

**FY 2022.2023**
  
 OFFICE VISITS AND SERVICES

CPT CODE	DESCRIPTION	FEE
10060	I & D, Cyst	200.35
10061	Multi I & D	344.98
11200*	Removal of Skin Tags	148.65
11201	Removal Skin Tags Add-on	35.13
11305	Shave Skin Lesion < .5 cm.	127.05
11401	Excision- Benign Lesion .6-1.0 cm.	257.40
11402	Excision- Benign Lesion 1.1-2 cm.	287.28
11403	Excision- Benign Lesion 2.1-3 cm.	331.20
11404	Excision- Benign Lesion 3.1-4 cm.	377.28
11420	Remove Skin Lesion <.5 cm.	211.45
11421	Excision-Benign Lesion .6-1cm	275.15
11422	Remove Skin Lesion 1.1-2 cm.	307.40
11426	Remove Skin Lesion >4 cm.	595.50
12001	Repair Superficial Wounds	269.10
17110*	Destruction Benign Lesions	197.48
19000	Drain Breast Lesion	208.60
56405	I & D, Vulva/Perineum	210.18
56420	Drain Gland Abscess	241.10
56501	Destruction, Vulva (Lesion)	250.85
56605	Biopsy of Vulva/Lesion	162.13
56606	Biopsy Vulva/Perineum	75.18
57100	Vaginal Biopsy, Simple	171.83
57105	Vaginal Biopsy, Extensive	262.15
57500	Cervical Biopsy	253.78
59425	Antepartum Care	1415.30
59426	Antepartum Care	2236.68
69200	Clear Outer Ear Canal	220.90
69210	Remove Impacted Cerumen	92.58
76856	US Exam Pelvic Complete	233.98
76857	US Exam Pelvic Limited	194.13
96110	Developmental Testing	21.88

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99201	Office Visit-New	155.25
99202	Office Visit-New_low	232.88
99203	Office Visit- New_mod. (FP also)	331.20
99204	Office Visit- New_mod. To high	486.45
99205	Office Visit-New_Hi	610.65
99211	Office Visit- Est.	85.40
99212	Office Visit-Est_Mod.-Low	142.33
99213	Office Visit-Est_Mod.	196.65
99214	Office Visit-Est_Mod.-Hi	305.33
99215	Office Visit-Est_Hi	455.40
T1002	RN Services up to 15 minutes	46.48

PREVENTATIVE

CPT CODE	DESCRIPTION	FEE
99381	Rout. Prev. Visit - New Under 1 YR	225.00
99382	Rout. Prev. Visit- New- 1-4 Yrs.	225.00
99383	Rout. Prev. Visit- New- 5-11 Yrs.	385.00
99384	Rout. Prev. Visit- New- 12-17 Yrs.	422.50
99385	Rout. Prev. Visit- New- 18-39 Yrs.	417.50
99386	Rout. Prev. Visit- New- 40-64 Yrs.	497.50
99387	Rout. Prev. Visit- New- 65 Yrs. +	537.50
99391	Rout. Prev. Visit- Est. - Under 1 Yr.	225.00
99392	Rout. Prev. Visit- Est. - 1-4 Yrs.	225.00
99393	Rout. Prev. Visit- Est. - 5-11 Yrs.	315.00
99394	Rout. Prev. Visit- Est. - 12-17 Yrs.	365.00
99395	Rout. Prev. Visit- Est. - 18-39 Yrs.	355.00
99396	Rout. Prev. Visit- Est. - 40-64 Yrs.	395.00
99397	Rout. Prev. Visit- Est. - 65 Yrs.+	437.50
99401	Preventative Medicine Counseling	82.35

TELEPHONIC CODES

CPT CODE	DESCRIPTION	FEE
99441	Telephonic E/M 5-10 Minutes	113.85
99442	Telephonic E/M 11-20 Minutes	157.30
99443	Telephonic E/M 21-30 Minutes	244.25

PRENATAL AND POSTNATAL

CPT CODE	DESCRIPTION	FEE
59430	Postpartum Care Only, Separate Proc	454.15
76801	OB US < 14 wks Single Fetus	263.18
76802	OB US, Pregnant Uterus, Real Time	149.78
76805	OB US >= 14 wks Single Fetus	292.73
76810	OB US >= 14 wks Added Fetus	99.10
76811	OB US Detailed Single Fetus	413.93
76812	OB US Detailed Added Fetus	405.23
76815	OB US Limited Fetus(s)	182.28
76816	OB US Follow-up per Fetus	224.08
76817	Transvaginal Us - Obstetric	203.53
76819	Fetal Biophysical Profile	188.30
76830	GYN US, Transvaginal	239.75
99501*	Home Visit Postnatal Assessment	145.73
99502*	Home Visit for Newborn Assessment	150.00
Q3014*	Telecommunications	57.35

