	A	B	C	D	E
1			PREVENTIVE FEE SCHEDULE 2009		
2			revision 7/09		
3					
4	CPT		DESCRIPTION	RATE	COMMENTS
5	11975		INSERTION OF IMPLANTABLE CONTRACEPTIVE	$124.79	
6	11976		REMOVAL OF IMPLANTABLE CONTRACEPTIVE	$137.41	
7	11977		REMOVAL/REINSERTION OF IMPLANTABLE CONTRACEPTIVE	$220.37	
8	17000		DESTRUCT PREMALG LESION	$73.94	
9	17003		DESTRUCT PREMALG LES, 2-14	$6.49	
10	36415		ROUTINE VENIPUNCTURE	$3.00	
11	56501		DESTRUCTION OF LESION(S) OF VULVA-SIMPLE	$121.54	
12	57170		DIAPHRAGM FIT	$57.71	
13	57452		COLPOSCOPY	$103.51	
14	57454		COLPOSCOPY/BIOPSY	$145.35	
15	57455		BIOPSY OF CERVIX W/SCOPE	$134.89	
16	57460		COLPOSCOPY/LEEP	$267.97	
17	57505		ENDOCERVICAL CURETTAGE	$94.49	
18	57511		CRYOCAUTERY	$135.61	
19	57522		CONIZATION OF CERVIX (LEEP)	$245.97	
20	58300		INSERTION IUD	$68.89	
21	58301		REMOVAL IUD	$89.08	
22	59020		FETAL STRESS TEST	$71.05	
23	59025		FETAL NON STRESS TEST	$47.25	
24	59820		CARE OF MISCARRIAGE	$350.57	
25	69210		REMOVAL OF IMPACTED CERUMEN EARS	$44.72	
26	71010		CHEST FRONT SINGLE	$23.44	
27	71010	26	CHEST SINGLE FRONTAL PC	$9.38	
28	71010	TC	CHEST SINGLE FRONTAL TC	$14.07	
29	71020		CHEST TWO VIEWS	$30.30	
30	71020	26	CHEST 2 VIEWS; FRONT/LAT PC	$11.18	
31	71020	TC	CHEST 2 VIEWS;FRONT/LAT TC	$19.12	
32	76645		DIAG. ULTRASOUND BREAST	$98.10	
33	76805		ECHOGRAPHY PREG. UTERUS	$150.04	
34	76810		PRENATAL ULTRASOUND COMPLETE	$103.87	
35	76856		ECHOGRAPHY, PELVIC NONOBSTRETR	$129.48	

	A	B	C	D	E
36	77055		DIAGNOSTIC MAMM. UNIL.	$87.64	replaced 76090 1/1/07
37	77056		DIAG. MAMM. BILAT.	$112.53	replaced 76091 1/1/07
38	77057		SCREENING MAMM. BILAT.	$81.15	replaced 76092 1/1/07
39	80061		LIPID PANEL	$16.63	
40	81002		URINE DIPSTICK	$3.52	
41	81015		URINE MICROSCOPY ONLY	$4.43	
42	81025		URINE PREGNANCY TEST	$1.75	
43	82105		ALPHA-FETOPROTEIN	$24.49	
44	82120		VAGINAL AMINES (WHIFF)	$5.49	
45	82270		HEMOCULT - EA	$4.75	
46	82465		CHOLESTEROL SERUM TOT. DESKTOP	$6.36	
47	82776		GALACTOSEMIA	$12.24	
48	82947		GLUCOSE QUANTITATIVE	$5.73	
49	82948		GLUCOSE BLOOD REAGENT STRIP	$4.63	
50	82950		50 GRAM GLUCOSE LOAD	$6.93	
51	82951		GLUCOSE TOLERANCE	$18.80	
52	82952		GLUCOSE QUAN EACH ADD BEYOND 3	$5.72	
53	82962		GLUCOSE (HOME USE DEVICE - ACCUCHECK)	$3.42	
54	83020		SICKLE CELL TEST	$18.80	
55	83615		LACTATE DEHYDROGENASE (LD/LDH)	$8.81	
56	83655		LEAD TEST	$17.67	
57	83719		VLDL CHOLESTEROL	$13.59	
58	83721		LDL PROFILE	$13.93	
