



FEE SCHEDULE POLICY

CENTAL VALLEY INDIAN HEALTH, INC.

FEE SCHEDULE POLICY

RECORD OF CHANGES

CHANGE NUMBER	DATE OF CHANGE	CHANGE ENTERED BY
IMPLEMENTED	5-15-95	C.D. FOWLER
REVISED	9-01-00	C.D. FOWLER
REVISED	NOVEMBER 2001	C.D. FOWLER
REVISED	NOVEMBER 2002	C.D. FOWLER
REVISED	NOVEMBER 2005	C.D. FOWLER
CHANGED	NOVEMBER 2006	CLINIC COORDINATOR
CHANGED	NOVEMBER 2007	CLINIC COORDINATOR
CHANGED	NOVEMBER 2008	CLINIC COORDINATOR
CHANGED	APRIL 2009	CLINIC COORDINATOR
CHANGED	NOVEMBER 2009	CLINIC COORDINATOR
CHANGED	NOVEMBER 2010	CLINIC COORDINATOR
Changed	November 2011	Clinic Coordinator
Changed	November 2012	Clinic Coordinator
Changed	January 2016	Chief Operating Officer
Changed	November 2018	Chief Operating Officer

FEE SCHEDULE POLICY

1. Purpose: To provide guidance for staff and patients in determining billing for services for patients seen at CVIH facilities.
2. Documented Native Americans (as outlined in the Central Valley Indian Health Purchased Referred Care Policy, sections 3 (Eligibility) through 4.b. (Documentation for Eligibility) will not be charged for any Direct Care services which consist of all in-house medical, nutrition, behavioral health and dental services excluding lab work and optical.
3. Annually CVIH will review and make any necessary changes to Department Fee schedules. Fees will be based on the annual Medicare and Medi-Cal regional rates plus 8%.
4. A sliding fee schedule will be updated annually to be used for billing patients with lower incomes, who are uninsured.
5. The sliding scale fee is based on the patient's ability to pay determined by a patient's annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.
6. The sliding fee scale is available for all established Central Valley Indian Health individuals and their immediate families with no health insurance and an annual income below 100 percent of the poverty guidelines.
7. Prior to the utilization of the sliding fee scale our Patient Services Representative shall determine if they are eligible for other possible resources such as Medi-cal, and assist the patient in applying for these resources when applicable. Determination of alternate resources for patients will need to occur annually to account for any changes in employment, health or other criteria that may impact the patient's ability to be covered by resources.
8. The following documentation is required in order to determine eligibility for the sliding fee scale:
 - a. Page 1 of your most recent federal income tax return (Form 1040 or 1040A)
 - b. A copy of your two most current wages statements, unemployment or pay stubs (a statement from your employer showing year to date earnings can be substituted for pay stubs if they are not available), verification of disability income, award letter for public assistance, military allotments, scholarships, Court order or Support Enforcement receipt for child or spousal support, etc. as applicable.
 - c. If you have no income whatsoever, and you are being provided room and board by someone else, a letter stating this from the people providing your room and board.
 - d. A copy of your CA state driver's license or current utility bill with your current name and street address is also required.

- e. Once approved the sliding fee reduction will be good for 1 year, if you continue to receive services, you will be asked to re-apply.
 - f. All documentation must be provided prior to the sliding fee schedule being applied to services rendered. If documentation is not provided you will be required to pay the full amount of charges at the time services are rendered.
9. The Business Manager is responsible for maintaining and training applicable staff members in the use of this policy.
10. The sliding fee scale is implemented at the discretion of Central Valley Indian Health staff based on individual provider patient loads.

SLIDING SCALE APPLICATION

All information/documentation provided is strictly confidential.

MONTHLY INCOME:

Net income from work (after taxes) \$ _____

Public assistance (SDI, Welfare, etc) \$ _____

Unemployment compensation \$ _____

Any other income (not declared above) \$ _____

HOUSEHOLD SIZE: Please indicate the number of people supported by this income:

Adults _____ # Children _____

INCOME VERIFICATION:

- a. Page 1 of your most recent federal income tax return (Form 1040 or 1040A)
- b. A copy of your two most current wages statements, unemployment or pay stubs (a statement from your employer showing year to date earnings can be substituted for pay stubs if they are not available), verification of disability income, award letter for public assistance, military allotments, scholarships, Court order or Support Enforcement receipt for child or spousal support, etc. as applicable.
- c. If you have no income whatsoever, and you are being provided room and board by someone else, a letter stating this from the people providing your room and board.
- d. A copy of your CA state driver's license or current utility bill with your current name and street address is also required.
- e. Once approved the sliding fee reduction will be good for 1 year, if you continue to receive services, you will be asked to re-apply.
- f. All documentation must be provided prior to the sliding fee schedule being applied to services rendered. If documentation is not provided you will be required to pay the full amount of charges at the time services are rendered.

