

# 2021 Preventive Program Provider type 20 Fee Schedule

## Notes

New 2021 Codes are in red.

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	
<b>71010</b>	<b>CHEST X-RAY 1 VIEW FRONTAL</b>		<b>21.68</b>			<b>1/1/2009</b>	<b>ENDDATED 12/31/17</b>

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71010	CHEST X-RAY 1 VIEW FRONTAL	TC	12.77			1/1/2009	ENDDATED 12/31/17
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	
71271	CT THORAX LUNG CANCER SCREEN		116.09			1/1/2021	
71271	CT THORAX LUNG CANCER SCREEN	TC	73.99			1/1/2021	
71271	CT THORAX LUNG CANCER SCREEN	26	42.11			1/1/2021	
76145	MED PHYSICS DOSE EVAL EXPOSURE		640.73			1/1/2021	
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	

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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	
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	
81220	CTFR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS)		556.60			1/1/2018	
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	
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	

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83615	LACTATE (LD) (LDH) ENZYME		8.64			1/1/2010	
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	
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	

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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	
87481	CANDIDA DNA AMP PROBE		35.09			6/1/2020	
87490	CHYLMD TRACH DNA DIR PROBE		28.24			1/1/2010	
87491	CHYLMD 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	
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	

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87591	N.GONORRHOEAE DNA AMP PROB		50.27			1/1/2010	
87661	TRICHOMONAS VAGINALIS AMPIF		35.09			6/1/2020	
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism		43.33			7/1/2018	
87801	DETECT AGNT MULT DNA AMPLI		70.20			6/1/2020	
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	
<b>88175</b>	<b>CYTOPATH C/V AUTOFLUID REDO, PAP TEST</b>		<b>26.21</b>			<b>5/1/2021</b>	
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 effective 07/01/19
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
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	

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90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXIOD)		19.93			9/1/2017	
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXIOD) ( LISTED SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		11.96			9/1/2017	
90619	MENACWY-TT VACCINE IM		82.00			1/1/2020	
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 effective 01/01/17
90650	2VHPV VACCINE 3 DOSE IM		128.75			1/1/2015	
90651	9VHPV VACCINE 3 DOSE IM			18.40	239.29	6/15/2015	Rate effective 06/01/21
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	

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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 effective 07/01/19
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	
90694	VACC AIIV4 NO PRSRV 0.5ML IM		59.00			1/1/2020	
90696	DTAP-IPV VACC 4-6 YR IM		18.40			1/1/2009	
<b>90697</b>	<b>DTAP-IPV-HIB-HEPB-IM</b>		<b>132.77</b>			<b>8/1/2021</b>	
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	



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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	
<b>91300</b>	<b>COVID-19 VACCINE-PFIZER, SARSCOV2 VAC 30MCG/.3ML IM</b>		<b>\$ZERO PAY</b>			<b>12/11/2020</b>	
<b>0001A</b>	<b>COVID-19 VACCINE ADMIN FEE-PFIZER, 1ST DOSE, ADM SARSCOV2 30MCG/.3ML 1</b>		<b>16.94</b>			<b>12/11/2020 - 3/14/2021</b>	
<b>0001A</b>	<b>COVID-19 VACCINE ADMIN FEE-PFIZER, 1ST DOSE, ADM SARSCOV2 30MCG/.3ML 1</b>		<b>40.00</b>			<b>3/15/2021</b>	
<b>0002A</b>	<b>COVID-19 VACCINE ADMIN FEE-PFIZER, 2ND DOSE, ADM SARSCOV2 30MCG/.3ML 1</b>		<b>28.39</b>			<b>12/11/2020 - 3/14/2021</b>	
<b>0002A</b>	<b>COVID-19 VACCINE ADMIN FEE-PFIZER, 2ND DOSE, ADM SARSCOV2 30MCG/.3ML 1</b>		<b>40.00</b>			<b>3/15/2021</b>	

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0003A	COVID-19 VACCINE ADMIN FEE-PFIZER, 3RD DOSE, ADM SARSCOV2 30MCG/.3ML 1		40.00	40.00			Added Effective 8/12/21
0004A	COVID-19 VACCINE - PFIZER, BOOSTER ADMIN SARSCOV2, 30 MCG/.3ML IM		40.00				Added Effective 11/1/21
91301	COVID-19 VACCINE-MODERNA, SARSCOV2 VAC 100MCG/.5ML IM		\$ZERO PAY			12/18/2020	
0011A	COVID-19 VACCINE ADMIN FEE-MODERNA, 1ST DOSE, ADM SARSCOV2 100MCG/.5ML 1		16.94			12/11/2020 - 3/14/2021	
0011A	COVID-19 VACCINE ADMIN FEE-MODERNA, 1ST DOSE, ADM SARSCOV2 100MCG/.5ML 1		40.00			3/15/2021	
0012A	COVID-19 VACCINE ADMIN FEE-MODERNA, 2ND DOSE, ADM SARSCOV2 100MCG/.5ML 2		28.39			12/11/2020 - 3/14/2021	
0012A	COVID-19 VACCINE ADMIN FEE-MODERNA, 2ND DOSE, ADM SARSCOV2 100MCG/.5ML 2		r			3/15/2021	
0013A	COVID-19 VACCINE ADMIN FEE-MODERNA, 3RD DOSE, ADM SARSCOV2 100MCG/.5ML 2		40.00	40.00			Added Effective 8/12/21
91303	COVID-19 VACCINE-JANSSEN (J&J), SARSCOV2 VAC AD26 .5ML IM		\$ZERO PAY			2/27/2021	
0031A	COVID-19 VACCINE ADMIN FEE - JANSSEN (J&J), 1 DOSE, ADM SARSCOV2 VAC AD26 .5ML		28.39			2/27/2021 - 3/14/2021	

