10.00
A6212	FOAM DRG <=16 SQ IN W/BORDER	\$5.70
A6213	FOAM DRG >16<=48 SQ IN W/BDR	\$5.70
A6237	HYDROCOLLD DRG <=16 IN W/BDR	\$4.81
A6446	CONFORM BAND S W>=3" <5"/YD	\$8.00
A6451	MOD COMPRES BAND W>=3" <5"/YD	\$6.00
A9900	SUPPLY/ACCESSORY/SERVICE	\$0.00
A9999	DME SUPPLY OR ACCESSORY, NOS	\$0.00
C1765	ADHESION BARRIER	\$12.00
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	\$60.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$90.00
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	\$80.00
D0150	COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	\$110.00
D0160	DETAILED AND EXT ORAL EVAL PROB FOCUS BY REPORT	\$180.00
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	\$80.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$0.00
D0180	COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	\$120.00
D0190	SCREENING OF A PATIENT	\$25.00
D0191	ASSESSMENT OF A PATIENT	\$20.00
D0210	INTRAORAL - COMP SERIES OF RADIOGRAPHIC IMAGES	\$150.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$35.00
D0230	INTRAORAL - PERIAPICAL EACH ADD RADIOGRAPH IMAGE	\$35.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$45.00
D0250	EXTRA-ORAL - 2D PROJECTION X-RAY	\$20.60
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$21.63
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$35.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$55.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$65.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$80.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$115.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$140.00
D0350	ORAL/FACIAL PHOTO IMAGE OBTAIN INTRA/EXTRAORLLY	\$50.00
D0364	CONE BEAM CT CAP&INTEPR LTD FD VIEW-<1 WHOLE JAW	\$109.21
D0365	CONE BEAM CT CAP&INT FD VW 1 FULL DENT ARCH-MAND	\$109.21
D0366	CONE BM CT CAP&INT FD VIEW 1 FULL DENT ARCH-MAX	\$109.31
D0367	CONE BEAM CT CAPTURE & INTERP FD VIEW BOTH JAWS	\$184.30
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	\$126.72
D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	\$80.00

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
D0460	PULP VITALITY TESTS	\$65.00
D0470	DIAGNOSTIC CASTS	\$140.00
D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT	\$120.54
D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT	\$172.06
D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	\$285.40
D0480	ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	\$170.00
D0486	LAB ACCSS TRNSEPI CYTL SMP MICRO EX PREP&WRT RPR	\$190.00
D0604	ANTIGEN TESTING FOR PH RELATED PATHOGEN INCL COV	\$277.00
D0701	PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAP ONLY	\$119.35
D0702	2-D CEPHALOMETRIC RAD IMAGE - IMAGE CAP ONLY	\$156.08
D0703	2-D O/F PHOTO IMG OBTD INTRAORL/EO-IMG CAP ONLY	\$83.65
D0705	EXTRA-ORAL POST DENTAL RAD IMG - IMG CAP ONLY	\$21.42
D0706	INTRAORAL - OCCLUSAL RAD IMAGE - IMAGE CAP ONLY	\$49.98
D0707	INTRAORAL - PERIAPICAL RAD IMG - IMAGE CAP ONLY	\$31.62
D0708	INTRAORAL - BITEWING RAD IMG - IMG CAPTURE ONLY	\$28.56
D0709	INTRAORAL-COMP SERIES RAD IMG-IMG CAPTURE ONLY	\$141.79
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	\$0.00
D1110	PROPHYLAXIS - ADULT	\$100.00
D1120	PROPHYLAXIS - CHILD	\$80.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$25.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$25.00
D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	\$15.00
D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	\$15.00
D1321	CNSL ORAL BEHAV & SYS HLTH EFF HI-RISK SUBST USE	\$15.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$0.00
D1351	SEALANT - PER TOOTH	\$65.00
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	\$120.00
D1353	SEALANT REPAIR - PER TOOTH	\$0.00
D1354	APPLICATION CARIES ARREST MEDICAMENT-PER TOOTH	\$48.00
D1355	CARIES PREVENTIVE MEDICAMENT APPLIC - PER TOOTH	\$90.00
D1510	SPACE MAINTAINER - FIXED UNILATERAL - PER QUAD	\$350.00
D1516	""SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY""	\$420.00
D1517	""SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR""	\$450.00
D1520	SPACE MAINTAINER - REMOVABLE UNI - PER QUADRANT	\$300.00
