

CPT Code	CPT Code Name	CPT Code Unit Fee	CPT Code Long Description
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	\$35.00	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA/LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	\$35.00	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA/LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose
10060	DRAINAGE OF SKIN ABSCESS	\$200.00	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
11200	REMOVAL OF SKIN TAGS	\$192.00	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions
11981	INSERT DRUG IMPLANT DEVICE	\$110.00	Insertion, non-biodegradable drug delivery implant
11982	REMOVE DRUG IMPLANT DEVICE	\$110.00	Removal, non-biodegradable drug delivery implant
11983	REMOVE/INSERT DRUG IMPLANT	\$200.00	Removal with reinsertion, non-biodegradable drug delivery implant
17110	DESTRUCT LESION, 1-14	\$222.00	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of flat warts, molluscum contagiosum, or milia; up to 14 lesions
17250	CHEMICAL CAUTERY, TISSUE	\$185.00	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
20610	DRAIN/INJECT, JOINT/BURSA	\$160.00	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
3044F	HG A1C LEVEL LT 7.0%	\$0.01	Most recent hemoglobin A1c (HbA1c) level < 7.0% (DM)
3044F	HG A1C LEVEL < 7.0%	\$0.01	Most recent hemoglobin A1c (HbA1c) level < 7.0% (DM)
3045F	HG A1C LEVEL 7.0-9.0%	\$0.01	Most recent hemoglobin A1c (HbA1c) level 7.0 ÷ 9.0 % (DM)
3046F	HEMOGLOBIN A1C LEVEL > 9.0%	\$0.01	Most recent hemoglobin A1c level > 9.0% (DM)4
3046F	HG A1C LEVEL > 9.0%	\$0.01	Most recent hemoglobin A1c level > 9.0% (DM)4
3051F	HG A1C>EQUAL 7.0%<8.0%	\$0.01	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
3051F	HG A1C>= 7.0% - <8.0%	\$0.01	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
3052F	HG A1C>EQUAL 8.0%<EQUAL 9.0%	\$0.01	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
3052F	HG A1C>= 8.0% - <= 9.0%	\$0.01	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
3074F	SYST BP LT 130 MM HG	\$0.01	Most recent systolic blood pressure < 130 mm Hg (DM) (HTN)
3074F	SYST BP < 130 MM HG	\$0.01	Most recent systolic blood pressure < 130 mm Hg (DM) (HTN)
3075F	SYST BP GE 130 - 139MM HG	\$0.01	Most recent systolic blood pressure 130 - 139 mm Hg (DM) (HTN)
3075F	SYST BP GE 130 - 139MM HG	\$0.01	Most recent systolic blood pressure 130 - 139 mm Hg (DM) (HTN)
3077F	SYST BP = 140 MM HG6 IT	\$0.01	Most recent systolic blood pressure 140 mm Hg (HTN)1 (DM)4
3077F	SYST BP >= 140 MM HG6 IT	\$0.01	Most recent systolic blood pressure 140 mm Hg (HTN)1 (DM)4
3078F	DIAST BP < 80 MM HG	\$0.01	Most recent diastolic blood pressure 80 mm Hg (HTN)1 (DM)4
3078F	DIAST BP < 80 MM HG	\$0.01	Most recent diastolic blood pressure 80 mm Hg (HTN)1 (DM)4
3079F	DIAST BP 80-89 MM HG	\$0.01	Most recent diastolic blood pressure 80-89 mm Hg (HTN)1 (DM)4
3079F	DIAST BP 80-89 MM HG	\$0.01	Most recent diastolic blood pressure 80-89 mm Hg (HTN)1 (DM)4
3080F	DIAST BP = 90 MM HG	\$0.01	Most recent diastolic blood pressure 90 mm Hg (HTN)1 (DM)4
3080F	DIAST BP >= 90 MM HG	\$0.01	Most recent diastolic blood pressure 90 mm Hg (HTN)1 (DM)4
54065	DESTRUCTION, PENIS LESION(S)	\$100.00	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56501	DESTROY, VULVA LESIONS, SIM	\$302.71	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57061	DESTROY VAG LESIONS, SIMPLE	\$100.00	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
58300	INSERT INTRAUTERINE DEVICE	\$305.00	Insertion of intrauterine device (IUD)
58301	REMOVE INTRAUTERINE DEVICE	\$60.00	Removal of intrauterine device (IUD)
69210	EAR IRRIGATION	\$109.00	Removal impacted cerumen (separate procedure), one or both ears
81000	URINALYSIS	\$35.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81002	Urinalysis (In-House)	\$15.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81025	URINE PREGNANCY TEST	\$35.00	Urine pregnancy test, by visual color comparison methods
82270	TEST FOR BLOOD, FECES	\$36.00	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, 1-3 simultaneous determinations
