

**2026 Preventive Health - (Health Department) Fee Schedule (Provider type 20) revised 4.24.2026**

**Notes**

- Red indicates new codes or changes for the most current revision date.
- Blue indicates code is end dated. □



**Vaccines For children (VFC):**

- Providers will receive a single administration fee for each vaccine provided, regardless of the number of vaccine/toxoid components.
- Federal Register <https://www.federalregister.gov/documents/2012/11/06/2012-26507/rin-0938-aq63>
- CDC VFC Operations Guide <https://www.cdc.gov/vaccines-for-children/about/index.html>
- SL modifier must be used for ANY vaccine procured through the Vaccine for Children Program **INCLUDING THE ADMINISTRATION CODE.D** □

- It is the responsibility of the provider to check member eligibility.
- The appearance on this fee schedule of a code and rate is not an indication of coverage, nor a guarantee of payment.
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Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
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**Vaccines - SL modifier must be used for ANY vaccine procured through the Vaccine for Children Program**

90378	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY FOR INJECTION INTO TISSUE OR MUSCLE RSV MAB IM 50MG	SL	\$0.00	\$327.21	Birth to 24 months
90380	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY, 0.5 ML DOSAGE FOR INJECTION INTO MUSCLE	SL	\$0.00	\$485.10	Birth to 24 months
90381	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY, 1.0 ML DOSAGE FOR INJECTION INTO MUSCLE	SL	\$0.00	\$485.10	Birth to 24 months
90382	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE, 0.7 ML, FOR INTRAMUSCULAR USE	SL	\$0.00	\$556.00	Effective 7/1/2025, Adding Seasonal Dose Code
90460	ADMINISTRATION OF FIRST VACCINE OR TOXOID COMPONENT WITH COUNSELING (18 YEARS OR YOUNGER)	SL	\$19.93	\$27.49	Rate Eff: 8/1/22
90461	ADMINISTRATION OF VACCINE OR TOXOID COMPONENT WITH COUNSELING (18 YEARS OR YOUNGER), EACH ADDITIONAL VACCINE OR TOXOID COMPONENT			\$18.40	
90471	ADMINISTRATION OF VACCINE	SL	\$19.93	\$27.49	Rate Eff: 8/1/22
90472	ADMINISTRATION OF VACCINE, EACH ADDITIONAL VACCINE	SL	\$11.96	\$11.96	



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90473	ADMINISTRATION OF NASAL OR ORAL VACCINE, 1 VACCINE	SL	\$19.93	\$27.49	Rate Eff: 8/1/22
90474	ADMINISTRATION OF NASAL OR ORAL VACCINE, EACH ADDITIONAL VACCINE	SL	\$11.96	\$11.96	
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, SINGLE DOSE	SL	\$19.93	\$40.00	
90589	CHIKUNGUNYA VIRUS VACCINE LIVE IM			\$0.00	FDA Approval Removed, effective 8/22/2025
90611	SMALLPOX AND MONKEYPOX VACCINE, ATTENUATED VACCINIA VIRUS, LIVE, NON-REPLICATING, PRESERVATIVE FREE, 0.5 ML DOSAGE, SUSPENSION, FOR SUBCUTANEOUS USE	SL	\$0.00	\$51.31	
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y, QUADRIVALENT, TETANUS TOXOID CARRIER	SL	\$0.00	\$82.00	
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B	SL	\$0.00	\$122.95	
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B	SL	\$0.00	\$95.75	
90622	VACCINIA (SMALLPOX) VIRUS VACCINE, LIVE, LYOPHILIZED, 0.3 ML DOSAGE, FOR PERCUTANEOUS USE			\$51.31	
90623	MENINGOCOCCAL CONJUGATE VACCINE SEROGROUPS A, C, W, Y, B-FHBP, PENTAVALENT, TETANUS TOXOID CARRIER	SL	\$0.00	\$211.60	
90624	MENINGOCOCCAL PENTAVALENT VACCINE, MEN B-4C RECOMBINANT PROTEINS AND OUTER MEMBRANE VESICLE AND CONJUGATED MEN A, C, W, Y-DIPHThERIA TOXOID CARRIER, FOR INTRAMUSCULAR USE	SL	\$0.00	\$262.50	Effective 1/1/2025 Rate change effective 1/1/2026
90626	INACTIVATED TICK-BORNE ENCEPHALITIS VIRUS VACCINE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE			\$319.10	Rate change effective 1/1/2026
90627	INACTIVATED TICK-BORNE ENCEPHALITIS VIRUS VACCINE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE			\$319.10	Rate change effective 1/1/2026
90630	INFLUENZA VACCINE, QUADRIVALENT			\$28.60	End dated by AMA 12/31/2024