LAB TESTS

CPT CODE	DESCRIPTION	FEE
36415	Routine Venipuncture	6.95
36416	Routine Capillary Blood Draw	6.95
81001	Urinalysis, Auto W/Scope	10.08
81002	Urinalysis Routine w/o Microscopy	8.13
81003	Urinalysis, Auto W/O Scope	7.15
81025	Urine Pregnancy Test	20.10
82270	Occulture Blood "Feces"	10.33
82947	Blood Sugar	12.48
85018	HGB (QW)	7.53
86787	Varicella-Zoster Antibody	40.95
87071	Culture Bacteria Aerobic Other	29.98
87081	Culture Screen Only	18.33
87205	Gram Stain	13.55
87210	Wet Mount Saline/Ink	12.13
87804	Rapid Flu Test	36.43
87880	Rapid Strep Test	36.43
88142	Cytopath, C/V Thin Layer	64.40
88164	Cytopath TBS C/V Manual	33.58

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MEDICARE

CPT CODE	DESCRIPTION	FEE
G0008	Admin Influenza Vaccine	17.55
G0009	Admin Pneumococcal Vaccine	17.55
G0010	Admin Hep B Vaccine	17.55
G0438	Initial Visit/Annual Wellness Visit	175.00
G0439	Subseq Annual Wellness Visit	175.00

IMMUNIZATIONS\*

CPT CODE	DESCRIPTION	FEE
90471*	Immun. Administration (1 vaccine)	
90472*	Immunizations Admin, Each Add	
90620*	Meningitis B (Bexsero)	
90632*	Hep. A Vaccine Adult IM	
90633*	Hep A Vaccine Ped/Adol 2 dose	
90636*	Hep A/Hep B Vaccine Adult IM	
90648*	HIB Vaccine PRP-T IM	
90651*	Gardasil 9	
90662*	Influenza- High Dose (PFS)	
90670*	Pneumococcal-infant or toddler (Prevnar 13)	
90680*	Rotavirus (3 dose oral)	
90685*	Influenza .25 (preservative free)	
90686*	Influenza .5 (preservative free)	
90687*	Influenza .25 (preservative)	
90688*	Influenza .5 (preservative)	
90696*	DTaP-IPV (Kinrix)	
90698*	DTAP-HIB-IP vaccine IM	
90707*	MMR Vaccine SC	
90713*	POLIO IPV	
90714*	TD Vaccine	
90715*	TDAP Vaccine	
90716*	Chicken Pox Vaccine SC	
90732*	Pneumococcal Vaccine	
90734*	Meningococcal, Vaccine, IM	
90744*	HEPB Vaccine Ped/Adol 3 dose IM	
90746*	Hep. B Vaccine Adult IM	
95115*	Immunotherapy, One Injection	
95117*	Immunotherapy Injections	
J2790	Rhogam Globulin Injection	85.63
J3490*	Drugs Unclassified Injection	20.00

Please call for Vaccine Pricing 828-426-8400

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OTHER CLINICAL SERVICES

11981	Implant Insertion	254.68
11982	Implant Removal	293.53
11983	Implant Removal w/Insertion	456.80
57452	Exam Cervix W/Scope	213.05
57454	Tx/Curett of Cervix W/Scope	302.18
57460	Tx of Cervix W/Scope "LEEP"	847.13
57511	Cryocautery of Cervix	281.45
58100	Biopsy Uterus Lining	214.70
58300	IUD Insertion	152.43
58301	IUD Removal	187.18
86580*	PPD (patient pay or billed)	20.00
92551	Pure Tone Hearing Test, Air	20.68
96127	0-5 year olds; 6-10 year olds (PSC) PSC-Y, ADHD, Depression, Anxiety	11.23
96160	Bright Futures Supplemental Adolescent Questionnaires	9.35
96161	1-6 month olds (Edinburg or PHQ-2/PHQ-9)	9.35
96372*	Ther/Prophy/Diaf Inj SC/IM	42.60
97802*	Medical Nutrition Therapy - Initial	61.28
97803*	Medical Nutrition Therapy - Subsequent	53.60
99070*	Supplies/Materials (Non routine)	24.28
99406	Intermediate Smoking & Tobacco Cessation <10 min	29.83
99407	Intensive Smoking & Tobacco Cessation >10min	57.63
99408	Alcohol/Substance Abuse Screening 15-30 min	76.83
99409	Alcohol/Substance Abuse Screening >30 min	151.03
J1050	Depo Injection	.39
J7302	IUD Device (Mirena)	
J7307	Implant (Nexplanon)	1147.10
LU018*	Copy of Documents or Medical Records	.25
LU021*	Complete Form Verify Exam	15.00
LU031*	Returned Check Fee	25.00
LU402*	Medicaid Co Pay	3.00
S0280	PMH Risk Screening	73.50
S0281	PMH Postpartum Visit	220.50
S4993	Contraceptive Pills for BC	7.50
S9442 *	Birthing Class 1 unit = 60 minutes	21.73
99000*	Specimen Handling- Biopsy Collection	40.00
Q3014*	Telehealth Facility Fee	57.35

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