82962	GLUCOSE BLOOD TEST	\$36.00	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
87210	SMEAR, WET MOUNT, SALINE/INK	\$40.00	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87210	SMEAR, WET MOUNT, SALINE/INK	\$40.00	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87426	SARS-CoV-2 Ag	\$42.23	
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$45.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component
90461	INADM ANY ROUTE ADDL VAC/TOX	\$26.00	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)
90471	IMMUNIZATION ADMIN	\$35.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472	IMMUNIZATION ADMIN, EACH ADD	\$28.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90620	Men B 0.5ml IM (Bexsero)	\$275.00	
90620	MENB-4C VACC 2 DOSE IM	\$275.00	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90621	zzMeningococcal B	\$237.00	
90621	MENB-FHBP VACC 2/3 DOSE IM	\$237.00	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90632	Hep A 1ml IM (adult)	\$118.00	Hepatitis A vaccine, adult dosage, for intramuscular use
90632	HEP A VACCINE, ADULT IM	\$118.00	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	HEP A VACC, PED/ADOL, 2 DOSE	\$80.00	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90636	HEP A/HEP B VACC, ADULT IM	\$129.00	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90636	Hep A-Hep B 1ml IM (Twinrix)	\$129.00	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90647	HIB VACCINE, PRP-OMP, IM	\$45.00	Hemophilus influenzae b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90651	9VHPV VACCINE 2/3 DOSE IM	\$300.00	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use

90670	PCV 13 0.5ml IM (Prennar)	\$288.00	
90670	PNEUMOCOCCAL VACC 13 VAL IM	\$288.00	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90681	ROTAVIRUS VACC 2 DOSE ORAL	\$200.00	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
90686	Flu 0.5ml IM (6mo.-adult)	\$35.00	
90686	FLU VAC NO PRSV 4 VAL 3 YRS+	\$35.00	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90688	zzFlu Adults	\$60.00	
90688	FLU VACC 4 VAL 3 YRS PLUS IM	\$30.00	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90696	DTAP-IPV VACC 4-6 YR IM	\$132.00	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 use
90698	DTap-IPV-Hib 0.5ml IM (Pentacel)	\$145.00	
90698	DTAP-HIB-IP VACCINE, IM	\$145.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use
90700	zzDTaP, 5 pertussis antigens	\$41.00	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90700	DTAP VACCINE, IM	\$41.00	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals younger than 7 years, for intramuscular use
90707	MMR VACCINE, SC	\$116.00	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	MMRV VACCINE, SC	\$288.00	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	POLIOVIRUS, IPV, SC	\$80.00	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use
90714	TD VACCINE NO PRSRV >= 7 IM	\$45.00	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to 7 years or older, for intramuscular use
90714	zzTyphoid, unspecified formulation	\$45.00	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90714	Td 0.5ml IM	\$45.00	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	TDAP VACCINE >7 IM	\$84.00	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
90716	Varicella 0.5ml SC	\$184.00	Varicella virus vaccine, live, for subcutaneous use
90716	VARICELLA IMMUNIZATION	\$184.00	Varicella virus vaccine, live, for subcutaneous use
90723	DTAP-HEP B-IPV VACCINE, IM	\$176.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90723	DTap-IPV-Hep B 0.5ml IM (Pediatrix)	\$145.00	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use
90732	PNEUMOCOCCAL VACCINE	\$130.00	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use
90734	MCV4 0.5ml IM (Menveo)	\$175.00	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90734	MENINGOCOCCAL VACCINE, IM	\$175.00	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90744	HEPB VACC PED/ADOL 3 DOSE IM	\$53.00	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hep B 1ml IM (adult)	\$129.00	Hepatitis B vaccine, adult dosage, for intramuscular use
