



Fee Schedule

Rates Effective July 1, 2020 through June 30, 2021

Proc Code	Service Description	Age From	Age To	Rate Effective 07/01/2019	New Rate Effective 07/01/2020
11976	REMOVE CONTRACEPTIVE CAPSULE	10	999	\$ 105.81	\$ 104.75
11981	INSERT DRUG IMPLANT DEVICE	0	999	\$ 90.24	\$ 89.34
11982	REMOVE DRUG IMPLANT DEVICE	0	999	\$ 102.98	\$ 101.95
11983	REMOVE/INSERT DRUG IMPLANT	0	999	\$ 166.69	\$ 165.02
36415	ROUTINE VENIPUNCTURE	0	999	\$ 3.19	\$ 3.16
36416	CAPILLARY BLOOD DRAW	0	999	\$ 3.19	\$ 3.16
57170	FITTING OF DIAPHRAGM/CAP	0	999	\$ 24.78	\$ 24.53
58300	INSERT INTRAUTERINE DEVICE	0	999	\$ 53.09	\$ 52.56
58301	REMOVE INTRAUTERINE DEVICE	0	999	\$ 17.70	\$ 17.52
58340	CATHETER FOR HYSTEROGRAPHY	0	999	\$ 35.39	\$ 35.04
58565	HYSTEROSCOPY STERILIZATION	21	999	\$ 697.38	\$ 690.41
58611	LIGATE OVIDUCT(S) ADD-ON	21	999	\$ 88.48	\$ 87.60
58615	OCCLUDE FALLOPIAN TUBE(S)	21	999	\$ 353.90	\$ 350.36
58670	LAPAROSCOPY TUBAL CAUTERY	21	999	\$ 288.78	\$ 285.89
58671	LAPAROSCOPY TUBAL BLOCK	21	999	\$ 297.28	\$ 294.31
90460	IM ADMIN 1ST/ONLY COMPONENT	0	18	\$ 19.46	\$ 19.27
90471	IMMUNIZATION ADMIN	0	999	\$ 19.46	\$ 19.27
90472	IMMUNIZATION ADMIN EACH ADD	0	999	\$ 11.30	\$ 11.19
90473	IMMUNE ADMIN ORAL/NASAL	0	999	\$ 19.46	\$ 19.27
90474	IMMUNE ADMIN ORAL/NASAL ADDL	0	999	\$ 11.30	\$ 11.19
99201	OFFICE/OUTPATIENT VISIT NEW	0	999	\$ 39.08	\$ 38.69
99202	OFFICE/OUTPATIENT VISIT NEW	0	999	\$ 67.13	\$ 66.46
99203	OFFICE/OUTPATIENT VISIT NEW	0	999	\$ 97.43	\$ 96.46
99204	OFFICE/OUTPATIENT VISIT NEW	0	999	\$ 149.59	\$ 148.09
99205	OFFICE/OUTPATIENT VISIT NEW	0	999	\$ 186.33	\$ 184.47
99211	OFFICE/OUTPATIENT VISIT EST	0	999	\$ 18.10	\$ 17.92
99212	OFFICE/OUTPATIENT VISIT EST	0	999	\$ 39.39	\$ 39.00
99213	OFFICE/OUTPATIENT VISIT EST	0	999	\$ 65.81	\$ 65.15
99214	OFFICE/OUTPATIENT VISIT EST	0	999	\$ 97.11	\$ 96.14
99215	OFFICE/OUTPATIENT VISIT EST	0	999	\$ 129.99	\$ 128.69
99304	NURSING FACILITY CARE INIT	0	999	\$ 68.01	\$ 67.33
99305	NURSING FACILITY CARE INIT	0	999	\$ 94.53	\$ 93.58
99306	NURSING FACILITY CARE INIT	0	999	\$ 121.02	\$ 119.81
99307	NURSING FAC CARE SUBSEQ	0	999	\$ 33.62	\$ 33.28
99308	NURSING FAC CARE SUBSEQ	0	999	\$ 51.66	\$ 51.14
99309	NURSING FAC CARE SUBSEQ	0	999	\$ 68.94	\$ 68.25
99310	NURSING FAC CARE SUBSEQ	0	999	\$ 100.95	\$ 99.94
99315	NURSING FAC DISCHARGE DAY	0	999	\$ 50.18	\$ 49.68
99316	NURSING FAC DISCHARGE DAY	0	999	\$ 65.54	\$ 64.88
99318	ANNUAL NURSING FAC ASSESSMNT	0	999	\$ 71.10	\$ 70.39
99324	DOMICIL/R-HOME VISIT NEW PAT	0	999	\$ 47.48	\$ 47.01
99325	DOMICIL/R-HOME VISIT NEW PAT	0	999	\$ 68.86	\$ 68.17
99326	DOMICIL/R-HOME VISIT NEW PAT	0	999	\$ 111.69	\$ 110.57
99327	DOMICIL/R-HOME VISIT NEW PAT	0	999	\$ 144.99	\$ 143.54
99328	DOMICIL/R-HOME VISIT NEW PAT	0	999	\$ 171.38	\$ 169.67
99334	DOMICIL/R-HOME VISIT EST PAT	0	999	\$ 47.57	\$ 47.09
99335	DOMICIL/R-HOME VISIT EST PAT	0	999	\$ 73.05	\$ 72.32
99336	DOMICIL/R-HOME VISIT EST PAT	0	999	\$ 103.56	\$ 102.52