D1526	""SPACE MAINTAIN- REMOVABLE- BILATERAL, MAXILLARY""	\$350.00
D1527	""SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIB""	\$400.00
D1551	RE-CEMENT OR RE-BOND BIL SPACE MAINTAINER - MAX	\$30.00
D1552	RE-CEMENT/RE-BOND BIL SPACE MAINTAINER - MAND	\$30.00
D1553	RE-CEMENT/RE-BOND UNI SPACE MAINTAINR - PER QUAD	\$30.00
D1556	REMOVAL OF FIXED UNI SPACE MAINTAINER - PER QUAD	\$30.00
D1557	REMOVAL OF FIXED BILATERAL SPACE MNTNR - MAX	\$40.00
D1558	REMOVAL FIXED BILATERAL SPACE MAINTAINER - MAND	\$45.00

<b>PROCEDURE CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>CURRENT FEE</b>
D1575	DISTAL SHOE SPACE MNTNER - FIXED UNI - PER QUAD	\$150.00
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	\$170.00
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	\$200.00
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	\$250.00
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	\$400.00
D2330	RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR	\$190.00
D2331	RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR	\$220.00
D2332	RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR	\$300.00
D2335	RESIN-BASED COMPOSITE-4/> SURFACES ANTERIOR	\$350.00
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	\$500.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	\$200.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	\$250.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	\$300.00
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	\$460.00
D2520	INLAY - METALLIC - TWO SURFACES	\$1,000.00
D2543	ONLAY METALLIC THREE SURFACES	\$1,100.00
D2544	ONLAY METALLIC FOUR OR MORE SURFACES	\$1,200.00
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	\$1,100.00
D2663	ONLAY RESIN BASED COMPOSITE THREE SURFACES	\$1,050.00
D2740	CROWN - PORCELAIN/CERAMIC	\$1,000.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,000.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$980.00
D2910	RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION	\$120.00
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$120.00
D2920	RECEMENT CROWN	\$120.00
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	\$300.00
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	\$350.00
D2932	PREFABRICATED RESIN CROWN	\$400.00
D2940	PLACEMENT OF INTERIM DIRECT RESTORATION	\$125.00
D2941	INTERIM THERAPEUTIC RESTORATION-PRIMARY DENTITN	\$187.00
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	\$300.00
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	\$80.00
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	\$450.00
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	\$350.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$370.00
D2962	LABIAL VENEER PORCELAIN LAMINATE - INDIRECT	\$1,100.00
D2971	ADD PROC CUSTOMIZE CR UND EXST PART DENTUR FRWK	\$300.00
D2980	CROWN REPAIR NECESSITATED RESTORATIVE MATL FAIL	\$320.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	\$250.00
D3110	PULP CAP - DIRECT	\$90.00
D3120	PULP CAP - INDIRECT	\$80.00
D3220	TX PULP-REMOV PULP CORONAL DENTINOCEMENTL JUNC	\$200.00

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	\$250.00
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$300.00
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$320.00
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	\$800.00
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	\$900.00
D3330	ENDODONTIC THERAPY MOLAR TOOTH	\$1,000.00
D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	\$700.00
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	\$450.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$400.00
D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	\$1,000.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL TX - PREMOLAR	\$1,100.00
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	\$1,400.00
D3351	APEXIFICATION/RECALCIFICATION INITIAL VISIT	\$400.00
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	\$700.00
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	\$350.00
D4212	GING/GINGIVOPLASTY ALLW ACSS RESTORATV PRO-TOOTH	\$550.00
D4241	GINGIVAL FLAP PROC-1-3 CONTIG TH/TT BND SPS/QUAD	\$720.00
