

2019 Preventive Program Provider type 20 Fee Schedule

Notes

New 2019 Codes are in Red effective 01/01/2019

Codes in green are end dated.

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Procedure Code	Procedure Description	Modifiers	Maximum Fee Amount	Under 21 of age	Over 21 of age	Effective Date	NOTES
11975	INSERTION OF IMPLANTABLE CONTRACEPTIVE		\$124.79			1/1/2012	
11976	REMOVE CONTRACEPTIVE CAPSULE		\$135.22			1/1/2009	
11977	REMOVAL/REINSERTION OF IMPLANTABLE		\$220.37			1/1/2012	
11981	INSERT DRUG IMPLANT DEVICE		\$126.87			1/1/2013	
11982	REMOVE DRUG IMPLANT DEVICE		\$144.17			1/1/2013	
11983	REMOVE/INSERT DRUG IMPLANT		\$204.52			1/1/2013	
17000	DESTRUCT PREMALG LESION		\$68.11			1/1/2009	
17003	DESTRUCT PREMALG LES 2-14		\$8.89			1/1/2009	
36415	ROUTINE VENIPUNCTURE		\$3.00			1/1/2007	
56501	DESTROY VULVA LESIONS SIM		\$123.16			1/1/2009	
57170	FITTING OF DIAPHRAGM/CAP		\$58.07			1/1/2009	
57452	EXAM OF CERVIX W/SCOPE		\$103.53			1/1/2009	
57454	BX/CURETT OF CERVIX W/SCOPE		\$147.18			1/1/2009	
57455	BIOPSY OF CERVIX W/SCOPE		\$136.08			1/1/2009	
57460	BX OF CERVIX W/SCOPE LEEP		\$263.14			1/1/2009	
57505	ENDOCERVICAL CURETTAGE		\$95.69			1/1/2009	
57511	CRYOCAUTERY OF CERVIX		\$138.08			1/1/2009	
57522	CONIZATION OF CERVIX		\$251.19			1/1/2009	
58300	INSERT INTRAUTERINE DEVICE		\$68.89			1/1/2009	
58301	REMOVE INTRAUTERINE DEVICE		\$90.68			1/1/2009	
59020	FETAL CONTRACT STRESS TEST		\$65.25			1/1/2009	
59025	FETAL NON-STRESS TEST		\$44.49			1/1/2009	
59820	CARE OF MISCARRIAGE		\$359.89			1/1/2009	
69210	REMOVE IMPACTED EAR WAX UNI		\$46.28			1/1/2009	
71010	CHEST X-RAY 1 VIEW FRONTAL		\$21.68			1/1/2009	ENDDATED 12/31/17
71010	CHEST X-RAY 1 VIEW FRONTAL	TC	\$12.77			1/1/2009	ENDDATED 12/31/17