FOR OFFICE USE ONLY

Patient Name: _____ Chart # _____

Date Qualified: _____ Re-application date _____

Percent Charge: _____ Percent Discount _____

Patient Services Representative: _____

DENTAL FEE SCHEDULE – 2019

<u>CODE</u>	<u>DESCRIPTION</u>	
D0120	Periodic Oral Evaluation	\$40
D0140	Limited Oral Evaluation - problem focused	\$59
D0145	Oral Evaluation - patient under three yrs of age	\$40
D0150	Comprehensive Oral Evaluation - new or established patient	\$70
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$56
D0180	Comprehensive Periodontal Evaluation - new or established patient	\$75
D0210	Intraoral X-Rays - complete series (including bitewings) FMX	\$103
D0220	intraoral - periapical first film	\$23
D0230	intraoral - periapical each additional film	\$19
D0240	intraoral - occlusal film	\$35
D0270	bitewing - single film	\$23
D0272	bitewings - two films	\$37
D0273	bitewings - three films	\$44
D0274	bitewings - four films	\$51
D0460	pulp vitality tests	\$46
D0470	diagnostic casts	\$88
D1110	prophylaxis - adult	\$74
D1120	prophylaxis - child	\$54
D1201	topical application of fluoride (including prophylaxis) - child	\$77

DENTAL FEE SCHEDULE – 2019

D1203	topical application of fluoride (prophylaxis not included) - child	\$31
D1204	topical application of fluoride (prophylaxis not included) - adult	\$31
D1205	topical application of fluoride (including prophylaxis) - adult	\$95
D1206	topical fluoride varnish; therapeutic application for moderate high caries	\$30
D1351	sealant - per tooth	\$44
D1352	Preventive resin restoration in a moderate to high caries risk patient- permanent tooth	\$80
D1354	Interim caries arresting medicament application	\$40
D1510	space maintainer - fixed - unilateral	\$264
D1516	space maintainer - fixed – bilateral, maxillary	\$370
D1517	space maintainer - fixed – bilateral, mandibular	\$370
D1550	re-cementation of space maintainer	\$66
D2140	amalgam - one surface, primary or permanent	\$105
D2150	amalgam - two surfaces, primary or permanent	\$135
D2160	amalgam - three surfaces, primary or permanent	\$166
D2161	amalgam - four or more surfaces, primary or permanent	\$197
D2330	resin-based composite - one surface, anterior	\$125
D2331	resin-based composite - two surfaces, anterior	\$157
D2332	resin-based composite - three surfaces, anterior	\$192
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$239
D2390	resin-based composite crown, anterior	\$356
D2391	resin-based composite - one surface, posterior	\$138

DENTAL FEE SCHEDULE – 2019

D2392	resin-based composite - two surfaces, posterior	\$183
D2393	resin-based composite - three surfaces, posterior	\$227

DENTAL FEE SCHEDULE – 2019

D2394	resin-based composite - four or more surfaces, posterior	\$272
D2740	crown - porcelain/ceramic substrate	\$915
D2750	crown - porcelain fused to high noble metal	\$925
D2752	crown - porcelain fused to noble metal	\$910
D2780	crown - 3/4 cast high noble metal	\$884
D2782	crown - 3/4 cast noble metal	\$844
D2783	crown - 3/4 porcelain/ceramic	\$890
D2790	crown - full cast high noble metal	\$877
D2792	crown - full cast noble metal	\$850
D2799	provisional crown	\$336
D2910	recement inlay, onlay, or partial coverage restoration	\$86
D2915	recement cast or prefabricated post and core	\$ 91
D2920	recement crown	\$86
D2930	prefabricated stainless steel crown - primary tooth	\$224
D2931	prefabricated stainless steel crown - permanent tooth	\$262
D2940	sedative filling	\$92
D2950	core buildup, including any pins	\$223
D2951	pin retention - per tooth, in addition to restoration	\$56
D2952	cast post and core in addition to crown	\$354
D2953	each additional cast post - same tooth	\$241

DENTAL FEE SCHEDULE – 2019

D2954	prefabricated post and core in addition to crown	\$277
D2955	post removal (not in conjunction with endodontic therapy)	\$241
D2962	labial veneer (porcelain laminate)-laboratory	\$862
D2980	crown repair, by report	\$237
D3110	pulp cap - direct (excluding final restoration)	\$66
D3120	pulp cap - indirect (excluding final restoration)	\$66
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$157
D3221	pulpal debridement, primary and permanent teeth	\$182
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development	\$450
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$219
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$254
D3310	anterior (excluding final restoration)	\$633
D3320	bicuspid (excluding final restoration)	\$745
D3330	molar (excluding final restoration)	\$897
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$330
D3346	retreatment of previous root canal therapy - anterior	\$664
D3347	retreatment of previous root canal therapy - bicuspid	\$763
D3348	retreatment of previous root canal therapy - molar	\$988
D3351	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$285
D3352	apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$208
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$421

