

# REENTRY ORGANIZATIONS FEE SCHEDULE

Effective 1/1/2025

*\*Must be enrolled as PT 53*

Last Updated: 01/14/2025



<b>Column 2 Modifiers: Psychiatrist= AF; MD/DO= AM Provider type (PT=64)</b>
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Bilirubin total	82247		\$5.02						
Bilirubin direct, BILIRUBIN LEVEL, DIRECT	82248		\$5.02						
Fecal bilirubin test, STOOL ANALYSIS FOR BILIRUBIN	82252		\$4.56						
Assay of iron, IRON LEVEL	83540		\$6.47						
Iron binding test, IRON BINDING CAPACITY	83550		\$8.74						
B cells total count	86355		\$12.11						
Tb test cell immun measure	86480		\$61.98						
Tb ag response t-cell susp	86481		\$100.00						
Htlv/hiv confirmj antibody	86689		\$19.35						
Hiv-1antibody	86701		\$8.89						
Hiv-2 antibody	86702		\$13.52						
Hiv-1/hiv-2 1 result antbdy	86703		\$13.71						
Hep b core antibody total	86704		\$12.05						
Hep b core antibody igm	86705		\$11.77						
Hep b surface antibody	86706		\$10.74						
Hepatitis be antibody	86707		\$11.57						
Hepatitis c ab test	86803		\$14.27						
Hep c ab test confirm	86804		\$15.49						
Hepatitis b surface ag ia	87340		\$10.33						
Hepatitis b surface ag ia	87341		\$10.33						
Hepatitis be ag ia	87350		\$11.53						

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Hepatitis delta ag ia	87380		\$18.36						
Hiv-1 ag w/hiv-1 & hiv-2 ab	87389		\$24.08						
Hiv-1 ag ia	87390		\$24.06						
Hiv-2 ag ia	87391		\$21.90						
Hepatitis b dna amp probe	87516		\$35.09						
Hepatitis b dna quant	87517		\$42.84						
Hepatitis c rna dir probe	87520		\$31.22						
Hepatitis c probe&rvrs trnsc	87521		\$35.09						
Hepatitis c revrs trnscrpj	87522		\$42.84						
Hiv-1 dna dir probe	87534		\$21.92						
Hiv-1 probe&reverse trnscrpj	87535		\$35.09						
Hiv-1 quant&revrse trnscrpj	87536		\$85.10						
Hiv-2 dna dir probe	87537		\$21.92						
Hiv-2 probe&revrse trnscrpj	87538		\$35.09						
Hiv-2 quant&revrse trnscrpj	87539		\$58.62						
Genotype dna/rna hep c	87902		\$257.45						
Genotype dna hepatitis b	87912		\$257.45						
PSYCHIATRIC SERVICES COMPLICATED BY COMMUNICATION FACTOR	90785	EVENT		\$10.83	\$9.21	\$8.66	\$7.58	\$5.42	
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791	EVENT		\$129.53	\$110.10	\$103.63	\$90.67		
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	90792	EVENT		\$144.55	\$122.87				
NARCOSYNTHESIS	90865	EVENT		\$119.38	\$101.47				

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OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH	92002		\$51.67						
OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH	92004		\$94.51						
OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH	92012		\$46.92						
OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH	92014		\$69.80						
OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA,	92018		\$57.64						
OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA,	92019		\$51.78						
GONIOSCOPY (SEPARATE PROCEDURE)	92020		\$18.88						
SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATIO	92060		\$41.60						
VISUAL FIELD EXAMINATION, UNILATERAL OR	92081		\$36.45						
BILATERAL, WITH INTERPRETATION	92082		\$48.64						
VISUAL FIELD EXAMINATION, UNILATERAL OR	92083		\$55.27						
BILATERAL, WITH INTERPRETATION									
OPSCPY EXTND RTA DRAW UNI/BI	92201		\$19.70						
OPSCPY EXTND ON/MAC DRAW	92202		\$12.51						
FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	92230		\$37.09						
FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETAT	92235		\$68.33						
INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH	92240		\$157.53						
COLOR VISION EXAMINATION, EXTENDED, EG,	92283		\$15.65						
ANOMALOSCOPE OR EQUIVALENT									
DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	92284		\$23.41						
BASIC VESTIBULAR EVALUATION	92540		\$82.26						
SCREENING TEST, PURE TONE, AIR ONLY	92551		\$12.24						
PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	92552		\$12.24						