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71010	CHEST X-RAY 1 VIEW FRONTAL	26	\$8.91			1/1/2009	ENDDATED 12/31/17
71020	CHEST X-RAY 2VW FRONTAL&LATL	TC	\$17.46			1/1/2009	ENDDATED 12/31/17
71020	CHEST X-RAY 2VW FRONTAL&LATL		\$28.12			1/1/2009	ENDDATED 12/31/17
71020	CHEST X-RAY 2VW FRONTAL&LATL	26	\$10.66			1/1/2009	ENDDATED 12/31/17
71045	CHEST X RAY; 1 VIEW		\$15.09			1/1/2018	
71045	CHEST X RAY; 1 VIEW	TC	\$7.81			1/1/2018	
71045	CHEST X RAY; 1 VIEW	26	\$7.27			1/1/2018	
71046	CHEST X RAY; 2 VIEW		\$23.03			1/1/2018	
71046	CHEST X RAY; 2 VIEW	TC	\$14.34			1/1/2018	
71046	CHEST X RAY; 2 VIEW	26	\$8.69			1/1/2018	
71047	CHEST X RAY; 3 VIEW		\$29.44			1/1/2018	
71047	CHEST X RAY; 3 VIEW	TC	\$18.46			1/1/2018	
71047	CHEST X RAY; 3 VIEW	26	\$12.86			1/1/2018	
71048	CHEST X RAY; 4 OR MORE VIEWS		\$31.64			1/1/2018	
71048	CHEST X RAY; 4 OR MORE VIEWS	TC	\$18.78			1/1/2018	
71048	CHEST X RAY; 4 OR MORE VIEWS	26	\$12.86			1/1/2018	
76645	US EXAM BREAST(S)		\$89.45			1/1/2009	
76805	OB US >= 14 WKS SNGL FETUS		\$133.41			1/1/2009	
76810	OB US >= 14 WKS ADDL FETUS		\$89.94			1/1/2009	
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL		\$139.29			1/1/2018	
76818	FETAL BIOPHYSICAL PROFILE, WITH NON-STRESS TESTING		\$76.93			1/1/2018	
76856	US EXAM PELVIC COMPLETE		\$112.67			1/1/2009	
77057	MAMMOGRAM SCREENING		\$75.19			1/1/2009	
80061	LIPID PANEL		\$16.31			1/1/2010	

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81002	URINALYSIS NONAUTO W/O SCOPE		\$3.45			1/1/2010	
81015	MICROSCOPIC EXAM OF URINE		\$4.35			1/1/2010	
81025	URINE PREGNANCY TEST		\$1.72			1/1/2010	
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)		\$153.00			1/1/2018	
81220	CTFR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS)		\$556.60			1/1/2018	
82105	ALPHA-FETOPROTEIN SERUM		\$24.03			1/1/2010	
82120	AMINES VAGINAL FLUID QUAL		\$5.39			1/1/2010	
82270	OCCULT BLOOD FECES		\$4.66			1/1/2010	
82274	ASSAY TEST FOR BLOOD FECAL		\$21.65			1/1/2016	
82465	ASSAY BLD/SERUM CHOLESTEROL		\$6.24			1/1/2010	
82776	GALACTOSE TRANSFERASE TEST		\$12.01			1/1/2010	
82947	ASSAY GLUCOSE BLOOD QUANT		\$5.73			1/1/2009	
82948	REAGENT STRIP/BLOOD GLUCOSE		\$4.54			1/1/2010	
82950	GLUCOSE TEST		\$6.80			1/1/2010	
82951	GLUCOSE TOLERANCE TEST (GTT)		\$18.44			1/1/2010	
82952	GTT-ADDED SAMPLES		\$5.61			1/1/2010	
82962	GLUCOSE BLOOD TEST		\$3.35			1/1/2010	
83020	HEMOGLOBIN ELECTROPHORESIS		\$18.44			1/1/2010	
83615	LACTATE (LD) (LDH) ENZYME		\$8.64			1/1/2010	