DENTAL FEE SCHEDULE – 2019

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$508
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$194
D4230	anatomical crown exposure(>4 teeth)	\$163
D4231	anatomical crown exposure(1-3 teeth)	\$163
D4320	provisional splinting - intracoronal	\$424
D4321	provisional splinting - extracoronal	\$381
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$203
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$140
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$153
D4381	localized delivery of antimicrobial agents (Arrestin) - per site	\$58
D4910	periodontal maintenance	\$113
D5110	complete denture - maxillary	\$1,400
D5120	complete denture - mandibular	\$ 1,437
D5130	immediate denture - maxillary	\$1,561
D5140	immediate denture - mandibular	\$1,561
D5211	maxillary partial denture - resin base (including any retentive/clasping material, rests and teeth)	\$992
D5212	mandibular partial denture - resin base (including any retentive/clasping material, rests and teeth)	\$996
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,532
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,532
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$1,327
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$1,327

DENTAL FEE SCHEDULE – 2019

D5410	adjust complete denture - maxillary	\$71
D5411	adjust complete denture - mandibular	\$71
D5421	adjust partial denture - maxillary	\$71
D5422	adjust partial denture - mandibular	\$71
D5510	repair broken complete denture base	\$168
D5520	replace missing or broken teeth - complete denture (each tooth)	\$147
D5610	repair resin denture base	\$167
D5620	repair cast framework	\$239
D5630	repair or replace broken retentive/clasping material – per tooth	\$212
D5640	replace broken teeth - per tooth – per tooth	\$148
D5650	add tooth to existing partial denture	\$178
D5660	add clasp to existing partial denture	\$224
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$559
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$559
D5710	rebase complete maxillary denture	\$475
D5711	rebase complete mandibular denture	\$475
D5720	rebase maxillary partial denture	\$458
D5721	rebase mandibular partial denture	\$458
D5730	reline complete maxillary denture (chairside)	\$305
D5731	reline complete mandibular denture (chairside)	\$305

DENTAL FEE SCHEDULE – 2019

D5740	reline maxillary partial denture (chairside)	\$300
D5741	reline mandibular partial denture (chairside)	\$303
D5750	reline complete maxillary denture (laboratory)	\$386
D5751	reline complete mandibular denture (laboratory)	\$387
D5760	reline maxillary partial denture (laboratory)	\$381
D5761	reline mandibular partial denture (laboratory)	\$381
D5850	tissue conditioning, maxillary	\$163
D5851	tissue conditioning, mandibular	\$164
D5860	overdenture - complete, by report	\$1,654
D5861	overdenture - partial, by report	\$1,627
D5862	precision attachment, by report	\$559
D5875	modification of removable prosthesis following imp ant surgery	\$298
D5876	Add metal substructure to acrylic full denture	\$300
D5986	fluoride gel carrier	\$173
D6057	custom abutment - includes placement	\$814
D6058	abutment supported porcelain/ceramic crown	\$1,170
D6059	abutment supported porcelain fused to metal crown (high noble metal)	\$1,150
D6061	abutment supported porcelain fused to metal crown (noble metal)	\$1,076
D6062	abutment supported cast metal crown (high noble metal)	\$1,080
D6064	abutment supported cast metal crown (noble metal)	\$1,068
D6094	abutment supported crown - (titanium)	\$915

DENTAL FEE SCHEDULE – 2019

D6065	implant supported porcelain/ceramic crown	\$1,271
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,268
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,220
D6068	abutment supported retainer for porcelain/ceramic FPD	\$1,128
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,119
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$1,068
D6072	abutment supported retainer for cast metal FPD (high noble metal)	\$1,119
D6074	abutment supported retainer for cast metal FPD (noble metal)	\$1,033
D6194	abutment supported retainer crown for FPD - (titanium)	\$1,116
D6075	implant supported retainer for ceramic FPD	\$1,206
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$1,221
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$,245
D6078	implant/abutment supported fixed denture for completely edentulous arch	\$3,893
D6079	implant/abutment supported fixed denture for partially edentulous arch	\$2,914
D6080	implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$229
D6090	repair implant supported prosthesis, by report	\$610
D6210	pontic - cast high noble metal	\$880
D6212	pontic - cast noble metal	\$853
D6214	pontic - titanium	\$864
D6240	pontic - porcelain fused to high noble metal	\$892

DENTAL FEE SCHEDULE – 2019

D6242	pontic - porcelain fused to noble metal	\$864
D6245	pontic - porcelain/ceramic	\$905
D6253	provisional pontic	\$677
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$636
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$802
D6740	crown - porcelain/ceramic	\$915
D6750	crown - porcelain fused to high noble metal	\$898
D6752	crown - porcelain fused to noble metal	\$864
D6780	crown - 3/4 cast high noble metal	\$870
D6782	crown - 3/4 cast noble metal	\$864
D6783	crown - 3/4 porcelain/ceramic	\$897
D6790	crown - full cast high noble metal	\$ 85
D6792	crown - full cast noble metal	\$853
D6794	crown - titanium	\$803
D6930	recement fixed partial denture	\$137
D6940	stress breaker	\$356
D6950	precision attachment	\$540
D6970	cast post and core in addition to fixed partial denture retainer	\$356
D6971	cast post as part of fixed partial denture retainer	\$350
D6972	prefabricated post and core in addition to fixed partial denture retainer	\$275