90746	HEP B VACCINE, ADULT, IM	\$118.00	Hepatitis B vaccine, adult dosage, for intramuscular use
90750	Zoster 0.5ml IM (Shingrix) in-house pharmacy	\$150.92	
90750	HZV VACC RECOMBINANT IM NJX	\$150.92	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
90791	PSYCH DIAGNOSTIC EVALUATION	\$130.00	Psychiatric diagnostic evaluation
90791	PSYCH DIAGNOSTIC EVALUATION	\$130.00	Psychiatric diagnostic evaluation
90792	PSYCH DIAG EVAL W/MED SRVCS	\$310.00	Psychiatric diagnostic evaluation with medical services
92551	Hearing Screen	\$50.00	Screening test, pure tone, air only
93000	-ELECTROCARDIOGRAM, COMPLETE	\$40.00	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
94150	Peak Flow	\$18.00	Vital capacity, total (separate procedure)
94640	NEB/MDI RX INITIAL	\$55.00	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 intermittent positive pressure breathing (IPPB) device)
94760	MEASURE BLOOD OXYGEN LEVEL	\$30.00	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
95250	GLUCOSE MONITORING, CONT	\$184.00	Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via a subcutaneous sensor (includes hook-up, calibration, patient initiation and training, recording, disconnection, downloading with printout of data)
95251	GLUC MONITOR, CONT, PHYS I&R	\$51.00	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report
96150	ASSESS LTH/BEHAVE, INIT	\$130.00	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	ASSESS HLTH/BEHAVE, SUBSEQ	\$18.37	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96156	HLTH BHV ASSMT/REASSESSMENT	\$98.52	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
96372	THER/PROPH/DIAG INJ, SC/IM	\$48.00	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
98925	OSTEOPATHIC MANIPULATION	\$78.00	Osteopathic manipulative treatment (OMT); one to two body regions involved
98940	CHIROPRACTIC MANIPULATION	\$45.00	Chiropractic manipulative treatment (CMT); spinal, one to two regions
98941	CHIROPRACTIC MANIPULATION	\$52.00	Chiropractic manipulative treatment (CMT); spinal, three to four regions
98942	CHIROPRACTIC MANIPULATION	\$65.00	Chiropractic manipulative treatment (CMT); spinal, five regions
98943	CHIROPRACTIC MANIPULATION	\$60.48	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions
98966	HC PRO PHONE CALL 5-10 MIN	\$47.25	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	HC PRO PHONE CALL 11-20 MIN	\$75.25	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	HC PRO PHONE CALL 21-30 MIN	\$157.50	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

99173	VISUAL ACUITY SCREEN	\$37.00	Screening test of visual acuity, quantitative, bilateral
99177	OCULAR INSTRUMNT SCREEN BIL	\$48.00	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis
99201	Office Visit, New Pt., Level 1	\$95.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99202	Office Visit, New Pt., Level 2	\$150.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	Office Visit, New Pt., Level 3	\$213.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	Office Visit, New Pt., Level 4	\$309.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	Office Visit, New Pt., Level 5	\$399.69	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	Office Visit, Est Pt., Level 1	\$80.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99211	Office Visit, Est Pt., Level 1	\$80.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office Visit, Est Pt., Level 2	\$95.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99212	Office Visit, Est Pt., Level 2	\$95.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	Office Visit, Est Pt., Level 3	\$131.01	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99213	Office Visit, Est Pt., Level 3	\$131.01	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office Visit, Est Pt., Level 4	\$195.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99214	Office Visit, Est Pt., Level 4	\$195.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	Office Visit, Est Pt., Level 5	\$273.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99215	Office Visit, Est Pt., Level 5	\$273.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99242	Office Consultation Level 2	\$208.00	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99381	Preventive Care New Pt. Age less than 1 Year	\$216.00	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new



			counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
99395	Preventive Care Est Pt. Age 18-39	\$177.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
99395	Preventive Care Est Pt. Age 18-39	\$177.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
99396	Preventive Care Est Pt. Age 40-64	\$182.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years
99396	Preventive Care Est Pt. Age 40-64	\$182.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years
99396	Preventive Care Est Pt. Age 40-64	\$182.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years
99397	Preventive Care Est Pt. Age 65 and over	\$188.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over
99397	Preventive Care Est Pt. Age 65 and over	\$188.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over
99397	Preventive Care Est Pt. Age 65 and over	\$188.00	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over
99402	P/M COUNSEL, INDIV 30MIN	\$117.29	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99442	PHONE E/M BY PHYS 11-20 MIN	\$75.25	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 leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99490	CHRON CARE MGMT SRVC 20 MIN	\$62.28	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 elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.
99491	CHRNC CARE MGMT SVC 30 MIN	\$72.00	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.
D0120	PERIODIC ORAL EXAMINATION	\$40.00	Periodic oral examination
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$75.00	Limited oral evaluation - problem focused
D0145	ORAL EVALUATION, PT < 3YRS	\$63.00	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$65.00	Comprehensive oral evaluation - new or established patient
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$50.00	Re-evaluation - limited, problem focused (Established patient; not post-operative visit)
D0190	SCREENING OF A PATIENT	\$27.00	screening of a patient
D0210	INTRAORL - Cmpl SERIES CODE 70320	\$120.00	Intraoral - complete series (including bitewings)
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$25.00	Intraoral - periapical, first film
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$23.00	Intraoral - periapical, each additional film
D0240	INTRAORAL - OCCLUSAL FILM	\$66.00	Intraoral - occlusal film
D0270	BITEWING - SINGLE FILM	\$25.00	Bitewing - single film
D0272	BITEWINGS - TWO FILMS	\$41.00	Bitewings - two films
D0273	BITEWINGS - THREE FILMS	\$49.00	Bitewings - three films
D0274	BITEWINGS - FOUR FILMS	\$59.00	Bitewings - four films
D0330	PANORAMIC FILM SEE ALSO CODE 70320	\$98.00	Panoramic film
D0470	DIAGNOSTIC CASTS	\$65.00	Diagnostic casts
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF LOW RISK	\$10.00	
D0602	CARIES RISK ASST AND DOC WITH MODERATE RISK	\$10.00	
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF HIGH RISK	\$10.00	
D1110	PROPHYLAXIS - ADULT	\$75.00	Prophylaxis - adult
D1120	PROPHYLAXIS - CHILD	\$58.00	Prophylaxis - child
D1206	TOPICAL FLUORIDE VARNISH	\$35.00	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D1208	TOPICAL APPLICATION OF FLUORIDE	\$30.00	topical application of fluoride
D1351	SEALANT - PER TOOTH	\$47.00	Sealant - per tooth
D1354	Silver Diamine Flouride	\$40.00	
D1510	SPACE MAINTAINER - FIXED-UNILATERAL	\$276.00	Space maintainer - fixed-unilateral
D1515	SPACE MAINTAINER - FIXED-BILATERAL	\$400.00	Space maintainer - fixed-bilateral
D1516	SPACE MAINTAINER FIXED BILATERAL MAXILLARY	\$400.00	
D1517	SPACE MAINTAINER FIXED BILATERAL MANDIBULAR	\$400.00	
D1550	RECEMENTATION OF SPACE MAINTAINER	\$75.00	Recementation of space maintainer
D1555	REMOVE FIX SPACE MAINTAINER	\$58.00	Removal of fixed space maintainer