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90632	HEPATITIS A VACCINE ADULT DOSAGE			\$65.70	Rate Eff: 4/1/22 Age 18 and older
90633	HEPATITIS A VACCINE PEDIATRIC OR ADOLESCENT DOSAGE	SL	\$0.00	\$29.55	Age 12 months to 18 years old
90634	HEPATITIS A VACCINE PEDIATRIC OR ADOLESCENT DOSAGE (3 DOSE SCHEDULE)			\$29.55	Age 12 months to 18 years old
90636	HEPATITIS A AND HEPATITIS B VACCINE ADULT			\$112.35	Rate Eff: 4/1/22 Age 18 and older
90637	INFLUENZA VIRUS VACCINE, QUADRIVALENT (QIRV), MRNA; 30 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE			\$0.00	Effective 1/1/2025
90638	INFLUENZA VIRUS VACCINE, QUADRIVALENT (QIRV), MRNA; 60 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE			\$0.00	Effective 1/1/2025
90644	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE 6WK-18M0			\$115.18	
90647	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, PRP-OMP CONJUGATE 3 DOSE	SL	\$0.00	\$22.77	
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE, PRP-T CONJUGATE 4 DOSE	SL	\$0.00	\$26.21	
90649	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUADRIVALENT 3 DOSE IM	SL	\$0.00	\$141.38	Ages 9 to 26 years old
90650	HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT 3 DOSE			\$128.75	
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT 2/3 DOSE	SL	\$0.00	\$253.60	Rate Eff: 4/1/22 Ages 9 to 26 years old
90653	INFLUENZA VACCINE, INACTIVATED			\$98.16	Rate updated from \$83.49 to \$98.16 Effective 8/1/2025 Age 65 years and older
90654	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE			\$18.92	End dated by AMA 12/31/2024
90655	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE, 0.25 ML DOSAGE 6-35M	SL	\$0.00	\$18.40	Age 6 months to 35 months.

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90656	INFLUENZA VACCINE, TRIVALENT, SPLIT VIRUS, PRESERVATIVE-FREE, 0.5 ML DOSAGE	SL	\$0.00	\$23.22	Rate updated from \$22.35 to 23.22 Effective 8/1/2025 Age 6 months and older
90657	INFLUENZA VACCINE, TRIVALENT, 0.25 ML DOSAGE	SL	\$0.00	\$18.40	Age 6 months and older
90658	INFLUENZA VACCINE, TRIVALENT, 0.5 ML DOSAGE	SL	\$0.00	\$21.86	Rate update effective: 8/1/2024 Age 6 months and older
90660	INFLUENZA VACCINE, TRIVALENT FOR NASAL ADMINISTRATION	SL	\$0.00	\$29.14	Ages 2 to 49 years old
90661	INFLUENZA VACCINE, TRIVALENT DERIVED FROM CELL CULTURES 0.5 ML	SL	\$0.00	\$49.50	Rate updated from \$36.85 to \$49.50 Effective 8/1/2025 Age 6 months and older
90662	INFLUENZA VACCINE SPLIT VIRUS, PRESERVATIVE FREE			\$83.49	Rate update effective: 8/1/2024 Age 65 and older
90670	PNEUMOCOCCAL VACCINE, 13-VALENT	SL	\$0.00	\$257.99	Rate Eff: 4/1/22
90671	PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), FOR INTRAMUSCULAR USE	SL	\$0.00	\$246.20	Rate Eff: 1/1/22
90672	INFLUENZA VACCINE, QUADRIVALENT FOR NASAL ADMINISTRATION	SL	\$0.00	\$27.79	Rate Update effective 8/1/2023 Age 2 years to 49 years old
90673	INFLUENZA VACCINE, TRIVALENT DERIVED FROM RECOMBINANT DNA			\$83.49	Rate update effective: 8/1/2024
90674	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM CELL CULTURES, PRESERVATIVE AND ANTIBIOTIC FREE 0.5 ML	SL	\$0.00	\$34.17	Rate Update effective 8/1/2023
90675	RABIES VACCINE FOR INJECTION INTO MUSCLE			\$382.33	Rate Update effective 8/1/2023
90676	RABIES VACCINE FOR INJECTION INTO SKIN			\$111.96	
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR INTRAMUSCULAR USE	SL	\$0.00	\$283.72	Rate Eff: 4/1/22
90678	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, SUBUNIT, BIVALENT, FOR INTRAMUSCULAR USE			\$320.14	60 & older, preg women 32-36 weeks
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE, PREF, RECOMBINANT, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE, GlaxoSmithKline's Arexvy "Vaccine"			\$274.40	Age 60 and older
90680	ROTAVIRUS VACCINE, PENTAVALENT 3 DOSE LIVE ORAL	SL	\$0.00	\$75.20	