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	\$300.00
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	\$220.00
D4346	SCALING PRESENCE GEN MOD/SEV GINGIVAL INFLAMM	\$190.00
D4355	FULL MOUTH DEB ENABLE COMP PDL EVAL & DX SUBS V	\$210.00
D4381	LOC DEL ANTIMICROBL AGT DZ CREVICULAR TISS-TOOTH	\$140.00
D4910	PERIODONTAL MAINTENANCE	\$160.00
D4920	UNSCHEDULED DRESSING CHANGE NOT TX DENTIST STAFF	\$0.00
D4921	GINGIVAL IRRIGATION MEDICINAL AGENT - /QUADRANT	\$60.00
D5110	COMPLETE DENTURE - MAXILLARY	\$1,800.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,800.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$1,700.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$1,700.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$1,500.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$1,500.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK	\$2,000.00
D5214	MANDIBULAR PRTL DENTURE - CAST METAL FRAMEWORK	\$2,000.00
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE	\$1,600.00
D5222	IMMEDIATE MANDIBULAR PRTL DENTURE - RESIN BASE	\$1,600.00
D5223	IMMEDIATE MAX PRTL DENTURE - CAST METAL FRAMEWRK	\$1,600.00
D5224	IMMEDIATE MAND PRTL DENTURE - CAST MTL FRAMEWORK	\$2,000.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE	\$1,700.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	\$1,700.00
D5282	REMOVABLE UNI PART DENTUR - 1 PECE CAST METL MAX	\$0.00
D5283	REMOV UNI PART DENTUR - 1 PECE CAST METL MAND	\$0.00
D5284	REMV UNI PRT DNTUR - 1 PECE FLEX BASE - PER QUAD	\$0.00

<b>PROCEDURE CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>CURRENT FEE</b>
D5286	REMV UNI PART DENTUR - ONE PECE RSN - PER QUAD	\$0.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$100.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$100.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$100.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$100.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	\$160.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	\$160.00
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	\$200.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	\$0.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	\$0.00
D5621	REPAIR CAST PARTIAL FRAMEWORK MANDIBULAR	\$0.00
D5622	REPAIR CAST PARTIAL FRAMEWORK MAXILLARY	\$0.00
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$300.00
D5640	REPLACE BROKEN TEETH PARTIAL DENTURE PER TOOTH	\$220.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$260.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE-PER TOOTH	\$0.00
D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	\$0.00
D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	\$0.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$700.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$700.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$650.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$650.00
D5730	RELINE COMPLETE MAXILLARY DENTURE DIRECT	\$440.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE DIRECT	\$440.00
D5740	RELINE MAXILLARY PARTIAL DENTURE DIRECT	\$430.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE DIRECT	\$430.00
D5750	RELINE COMPLETE MAXILLARY DENTURE INDIRECT	\$550.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE INDIRECT	\$550.00
D5760	RELINE MAXILLARY PARTIAL DENTURE INDIRECT	\$540.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE INDIRECT	\$540.00
D5765	SOFT LINER FOR CMPL/PRTL REM DENTURE - INDIRECT	\$540.00
D5810	INTERIM COMPLETE DENTURE MAXILLARY	\$0.00
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	\$0.00
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$800.00
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$800.00
D5850	TISSUE CONDITIONING MAXILLARY	\$230.00
D5851	TISSUE CONDITIONING MANDIBULAR	\$230.00
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$2,500.00
D5867	REPLACEMENT REPL PART SEMI-PRCISN/PRCISN PER ATT	\$0.00
D5875	MODIFICATION REMV PROSTH FOLLOW IMPLANT SURGERY	\$540.00
D5952	SPEECH AID PROSTHESIS PEDIATRIC	\$436.38
D5986	FLUORIDE GEL CARRIER	\$200.00

<b>PROCEDURE CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>CURRENT FEE</b>