DENTAL FEE SCHEDULE – 2019

D6973	core build up for retainer, including any pins	\$224
D6980	Fixed partial denture repair necessitated by restorative	\$300
D7111	extraction, coronal remnants - deciduous tooth	\$111
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$130
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$220
D7220	removal of impacted tooth - soft tissue	\$254
D7230	removal of impacted tooth - partially bony	\$325
D7250	surgical removal of residual tooth roots	\$251
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$447
D7321	alveoloplasty not in conjunction with extraction - per quadrant	\$368
D7530	Removal of Foreign Body (bone spicule) - not complicated	\$68
D7971	excision of pericoronary gingiva	\$190
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar.	\$320
D8692	replacement of lost or broken retainer	\$ 80
D8681	Removable orthodontic retainer adjustment	\$56
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$98
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$59
D9230	analgesia,anxiolysis, inhalation of nitrous oxide	\$58
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$60
D9440	office visit - after regularly scheduled hours	\$137
D9610	therapeutic drug injection, by report	\$85

DENTAL FEE SCHEDULE – 2019

D9910	application of desensitizing medicament	\$51
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	\$65
D9932	Cleaning and inspection of removable complete denture, maxillary.	\$30
D9933	Cleaning and inspection of removable complete denture, mandibular	\$30
D9934	Cleaning and inspection of removable partial denture, maxillary	\$30
D9935	Cleaning and inspection of removable partial denture, mandibular	\$30
D9941	Fab athletic mouthguard	\$209
D9943	Occlusal guard adjustment	\$40
D9944	Occlusal guard- hard appliance, full arch	\$508
D9945	Occlusal guard- soft appliance, full arch	\$500
D9946	Occlusal guard- hard appliance, partial arch	\$500
D9961	Duplicate/copy patient's records	\$20
D9990	Certified translation or sign-language services-per visit	\$200 per hour
D9991	Dental case management-addressing app. Compliance barriers	
D9992	Dental case management-care coordination	
D9993	Dental case management-motivational interviewing	
D9994	Dental case management-patient education to improve oral health literacy	

DENTAL FEE SCHEDULE – 2019

D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$110
D9940	occlusal guard, by report	\$493
D9941	fabrication of athletic mouthguard	\$203
D9942	repair and/or reline of occlusal guard	\$203
D9950	occlusion analysis - mounted case	\$280
D9951	occlusal adjustment - limited	\$148
D9952	occlusal adjustment - complete	\$559
D9970	enamel microabrasion	\$172
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	\$140
D9972	external bleaching - per arch	\$254
D9973	external bleaching - per tooth	\$198
D9974	internal bleaching - per tooth	\$ 34

MEDICAL FEE SCHEDULE 2019

OV NEW PATIENT

FEE

99201 Minimal	\$ 52.00
99202 Brief	\$ 86.00
99203 Limited	\$ 122.00
99204 Intermediate	\$ 185.00
99205 Comp	\$ 231.00

OV EST. PATIENT

99211 Minimal	\$ 30.00
99212 Breif	\$ 55.00
99213 Limited	\$ 84.00
99214 Intermediate	\$ 120.00
99215 Comp	\$ 165.00

PREVENTATIVE MEDICINE NEW PATIENT

99381 Under Age 1	\$ 60.00
99382 Age-1-4	\$ 70.00
99383 Age-5-11	\$ 80.00
99384 Age-12-17	\$ 90.00
99385 Age-18-39	\$ 133.00
99386 Age-40-64	\$ 100.00
99387 Age 65+	\$ 100.00
G0402 1st 12 Months of Medicare Enrollment Physical	\$ 180.00

PREVENTATIVE MEDICINE EST. PATIENT

99391 Under Age 1	\$ 50.00
99392 Age-1-4	\$ 60.00
99393 Age-5-11	\$ 70.00
99394 Age-12-17	\$ 80.00
99395 Age-18-39	\$ 90.00
99396 Age-40-64	\$ 90.00
99397 Age 65+	\$ 90.00
G0438 Initial MEDICARE Pysical Exam	\$ 190.00
G0439 Annual Health Assesment	\$ 130.00

BEHAVIORAL HEALTH SERVICES

90791 Initial Psych Evaluation	\$ 156.00
90792 Initial Psych Evaluation w/medical services	\$ 171.00
90832 (30 mins) Psychotherapy w/pt and/or family member	\$ 76.00
90834 (45 mins) Psychotherapy w/pt and/or family member	\$ 100.00
90837 (60 mins) Psychotheray w/pt and/or family member	\$ 150.00
90846 Family Psychotherapy without the patient present	\$ 121.00
90847 Family Psychotherapy with patient present	\$ 126.00
90853 Group Psychotherapy	\$ 30.00

90839 Crisis Psychotherapy 60 mins	\$ 157.00
90840 Psychotherapy crisis additional 30 mins	\$ 76.00
90863 Pharmacology Management	\$ 30.00
90785 Interactive Complexity	\$ 16.00
90889 preparation of report of patient Psychiatric status	\$ 40.00