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90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED 2 DOSE LIVE ORAL	SL	\$0.00	\$106.57	
90682	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM RECOMBINANT DNA			\$73.40	Rate Update effective 8/1/2023 Age 18 years and older
90683	RSV, Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use.			\$274.40	Effective 1/1/2024 Age 60 years and older
90684	PNEUMOCOCCAL CONJUGATE VACCINE, 21 VALENT (PCV21), FOR INTRAMUSCULAR USE			\$316.42	Effective 1/1/2025 Rate change effective 1/1/2026
90685	INFLUENZA VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.25 ML DOSAGE	SL	\$0.00	\$23.23	Rate Eff: 8/1/22 6 months to 35 months
90686	INFLUENZA VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.5 ML DOSAGE	SL	\$0.00	\$22.35	Rate Update effective 8/1/2023 Age 6 months and older
90687	INFLUENZA VACCINE, QUADRIVALENT, 0.25 ML DOSAGE	SL	\$0.00	\$14.35	Rate Update effective 8/1/2023 Age 6 months to 35 months
90688	INFLUENZA VACCINE, QUADRIVALENT, 0.5 ML DOSAGE	SL	\$0.00	\$20.88	Rate Update effective 8/1/2023 Age 6 months and older
90689	INFLUENZA VACCINE, QUADRIVALENT INACTIVATED, 0.25 ML DOSAGE			\$22.79	
90690	TYPHOID VACCINE ORAL			\$88.99	
90691	TYPHOID VACCINE FOR INJECTION INTO MUSCLE			\$89.12	
90694	INFLUENZA VACCINE, QUADRIVALENT INACTIVATED, 0.5 ML DOSAGE			\$77.36	Rate Update effective 8/1/2023
90696	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, AND POLIO VACCINE	SL	\$0.00	\$48.00	Age 4 to 6 years old
90697	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, HAEMOPHILUS INFLUENZAE TYPE B, AND HEPATITIS B VACCINE	SL	\$0.00	\$132.77	
90698	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, POLIO, AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE	SL	\$0.00	\$70.72	
90700	DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS VACCINE (YOUNGER THAN 7 YEARS)	SL	\$0.00	\$23.47	Ages 0 to 7 years old
90702	DIPHTHERIA AND TETANUS VACCINE (YOUNGER THAN 7 YEARS)	SL	\$0.00	\$23.47	Ages 0 to 7 years old
90707	MEASLES, MUMPS, AND RUBELLA VACCINE	SL	\$0.00	\$87.31	Rate Eff: 4/1/22
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE	SL	\$0.00	\$157.64	
90713	POLIOVIRUS VACCINE	SL	\$0.00	\$35.00	Rate Eff: 4/1/22

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90714	DIPHTHERIA AND TETANUS VACCINE (7 YEARS OR OLDER)	SL	\$0.00	\$27.94	Rate Eff: 4/1/22 Age 7 years and older
90715	DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS VACCINE (7 YEARS OR OLDER)	SL	\$0.00	\$35.64	Rate Eff: 4/1/22 Age 7 years and older
90716	VARICELLA VACCINE - CHICKEN POX VACCINE SC	SL	\$0.00	\$150.98	Rate Eff: 4/1/22
90723	DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS, HEPATITIS B, AND POLIO VACCINE	SL	\$0.00	\$70.72	
90732	PNEUMOCOCCAL VACCINE, 23-VALENT 2 YRS+	SL	\$0.00	\$133.47	Rate Eff: 4/1/22 Age 2 years and older
90733	MENINGOCOCCAL VACCINE, SEROGROUPS A, C, Y, W-135			\$106.49	
90734	MENINGOCOCCAL VACCINE, SEROGROUPS A, C, W, Y, DIPHTHERIA TOXOID CARRIER VACCINE	SL	\$0.00	\$117.41	
90736	SHINGLES VACCINE FOR INJECTION UNDER SKIN - ZOSTER			\$165.59	
90739	HEPATITIS B VACCINE (HEPB), CPG-ADJUVANTED, ADULT DOSAGE, 2 DOSE OR 4 DOSE SCHEDULE, FOR INTRAMUSCULAR USE			\$117.99	
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE - 3 DOSE			\$119.42	
90743	HEPATITIS B VACCINE, ADOLESCENT DOSAGE 2 DOSE	SL	\$0.00	\$24.22	
90744	HEPATITIS B VACCINE, PEDIATRIC OR ADOLESCENT DOSAGE (3 DOSE SCHEDULE)	SL	\$0.00	\$24.22	Age 0 to 20 years old
90746	HEP B VACC ADULT 3 DOSE IM			\$65.12	Rate Eff: 4/1/22
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE)			\$119.42	
90748	HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE			\$43.56	
90750	SHINGLES VACCINE FOR INJECTION INTO MUSCLE			\$280.00	
90756	INFLUENZA VACCINE, QUADRIVALENT DERIVED FROM CELL CULTURES			\$32.37	Rate Update effective 8/1/2023
90758	LIVE ZAIRE EBOLAVIRUS VACCINE, FOR INTRAMUSCULAR USE			\$0.00	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
90759	VACCINE FOR HEPATITIS B (3 DOSE SCHEDULE) FOR INJECTION INTO MUSCLE, 10 MCG DOSAGE			\$74.53	Rate Eff: 4/1/22
91304	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VACCINE, RECOMBINANT SPIKE PROTEIN NANOPARTICLE, SAPONIN-BASED ADJUVANT, PRESERVATIVE FREE, 5 MCG/0.5ML DOSAGE, FOR INTRAMUSCULAR USE	SL	\$0.00	\$161.54	Rate updated from \$0 to \$148.20 effective 10/1/2023 Rate updated from \$148.20 to \$161.54 effective 8/30/2024 Age 12 years and older.
91318	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VACCINE, MRNA-LNP, SPIKE PROTEIN, 3 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE	SL	\$0.00	\$65.55	Rate updated from \$65.36 to \$65.55 effective 8/22/2024 Age 6 months to 4 years old
91319	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VACCINE, MRNA-LNP, SPIKE PROTEIN, 10 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE	SL	\$0.00	\$87.78	Age 5 to 11 years old
91320	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VACCINE, MRNA-LNP, SPIKE PROTEIN, 30 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE	SL	\$0.00	\$155.89	Rate updated from \$131.10 to \$155.89 effective 8/22/2024 Age 12 years and older
91321	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VACCINE, MRNA-LNP, 25 MCG/0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	SL	\$0.00	\$147.06	Rate updated from \$145.92 to \$147.06 effective 8/22/2024 Age 6 months to 11 years old
91322	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VACCINE, MRNA-LNP, 50 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	SL	\$0.00	\$161.65	Rate updated from \$145.92 to \$161.65 effective 8/22/2024 Age 12 years and older
91323	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) VACCINE, MRNA-LNP, 10 MCG/0.2 ML DOSAGE, FOR INTRAMUSCULAR USE			\$201.91	Effective 8/27/2025, Adding Seasonal Dose Code
96380	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE BY INTRAMUSCULAR INJECTION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	SL	\$18.58	\$18.58	
96381	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE BY INTRAMUSCULAR INJECTION	SL	\$15.98	\$15.98	