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83655	ASSAY OF LEAD		\$17.34			1/1/2010	
83719	ASSAY OF BLOOD LIPOPROTEIN		\$13.33			1/1/2010	
83721	ASSAY OF BLOOD LIPOPROTEIN		\$13.66			1/1/2010	
83986	ASSAY PH BODY FLUID NOS		\$5.13			1/1/2010	
84030	ASSAY OF BLOOD PKU		\$7.88			1/1/2010	
84155	ASSAY OF PROTEIN SERUM		\$5.25			1/1/2010	
84437	ASSAY OF NEONATAL THYROXINE		\$9.27			1/1/2010	
84443	ASSAY THYROID STIM HORMONE		\$24.06			1/1/2010	
84450	TRANSFERASE (AST) (SGOT)		\$7.41			1/1/2010	
84702	CHORIONIC GONADOTROPIN TEST		\$21.56			1/1/2010	
85013	SPUN MICROHEMATOCRIT		\$3.05			1/1/2010	
85018	HEMOGLOBIN		\$3.05			1/1/2010	
85025	COMPLETE CBC W/AUTO DIFF WBC		\$11.14			1/1/2010	
86480	TB TEST CELL IMMUN MEASURE		\$87.22			1/1/2011	
86481	TB AG RESPONSE T-CELL SUSP		\$87.22			1/1/2011	
86580	TB INTRADERMAL TEST		\$6.84			1/1/2009	
86592	SYPHILIS TEST NON-TREP QUAL		\$6.11			1/1/2010	
86701	Hiv-1antibody		\$12.76			1/1/2012	
86703	HIV-1/HIV-2 1 RESULT ANTBDY		\$19.30			1/1/2011	
86704	HEP B CORE ANTIBODY TOTAL		\$17.26			1/1/2010	
86706	HEP B SURFACE ANTIBODY		\$15.38			1/1/2010	
86762	RUBELLA ANTIBODY		\$20.62			1/1/2010	
86777	TOXOPLASMA ANTIBODY		\$20.79			1/1/2010	
86780	Treponema Pallidum Antibody		\$9.04			6/1/2013	
86787	VARICELLA-ZOSTER ANTIBODY		\$18.46			1/1/2010	
86803	HEPATITIS C ANTIBODY TEST		\$19.42			1/1/2016	

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86850	RBC ANTIBODY SCREEN		\$47.17			7/1/2005	
86900	BLOOD TYPING ABO		\$4.27			1/1/2010	
86901	BLOOD TYPING RH (D)		\$4.27			1/1/2010	
86906	BLOOD TYPING RH PHENOTYPE		\$11.10			1/1/2010	
87045	FECES CULTURE AEROBIC BACT		\$13.33			1/1/2010	
87081	CULTURE SCREEN ONLY		\$9.50			1/1/2010	
87086	URINE CULTURE/COLONY COUNT		\$11.57			1/1/2010	
87116	MYCOBACTERIA CULTURE		\$15.48			1/1/2010	
87177	OVA AND PARASITES SMEARS		\$12.50			1/1/2010	
87205	SMEAR GRAM STAIN		\$6.11			1/1/2010	
87206	SMEAR FLUORESCENT/ACID STAI		\$7.70			1/1/2010	
87207	SMEAR SPECIAL STAIN		\$8.58			1/1/2010	
87210	SMEAR WET MOUNT SALINE/INK		\$5.15			1/1/2010	
87253	VIRUS INOCULATE TISSUE ADDL		\$28.93			1/1/2010	
87340	HEPATITIS B SURFACE AG EIA		\$14.79			1/1/2010	
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result		\$29.73			7/1/2018	
87490	CHYLM D TRACH DNA DIR PROBE		\$28.24			1/1/2010	
87491	CHYLM D TRACH DNA AMP PROBE		\$50.27			1/1/2010	
87502	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID		\$105.06			7/1/2018	
87521	HEPATITIS C PROBE & REVRS TRNSCRPJ		\$49.71			6/1/2013	
87522	HEPATITIS C REVRS TRNSCRPJ		\$58.29			1/1/2016	

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87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique		43.33 X 2 UNITS			7/1/2018	
87590	N.GONORRHOEAE DNA DIR PROB		\$28.24			1/1/2010	
87591	N.GONORRHOEAE DNA AMP PROB		\$50.27			1/1/2010	
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism		\$43.33			7/1/2018	
87804QW	INFECTIOUS AGENT ANTIGEN DECTION BY IMMUNOASSAY		\$16.50			7/1/2018	
87880	STREP A ASSAY W/OPTIC		\$16.41			1/1/2010	
88104	CYTOPATH FL NONGYN SMEARS		\$67.16			1/1/2009	
88141	CYTOPATH C/V INTERPRET		\$29.62			1/1/2009	
88142	CYTOPATH C/V THIN LAYER		\$29.02			1/1/2010	
88164	CYTOPATH TBS C/V MANUAL		\$15.13			1/1/2010	
88305	TISSUE EXAM BY PATHOLOGIST		\$64.91			1/1/2009	
88346	IMMUNOFLUORESCENT STUDY		\$96.65			1/1/2009	
88347	IMMUNOFLUORESCENT STUDY		\$81.34			1/1/2009	
90375	RABIES IG IM/SC		\$53.06			1/1/2009	
90376	RABIES IG HEAT TREATED		\$285.66			7/1/2005	Rate change effective 07/01/2019
90384	RH IG FULL-DOSE IM		\$53.06			7/1/2005	
90460	IMADM ANY ROUTE 1ST VAC/		\$18.40			10/1/2016	
90461	INADM ANY ROUTE ADDL VAC/TOX		\$18.40			10/1/2016	
90471	IMMUNIZATION ADMIN		\$22.61			1/1/2009	Already listed on fee schedule