D6056	PREFABRICATED ABUTMENT-INCL MOD & PLACEMENT	\$850.00
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	\$1,000.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,500.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,669.00
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	\$79.00
D6205	PONTIC INDIRECT RESIN BASED COMPOSITE	\$1,187.00
D6210	PONTIC - CAST HIGH NOBLE METAL	\$1,308.00
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$1,240.00
D6212	PONTIC - CAST NOBLE METAL	\$1,248.00
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$1,292.00
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,316.00
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	\$1,254.00
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$1,269.00
D6245	PONTIC - PORCELAIN/CERAMIC	\$1,316.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$1,283.00
D6252	PONTIC - RESIN WITH NOBLE METAL	\$1,228.00
D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH	\$1,057.00
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	\$1,260.00
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURF	\$1,292.00
D6610	RETAINER ONLAY-CAST HIGH NOBLE METAL 2 SURFACES	\$1,428.00
D6611	RETAINER ONLAY-CAST HIGH NOBLE METAL 3/MORE SURF	\$1,306.00
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	\$1,214.00
D6613	RETAINER ONLAY-CAST PDMT BASE METAL 3/MORE SURF	\$1,231.00
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	\$1,217.00
D6615	RETAINER ONLAY-CAST NOBLE METAL 3/MORE SURFACES	\$1,211.00
D6634	RETAINER ONLAY - TITANIUM	\$1,308.00
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$1,220.00
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$1,268.00
D6721	RETAINER CROWN-RESIN W/PREDOMINANTLY BASE METAL	\$1,227.00
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	\$1,218.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$1,333.00
D6750	RETAINER CROWN - PORCELAIN FUSED HI NOBLE METAL	\$1,340.00
D6751	RETAINER CROWN-PORCELAIN FUSED PDMT BASE METAL	\$1,243.00
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$1,269.00
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,293.00
D6781	RETAINER CROWN-3/4 CAST PREDOMINANTLY BASE METAL	\$1,267.00
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$1,278.00
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$1,284.00
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$1,316.00
D6791	RETAINER CROWN-FULL CAST PREDOMINANTLY BASE METL	\$1,267.00
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	\$1,267.00
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$1,154.00

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
D6930	RECEMENT FIXED PARTIAL DENTURE	\$206.00
D7111	EXTRACTION CORONAL REMNANTS-PRIMARY TOOTH	\$150.00
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$220.00
D7210	EXTRACTION ERU TOOTH RQR REMV BONE &/SECTN TOOTH	\$320.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$370.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$470.00
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$580.00
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	\$680.00
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS	\$370.00
D7251	CORONECTOMY-INTEN PRTL TOOTH RMVL IMP TEETH ONLY	\$530.00
D7260	OROANTRAL FISTULA CLOSURE	\$300.00
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	\$220.00
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$250.00
D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	\$260.00
D7286	BIOPSY OF ORAL TISSUE SOFT	\$259.00
D7288	BRUSH BIOPSY TRANSEPITHELIAL SAMPLE COLLECTION	\$230.00
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	\$350.00
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	\$340.00
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	\$500.00
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	\$480.00
D7450	REMOVAL BEN ODONTOGENIC CYST/TUMR- UP TO 1.25 CM	\$600.00
D7465	DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPRT	\$470.00
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$230.00
D7472	REMOVAL OF TORUS PALATINUS	\$400.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$440.00