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<b>Other procedures</b>					
11976	REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES			\$135.22	
11981	INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE			\$126.87	
11982	REMOVAL OF DRUG DELIVERY IMPLANT FROM TISSUE			\$144.17	
11983	REMOVAL WITH REINSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE			\$204.52	
17000	DESTRUCTION OF PRECANCER SKIN GROWTH, 1 GROWTH			\$68.11	
17003	DESTRUCTION OF PRECANCER SKIN GROWTH, 2-14 GROWTHS			\$8.89	
36415	INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE			\$3.00	
56501	SIMPLE DESTRUCTION OF GROWTH OF EXTERNAL FEMALE GENITALS - DESTROY VULVA LESIONS			\$123.16	
57170	FITTING AND INSERTION OF PREGNANCY PREVENTION DEVICE - FITTING OF DIAPHRAGM/CAP			\$58.07	
57452	EXAM OF CERVIX AND UPPER PART OF VAGINA USING AN ENDOSCOPE			\$103.53	
57454	BIOPSY AND SCRAPING OF CERVIX USING AN ENDOSCOPE			\$147.18	
57455	BIOPSY OF CERVIX USING AN ENDOSCOPE			\$136.08	
57460	BIOPSY OF CERVIX USING AN ENDOSCOPE WITH LOOP ELECTRODE			\$263.14	
57505	SCRAPING OF TISSUE OF CERVIX			\$95.69	
57511	DESTRUCTION OF CERVIX USING FREEZING			\$138.08	
57522	REMOVAL OR DESTRUCTION OF CERVIX USING LOOP ELECTRODE			\$251.19	
58300	INSERTION OF IUD FOR PREGNANCY PREVENTION			\$68.89	
58301	REMOVAL OF IUD			\$90.68	
59020	FETAL CONTRACTION STRESS TEST			\$65.25	
59025	FETAL NON-STRESS TEST			\$44.49	
59820	TREATMENT OF MISCARRIAGE DURING FIRST TRIMESTER			\$359.89	
69210	REMOVAL OF IMPACTED EAR WAX			\$46.28	
71045	X-RAY OF CHEST, 1 VIEW			\$15.09	
71045	X-RAY OF CHEST, 1 VIEW	TC		\$7.81	

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71045	CHEST X RAY; 1 VIEW	26		\$7.27	
71046	X-RAY OF CHEST, 2 VIEWS			\$23.03	
71046	X-RAY OF CHEST, 2 VIEWS	TC		\$14.34	
71046	X-RAY OF CHEST, 2 VIEWS	26		\$8.69	
71047	X-RAY OF CHEST, 3 VIEWS			\$29.44	
71047	X-RAY OF CHEST, 3 VIEWS	TC		\$18.46	
71047	X-RAY OF CHEST, 3 VIEWS	26		\$12.86	
71048	X-RAY OF CHEST, 4+ VIEWS			\$31.64	
71048	X-RAY OF CHEST, 4+ VIEWS	TC		\$18.78	
71048	X-RAY OF CHEST, 4+ VIEWS	26		\$12.86	
71271	LOW DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING			\$116.09	
71271	LOW DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING	TC		\$73.99	
71271	LOW DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING	26		\$42.11	
76145	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE, INCLUDING REPORT			\$640.73	
76805	ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), SINGLE OR FIRST FETUS			\$133.41	
76810	ULTRASOUND SCAN OF PREGNANT UTERUS (14 WEEKS OR MORE), EACH ADDITIONAL FETUS			\$89.94	
76811	ULTRASOUND SCAN OF PREGNANT UTERUS WITH DETAILED FETAL ANATOMIC EXAMINATION, SINGLE OR FIRST FETUS			\$139.29	
76818	ULTRASOUND AND MONITORING OF HEART OF FETUS			\$76.93	
76856	COMPLETE ULTRASOUND SCAN OF PELVIS			\$112.67	
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)			\$16.31	
81002	URINALYSIS, MANUAL TEST			\$3.48	
81015	URINALYSIS USING MICROSCOPE			\$4.35	
81025	URINE PREGNANCY TEST			\$8.61	
81220	GENE ANALYSIS (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULAR) COMMON VARIANTS			\$556.60	
81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3, HCG [ANY FORM], DIA) UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE			\$153.50	