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99337	DOMICIL/R-HOME VISIT EST PAT	0	999	\$ 148.41	\$ 146.93
99341	HOME VISIT NEW PATIENT	0	999	\$ 49.89	\$ 49.39
99342	HOME VISIT NEW PATIENT	0	999	\$ 68.86	\$ 68.17
99343	HOME VISIT NEW PATIENT	0	999	\$ 108.95	\$ 107.86
99344	HOME VISIT NEW PATIENT	0	999	\$ 142.58	\$ 141.15
99345	HOME VISIT NEW PATIENT	0	999	\$ 171.38	\$ 169.67
99347	HOME VISIT EST PATIENT	0	999	\$ 45.16	\$ 44.71
99348	HOME VISIT EST PATIENT	0	999	\$ 67.90	\$ 67.22
99349	HOME VISIT EST PATIENT	0	999	\$ 99.12	\$ 98.13
99350	HOME VISIT EST PATIENT	0	999	\$ 138.80	\$ 137.41
99381	INIT PM E/M NEW PAT INFANT	0	1	\$ 100.70	\$ 99.69
99382	INIT PM E/M NEW PAT 1-4 YRS	1	4	\$ 104.92	\$ 103.87
99383	PREV VISIT NEW AGE 5-11	5	11	\$ 109.45	\$ 108.36
99384	PREV VISIT NEW AGE 12-17	12	17	\$ 123.74	\$ 122.50
99385	PREV VISIT NEW AGE 18-39	18	39	\$ 120.16	\$ 118.96
99386	PREV VISIT NEW AGE 40-64	40	64	\$ 138.62	\$ 137.23
99387	INIT PM E/M NEW PAT 65+ YRS	65	999	\$ 150.64	\$ 149.13
99391	PER PM REEVAL EST PAT INFANT	0	1	\$ 90.61	\$ 89.70
99392	PREV VISIT EST AGE 1-4	1	4	\$ 96.78	\$ 95.81
99393	PREV VISIT EST AGE 5-11	5	11	\$ 96.46	\$ 95.50
99394	PREV VISIT EST AGE 12-17	12	17	\$ 105.55	\$ 104.49
99395	PREV VISIT EST AGE 18-39	18	39	\$ 107.82	\$ 106.74
99396	PREV VISIT EST AGE 40-64	40	64	\$ 114.94	\$ 113.79
99397	PER PM REEVAL EST PAT 65+ YR	65	999	\$ 123.74	\$ 122.50
99401	PREVENTIVE COUNSELING INDIV	0	999	\$ 33.13	\$ 32.80
99402	PREVENTIVE COUNSELING INDIV	0	999	\$ 56.80	\$ 56.23
99403	PREVENTIVE COUNSELING INDIV	0	999	\$ 79.15	\$ 78.36
99404	PREVENTIVE COUNSELING INDIV	0	999	\$ 101.54	\$ 100.52
99406	BEHAV CHNG SMOKING 3-10 MIN	0	999	\$ 12.56	\$ 12.43
99407	BEHAV CHNG SMOKING > 10 MIN	0	999	\$ 24.81	\$ 24.56
99408	AUDIT/DAST 15-30 MIN	12	999	\$ 32.28	\$ 31.96