D1575	DISTAL SHOE SPACE MAINTAINER FIXED UNILATERAL	\$290.49	
D2140	AMALGAM-ONE SURFACE PRIMARY/PERM	\$105.00	Amalgam-one surface, primary or permanent
D2150	AMALGAM-TWO SURFACES PRIMARY/PERM	\$129.00	Amalgam-two surfaces, primary or permanent

D2160	AMALGAM-3 SURFACES PRIMARY/PERM	\$153.00	Amalgam-three surfaces, primary or permanent
D2161	AMALGAM-FOUR/MORE SURF PRIM/PERM	\$184.00	Amalgam-four or more surfaces, primary or permanent
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$129.00	Resin-based composite - one surface, anterior
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$150.00	Resin-based composite - two surfaces, anterior
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$177.00	Resin-based composite - three surfaces, anterior
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$232.00	Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2390	RESIN COMPOS CROWN ANTERIOR	\$450.00	Resin-based composite crown, anterior
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$143.00	Resin-based composite - one surface, posterior
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$187.00	Resin-based composite - two surfaces, posterior
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$240.00	Resin-based composite - three surfaces, posterior
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$262.00	Resin-based composite - four or more surfaces, posterior
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$1,019.00	Crown - porcelain/ceramic substrate
D2750	CROWN - PORCELN FUSED HI NOBLE METL	\$989.00	Crown - porcelain fused to high noble metal
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$1,169.00	Crown - full cast high noble metal
D2791	CROWN - FULL CAST PREDOM BASE METL	\$1,059.00	Crown - full cast predominantly base metal
D2920	RECEMENT CROWN	\$80.00	Recement crown
D2930	PRFABR STAINLESS STEEL CROWN-PRIM	\$250.00	Prefabricated stainless steel crown - primary tooth
D2931	PRFABR STAINLESS STEEL CROWN-PERM	\$325.00	Prefabricated stainless steel crown - permanent tooth
D2932	PREFABRICATED RESIN CROWN	\$266.18	Prefabricated resin crown
D2934	PREFB ESTHET COAT STNLSS STEEL CRWN	\$305.00	Prefabricated esthetic coated stainless steel crown - primary tooth
D2940	SEDATIVE FILLING	\$93.00	Sedative filling
D2941	INTERIM THERAPEUTIC RESTORATION PRIM DENTITION	\$98.35	
D2950	CORE BUILDUP INCLUDING ANY PINS	\$246.00	Core buildup, including any pins
D2952	CAST POST	\$305.00	Cast post and core in addition to crown
D2954	PREFABR POST	\$279.00	Prefabricated post and core in addition to crown
D3110	PULP CAP - DIRECT	\$67.00	Pulp cap - direct (excluding final restoration)
D3120	PULP CAP - INDIRECT	\$66.00	Pulp cap - indirect (excluding final restoration)
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$155.00	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	PULPAL DEBRID PRIMARY	\$181.00	Pulpal debridement, primary and permanent teeth
D3310	ANTERIOR	\$656.00	Anterior (excluding final restoration)
D3320	BICUSPID	\$760.00	Bicuspid (excluding final restoration)
D3330	MOLAR	\$950.00	Molar (excluding final restoration)
D3352	APEXIFICAT/RECALCIFICAT-INTERIM	\$163.82	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D4249	CLIN CROWN LEN - HARD TISSUE	\$831.00	Clinical crown lengthening - hard tissue
D4341	Periodontal scaling & root	\$239.00	Periodontal scaling and root planing - Four or more teeth per quadrant
D4342	PRDONTAL SCAL&ROOT PLAN 1-3 TEETH	\$184.00	Periodontal scaling and root planing - one to three teeth, per quadrant
D4346	SCALING GINGIVAL INFLAMM FULL MOUTH AFTER ORAL EVAL	\$100.00	
D4910	Periodontal Maintenance	\$124.00	
D5410	Adjust Complete Denture - Maxillary	\$59.00	
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$54.00	Adjust partial denture - maxillary
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$61.00	Adjust partial denture - mandibular
D6750	CRWN PORCLN FUSD HI NOBL MTL-DENTUR	\$988.00	Crown - porcelain fused to high noble metal
D7110	Oral surgery single tooth	\$51.00	