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82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM			\$24.03	
82120	VAGINAL FLUID CHEMICAL ANALYSIS FOR BACTERIA			\$5.99	
82270	STOOL ANALYSIS FOR BLOOD TO SCREEN FOR COLON TUMORS			\$4.66	
82274	STOOL ANALYSIS FOR BLOOD, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY			\$21.65	
82465	ASSAY BLD/SERUM CHOLESTEROL			\$6.24	
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREENING TEST			\$12.01	
82947	ASSAY GLUCOSE BLOOD QUANT - BLOOD GLUCOSE (SUGAR) LEVEL			\$5.73	
82948	BLOOD GLUCOSE (SUGAR) MEASUREMENT USING REAGENT STRIP			\$5.04	
82950	BLOOD GLUCOSE (SUGAR) LEVEL AFTER RECEIVING DOSE OF GLUCOSE			\$6.80	
82951	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST, 3 SPECIMENS			\$18.44	
82952	BLOOD GLUCOSE (SUGAR) TOLERANCE TEST, EACH ADDITIONAL BEYOND 3 SPECIMENS			\$5.61	
82962	BLOOD GLUCOSE (SUGAR) TEST PERFORMED BY HAND-HELD INSTRUMENT			\$3.35	
83020	HEMOGLOBIN ANALYSIS AND MEASUREMENT, ELECTROPHORESIS			\$18.44	
83615	LACTATE DEHYDROGENASE (ENZYME) LEVEL			\$8.64	
83655	ASSAY OF LEAD			\$17.34	
83719	ASSAY OF BLOOD LIPOPROTEIN - CHOLESTEROL LEVEL			\$13.33	
83721	ASSAY OF BLOOD LIPOPROTEIN - LDL CHOLESTEROL LEVEL			\$13.66	
83986	ASSAY PH BODY FLUID NOS			\$5.13	
84030	ASSAY PHENYLALANINE, PKU (AMINO ACID) LEVEL			\$7.88	
84155	ASSAY OF TOTAL PROTEIN LEVEL, SERUM			\$5.25	
84437	ASSAY OF NEONATAL THYROXINE (THYROID CHEMICAL), REQUIRING ELUTION			\$9.27	
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)			\$24.06	
84450	TRANSFERASE (AST) (SGOT) LIVER ENZYME LEVEL			\$7.41	
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL TEST			\$21.56	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
85013	SPUN MICROHEMATOCRIT - RED BLOOD CELL HEMOGLOBIN CONCENTRATION			\$7.00	
85018	BLOOD COUNT, HEMOGLOBIN			\$3.05	
85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST AND AUTOMATED DIFFERENTIAL WHITE BLOOD CELL COUNT			\$11.14	
86328	TEST FOR DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE			\$45.23	
86480	TUBERCULOSIS TEST, GAMMA INTERFERON			\$87.22	
86481	TUBERCULOSIS TEST, ENUMERATION OF T-CELLS			\$100.00	
86580	SKIN TEST FOR TUBERCULOSIS			\$6.84	
86592	SYPHILIS DETECTION TEST - BLOOD SEROLOGY, QUALITATIVE			\$6.11	
86701	ANALYSIS FOR ANTIBODY TO HIV -1 VIRUS			\$12.76	
86703	ANALYSIS FOR ANTIBODY TO HIV-1 AND HIV-2 VIRUS			\$19.30	
86704	HEPATITIS B CORE ANTIBODY MEASUREMENT TOTAL			\$17.26	
86706	HEPATITIS B SURFACE ANTIBODY MEASUREMENT			\$15.38	
86762	ANALYSIS FOR ANTIBODY TO RUBELLA (GERMAN MEASLES VIRUS)			\$20.62	
86777	ANALYSIS FOR ANTIBODY TO TOXOPLASMA (PARASITE)			\$20.79	
86780	ANALYSIS FOR ANTIBODY, TREPONEMA PALLIDUM			\$13.34	
86787	ANALYSIS FOR ANTIBODY TO VARICELLA-ZOSTER VIRUS (CHICKEN POX)			\$18.46	
86803	HEPATITIS C ANTIBODY MEASUREMENT TEST			\$19.42	
86850	SCREENING TEST FOR RED BLOOD CELL ANTIBODIES			\$47.17	
86900	BLOOD GROUP TYPING (ABO)			\$4.27	
86901	BLOOD TYPING FOR RH (D) ANTIGEN			\$4.27	
86906	BLOOD TYPING RH PHENOTYPING			\$11.10	
87045	FECES CULTURE AEROBIC BACT			\$13.33	
87081	SCREENING TEST FOR PATHOGENIC ORGANISMS - CULTURE ONLY			\$9.50	
87086	BACTERIAL COLONY COUNT, URINE			\$14.39	
87116	CULTURE FOR ACID-FAST BACILLI			\$15.48	
87177	OVA AND PARASITES SMEARS			\$12.50	
87205	SPECIAL GRAM OR GIEMSA STAIN FOR MICROORGANISM			\$6.11	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
87206	SPECIAL FLUORESCENT AND/OR ACID FAST STAIN FOR MICROORGANISM			\$7.70	
87207	SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES			\$8.58	
87210	SMEAR FOR INFECTIOUS AGENTS WET MOUNT SALINE/INK			\$5.82	
87253	TISSUE CULTURE FOR VIRUS ISOLATION			\$28.93	
87340	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HEPATITIS B SURFACE ANTIGEN			\$14.79	
87389	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR HIV-1 ANTIGEN AND HIV-1 AND HIV-2 ANTIBODIES			\$29.73	
87426	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS			\$100.00	
87481	DETECTION TEST FOR CANDIDA SPECIES (YEAST), AMPLIFIED PROBE TECHNIQUE			\$35.09	
87490	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA, DIRECT PROBE TECHNIQUE			\$28.24	