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90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCLUAR INJECTIONS): EACH ADDITIONA VACCINE(SINGLE OR COMINATION VACCINE/TOXOID) (LISTED SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		\$11.96			9/1/2017	
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXIOID)		\$19.93			9/1/2017	
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LISTED SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		\$11.96			9/1/2017	
90620	MENB PR W/OMV VACCINE		\$122.95			2/1/2015	
90621	MENB RLP VACCINE		\$95.75			2/1/2015	
90632	HEP A VACCINE ADULT IM		\$62.94			1/1/2007	
90633	HEP A VACC PED/ADOL 2 DOSE		\$18.40			1/1/2009	
90634	HEP A VACC PED/ADOL 3 DOSE		\$18.40			1/1/2009	
90636	HEP A/HEP B VACC ADULT IM		\$18.40			1/1/2009	
90647	HIB VACCINE PRP-OMP IM		\$18.40			1/1/2009	
90648	HIB VACCINE PRP-T IM		\$18.40			1/1/2009	
90649	HPV VACCINE 4 VALENT IM			\$18.40	\$120.00	1/1/2007	Rate change effective 01/01/2017
90650	2VHPV VACCINE 3 DOSE IM		\$128.75			1/1/2015	
90651	9VHPV VACCINE 3 DOSE IM			\$18.40	\$216.36	6/15/2015	Rate change effective 06/01/19

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90653	FLU VACCINE IIV, ADJUVANTED IM, 65 & OLDER ONLY		\$46.21			7/1/2018	
90654	FLU VACCINE NO PRESERV ID		\$18.40			1/1/2012	
90655	FLU VAC NO PRSV 3 VAL 6-35 M		\$18.40			1/1/2010	
90656	FLU VACCINE NO PRESERV 3 & >		\$18.40			1/1/2010	
90657	FLU VACCINE 3 YRS IM		\$18.40			1/1/2009	
90658	FLU VACCINE 3 YRS & > IM		\$18.40			1/1/2009	
90660	FLU VACCINE NASAL		\$29.14			7/1/2006	
90661	FLU VACC CELL CULT PRSV FREE		\$18.40			9/2/2013	
90662	FLU VACC PRSV FREE INC ANTIG		\$18.40			9/1/2010	
90670	PNEUMOCOCCAL VACC 13 VAL IM		\$18.40			3/1/2010	
90672	FLU VACCINE 4 VALENT NASAL		\$18.40			1/1/2013	
90673	FLU VACC RIV3 NO PRESERV		\$18.40			9/1/2013	
90674	VACCINE FOR INFLUENZA FOR ADMIN INTO MUSCLE 0.5 ML DOSAGE		\$24.05			1/1/2018	
90675	RABIES VACCINE IM		\$294.53			7/1/2005	Rate change effective 07/01/2019
90676	RABIES VACCINE ID		\$111.96			7/1/2006	
90680	ROTOVIRUS VACC 3 DOSE ORAL		\$18.40			1/1/2010	
90681	ROTAVIRUS VACC 2 DOSE ORAL		\$18.40			1/1/2009	
90682	RIV4 VACC RECOMBINANT DNA IM		\$46.31			1/1/2018	
90685	FLU VAC NO PRSV 4 VAL 6-35 M		\$18.40			1/1/2013	
90686	FLU VAC NO PRSV 4 VAL 3 YRS+		\$18.40			1/1/2013	
90687	FLU VACquadrivalent 6-35 MO,IM		\$18.40			7/1/2014	
90688	FLU VACC 4 VAL 3 YRS PLUS IM		\$18.40			8/16/2013	
90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use		\$22.79			1/1/2019	