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	\$280.00
D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	\$410.00
D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	\$180.00
D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	\$280.00
D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	\$200.00
D7670	ALVEOLUS - CLOSED REDUCTION MAY INC STABIL TEETH	\$650.00
D7720	MAXILLA-CLOSED REDUCTION	\$200.00
D7880	OCCLUSAL ORTHOTIC DEVICE BY REPORT	\$1,158.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$150.00
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$200.00
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$300.00
D7950	OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX	\$3,264.00
D7953	BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE	\$786.00
D7963	FRENULOPLASTY	\$597.00
D8210	REMOVABLE APPLIANCE THERAPY	\$970.00
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	\$150.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$260.00

<b>PROCEDURE CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>CURRENT FEE</b>
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	\$47.42
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$150.00
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA ANXIOLYSIS	\$80.00
D9248	NON-INTRAVENTOUS CONSCIOUS SEDATION	\$250.00
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	\$100.00
D9311	CONSULTATION W/MEDICAL HEALTH CARE PROFESSIONAL	\$40.00
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$200.00
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$200.00
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	\$50.00
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	\$200.00
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	\$40.00
D9630	DRUGS/MEDICAMENTS DISPENSED OFFICE FOR HOME USE	\$50.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$70.00
D9920	BEHAVIOR MANAGEMENT BY REPORT	\$75.00
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	\$40.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$100.00
D9944	""OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH""	\$660.00
D9945	""OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH""	\$300.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$220.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$750.00
D9970	ENAMEL MICROABRASION	\$200.00
D9971	ODONTOPLASTY - PER TOOTH	\$200.00
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED OFFICE	\$60.00
D9990	CERTI TRANSL/SIGN-LANG SERVICES PER VISIT	\$70.00
D9991	DENTAL CASE MGMT - ADDRESSING APPT CA BARRIERS	\$30.00
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	\$70.00
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTV	\$80.00
D9994	DENTAL CASE MGMT - PT ED IMP ORAL HEALTH LITRACY	\$60.00
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	\$150.00
D9996	TELEDENTISTRY-ASYNC; INFO STD&FWD DENT SUBSQ REV	\$100.00
D9997	DENTAL CASE MGMT - PTS SPECIAL HEALTH CARE NEEDS	\$40.00
E0114	CRUTCH UNDERARM PAIR NO WOOD	\$32.33
E0116	CRUTCH UNDERARM EACH NO WOOD	\$20.00
E0445	OXIMETER NON-INVASIVE	\$25.00
ECT2	ZIO PATCH FOR GREATER THAN 7 DAYS AND UP TO 14 DAYS	\$14.24
G0008	ADMIN INFLUENZA VIRUS VAC	\$26.00
G0009	ADMIN PNEUMOCOCCAL VACCINE	\$26.00
G0010	ADMIN HEPATITIS B VACCINE	\$25.00
G0101	CA SCREEN; PELVIC/BREAST EXAM	\$45.00
G0102	PROSTATE CA SCREENING; DRE	\$0.00
G0108	DIAB MANAGE TRN PER INDIV	\$85.00
G0109	DIAB MANAGE TRN IND/GROUP	\$47.00

<b>PROCEDURE CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>CURRENT FEE</b>
G0127	TRIM NAIL(S)	\$40.00
G0136	PR ADM OF SOC DTR ASSESS 5-15 M	\$18.66
G0179	MD RECERTIFICATION HHA PT	\$61.23
G0180	MD CERTIFICATION HHA PATIENT	\$73.08
G0245	INITIAL FOOT EXAM PT LOPS	\$78.00
G0247	ROUTINE FOOTCARE PT W LOPS	\$78.07
G0250	MD INR TEST REVIE INTER MGMT	\$40.00
G0270	MNT SUBS TX FOR CHANGE DX	\$42.21
G0271	GROUP MNT 2 OR MORE 30 MINS	\$33.40
G0283	ELEC STIM OTHER THAN WOUND	\$12.29
G0296	VISIT TO DETERM LDCT ELIG	\$28.47
G0328	FECAL BLOOD SCRNM IMMUNOASSAY	\$14.00
G0396	ALCOHOL/SUBS INTERV 15-30MN	\$34.56
G0397	ALCOHOL/SUBS INTERV >30 MIN	\$66.36
