

Fee Schedule
 FY 2017/2018
 Attachment A

CPT Code	Description	Unit Price
11981FP	Insert Drug Implant Device	\$223.00
11982FP	Remove Drug Implant Device	\$223.00
11983FP	Remove/Insert Drug Implant Device	\$250.00
17110	Destroy Benign Lesion 1-14	\$235.00
36415	Routine Venipuncture	\$15.00
36416	Capillary Blood Draw	\$14.00
56501	Destroy Vulva Lesions Simple	\$258.00
58100	Biopsy Uterus Lining	\$270.00
58300FP	Insert Intrauterine Device	\$262.00
58301FP	Remove Intrauterine Device	\$217.00
59025	Fetal Non-Stress Test	\$141.00
59425	Ante partum Care Only (4 to 6 Visits)	\$461.00
59426	Ante partum Care Only (7+ Visits)	\$1,375.00
59430	Care After Delivery	\$180.00
76801	OB US < 14 Weeks Single Fetus	\$365.00

76802	OB US < 14 Weeks Additional Fetus	\$206.00
76805	OB US >/= 14 Weeks Single Fetus	\$365.00
76815	OB US Limited Fetus(s)	\$266.00
76816	OB US Follow-up ER Fetus	\$275.00
76817	Transvaginal US Obstetric	\$310.00
76818	Fetal Biophysical Profile W/ NST	\$360.00
76819	Fetal Biophysical Profile W/O NST	\$350.00
76830	Transvaginal US NON-OB	\$323.00
76856	US Exam Pelvic Complete	\$282.00
76857	US Exam Pelvic Limited	\$258.00
80048	Basic Metabolic Panel	\$17.00
80053	Comprehensive Metabolic Panel	\$22.00
80061	LIPID PANEL	\$5.00
80074	Acute Hepatitis Panel	\$106.00
80076	Hepatic Function Panel	\$16.00
80100	Drug Screen Qualitate/multi	\$73.00
81001	Urinalysis Auto W/SCOPE	\$19.00
81003QW	Urinalysis Auto W/O SCOPE	\$16.00

81025	Urine Pregnancy Test	\$28.00
82105	Alfa-Fetoprotein Serum	\$105.00
82150	Assay Amylase	\$13.00
82465	Serum Cholesterol	\$12.00
82565	Serum Creatinine	\$12.00
82575	Creatinine Clearance	\$22.00
82677	Assay Estriol	\$125.00
82679	Serum Estrogen	\$43.00
82728	Ferritin Serum	\$22.00
82947QW	Assay Glucose Blood Quant (DO NOT USE with 82951 or 82952)	\$24.00
82950QW	Glucose Test (Do Not Use with 82951 or 82952)	\$31.00
82951QW	Glucose Tolerance Test (GTT)	\$66.00
82952QW	Additional Glucose with Tolerance Test (GTT)	\$20.00
83001	Serum FSH	\$30.00
83020	Hemoglobin Electrophoresis (Relative to Sickle Cell/Coll Phy)	\$85.00
83036QW	Glycosylated Hemoglobin Test (HgBA1C)	\$31.00
83540	Assay Iron (Check Code & Svc)	\$18.00

83550	Iron Binding Test	\$44.00
83655	Assay Lead	\$12.00
83704	Lipoprotein Analysis ,by NMR	\$50.00
83721	LDL Cholesterol (Direct)	\$26.00
84146	Serum Prolactin	\$38.00
84156	Protein Total, QN, 20-Hr Urine	\$10.00
84436	Assay Total Thyroxine	\$40.00
84443	Assay Thyroid Stim Hormone	\$15.00
84479	Assay Thyroid (T3 or T4)	\$10.00
84520	BUN	\$12.00
84550	Serum Uric Acid	\$12.00
84702	Chorionic Gonadotropin Test	\$95.00
85018QW	Hemoglobin	\$12.00
85025	Complete CBC w/Auto Diff WBC	\$4.00
85045	Automated Reticulocyte Count	\$10.00
86038	Antinuclear Antibodies (ANA)	\$85.00
86336	Inhibin A	\$105.00
86382	Rabies Titer	\$65.00