CVIH ADMIN/RECORDS CHARGES

Medical Records	\$ 25.00
Forms that providers fill out (disability, Pg&e etc..)	\$ 30.00
Missing appointments No show no call	\$ 25.00
Attorney Letter done by provider	\$ 50.00
Replacing Immunization Records Yellow Card	\$ 5.00
Storage Records	\$ 25.00

NUTRITION THERAPY

97802 Initial 15 Minutes	\$ 42.00
97803 Re-Assess 15 Minutes	\$ 37.00
G0270 Second Referral Within Same Yr	\$ 37.00

LAB/TEST

80061 LIPID PROFILE	\$ 20.00
81002 URINE DIPSTIC	\$ 10.00
81015 MICRO URINE	\$ 10.00
81025 URINE PREGNANCY	\$ 10.00
82044 MICROALBUMIN	\$ 10.00
82270 HEMOCULT	\$ 10.00
82962 BLOOD SUGAR	\$ 10.00
85018 HEMOGLOBIN	\$ 10.00
83036 HGB A1C	\$ 30.00
84460 ALT	\$ 10.00
86308 HETEROPHILE ANTIBODIES	\$ 10.00
86580 PPD	\$ 15.00
87430 STREP A TEST	\$ 12.00
87210 WET MOUNT	\$ 10.00
87220 KOH	\$ 10.00
87804 INFLUENZA A/B TEST	\$ 12.50
92552 HEARING SCREEN	\$ 22.00
93000 EKG	\$ 30.00
93784 BLOOD PRESSUE MONITORING, FOR 24 HOURS OR LONGER	\$ 80.00
94010 SPIROMETRY, INCLUDING GRAPHIC RECORD	\$ 30.00
94015 SPIROMETRY, PHYSICIAN REVIEW AND INTERPRETATION ONLY	\$ 28.00
94200 PEAK FLOW	\$ 30.00
94640 INHALATION TREATMENT	\$ 25.00
94760 PULSE OXIMETRY & OXYGEN SAT	\$ 10.00
99000 LAB HANDLING SPECIMEN	\$ 5.00
99173 SNELLEN EYE SCREEN	\$ 10.00

SURGERY

10040 ACNE SURGERY (REMOVAL OF MILIA)	\$ 125.00
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10060 I&D ABSCESS, SIMPLE OR SINGLE	\$ 135.00
10061 I&D OF ABSCESS, COMPLICATED	\$ 235.00
10080 I&D PILONIDAL CYST, SIMPLE	\$ 210.00
10120 INCISION, FB REMOVAL, SIMPLE	\$ 175.00
10180 I&D DRAINAGE POST-OP WOUND	\$ 200.00
10160 PUNCTURE DRAINAGE OF LESION	\$ 146.00
11000 DEBRIDEMENT INFECTED SKIN	\$ 60.00
11042 DEBRIDEMENT SKIN & SUBCUTANEOUS	\$ 130.00
11045 DEBRIDEMENT INFECTED SKIN ADDITIONAL 20 sq cm	\$ 55.00
11046 DEBRIDEMENT INFECTED SKIN ADDITIONAL 20 sq cm	\$ 80.00
11055 PARING/CUTTING OF CORN/CALLUS	\$ 54.00
11056 PARING/CUTTING 2 TO 4	\$ 65.00
11100 BIOPSY OF SKIN (PUNCH BX)	\$ 115.00
11101 BIOPSY ; SKIN ADD-ON	\$ 40.00
11200 SKIN TAG REMOVAL; UP TO 15	\$ 100.00
11201 SKIN TAG REMOVAL EACH ADDT'L	\$ 30.00
11300 SHAVING OF LESION 0.5CM/LESS	\$ 115.00
11301 SHAVING LESION 0.6 CM TO 1 CM	\$ 140.00
11302 SHAVING SKIN LESION	\$ 160.00
11305 SHAVING LESION 0.05CM OR LESS	\$ 115.00
11307 SHAVING LESION 1.1 TO 2.0 CM	\$ 165.00
11311 SHAVING LESION 0.6 TO 1.0 CM	\$ 125.00

SURGERY-EXCISION TRUNK, ARMS, OR LEGS

11400 EXCISION BENIGN LESION 0.5CM OR LESS; TRUNK, LEGS	\$ 140.00
11401 EXCISION BENIGN LESION 0.6 TO 1.0 CM; TRUNK, ARMS LEGS	\$ 170.00
11402 EXCISION BENIGN LESION 1.1CM TO 2.0CM ; TRUNK, LEGS	\$ 185.00
11403 EXCISION 2.1 TO 3.0 CM TRUNK, ARMS OR LEGS	\$ 220.00
11406 EXCISION OVER 4.0CM; TRUNK, ARMS, OR LEGS	\$ 350.00
11600 EXCISION MAKIGNANT 0.5 CM OR LESS	\$ 220.00
11601 EXCISION MALIGNANT LESION 0.6 CM TO 1.0 CM	\$ 260.00
11602 EXCISION MALIGNANT 1.1 CM TO 2.0 CM	\$ 280.00
11604 EXCISION MALIGNANT LESION 3.1 CM TO 4.0 CM	\$ 355.00