G0402	INITIAL PREVENTIVE EXAM	\$190.00
G0403	EKG FOR INITIAL PREVENT EXAM	\$50.00
G0427	INPT/ED TELECONSULT70	\$0.00
G0438	PPPS, INITIAL VISIT	\$195.00
G0439	PPPS, SUBSEQ VISIT	\$135.00
G0442	ANNUAL ALCOHOL SCREEN 15 MIN	\$22.00
G0443	BRIEF ALCOHOL MISUSE COUNSEL	\$30.00
G0444	DEPRESSION SCREEN ANNUAL	\$25.00
G0447	BEHAVIOR COUNSEL OBESITY 15M	\$28.00
G1001	CDSM EVICORE	\$0.00
G2011	ALCOHOL/SUB MISUSE ASSESS	\$16.09
G2012	BRIEF CHECK IN BY MD/QHP	\$65.00
G2211	COMPLEX E/M VISIT ADD ON	\$16.04
G2212	PROLONG OUTPT/OFFICE VIS	\$33.00
H0001	ALCOHOL AND/OR DRUG ASSESS	\$343.00
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	\$70.00
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$60.00
H0005	GROUP COUNSELING BY A CLINICIAN	\$87.82
H0006	CASE MANAGEMENT	\$132.00
H0020	METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF THE DRUG BY A LICENSED PROGRAM)	\$18.75
H0033	ORAL MED ADM DIRECT OBSERVE	\$56.00
H0038	SELF-HELP/PEER SVC PER 15MIN	\$40.00
H0039	ASSER COM TX FACE-FACE/15MIN	\$46.50
H0047	ALCOHOL/DRUG ABUSE SVC NOS	\$66.00
H0048	SPEC COLL NON-BLOOD: A/D TEST	\$28.35
H2011	CRISIS INTERVEN SVC, 15 MIN	\$39.00
J0665	PR INJ, BUPIVACAINE, NOS, 0.5MG	\$6.54

PROCEDURE CODE	PROCEDURE DESCRIPTION	CURRENT FEE
J0696	CEFTRIAXONE SODIUM INJECTION	\$5.00
J0698	CEFOTAXIME SODIUM INJECTION	\$280.00
J0715	CEFTIZOXIME SODIUM / 500 MG	\$0.00
J0780	PROCHLORPERAZINE INJECTION	\$13.00
J1020	METHYLPREDNISOLONE 20 MG INJ	\$10.00
J1030	METHYLPREDNISOLONE 40 MG INJ	\$10.00
J1040	METHYLPREDNISOLONE 80 MG INJ	\$20.00
J1050	PR MEDROXYPROGESTERONE ACETATE	\$0.30
J1071	INJ TESTOSTERONE CYPIONATE	\$20.00
J1200	DIPHENHYDRAMINE HCL INJECTIO	\$8.00
J1815	INSULIN INJECTION	\$15.00
J1817	INSULIN FOR INSULIN PUMP USE	\$20.00
J1885	KETOROLAC TROMETHAMINE INJ	\$1.87
J1944	ARIPIRAZOLE LAUROXIL 1 MG	\$15.00
J2001	LIDOCAINE INJECTION	\$15.00
J2315	NALTREXONE, DEPOT FORM	\$3.97
J2550	PROMETHAZINE HCL INJECTION	\$5.00
J2920	METHYLPREDNISOLONE INJECTION	\$8.00
J2950	PROMAZINE HCL INJECTION	\$5.00
J3301	TRIAMCINOLONE ACET INJ NOS	\$12.00
J3357	USTEKINUMAB SUB CU INJ, 1 MG	\$174.69
J3420	VITAMIN B12 INJECTION	\$7.00
J3490	DRUGS UNCLASSIFIED INJECTION	\$5.00
J7613	PR ALBUTEROL NON-COMP UNIT	\$2.00
J7620	ALBUTEROL IPRATROP NON-COMP	\$5.00
J7644	IPRATROPIUM BROMIDE NON-COMP	\$1.33
L0120	CERV FLEX N/ADJ FOAM PRE OTS	\$7.32
L0174	CERV SR 2PC THOR EXT PRE OTS	\$91.22
L0220	THOR RIB BELT CUSTOM FABRICA	\$15.00
L1810	KO ELASTIC WITH JOINTS	\$31.18
L1812	KO ELASTIC W/JOINTS PRE OTS	\$0.00
L1820	KO ELAS W/ CONDYLE PADS & JO	\$29.20
L1830	KO IMMOB CANVAS LONG PRE OTS	\$25.00
L1831	KNEE ORTH POS LOCKING JOINT	\$15.00
L1836	KO RIGID W/O JOINTS PRE OTS	\$0.00
L1902	AFO ANKLE GAUNTLET PRE OTS	\$39.29
L1906	AFO MULTILIG ANK SUP PRE OTS	\$15.48
L3650	SO 8 ABD RESTRAINT PRE OTS	\$10.33
L3660	SO 8 AB RSTR CAN/WEB PRE OTS	\$16.99
L3670	SO ACRO/CLAV CAN WEB PRE OTS	\$15.00
L3702	EO W/O JOINTS CF	\$22.00
L3906	WHO W/O JOINTS CF	\$20.00

<b>PROCEDURE CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>CURRENT FEE</b>
L3908	WHO COCK-UP NONMOLDE PRE OTS	\$15.19
L3999	UPPER LIMB ORTHOSIS NOS	\$11.00
L4350	ANKLE CONTROL ORTHO PRE OTS	\$62.00
L4361	PNEUMA/VAC WALK BOOT PRE OTS	\$62.28
L4387	NON-PNEUM WALK BOOT PRE OTS	\$58.57
L4631	AFO, WALK BOOT TYPE, CUS FAB	\$75.00
Q0091	OBTAINING SCREEN PAP SMEAR	\$45.00
Q2038	FLUZONE VACC, 3 YRS & >, IM	\$20.00
Q3014	TELEHEALTH FACILITY FEE	\$30.00
S0020	INJECTION, BUPIVICAINE HYDRO	\$15.00
S0119	ONDANSETRON 4 MG	\$2.00
S0166	INJ OLANZAPINE 2.5MG	\$11.00
S0215	NONEMERG TRANSP MILEAGE	\$1.77
S0390	ROUT FOOT CARE PER VISIT	\$78.06
S0630	REMOVAL OF SUTURES	\$78.00
S9981	MED RECORD COPY ADMIN	\$18.00
T1016	CASE MANAGEMENT	\$132.00
T2001	N-ET; PATIENT ATTEND/ESCORT	\$17.72
T2002	N-ET; PER DIEM	\$1.19
TC230	DENTAL TREATMENT PLAN COMPLETED	\$0.00
TM1014	PFIZER (COVID-19) SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	\$155.89
TP23801	WRIST BRACE, UNIV LG.XL	\$45.64
TP364	CHARGE FOR METHYLPREDNISOLONE ACETATE 40MG INJECTION	\$35.00
TS143	HOME BLEACHING KIT (DENTAL)	\$32.00
TS303	TOOTHPASTE	\$5.00
TS529	RX 5000 TOOTHPASTE	\$5.00
V5008	HEARING SCREENING	\$20.00