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90696	DTAP-IPV VACC 4-6 YR IM		\$18.40			1/1/2009	
90698	DTAP-HIB-IP VACCINE IM		\$18.40			1/1/2009	
90700	DTAP VACCINE < 7 YRS IM		\$18.40			1/1/2009	
90702	DT VACCINE < 7 YRS IM		\$18.40			1/1/2009	
90707	MMR VACCINE SC		\$18.40			1/1/2009	
90710	MMRV VACCINE SC		\$18.40			1/1/2009	
90713	POLIOVIRUS IPV SC/IM		\$18.40			1/1/2009	
90714	TD VACCINE NO PRSRV 7/> IM		\$18.40			1/1/2009	
90715	TDAP VACCINE 7 YRS/> IM		\$18.40			1/1/2007	
90716	CHICKEN POX VACCINE SC		\$18.40			1/1/2009	
90721	DTAP/HIB VACCINE IM		\$18.40			7/1/2010	
90723	DTAP-HEP B-IPV VACCINE IM		\$18.40			1/1/2009	
90732	PNEUMOCOCCAL VACC 23 VAL IM		\$18.62			1/1/2007	
90733	MENINGOCOCCAL VACCINE SC		\$18.40			1/1/2009	
90734	MENINGOCOCCAL VACCINE IM		\$82.00			7/1/2005	
90736	ZOSTER VACC SC		\$18.40			1/1/2009	
90739	HEPB VACC 2 DOSE ADULT IM		\$117.99			1/1/2018	
90744	HEPB VACC PED/ADOL 3 DOSE IM		\$18.40			1/1/2009	
90746	HEP B VACC ADULT 3 DOSE IM		\$55.46			1/1/2007	
90748	HEP B/HIB VACCINE IM		\$18.40			1/1/2009	
90750	SHINGLES VACCINE (INJECTION INTO MUSCLE)		\$280.00			9/1/2017	
90756	VACCINE FORINFLUENZA FOR INJECTION INTO MUSCLE		\$22.79			1/1/2018	
92551	PURE TONE HEARING TEST AIR		\$10.46			1/1/2009	
92552	PURE TONE AUDIOMETRY AIR		\$26.83			1/1/2009	
92567	TYMPANOMETRY		\$13.69			1/1/2009	