SURGERY-EXCISION SCALP, NECK, HANDS, AND FEET

11420 EXCISION BENIGN 0.5 CM OR LESS	\$ 140.00
11421 EXCISION BENIGN 0.6 CM TO 1.0 CM	\$ 180.00
11422 EXCISION BENIGN 1.1 CM TO 2.0 CM	\$ 200.00

SURGERY-EXCISION FACE, EARS, EYELIDS, AND NOSE

11440 EXCISION BENIGN 0.5 CM OR LESS	\$ 160.00
11441 EXCISION BENIGN 0.6 CM TO 1.0 CM	\$ 190.00
11442 EXCISION BENIGN 1.2 CM TO 2.0 CM	\$ 215.00
11642 EXCISION MALIGNANT 1.1 CM TO 2.0 CM	\$ 310.00

SURGERY-NAILS

11719 NAIL TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$ 20.00
11720 DEBRIDEMENT OF NAILS(S) ON TO FIVE	\$ 35.00
11721 DEBRIDEMENT OF NAILS(S) SIX OR MORE	\$ 51.00

11730 AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE	\$ 115.00
11740 EVACUATION OF SUBUNGUAL HEMATOMA	\$ 55.00
11750 EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE INGROWN	\$ 255.00
11900 INJECTION INTRALESION; UP TO 7 LESION	\$ 65.00

OTHER SURGERY CODES

11975 INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULE (IMPLANON) charge along w/code J7:	\$ 200.00
12001 REPAIR-SIMPLE OF SUPERFICIAL WOUND 2.5 CM OR LESS	\$ 120.00
12002 REPAIR 2.6 CM TO 7.5 CM; SCALP, NECK, AXILLAE	\$ 140.00
12011 SIMPLE REPAIR; FACE, EARS, EYELIDS, NOSE, LIPS	\$ 125.00
12013 REPAIR SUPERFICIAL WOUND	\$ 140.00
12020 REPAIR/ TREATMENT SUPERFICIAL WOUND	\$ 215.00
15851 SUTURE REMOVAL (OTHER DR. APPLIED)	\$ 50.00
20520 REMOVAL OF FOREIGN BODY MUSCLE	\$ 170.00
20526 INJECTION, THERAPEUTIC, CARPAL TUNNEL	\$ 65.00
20550 INJ TENDON SHEATH, LIG, GANGLION CYST	\$ 58.00
20551 INJ SINGLE TENDON ORIGIN/INSERTION	\$ 63.00
20552 INJECTION TRIGGER POINT	\$ 46.00
20553 INJECTION TRIGGER POINTS, 3 OR MORE MUSCLES	\$ 63.00
20600 INJECTIONS SMALL JOINT	\$ 52.00
20605 INJECTION INTERMEDIATE JOINT	\$ 60.00
20610 INJECTION MAJOR JOINT	\$ 70.00
20612 ASPIRATION AND/OR INJ OF GANGLION CYSTS	\$ 65.00
20615 ASPIRATION AND INJ. FOR TREATMENT OF A BONE	\$ 202.00
24200 FOREIGN BODY REMOVAL, ARM/ELBOW	\$ 160.00
26070 FOREIGN BODY REMOVAL; HAND	\$ 360.00
27372 REMOVAL OF FOREIGN BODY	\$ 463.00
28190 REMOVAL OF FOREIGN BODY; FOOT	\$ 450.00
30300 FOREIGN BODY REMOVAL; INTRANASAL	\$ 200.00
30901 CAUTERIZATION NOSE, CONTROL NASAL HEMORRHAGE	\$ 90.00
36000 INTRODUCTION OF NEEDLE VEIN	\$ 30.00
36415 ROUTINE VENIPUNCTURE	\$ 10.00
36416 COLLECTION OF CAPILLARY BLOOD (FINGER, HEEL, EAR)	\$ 10.00
46083 INCISION THROMBOSED HEMORRHOID-EXTERNAL	\$ 150.00
51701 INSERT BLADDER CATHETER	\$ 65.00
54150 CIRCUMCISION USING CLAMP W/REGINAL PENILE OR RING BLOCK (only for under 28 days)	\$ 180.00
57510 CAUTHERIZATION OF CERVIX	\$ 153.00
58300 INSERTION OF INTRAUTERINE DEVICE (IUD	\$ 170.00
58301 REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$ 60.00
65205 REMOVAL OF FOREIGN BODY, EYE	\$ 50.00
67938 FOREIGN BODY REMOVAL, EYELID	\$ 135.00
69200 FOREIGN BODY REMOVALAUDITORY CANAL W/O ANEST	\$ 65.00
69209 REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$ 20.00
69210 REMOVAL IMPACTEE REQUIRING INSTRUMENTATION	\$ 40.00
97602 WOUND CARE/WET TO MOIST DEVITALIZATION	\$ 40.00