86580	TB Intra-dermal Test	\$32.00
86592	Blood Serology Qualitative (RPR)	\$9.00
86694	Herpes Simplex 1/II Combination IgM	\$100.00
86695 / 86696	Herpes Simplex Type 1 – IgG / Herpes Simplex Type 2 - IgG	\$37.00
86701	HIV-1 antibody testing	\$40.00
86706	H B Surface Antibody (use State Lab and LabCorp)	\$24.00
86762	Rubella Antibody (use State Lab and LabCorp)	\$12.00
86787	Varicella – Zoster Antibody	\$14.00
86803	Hepatitis C AB Test	\$30.00
86850	RBC Antibody Screen	\$12.00
86870	Antibody ID, RBC Antibodies	\$52.00
86900	Blood Typing ABO	\$9.00
86901	Blood Typing RH (D)	\$9.00
87045	Feces Culture Bacteria (State Lab)	\$50.00
87070	ID of Micro-organism , Aerobic w/ susceptibility	\$15.00
87075	Anaerobic w/susceptibility (Ordered w/87070)	\$15.00

87081	Culture Screen Only (GC) (In-House)	\$32.00
87086	Urine Culture / Colony Count	\$36.00
87116	Mycobacteria Culture (State Lab)	\$53.00
87205	Smear Gram Stain – (STAT) (In-House)	\$29.00
87210	Smear Wet Mount, Saline / Ink	\$25.00
87252	Virus Inoculation Tissue – Herpes Culture (State Lab)	\$96.00
87340	Hepatitis B Surface AG EIA	\$12.00
87389	HIV-1 Antigen, w/HIV-1 & HIV-2 antibodies (State Lab)	\$72.00
87491	Chlamydia TRACH DNA AM PROBE (State Lab)	\$91.00
87591	N. Gonorrhoeae DNA AMP PROBE (State Lab)	\$101.00
87621	HPV (Link to #88142 for Flex at \$55.00)	\$35.00
87624	Pap with HPV, High Risk Screen (Report Only)	\$101.00
88142	Cytopath C/V Thin Layer	\$73.00
90471	Immunization Admin	\$40.00
90471EP	Immunization Admin. (children ONLY)	\$40.00

90472	Immunization Admin Each ADD	\$25.00
90472EP	Immunization Admin Each ADD	\$25.00
90632	Hep A Vaccine Adult IM (At Cost)	\$78.00
90633	Hep A Vaccine ED/ ADOL 2 Dose (At Cost)	\$40.00
90636	Hep A/H B Vaccine Adult IM – Twinrix	\$115.00
90648	HIB Vaccine PRP-T IM	\$20.00
90649	H Papilloma Vaccine 3 Dose IM - HPV	\$195.00
90655	Flu Vaccine No Reservation 6-35M	\$20.00
90656	Flu Vaccine No Reservation 3 & > (At Cost)	\$20.00
90658	Flu Vaccine 3 years & > IM (At Cost)	\$20.00
90670	Pneumoc Conjugate, Prevnar 13	\$175.00
90675	Rabies Vaccine IM (At Cost)	\$293.00
90680	RotoVirus Vaccine 3 Dose Oral	\$90.00
90691	Typhoid Vaccine, Vi	\$93.00
90700	Dtap Vaccine < 7 Years IM (At Cost)	\$20.00

90702	DT Vaccine, Im (Report Only)	\$36.00
90707	MMR Vaccine SC (At Cost)	\$75.00
90713	Poliovirus IV SC/IM (At Cost)	\$30.00
90714	TD Vaccine No Reservation > / = 7 IM	\$25.00
90715	TDAP Vaccine > 7 IM (7 older free)	\$35.00
90716	Chicken Pox Vaccine SC	\$107.00
90717	Yellow Fever Vaccine SC (At Cost)	\$140.00
90733	Meningococcal Vaccine SC (At Cost) (Menamune)	\$123.00
90734	Meningococcal Vaccine IM (Menactra)	\$110.00
90744	Hep B Vaccine PED/Adol 3 Dose IM	\$27.00
90746	Hep B Vaccine Adult IM	\$75.00
96372	Ther/Prohy/Diag Inj SC/IM	\$43.00
97802	Nutrition – Assessment Face-to- Face Initial – 15Minutes	\$43.00
97803	Nutrition – Re-assessment Face-to- Face – 15 Minutes	\$43.00
97804	Nutrition – Group (2+ persons) 30 Minutes	\$16.00
99000	Specimen Handling	\$18.00
99070	Special Supplies	\$18.00