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93000	ELECTROCARDIOGRAM COMPLETE		\$15.39			1/1/2009	
93005	ELECTROCARDIOGRAM TRACING		\$7.15			1/1/2009	
93306	TTE W/DOPPLER COMPLETE		\$205.71			1/1/2009	
96110	DEVELOPMENTAL TEST (DENVERS/DASE, ETC.)		\$12.62			1/1/2012	
96372	THER/PROPH/DIAG INJ SC/IM		\$22.61			1/1/2009	
97802	MEDICAL NUTRITION INDIV IN		\$33.56			1/1/2009	
97803	MED NUTRITION INDIV SUBSEQ		\$28.82			1/1/2009	
97804	MEDICAL NUTRITION GROUP		\$15.17			1/1/2009	
99173	VISUAL ACUITY SCREEN		\$2.52			1/1/2009	
99201	OFFICE/OUTPATIENT VISIT NEW		\$39.86			1/1/2009	
99202	OFFICE/OUTPATIENT VISIT NEW		\$68.99			1/1/2009	
99203	OFFICE/OUTPATIENT VISIT NEW		\$100.39			1/1/2009	
99204	OFFICE/OUTPATIENT VISIT NEW		\$155.31			1/1/2009	
99205	OFFICE/OUTPATIENT VISIT NEW		\$194.18			1/1/2009	
99211	OFFICE/OUTPATIENT VISIT EST		\$18.28			1/1/2009	
99212	OFFICE/OUTPATIENT VISIT EST		\$40.17			1/1/2009	
99213	OFFICE/OUTPATIENT VISIT EST		\$67.93			1/1/2009	
99214	OFFICE/OUTPATIENT VISIT EST		\$100.55			1/1/2009	
99215	OFFICE/OUTPATIENT VISIT EST		\$135.11			1/1/2009	
99241	PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES		\$36.55			1/1/2018	
99341	HOME VISIT NEW PATIENT		\$52.80			1/1/2009	
99342	HOME VISIT NEW PATIENT		\$76.56			1/1/2009	
99343	HOME VISIT NEW PATIENT		\$125.33			1/1/2009	
99344	HOME VISIT NEW PATIENT		\$174.38			1/1/2009	
99345	HOME VISIT NEW PATIENT		\$210.30			1/1/2009	

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99347	HOME VISIT EST PATIENT		\$53.07			1/1/2009	
99348	HOME VISIT EST PATIENT		\$80.52			1/1/2009	
99349	HOME VISIT EST PATIENT		\$121.75			1/1/2009	
99350	HOME VISIT EST PATIENT		\$169.87			1/1/2009	
99381	INIT PM E/M NEW PAT INFANT		\$87.64			1/1/2009	
99382	INIT PM E/M NEW PAT 1-4 YRS		\$95.94			1/1/2009	
99383	PREV VISIT NEW AGE 5-11		\$95.58			1/1/2009	
99384	PREV VISIT NEW AGE 12-17		\$104.23			1/1/2009	
99385	PREV VISIT NEW AGE 18-39		\$104.23			1/1/2009	
99386	PREV VISIT NEW AGE 40-64		\$121.18			1/1/2009	
99387	INIT PM E/M NEW PAT 65+ YRS		\$133.45			1/1/2009	
99391	PER PM REEVAL EST PAT INFANT		\$75.38			1/1/2009	
99392	PREV VISIT EST AGE 1-4		\$84.04			1/1/2009	
99393	PREV VISIT EST AGE 5-11		\$83.67			1/1/2009	
99394	PREV VISIT EST AGE 12-17		\$91.97			1/1/2009	
99395	PREV VISIT EST AGE 18-39		\$91.97			1/1/2009	
99396	PREV VISIT EST AGE 40-64		\$100.63			1/1/2009	
99397	PER PM REEVAL EST PAT 65+ YR		\$112.89			1/1/2009	
99401	PREVENTIVE COUNSELING INDIV		\$33.54			1/1/2009	
99402	PREVENTIVE COUNSELING INDIV		\$57.71			1/1/2009	
99403	PREVENTIVE COUNSELING INDIV		\$81.51			1/1/2009	
99404	PREVENTIVE COUNSELING INDIV		\$105.68			1/1/2009	
99407	BEHAV CHNG SMOKING > 10 MIN	U3	\$26.24			9/1/2010	
99407	BEHAV CHNG SMOKING > 10 MIN	U2	\$19.68			9/1/2010	
99407	BEHAV CHNG SMOKING > 10 MIN	U1	\$19.68			9/1/2010	
99408	SBRIT		\$27.96			1/1/2014	

2019 Preventive Program Provider type 20 Fee Schedule

Notes

New 2019 Codes are in Red effective 01/01/2019

Codes in green are end dated.