87491	DETECTION TEST BY NUCLEIC ACID FOR CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE			\$50.27	
87502	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE TYPES INFLUENZA VIRUS			\$105.06	
87521	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, AMPLIFIED PROBE TECHNIQUE			\$49.71	
87522	DETECTION TEST BY NUCLEIC ACID FOR HEPATITIS C VIRUS, QUANTIFICATION			\$58.29	
87529	DETECTION TEST BY NUCLEIC ACID FOR HERPES SIMPLEX VIRUS, AMPLIFIED PROBE TECHNIQUE			\$43.33	Limit of 2 per day per member 43.33 X 2 UNITS
87563	DETECTION OF MYCOPLASMA GENITALIUM BY DNA OR RNA PROBE			\$35.09	
87590	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), DIRECT PROBE TECHNIQUE			\$28.24	
87591	DETECTION TEST BY NUCLEIC ACID FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA), AMPLIFIED PROBE TECHNIQUE			\$50.27	
87593	DETECTION OF ORTHOPOXVIRUS			\$76.97	
87635	AMPLIFIED DNA OR RNA PROBE DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) ANTIGEN			\$51.33	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
87636	DETECTION TEST BY MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (COVID-19) AND INFLUENZA VIRUS TYPES A AND B			\$142.63	
87637	DETECTION TEST BY MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (COVID-19), INFLUENZA VIRUS TYPES A AND B, AND RESPIRATORY SYNCYTIAL VIRUS			\$142.63	
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE			\$35.09	
87798	DETECTION TEST BY NUCLEIC ACID FOR ORGANISM, AMPLIFIED PROBE TECHNIQUE			\$43.33	
87801	DETECTION TEST BY NUCLEIC ACID FOR MULTIPLE ORGANISMS, AMPLIFIED PROBE(S) TECHNIQUE			\$70.20	
87804	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR INFLUENZA VIRUS	QW		\$16.55	
87811	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19)			\$52.00	
87880	DETECTION TEST BY IMMUNOASSAY WITH DIRECT VISUAL OBSERVATION FOR STREPTOCOCCUS, GROUP A (STREP)			\$16.53	
88104	CELL EXAMINATION OF BODY FLUID, SMEARS			\$67.16	
88141	CYTOPATH C/V INTERPRET - PAP TEST			\$29.62	
88142	CYTOPATH C/V THIN LAYER - PAP TEST, MANUAL SCREENING			\$29.02	
88164	CYTOPATH TBS C/V MANUAL - PAP TEST, SLIDES, MANUAL SCREENING (THE BETHESDA SYSTEM)			\$15.15	
88175	CYTOPATH C/V AUTO FLUID REDO - PAP TEST, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SYSTEM AND MANUAL RESCREENING			\$26.61	Corrected rate from \$26.21 to \$26.61 effective 5/1/2021
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY			\$64.91	
88346	IMMUNOFLUORESCENT STUDY - ANTIBODY EVALUATION, INITIAL SINGLE ANTIBODY STAIN PROCEDURE			\$96.65	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
90281	HUMAN IMMUNE GLOBULIN FOR INJECTION INTO MUSCLE			\$68.64	
90371	HEPATITIS B IMMUNE GLOBULIN FOR INJECTION INTO MUSCLE			\$152.59	
90375	RABIES IMMUNE GLOBULIN FOR INJECTION			\$53.06	
90376	RABIES IMMUNE GLOBULIN FOR INJECTION BENEATH THE SKIN AND/OR INTO MUSCLE, HEAT-TREATED			\$285.66	Rate Eff: 07/01/19
90384	RHO(D) IMMUNE GLOBULIN (FULL DOSE) FOR INJECTION INTO MUSCLE			\$53.06	
92551	PURE TONE HEARING TEST AIR			\$10.46	
92552	PURE TONE AUDIOMETRY AIR - TEST FOR HEARING VARIOUS PITCHES USING EARPHONE			\$26.83	
92567	TYMPANOMETRY - TEST TO ASSESS MIDDLE EAR FUNCTION			\$13.69	
93000	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH INTERPRETATION AND REPORT			\$15.39	
93005	ROUTINE ELECTROCARDIOGRAM (ECG) USING AT LEAST 12 LEADS WITH TRACING			\$7.15	
93306	ULTRASOUND OF HEART WITH COLOR-DEPICTED BLOOD FLOW, RATE, DIRECTION AND VALVE FUNCTION			\$205.71	
96110	DEVELOPMENTAL SCREEN W/SCORE			\$12.62	
96372	INJECTION OF DRUG OR SUBSTANCE UNDER SKIN OR INTO MUSCLE			\$22.61	
97802	THERAPY PROCEDURE FOR NUTRITION MANAGEMENT, EACH 15 MINUTES			\$35.81	
97803	THERAPY PROCEDURE REASSESSMENT FOR NUTRITION MANAGEMENT, EACH 15 MINUTES			\$31.03	
97804	THERAPY PROCEDURE FOR NUTRITION MANAGEMENT WITH GROUP, EACH 30 MINUTES			\$15.17	
98000	NEW PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME 15 MINUTES OR MORE			\$42.44	Effective 1/1/2025
98001	NEW PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH LOW MEDICAL DECISION MAKING, IF USING TIME 30 MINUTES OR MORE			\$70.19	Effective 1/1/2025