SURGERY-BURNS

16020 DEBRIDEMENT W/OUT ANESTHESIA OFFICE	\$ 95.00
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SURGERY-DESTRUCTION (CRYSURGERY)

17000 DESTRUCTION LESION-FIRST LESION	\$ 75.00
17003 DESTRUCTION LESION;SECOND THU 14 LESIONS	\$ 10.00
17004 DESTRUCTION LESION; 15 OR MORE LESIONS	\$ 165.00
17110 DESTRUCTION WARTS-UP TO 14 LESIONS	\$ 130.00
17111 DESTRUCTIONS WARTS; 15 OR MORE LESIONS	\$ 155.00
17250 CHEMICAL CAUTERIZATION	\$ 95.00

IMMUNIZATION/THERAPEUTIC/DIAGNOSITC ADMINISTRATION

90471 IMMUNIZATION ADMINISTRATION	\$ 20.00
90472 EACH ADDITIONAL ADMINISTRATION	\$ 15.00
90473 ADMINISTRATION OF VACCINATION ORAL/INTRANASAL	\$ 20.00
96360 INTRAVENOUS INFUSION, HYDRATION, INITIAL, 31 MINUTES TO 1 HOUR	\$ 70.00
96361 INTRAVENOUS HYDRATION, EACH ADDT'L HOUR	\$ 20.00
96372 THERAPEUTIC,PROPHYLATIC OR DIAGNOSTIC	\$ 30.00
95117 ALLERGEN IMMUNOTHERAPY TWO OR MORE	\$ 20.00
G0008 MEDICARE INFLUENZA ADMINISTRATION	\$ 20.00
G0009 MEDICARE PNEUMOCOCAL ADMINISTRATION	\$ 20.00
G0010 MEDICARE HEP B ADMINISTRATION	\$ 20.00

INJECTIONS/MEDICINE (PER DOSAGE)

J0171 EPHINEPHRINE	\$ 15.00
J7307 ETONOGESTREL IMPLANT SYSTEM, INCLUDING IMPLANT&SUPPLIES (IMPLANON)	\$ 785.00
J0558 BICILLIN UP TO 100,00 UNITS	\$ 25.00
J0561 PENICILLIN G,BENZATHINE 100,000 UNITS	\$ 15.00
J0690 CEFAZOLIN SODIUM 500 MG (ANCEF)	\$ 15.00
J0696 ROCEPHIN 250 MG	\$ 20.00
J0702 INJ BETAMETHASONE ACETATE	\$ 15.00
J0780 COMPAZINE 10 MG	\$ 15.00
J1040 DEPO MEDROL 80 MG	\$ 15.00
J1055 DEPO PROVERA	\$ 70.00
J1815 INSULIN PER 5 UNITS	\$ 15.00
J1885 TORADOL 15 MG	\$ 15.00
J1940 LASIX 10 MG	\$ 15.00
J2310 NARCAR (NALOXONE) INJ 0.4MG	\$ 30.00
J2790 RHO(D) IMMUNE INJECTION	\$ 100.00
J3301 KENALOG 10 mg	\$ 15.00
J3410 VISTARIL 25 MG	\$ 15.00
J3411 THIAMINE HCL 100 MG	\$ 15.00
J3420 B12 VITAMIN 1000MCG	\$ 15.00
J7120 LACTATED RINGERS	\$ 5.00
J7300 INTRAUTERINE COPPER CONTRACEPTIVE (PARAGARD) charge along w/code 58300	\$ 740.00
J7298 MIRENA, 52 MG	\$ 860.00
J9217 DEPO LUPRON	\$ 220.00
J9250 METHOTREXATE SODIUM 5 MG	\$ 15.00
J9260 METHOTREXATE SODIUM 50 MG	\$ 20.00
J1071 TESTOSTERONE 1 MG	\$ 15.00
J1200 BENADRYL 50 MG	\$ 15.00
J2930 SOLU MEDOL 125 MG	\$ 15.00
J0561 BICILLIAN UP TO 600,000 UNITS	\$ 25.00
J2550 PHENERGAN 25 MG	\$ 15.00