** The appearance on this schedule of a code and rate is not an indication of coverage, nor a guarantee of payment

Procedure Code	Procedure Description	Modifiers	Maximum Fee Amount	Under 21 of age	Over 21 of age	Effective Date	NOTES
99411	PREVENTIVE COUNSELING GROUP		\$14.79			1/1/2009	
99412	PREVENTIVE COUNSELING GROUP		\$19.84			1/1/2009	
99420	HEALTH RISK ASSESSMENT TEST		\$9.38			1/1/2009	
99510	HOME VISIT SING/M/FAM COUNS		\$125.44			7/1/2006	
A4261	CERVICAL CAP CONTRACEPTIVE		\$65.00			7/1/2006	
A4266	DIAPHRAGM		\$22.00			7/1/2006	
A4267	MALE CONDOM		\$0.25			7/1/2006	
A4268	FEMALE CONDOM		\$0.25			7/1/2006	
A4269	SPERMICIDE		\$5.00			7/1/2006	
A9900	SUPPLY/ACCESSORY/SERVICE		\$0.60			7/1/2006	
D0190	SCREENING OF A PATIENT			no charge	no charge	2/5/2016	
D0191	ASSESSMENT OF A PATIENT			\$ 25.00		2/5/2016	
D1110	DENTAL PROPHYLAXIS (14 AND OLDER)			\$ 60.13	\$46.25	New rate effective 2/5/2016	
D1120	DENTAL PROPHYLAXIS CHILD (13 AND UNDER)			\$ 60.13		New rate effective 2/5/2016	
D1206	FLUORIDE VARNISH			\$ 18.75		New rate effective 2/5/2016	
D1351	DENTAL SEALANT PER TOOTH (AGES 5-20)			\$ 24.38		New rate effective 2/5/2016	
D9986	MISSED APPOINTMENT			no charge	no charge	2/5/2016	
D9987	CANCELLED APPOINTMENT			no charge	no charge	2/5/2016	

2019 Preventive Program Provider type 20 Fee Schedule

Notes

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Procedure Code	Procedure Description	Modifiers	Maximum Fee Amount	Under 21 of age	Over 21 of age	Effective Date	NOTES
G0101	CA SCREEN; PELVIC/BREAST EXAM		\$35.07			1/1/2014	
G0108	DIAB MANAGE TRN PER INDIV		\$50.50			1/1/2009	
G0109	DIAB MANAGE TRN IND/GROUP		\$13.92			1/1/2009	
H0001	ALCOHOL AND/OR DRUG ASSESS		\$28.70			1/1/2014	
H0002	SUBSTANCE SCREENING		\$28.70			1/1/2014	
H0031	MENTAL HEALTH ASSEMENT		\$28.70			1/1/2014	
J0696	CEFTRIAXONE SODIUM INJECTION		\$13.35			7/1/2006	
J1050	MEDROXYPROGESTERONE ACETATE		\$47.12			1/1/2013	
J7297	LEVONORGESTREL RELEASING IU 52 MG 3 YR		\$656.25			1/1/2016	
J7298	LEVONORGESTREL RELEASING IU 52 MG 5 YR		\$851.04			1/1/2016	
J7300	INTRAUT COPPER CONTRACEPTIVE		\$369.68			7/1/2006	
J7301	LEVONORGESTREL IU 13.5 MG		\$702.34			1/1/2016	
J7303	CONTRACEPTIVE VAGINAL RING		\$26.33			7/1/2006	
J7304	CONTRACEPTIVE HORMONE PATCH		\$7.64			7/1/2006	
J7307	ETONOGESTREL IMPLANT SYSTEM		\$669.69			1/1/2009	
Q0111	WET MOUNTS/ W PREPARATIONS		\$5.02			1/1/2007	
Q0112	POTASSIUM HYDROXIDE PREPS		\$5.96			1/1/2007	
S3620	NEWBORN METABOLIC SCREENING		\$53.50			1/1/2006	
S4993	CONTRACEPTIVE PILLS FOR BC		\$4.64			7/1/2006	
S9453	SMOKING CESSATION GROUP		\$18.87			4/1/2018	
T1029	DWELLING LEAD INVESTIGATION		\$220.69			1/1/2009	