59	83986		VAGINAL PH	$5.22	
60	84030		NEWBORN PKU	$8.04	
61	84155		PROTEIN; TOTAL EXECT REFRACT	$5.35	
62	84437		NEWBORN T4	$9.45	
63	84443		TSH	$24.53	
64	84450		SGOT	$7.55	
65	84702		GONADOTROPIN, (Hcg) QUANTITIES	$21.98	
66	85013		HEMATOCRIT	$3.11	
67	85018		HEMOGLOBIN	$3.11	
68	85025		BLOOD COUNT-AUTOMATED (CBC)	$11.35	

	A	B	C	D	E
69	86580		PPD	$6.95	
70	86592		VDRL/RPR	$6.23	
71	86701		HIV TESTING	$12.96	
72	86704		HEPATITIS B CORE ANTIGEN	$17.60	
73	86706		ANTIBODY TO HBSAG	$15.68	
74	86762		RUBELLA TITER	$21.02	
75	86777		TOXOPLASMA	$19.25	
76	86787		VARICELLA-ZOSTER ANTIBODY	$18.81	
77	86850		ANTIBODY SCREEN, RBC, SERUM TECHNIQUE	$47.17	
78	86900		BLOOD TYPE	$4.35	
79	86901		RH TYPE	$4.17	
80	86906		RH ANTIBODY	$11.31	
81	87045		CULTURE, STOOL	$13.59	
82	87081		BETA STREP VAG. SWAB	$9.69	
83	87086		BACTERIAL URINE CULTURE	$11.79	
84	87116		TB CULTURE (NEGATIVE)	$15.78	
85	87177		PARISITOLOGY OVA	$12.74	
86	87205		GRAM STAIN	$6.23	
87	87206		FLUORESCENT ACID FAST STAIN	$7.84	
88	87207		HERPES CULTURE	$8.75	
89	87210		WET MOUNT-KOH	$5.25	
90	87253		VIRAL ISOLATION FOR HERPES TEST	$29.49	
91	87340		HEPATITIS B SURFACE ANTIGEN	$15.08	
92	87490		CHLAMYDIA DIRECT PROBE TECHNIQUE	$28.79	
93	87491		CHAMYDIA TRACHOMATIS, AMP PROB	$51.25	
94	87590		GONORRHEA DIRECT PROBE TECHNIQUE	$28.79	
95	87591		GC -NEISSERIA GONORRHOEAE DPT	$51.25	
96	87880		STREP A IN-HOUSE TEST	$16.73	
97	88104		CYTOPATHOLOGY SMEAR	$35.44	
98	88141		PAP ADDITIONAL PATHOLOGY	$18.02	
99	88142		PAP, THIN PREPARATION MANUAL SCREENING	$29.58	
100	88164		PAP SMEAR	$15.42	
101	88305		SURGICAL PATHOLOGY SPECIMEN LEVEL IV - per unit	$61.81	
102	88307		SURGICAL PATHOLOGY LEVEL V - per unit	$131.54	
103	88346		DFA ANTIBODY ID TEST (HERPES)	$55.43	
104	88347		STREP A	$64.20	

	A	B	C	D	E
105	90376		RABIES (RIG) HT - per unit	$53.06	
106	90384		RHOGAM	$53.06	
107	90471		HPV - Vaccine for Children prog	$22.00	
108	90632		HEPATITIS A ADULT DOSE	$62.94	
109	90633		HEPATITIS A PED/ADOL 2 DOSE	$18.40	
110	90634		HEPATITIS A PED/ADOL 3 DOSE	$18.40	
111	90636		HEPATITIS A/B ADULT DOSE	$18.40	
112	90645		HIB (4 DOSE) (HIB TITER)	$18.40	
113	90647		HIB (3 DOSE) (PEDVAXHIB)	$18.40	
114	90648		HIB (4 DOSE) (ACTHIB, OMNIHIB)	$18.40	
115	90649		HPV - not Vaccine for Children program	$120.75	
116	90657		INFLUENZA (SPLIT 6-35 MONTHS)	$18.40	
117	90658		INFLUENZA (SPLIT 3 YEARS +) Vaccine for Children Prog	$18.40	