PEDIATRICS IMMUNIZATIONS

90296 DIPHTHERIA ANTITOXIN	\$ 30.00
90702 DT VACCINE <7, IM	\$ 36.00
90700 Dtap	\$ 26.00
90723 Dtap-Hep B- IPV (Pediarix)	\$ 72.00
90721 Dtap-Hib	\$ 49.00
90698 Dtap-Hib-IPV (Pentacel)	\$ 90.00
90719 DTP	\$ 30.00
90720 DTP-HIB (Comvax)	\$ 30.00
90707 MMR	\$ 60.00
90710 MMRV	\$ 60.00
90734 MENINGOCOCCAL MCV4O	\$ 120.00
90713 IPV	\$ 60.00
90645 Hib (HbOC), 4 dose schedule	\$ 25.00
90946 Hib (PRP-D)	\$ 25.00
90647 Hib (PRP-OMP), 3 dose schedule	\$ 25.00
90648 Hib (PRP-T), 4 dose schedule	\$ 25.00
90716 Varicella	\$ 100.00
90744 HEP B Pediatric (11-19) 3 dosage	\$ 40.00
90633 HEP A, ped/adol, 2 dose schedule	\$ 30.00
90634 HEP A ped/adol,3 dose	\$ 30.00
90649 HPV 4 quadrivalent, 3 dose	\$ 150.00
90650 HPV bivalent, 3 dose schedule	\$ 150.00
90651 HPV 9 nonavalent, 3 dose schedule	\$ 150.00
90680 Rotavirus, pentavalent, 3 dose schedule	\$ 45.00
90681 Rotavirus, attenuated, 2 dose scheule	\$ 45.00
90669 Pneumococcal conjugate PCV 13	\$ 60.00
90670 Pneumococcal conjugate PCV 7	\$ 60.00
90654 INFLUENZA (SPLIT) SEASONAL	\$ 15.00
90655 INFLUENZA (SPLIT) PRESERVATIVE FREE 6-35 MONTHS	\$ 15.00
90656 INFLUENZA, TRIVALENT, 3 YRS AND OLDER	\$ 15.00
90657 INFLUENZA, TRIVALENT, 6-35 MONTHS	\$ 15.00
90672 INFLUENZA QUADRIVALENT , LIVE, INTRANASAL	\$ 23.00

ADULT IMMUNIZATIONS

90700 DTAP	\$ 26.00
90714 TD PRESERVATIVE FREE	\$ 60.00
90715 Tdap	\$ 60.00
90707 MMR	\$ 60.00
90713 IPV	\$ 60.00
90645 Hib (HbOC), 4 dose schedule	\$ 60.00
90649 HPV quadrivalent, 3 dose schedule	\$ 150.00
90650 HPV bivalent, 3 dose	\$ 150.00
90740 Heb B dialysis, 3 dose schedule	\$ 60.00
90743 Heb B adult, 2 dosage schedule	\$ 60.00
90746 Hep B adult, dosage, IM	\$ 60.00
90747 Hep B, dialysis, 4 dose schedule	\$ 60.00
90632 Hep A	\$ 60.00
90636 Hep A and Hep B (twinrix)	\$ 103.00
90732 Pneumococcal 2 yrs and older	\$ 60.00
90716 Varicella	\$ 100.00

90656	INFLUENZA, TRIVALENT, PRESERVATIVE FREE 3YRS AND OLDER	\$ 15.00
90658	INFLUENZA, TRIVALENT, 3 YRS AND OLDER	\$ 15.00
90660	INFLUENZA, TRIVALENT, LIVE, INTRANASAL	\$ 15.00
90662	INFLUENZA , HIGH DOSE SEASONAL	\$ 15.00
90686	INFLUENZA, (QUAD) PRESERVATIVE FREE	\$ 15.00
90688	INFLUENZA, (QUAD) 3 YRS AND OLDER	\$ 15.00
Q2038	INLUENZA FOR MEDICARE	\$ 15.00

ORTHO

28540	CLOSED TX OF TARSAL BONE DISLOCATION W/OUT ANEST	\$ 225.00
29125	SHORT ARM SPLINT	\$ 70.00
29130	SPLINT FINGER/APPLICATION	\$ 40.00
29065	LONG ARM CAST	\$ 111.00
29075	SHORT ARM CAST	\$ 90.00
29085	HAND AND LOWER FOREARM (GAUNTLET) CAST	\$ 100.00
29086	FINGER CAST PLACEMENT	\$ 80.00
29405	SHORT LEG CAST	\$ 90.00
29505	LONG LEG SPLINT	\$ 85.00
29515	SHORT LEG SPLINT	\$ 70.00
29540	STRAPPING ANKLE	\$ 40.00
29580	UNNA BOOT	\$ 40.00

SUPPLIES

A4212	22"GAUGE NEEDLE	\$ 5.00
A4305	CATHETER TUBING	\$ 5.00
A6450	ACE WRAP	\$ 5.00
A4565	SLINGS	\$ 10.00
A4570	SPLINTS	\$ 20.00
A9900	UNIVERSAL ARM SLING	\$ 5.00
L0120	CERVICAL FOAM COLLAR	\$ 20.00
L1820	KNEE ORTHOSIS, ELASTIC W/CONDYLAR PADS & JOINTS	\$ 80.00
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF THE SHELF	\$70.00
L1902	ANKLE SUPPORT	\$ 39.00
L3908	WRIST SUPPORT	\$ 39.00
L3650	CLAVICLE SPLINT/SHOULDER & ABDUCT	\$ 45.00
L3265	PLASTAZOTE SANDAL	\$ 60.00
L3923	THUMB GUARD PREFABRICATED	\$ 27.00
L3929	FINGER/THUMB SPLINT	\$ 42.00
L4350	ANKLE SUPPORT/SURRND W/GEL TRAINER	\$ 72.00