99201	Office/Outpatient Visit New	\$114.00
99201FP	Office/Outpatient Visit New (HIS)	\$114.00
99202	Office/Outpatient Visit New	\$160.00
99202FP	Office/Outpatient Visit New	\$160.00
99203	Office Visit/Outpatient Visit New	\$231.00
99203FP	Office Visit/Outpatient Visit New	\$231.00
99204	Office Visit/Outpatient Visit New	\$359.00
99204FP	Office Visit/Outpatient Visit New	\$359.00
99205	Office Visit/Outpatient New Patient	\$364.00
99205FP	Office Visit/Outpatient New Patient	\$364.00
99211	Office/Outpatient Visit Established	\$65.00
99211FP	Office/Outpatient Visit Established	\$65.00
99212	Office/Outpatient Visit Established (New FOREIGN TRAVEL Code/Dr. Visit)	\$94.00
99212FP	Office/Outpatient Visit Established	\$94.00

99213	Office/Outpatient Visit Established	\$156.00
99213FP	Office/Outpatient Visit Established	\$156.00
99214	Office/Outpatient Visit Established	\$234.00
99214FP	Office/Outpatient Visit Established	\$234.00
99215	Office/Outpatient Visit Established	\$315.00
99215FP	Office/Outpatient Visit Established	\$315.00
99383	Previous Visit New Age 5-11 Years	\$220.00
99383FP	Previous Visit New Age 5-11 Years	\$220.00
99384	Rev Visit New Age 12 – 17	\$220.00
99384FP	Rev Visit New Age 12 – 17	\$220.00
99385	Rev Visit New Age 18 – 39	\$260.00
99385FP	Rev Visit New Age 18 – 39	\$260.00
99386	Rev Visit New Age 40 – 64	\$284.00
99386FP	Prev Visit New Age 40 – 64	\$284.00
99393	Preventive Visit Established Pt Age 5-11	\$198.00
99393FP	Preventive Visit Established Pt Age 5-11	\$198.00

99394	Prev Visit Established Age 12 – 17	\$195.00
99394FP	Prev Visit Established Age 12 – 17	\$195.00
99395	Prev Visit Established Age 18 – 39	\$216.00
99395FP	Prev Visit Established Age 18 – 39	\$216.00
99396	Prev Visit Established Age 30 – 64	\$236.00
99396FP	Prev Visit Established Age 30 – 64	\$236.00
99406	Behavior Change Smoking 3 – 10 Min	\$40.00
99407	Behavior Change Smoking > 10 Min	\$80.00
99501	Home Visit PostNatal	\$291.00
99502	Home Visit NB Care	\$291.00
G0433	TB Screen	\$32.00
J0540	En G Benz and Rocaine to 1.2 Mil U	\$0.00
J1050FP	Medroxyprogesterone Injection 150 MG	\$0.33
J1725	Makena (reporting purposes)	\$0.00
J2790	RHO D Immune Globulin Inj	\$110.00
J3490	Drugs Unclassified Injection	\$20.00

J7300FP	Intra-uterine Copper Contractive	\$250.00
J7302FP	Levonorgestrel IU Contractive	\$310.00
J7303FP	Contra SU Hormone Cont/ Vaginal Ring	\$15.00
J7304FP	Contra Su Hormone Cont PATCH – Ea	\$16.00
J7307FP	Etonogestrel Implant System	\$325.00
G0433	Completion of Record of TB Screen	\$32.00
86580	PPD With State Supplied Vaccine	\$0.00
3510F	PPD POSITIVE Result Low Risk (Report Only)	\$0.00
3510F	PPD Negative Result Low Risk (Report Only)	\$0.00
3510F	PPD Positive Result – High Risk (Report Only)	\$0.00
3510F	PPD Negative Result – High Risk (Report Only)	\$0.00
99455	Limited Health Physical - Employment	\$60.00
99429	Limited Health Physical – Foster Care	\$50.00
S0622	Limited Health Physical – College (Doesn't Include Sickle Cell)	\$90.00

S0612	Breast Assessment Only Non-BCCCP Elig	\$60.00
Q0091	Pap Only Non- BCCCP Eligibles	\$60.00
G0101	Pelvic Only Non- BCCCP Eligibles	\$60.00
Q2037	Fluvirin Vaccine 3 Years & > , 1M	\$14.00
Q2038	Fluzone Vaccine 3 Years & > , 1M	\$13.00
S0280	Pregnancy Medical Home Risk Screening	\$50.00
S0281	Pregnancy Medical Home Post-Partum Visit	\$150.00
S4993FP	Contraceptive Pills for Birth Control	\$6.00
T1002	RN Services Up to 15 Minutes	\$50.00