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PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	92553		\$18.60						
COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	92557		\$33.50						
ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	92594		\$14.17						
ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	92595		\$28.34						
EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUT	92620		\$74.94						
EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL	92621		\$17.94						
ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING	92625		\$55.96						
EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	92626		\$53.42						
EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUT	92627		\$12.80						
AUDITORY BRAINSTEM IMPLANT PROGRAMMING, PER HOUR	92640		\$72.36						
AEP SCR AUDITORY POTENTIAL	92650		\$22.64						
AEP HEARING STATUS DETER I&R	92651		\$71.00						
AEP THRSHLD EST MLT FREQ I&R	92652		\$94.37						
AEP NEURODIAGNOSTIC I&R	92653		\$69.32						
ASSESSMENT OF APHASIA	96105	PER HOUR		\$71.03	\$60.37	\$56.82	\$49.72		
DEVELOPMENTAL SCREENING	96110	EVENT		\$33.67	\$28.62	\$29.93	\$23.57		
NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING	96116	60 MINUTES	\$81.03	\$68.70	\$58.40	\$54.96			
NEUROBEHAVIORAL STATUS EXAM	96121	60 MINUTES		\$57.83	\$49.15	\$46.26			
BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT	96127	EVENT		\$3.15	\$2.68	\$2.52	\$2.21		
HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT	96156	EVENT		\$70.67	\$60.07				
BEHAVIOR IDENTIFICATION ASSESSMENT	97151	15 MINUTES		\$26.57	\$22.58	\$21.25	\$18.60		

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VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL	99172		\$15.64						
SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	99173		\$60.00						
OCULAR PHOTOSCREENING	99174		\$21.93						
INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	99177		\$3.64						
APPLICATION OF TOPICAL FLUORIDE	99188		\$18.75						
OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 20 MINUTES	99202		\$53.00						
OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 30 MINUTES	99203		\$79.04						
OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 45 MINUTES	99204		\$112.27						
OFFICE/OUTPATIENT VISIT, NEW TYPICALLY 60 MINUTES	99205		\$143.29						
OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 5 MINUTES	99211		\$16.98						
OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 10 MINUTES	99212		\$31.08						
OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 15 MINUTES	99213		\$42.63						
OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 25 MINUTES	99214		\$67.10						
OFFICE/OUTPATIENT VISIT, ESTABLISHED TYPICALLY 40 MINUTES	99215		\$98.39						
ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 5-11	99393		\$70.58						
ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION, AGE 12-17	99394		\$89.90						
ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION AGE 18-39	99395		\$84.80						
SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT (SBIRT)	99408	15-30 MINUTES		\$21.95	\$18.65	\$17.55	\$15.36	\$10.97	
SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT (SBIRT)	99409	30 MINUTES OR MORE		\$55.65	\$47.30	\$44.52	\$38.95	\$20.92	
FLUORIDE VARNISH	D1206		\$18.75						
TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	D1208		\$18.75						

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COUNSELING FOR HIGH RISK SUBSTANCE USE	D1321		\$15.00						
Eia hiv-1/hiv-2 screen	G0432		\$19.57						
Elisa hiv-1/hiv-2 screen	G0433		\$18.29						
Oral hiv-1/hiv-2 screen	G0435		\$11.98						
Hep c screen high risk/other	G0472		\$46.35						
Hep c screen high risk/other	G0472		\$46.35						
Hiv combination assay	G0475		\$24.08						
Hepb screen high risk indiv	G0499		\$28.27						
ALCOHOL AND/OR DRUG ASSESSMENT	H0001	EVENT		\$93.50	\$79.48	\$74.79	\$65.45	\$46.76	
BEHAVIORAL HEALTH SCREENING	H0002	EVENT		\$93.50	\$79.48	\$74.79	\$65.45		
TARGETED CASE MANGEMENT	T2023	1 MONTH							\$362.64
Hearing screening	V5008		\$30.00						