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
98002	NEW PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH MODERATE MEDICAL DECISION MAKING, IF USING TIME 45 MINUTES OR MORE			\$112.03	Effective 1/1/2025
98003	NEW PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH HIGH MEDICAL DECISION MAKING, IF USING TIME 60 MINUTES OR MORE			\$148.68	Effective 1/1/2025
98004	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME 10 MINUTES OR MORE			\$32.75	Effective 1/1/2025
98005	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH LOW MEDICAL DECISION MAKING, IF USING TIME 20 MINUTES OR MORE			\$57.44	Effective 1/1/2025
98006	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH MODERATE MEDICAL DECISION MAKING, IF USING TIME 30 MINUTES OR MORE			\$84.81	Effective 1/1/2025
98007	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-VIDEO VISIT WITH HIGH MEDICAL DECISION MAKING, IF USING TIME 40 MINUTES OR MORE			\$112.55	Effective 1/1/2025
98008	NEW PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 15 MINUTES OR MORE			\$40.28	Effective 1/1/2025
98009	NEW PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 15 MINUTES OR MORE			\$66.92	Effective 1/1/2025
98010	NEW PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH MODERATE MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 45 MINUTES OR MORE			\$104.30	Effective 1/1/2025
98011	NEW PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH HIGH MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 60 MINUTES OR MORE			\$135.67	Effective 1/1/2025
98012	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 10 MINUTES OR MORE			\$30.03	Effective 1/1/2025