118	90660		INFLUENZA LIVE - INTRANASAL - ADULT	$29.14	
119	90669		PREVNAR	$18.40	
120	90675		RABIES VACCINE, INTRAMUSCULAR	$90.20	
121	90676		RABIES VACCINE, INTRADERMAL	$111.96	
122	90681		ROTARIX	$18.40	
123	90696		KENRIX; Dtap/IPV	$18.40	
124	90698		PENTACEL; PEDIARIX; Dtap/HIB/IPV	$18.40	
125	90700		DTAP	$18.40	
126	90702		DT	$18.40	
127	90707		MMR	$18.40	
128	90710		MMRV	$18.40	
129	90713		IPV	$18.40	
130	90714		TD	$18.40	
131	90715		BOOSTRIX	$18.40	
132	90716		VARICELLA	$18.40	
133	90718		TD	$18.40	
134	90723		DTAP/HEPB/IPV	$18.40	
135	90732		PNEUMOCOCCAL	$18.62	
136	90733		MENINGOCOCCAL POLY	$18.40	
137	90734		MENINGOCOCCAL CONJ	$82.00	
138	90736		ZOSTER (SHINGLES VACCINE)	$18.40	
139	90744		HEPATITIS B (PEDIATRIC/ADOLESCENT)	$18.40	
140	90746		HEPATITIS B (ADULT)	$55.46	

	A	B	C	D	E
141	90748		HEPATITIS B/HIB	$18.40	
142	92551		SCREENING AUDIOMETRY	$10.46	
143	92552		AUDIOMETRY PURE TONE	$22.72	
144	92567		TYMPANOMETRY	$14.07	
145	93000		EKG	$19.12	
146	93005		EKG TRACING	$10.10	
147	93306		ECG, Real Time (2-D) Complete; without spectral Doppler and without color flow Doppler Echo	$267.61	
148	96110		DEVELOPMENTAL TESTS (DENVER/DASE, ETC.)	$12.62	
149	96150		HEALTH & BEHAVIOR ASSESMENT- INITIAL- EA 15 MIN	$22.00	
150	96151		HEALTH & BEHAVIOR REASSESMENT - EA 15 MIN	$21.28	
151	96152		HEALTH & BEHAVIOR INTERVENT - INDIVIDUAL- EA 15 MIN	$20.20	
152	96154		HEALTH & BEHAVIOR INTERVENT - FAMILY/W/PAT- EA 15 MIN	$19.84	
153	96372		THERA PROPHY DIAG INJECTION (specify substance)	$22.00	
154	97802		MEDICAL NUTRITION THERAPY INITIAL- EA 15 MIN	$27.05	
155	97803		MEDICAL NUTRITION THERAPY ESTABLISHED- EA 15 MIN	$23.08	
156	97804		MEDICAL NUTRITION THERAPY GROUP SETTING+B200	$11.90	
157	99173		VISION SCREENING	$2.52	
158	99201		BRIEF E/M NEW PATIENT	$37.15	
159	99202		EXPANDED E/M NEW PATIENT	$64.20	
160	99203		DETAILED E/M NEW PATIENT	$91.97	
161	99204		COMPREHENSIVE E/M NEW PATIENT	$141.74	
162	99205		COMPLEX E/M NEW PATIENT	$178.89	
163	99211		BRIEF E/M ESTABLISHED PATIENT	$18.03	
164	99212		LIMITED E/M ESTABLISHED PATIENT	$37.15	
165	99213		EXPANDED E/M ESTABLISHED PATIENT	$62.03	
166	99214		DETAILED E/M ESTABLISHED PATIENT	$92.69	
167	99215		COMPREHENSIVE E/M ESTABLISHED PATIENT	$125.51	
168	99341		HOME VISIT E/M NEW PATIENT-LOW SEVERITY	$53.74	
169	99342		HOME VISIT E/M NEW PATIENT-MODERATE SEVERITY	$77.54	
170	99343		HOME VISIT E/M NEW PATIENT-MOD/HIGH SEVERITY	$125.15	