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$145.00	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7250	SURG REMOVAL RESIDUAL TOOTH ROOTS	\$239.00	Surgical removal of residual tooth roots (cutting procedure)
D9110	PALLIATIVE TX DENTAL PAIN-MINOR PROC	\$85.00	Palliative (emergency) treatment of dental pain - minor procedure
D9230	ANALG ANXIOLYSIS INHAL NITROUS OXID	\$61.00	Analgesia, anxiety, inhalation of nitrous oxide
D9995	Teldentistry - Synchronous	\$0.01	
G0438	ANNUAL WELLNESS VST; PERSNL PPS INIT	\$180.00	
G0438	ANNUAL WELLNESS VST; PERSNL PPS INIT	\$180.00	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0438	ANNUAL WELLNESS VST; PERSNL PPS INIT	\$180.00	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	\$120.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	\$120.00	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
G0466	Fqhc visit new patient	\$990.88	Federally qualified health center (fqhc) visit, new patient; a medically-necessary, face-to-face encounter (one-on-one) between a new patient and a fqhc practitioner during which time one or more fqhc services are rendered and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving a fqhc visit
G0467	Fqhc visit, estab pt	\$617.84	Federally qualified health center (fqhc) visit, established patient; a medically-necessary, face-to-face encounter (one-on-one) between an established patient and a fqhc practitioner during which time one or more fqhc services are rendered and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving a fqhc visit
G0468	Fqhc visit, ippe or awv	\$495.44	Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv
G0469	Fqhc visit, mh new pt	\$130.00	Federally qualified health center (fqhc) visit, mental health, new patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between a new patient and a fqhc practitioner during which time one or more fqhc services are rendered and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving a mental health visit
G0470	Fqhc visit, mh estab pt	\$81.06	Federally qualified health center (fqhc) visit, mental health, established patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between an established patient and a fqhc practitioner during which time one or more fqhc services are rendered and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving a mental health visit
G0511	Chron care mgmt 20 min FQHC	\$72.00	Rural health clinic or federally qualified health center (rhc or fqhc) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an rhc or fqhc practitioner (physician, np, pa or cnm), per calendar month.
G2012	Brief check in by md/qhp	\$18.82	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m

service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

G2025	CMS TELEHEALTH	\$92.03	
G8431	CLIN DEPRESSION SCREEN DOC	\$0.01	Documentation of clinical depression screening using a standardized tool
G8431	CLIN DEPRESSION SCREEN DOC	\$0.01	Documentation of clinical depression screening using a standardized tool
G8510	NEG SCR D PT NOT ELIG F/U/PLN DOC	\$0.01	Negative screen for clinical depression using a standardized tool, patient not eligible/appropriate for follow-up plan documented
G8510	NEG SCR D PT NOT ELIG F/U/PLN DOC	\$0.01	Negative screen for clinical depression using a standardized tool, patient not eligible/appropriate for follow-up plan documented
J0696	IM 1GM ROCEPHIN	\$10.00	Injection, ceftriaxone sodium, per 250 mg
J0696	IM 500MG ROCEPHIN	\$10.00	Injection, ceftriaxone sodium, per 250 mg
J1050	Medroxyprogesterone inj	\$80.00	Injection, medroxyprogesterone acetate, 1 mg
J7297	Liletta, 52 mg	\$63.00	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg
J7298	Mirena, 52 mg	\$339.00	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$319.00	Intrauterine copper contraceptive
J7307	ETONOGESTREL IMPLANT SYSTEM	\$468.00	Etonogestrel (contraceptive) implant system, including implant and supplies
Q2036	FLU VACC SPLIT 3 YR & > IM FLULAVAL	\$37.00	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$15.00	Telehealth originating site facility fee