99409	AUDIT/DAST OVER 30 MIN	12	999	\$ 66.07	\$ 65.41
99411	PREVENTIVE COUNSELING GROUP	0	999	\$ 14.95	\$ 14.80
99412	PREVENTIVE COUNSELING GROUP	0	999	\$ 19.50	\$ 19.31
99415	PROLONG CLINCL STAFF SVC	0	999	\$ 7.11	\$ 7.04
99416	PROLONG CLINCL STAFF SVC ADD	0	999	\$ 3.98	\$ 3.94
G0101	CA SCREEN;PELVIC/BREAST EXAM	0	999	\$ 19.37	\$ 19.18
G0124	SCREEN C/V THIN LAYER BY MD	0	999	\$ 26.05	\$ 25.79
G8431	POS CLIN DEPRES SCR N F/U DOC	0	999	\$ 30.52	\$ 30.21
G8510	SCR DEP NEG, NO PLAN REQD	0	999	\$ 11.00	\$ 10.89
Q0091	OBTAINING SCREEN PAP SMEAR	0	999	\$ 39.29	\$ 38.90
99460	INIT NB EM PER DAY HOSP	0	999	\$ 88.33	\$ 87.45
99461	INIT NB EM PER DAY NON-FAC	0	999	\$ 91.86	\$ 90.94
99462	SBSQ NB EM PER DAY HOSP	0	999	\$ 39.32	\$ 38.93
99463	SAME DAY NB DISCHARGE	0	999	\$ 107.03	\$ 105.96
99464	ATTENDANCE AT DELIVERY	0	999	\$ 66.31	\$ 65.65
99465	NB RESUSCITATION	0	999	\$ 137.94	\$ 136.56
99466	PED CRIT CARE TRANSPORT	0	2	\$ 245.47	\$ 243.02
99467	PED CRIT CARE TRANSPORT ADDL	0	2	\$ 115.00	\$ 113.85
99468	NEONATE CRIT CARE INITIAL	0	999	\$ 871.53	\$ 862.81
99469	NEONATE CRIT CARE SUBSQ	0	999	\$ 403.10	\$ 399.07



Primary Care Alternative Payment Model

Fee Schedule

Rates Effective July 1, 2020 through June 30, 2021

99471	PED CRITICAL CARE INITIAL	0	2	\$ 798.25	\$ 790.27
99472	PED CRITICAL CARE SUBSQ	0	2	\$ 375.60	\$ 371.84
99475	PED CRIT CARE AGE 2-5 INIT	2	5	\$ 538.48	\$ 533.10
99476	PED CRIT CARE AGE 2-5 SUBSQ	2	5	\$ 325.56	\$ 322.30
99477	INIT DAY HOSP NEONATE CARE	0	999	\$ 324.28	\$ 321.04
99478	IC LBW INF < 1500 GM SUBSQ	0	999	\$ 128.63	\$ 127.34
99479	IC LBW INF 1500-2500 G SUBSQ	0	999	\$ 116.63	\$ 115.46
99480	IC INF PBW 2501-5000 G SUBSQ	0	999	\$ 112.30	\$ 111.18
99485	SUPRV INTERFACILITY TRANSPORT	0	999	\$ 72.40	\$ 71.68
99486	SUPRV INTERFAC TRNSPORT ADDL	0	999	\$ 63.00	\$ 62.37