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Procedure Code	Procedure Description	Modifiers	Maximum Fee Amount	Under 21 of age	Over 21 of age	Effective Date	NOTES
0031A	COVID-19 VACCINE ADMIN FEE - JANSSEN (J&J), 1 DOSE, ADM SARSCOV2 VAC AD26 .5ML		40.00			3/15/2021	
0034A	COVID-19 VACCINE - JANSSEN, BOOSTER, ADMIN SARSCOV2, AD26 .5ML IM		40.00				Added Effective 11/1/21
91306	COVID-19 VACCINE-MODERNA, SARSCOV2 VACCINE 50MCG/.25ML IM		NO PAY	NO PAY			Effective 11/1/21
0064A	COVID-19 VACCINE-MODERNA, SARSCOV2 VACCINE 50MCG/.25MLBST		40.00	40.00			Effective 11/1/21
91307	COVID-19 VACCINE-PFIZER SARSCOV2 VACCINE AGE 5 THRU 11, 10MCG/0.2 ML IM TRIS-SUCROSE FORMULATION		ZERO PAY				Added Effective 11/1/21
0071A	COVID-19 VACCINE-PFIZER, 1ST DOSE AGE 5 THRU 11, ADMIN SARSCOV2 10MCG/0.2 ML IM TRIS-SUCROSE FORMULATION		40.00				Added Effective 11/1/21
0072A	COVID-19 VACCINE-PFIZER, 2ND DOSE AGE 5 THRU 11, ADMIN SARSCOV2 10MCG/0.2 ML IM TRIS-SUCROSE FORMULATION		40.00				Added Effective 11/1/21
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	
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	

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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		35.81			1/1/2020	
97803	MED NUTRITION INDIV SUBSEQ		31.03			1/1/2020	
97804	MEDICAL NUTRITION GROUP		15.17			1/1/2009	
98970	QNHP OL DIG E/M SVC 5-10MIN		12.00			1/1/2020	
98971	QNHP OL DIG EM SVC 11-20MIN		24.00			1/1/2020	
98972	QNHP OL DIG E/M SVC 21+ MIN		38.56			1/1/2020	
99173	VISUAL ACUITY SCREEN		2.52			1/1/2009	
<b>99201</b>	<b>OFFICE/OUTPATIENT VISIT NEW</b>		<b>39.86</b>			<b>1/1/2009</b>	<b>ENDDATED 12/31/20</b>
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	
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	

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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	
99411	PREVENTIVE COUNSELING GROUP		14.79			1/1/2009	
99412	PREVENTIVE COUNSELING GROUP		19.84			1/1/2009	
<b>99417</b>	<b>E/M PROLONG OFF/CP 15 MIN</b>		<b>26.52</b>			<b>1/1/2021</b>	
99420	HEALTH RISK ASSESSMENT TEST		9.38			1/1/2009	
<b>99439</b>	<b>E/M CHRNC CARE MGMT SVC EA</b>		<b>29.93</b>			<b>1/1/2021</b>	
99441	PHONE E/M PHYS/QHP 5-10 MIN		11.05			1/1/2019	
99442	PHONE E/M PHYS/QHP 11-20 MIN		21.57			1/1/2019	
99443	PHONE E/M PHYS/QHP 21-30 MIN		31.84			1/1/2019	
99510	HOME VISIT SING/M/FAM COUNS		125.44			7/1/2006	

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87804QW	INFECTIOUS AGENT ANTIGEN DECTION BY IMMUNOASSAY		16.50			7/1/2018	
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	
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	
G2010	REMOTE IMAGE SUBMIT BY PT		9.40			2/4/2020	

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G2012	BRIEF CHECK IN BY MD/QHP		11.43			2/4/2020	
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	
<b>J7296</b>	<b>KYLEENA</b>		<b>999.28</b>			<b>4/1/2021</b>	
J7297	LILETTA		656.25			1/1/2016	
<b>J7298</b>	<b>MIRENA</b>		<b>999.28</b>			<b>4/1/2021</b>	
<b>J7300</b>	<b>PARAGARD</b>		<b>937.00</b>			<b>7/1/2021</b>	
<b>J7301</b>	<b>SKYLA</b>		<b>832.07</b>			<b>4/1/2021</b>	
J7303	CONTRACEPTIVE VAGINAL RING		26.33			7/1/2006	
J7304	CONTRACEPTIVE HORMONE PATCH		7.64			7/1/2006	
J7307	NEXPLANON		1030.64			9/1/2021	
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	
U0001	2019-NCOV DIAGNOSTIC P		35.91			2/4/2020	
U0002	SARS-COV-2, FOR NON-CDC		51.31			2/4/2020	