171	99344		HOME VISIT E/M NEW PATIENT-HIGH SEVERITY	$164.46	
172	99345		HOME VISIT E/M NEW PATIENT-SIGNIFICANT PROBLEM	$196.92	
173	99347		HOME E/M LOW ESTAB PT	$53.02	
174	99348		HOME VISIT E/M LOW/MODERATE	$78.99	
175	99349		HOME E/M MOD/HIGH ESTAB PT	$114.69	

	A	B	C	D	E
176	99350		HOME VISIT E/M EST. PATIENT-SIGNIFICANT PROBLEM	$159.05	
177	99381		PREVENT INITIAL E/M <1 YEAR	$87.64	
178	99382		PREVENT INITIAL E/M 1-4	$95.94	
179	99383		PREVENT INITIAL E/M 5-11	$95.58	
180	99384		PREVENT INITIAL E/M 12-17	$104.23	
181	99385		PREVENT INITIAL E/M 18-39	$104.23	
182	99386		PREVENT INITIAL E/M 40-64	$121.18	
183	99387		PREVENT INITIAL E/M >65	$133.45	
184	99391		PREVENT PERIODIC E/M <1 YEAR	$75.38	
185	99392		PREVENT PERIODIC E/M 1-4	$84.04	
186	99393		PREVENT PERIODIC E/M 5-11	$83.67	
187	99394		PREVENT PERIODIC E/M 12-17	$91.97	
188	99395		PREVENT PERIODIC E/M 18-39	$91.97	
189	99396		PREVENT PERIODIC E/M 40-64	$100.63	
190	99397		PREVENT PERIODIC E/M >65	$112.89	
191	99401		HEALTH ED/CO RISK FACT REDUC 15	$33.54	
192	99402		HEALTH ED/CO RISK FACT REDUC 30	$57.71	
193	99403		HEALTH ED/CO RISK FACT REDUC 45	$81.51	
194	99404		HEALTH ED/CO RISK FACT REDUC 60	$105.68	
195	99411		PREVENTIVE COUNSELING GROUP SETTING 30MIN	$14.79	
196	99412		PREVENTIVE COUNSELING GROUP SETTING 60 MIN	$19.84	
197	99420		HEALTH RISK ASSESSMENT	$9.38	
198	99510		HOME VISIT FOR COUNSELING	$125.44	
199	A4261		CERVICAL CAP - ea	$65.00	
200	A4266		FP DIAPHRAGM	$22.00	
201	A4267		FP CONDOMS - ea.	$0.25	
202	A4268		FEMALE CONDOM - ea	$0.25	
203	A4269		FP FOAM - ea	$5.00	
204	A9900		VAGINAL CONTRACEPTIVE FILM - per unit	$0.60	
205	D1206		TOPICAL FLOURIDE VARNISH	$15.00	
206	G0108		DIABETES SELF MANAGEMENT TRAINING - Individ - EA 30 MIN	$20.92	
207	G0109		DIABETES SELF MANAGEMENT TRAINING - Group - EA 30 MIN	$11.18	
208	J0696		ROCEPHIN INJECTION	$13.35	
209	J1055		CONTRACEPTIVE INJECTION-DEPO PROVERA	$47.12	
210	J7300		INTRAUTERINE COPPER CONTRACEPTIVE	$369.68	
211	J7302		MIRENA	$527.31	

	A	B	C	D	E
212	J7303		CONTRACEPTIVE VAGINAL RING - ea	$26.33	
213	J7304		CONTRACEPTIVE PATCH - per unit	$7.64	
214	J7307		IMPLANTABLE CONTRACEPTIVE (IMPLANON)	$669.69	
215	Q0111		WET MOUNT	$5.02	
216	Q0112		KOH PREP	$5.96	
217	S3620		NEWBORN SCREENING PANEL	$53.50	
218	S4993		FP ORAL - per cycle	$4.64	
219	T1029		COMPREHENSIVE ENVIRONMENTAL LEAD HOME ASSESSMENT	$220.69	