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
98013	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH LOW MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 20 MINUTES OR MORE			\$52.49	Effective 1/1/2025
98014	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH MODERATE MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 30 MINUTES OR MORE			\$76.83	Effective 1/1/2025
98015	ESTABLISHED PATIENT SYNCHRONOUS AUDIO-ONLY VISIT WITH HIGH MEDICAL DECISION MAKING AND 10 MINUTES OR MORE OF MEDICAL DISCUSSION, IF USING TIME 40 MINUTES OR MORE			\$111.77	Effective 1/1/2025
98016	ESTABLISHED PATIENT BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE WITH 5-10 MINUTES OF MEDICAL DISCUSSION			\$13.52	Effective 1/1/2025
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES	UB		\$22.53	Community Health Workers (CHW). No more than 104 units per calendar year. Must use UB modifier
98961	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, 2-4 PATIENTS, EACH 30 MINUTES	UB		\$10.88	Community Health Workers (CHW). No more than 104 units per calendar year. Must use UB modifier
98962	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, 5-8 PATIENTS, EACH 30 MINUTES	UB		\$8.03	Community Health Workers (CHW). No more than 104 units per calendar year. Must use UB modifier
98966	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 5-10 MINUTES			\$11.17	
98967	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 11-20 MINUTES			\$21.80	
98968	TELEPHONE MEDICAL DISCUSSION PROVIDED BY NONPHYSICIAN PROFESSIONAL, 21-30 MINUTES			\$31.94	
98970	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE PROVIDED BY NONPHYSICIAN PROFESSIONAL FOR UP TO 7 DAYS, TOTAL TIME 5-10 MINUTES			\$12.00	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
98971	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE PROVIDED BY NONPHYSICIAN PROFESSIONAL FOR UP TO 7 DAYS, TOTAL TIME 11-20 MINUTES			\$24.00	
98972	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE PROVIDED BY NONPHYSICIAN PROFESSIONAL FOR UP TO 7 DAYS, TOTAL TIME 21 MINUTES OR MORE			\$38.56	
99173	SCREENING FOR VISUAL SHARPNESS			\$2.52	
99188	APPLICATION OF TOPICAL FLUORIDE			\$18.75	Rate Update effective 9/1/2023 Age 0 to 20 years old
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE			\$68.99	
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 30 MINUTES OR MORE			\$100.39	
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 45 MINUTES OR MORE			\$155.31	
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 60 MINUTES OR MORE			\$194.18	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF ESTABLISHED PATIENT THAT MAY NOT REQUIRE PRESENCE OF HEALTHCARE PROFESSIONAL			\$18.28	
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME, 10 MINUTES OR MORE			\$40.17	
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING, IF USING TIME, 20 MINUTES OR MORE			\$67.93	
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING, IF USING TIME, 30 MINUTES OR MORE			\$100.55	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 40 MINUTES OR MORE			\$135.11	
99341	RESIDENCE VISIT FOR NEW PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 15 MINUTES			\$52.80	
99342	RESIDENCE VISIT FOR NEW PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 30 MINUTES			\$76.56	
99344	RESIDENCE VISIT FOR NEW PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 60 MINUTES			\$174.38	
99345	RESIDENCE VISIT FOR NEW PATIENT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 75 MINUTES			\$210.30	
99347	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 15 MINUTES			\$53.07	
99348	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 30 MINUTES			\$80.52	
99349	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 40 MINUTES			\$121.75	
99350	RESIDENCE VISIT FOR ESTABLISHED PATIENT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 60 MINUTES			\$169.87	
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (YOUNGER THAN 1 YEAR)			\$87.64	
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (1-4 YEARS)			\$95.94	
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (5-11 YEARS)			\$95.58	
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (12-17 YEARS)			\$104.23	
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)			\$104.23	
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)			\$121.18	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (65 YEARS OR OLDER)			\$133.45	
99391	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (YOUNGER THAN 1 YEAR)			\$75.38	
99392	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (1-4 YEARS)			\$84.04	
99393	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (5-11 YEARS)			\$83.67	
99394	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (12-17 YEARS)			\$91.97	
99395	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (18-39 YEARS)			\$91.97	
99396	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (40-64 YEARS)			\$100.63	
99397	ESTABLISHED PATIENT PERIODIC PREVENTIVE MEDICINE EXAMINATION (65 YEAR OLD OR OLDER)			\$112.89	
99401	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 15 MINUTES			\$33.54	
99402	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES			\$57.71	
99403	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 45 MINUTES			\$81.51	
99404	PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR			\$105.68	
99406	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, 4-10 MINUTES			\$11.34	
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING, MORE THAN 10 MINUTES			\$26.24	
99408	ALCOHOL AND/OR SUBSTANCE ABUSE SCREENING AND INTERVENTION, 15-30 MINUTES			\$27.96	
99411	GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 30 MINUTES			\$14.79	
99412	GROUP PREVENTIVE MEDICINE COUNSELING, TYPICALLY 1 HOUR			\$19.84	
99417	PROLONGED OUTPATIENT SERVICE, EACH 15 MINUTES OF TOTAL TIME BEYOND REQUIRED TIME OF PRIMARY SERVICE			\$26.52	
99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 5-10 MINUTES			\$11.94	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 11-20 MINUTES			\$23.87	
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR MORE MINUTES			\$38.56	
99439	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR MORE MINUTES			\$29.93	
99441	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5 10 MINUTES			\$42.63	End dated by AMA 12/31/2024
99442	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES			\$67.10	End dated by AMA 12/31/2024
99443	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES			\$98.39	End dated by AMA 12/31/2024
99446	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES			\$14.53	
99447	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 11-20 MINUTES			\$28.79	
99448	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 21-30 MINUTES			\$43.32	
99449	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, MORE THAN 30 MINUTES			\$57.58	
99451	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 MINUTES			\$29.56	
99452	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES			\$29.56	
99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT			\$14.08	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, EACH 30 DAYS			\$46.46	
99457	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, FIRST 20 MINUTES			\$39.44	
99458	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, EACH ADDITIONAL 20 MINUTES			\$32.28	Corrected rate from \$32.38 to \$32.28 effective 1/1/2020
99459	PELVIC EXAMINATION			\$17.69	
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING			\$125.44	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE			\$65.00	
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE			\$22.00	
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH			\$0.25	
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH			\$0.25	
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			\$5.00	
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE			\$0.60	
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED			\$46.65	
D0190	SCREENING OF A PATIENT			No Charge	
D0191	ASSESSMENT OF A PATIENT			\$25.00	Under 21 only
D1110	DENTAL PROPHYLAXIS ADULT (14 AND OLDER)			\$60.13	Rate updated effective 11/1/2023
D1120	DENTAL PROPHYLAXIS CHILD (13 AND UNDER)			\$60.13	Age 13 and under
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH			\$18.75	Under 21 only
D1321	COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE			\$15.00	
D1351	DENTAL SEALANT PER TOOTH			\$24.38	Ages 5 to 20 years old
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH			\$12.00	
D9986	MISSED APPOINTMENT			No charge	
D9987	CANCELLED APPOINTMENT			No Charge	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY			\$22.53	CHW services. Units equals per patient per time frame
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW			\$50.00	
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION			\$35.07	
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES			\$50.50	
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES			\$13.92	
G2010	REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G., STORE AND FORWARD), INCLUDING INTERPRETATION WITH FOLLOW-UP WITH THE PATIENT WITHIN 24 BUSINESS HOURS, NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT			\$9.40	
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO CAN REPORT EVALUATION AND MANAGEMENT SERVICES, PROVIDED TO AN ESTABLISHED PATIENT, NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT; 5-10 MINUTES OF MEDICAL DISCUSSION			\$11.43	CMS Termed 12/31/2024
H0001	ALCOHOL AND/OR DRUG ASSESSMENT			\$28.70	
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM			\$28.70	
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN			\$28.70	
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG			\$13.35	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG			\$47.12	
J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG, 0.013MG PER 24 HOURS; YEARLY VAGINAL SYSTEM, EACH			\$339.96	
J7295	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12MG PER 24 HOURS; MONTHLY VAGINAL RING, EACH			\$28.33	
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG			\$1,049.24	
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG			\$656.25	
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG			\$1,049.24	
J7300	INTRAUTERINE COPPER CONTRACEPTIVE			\$1,085.00	Rate Eff 1/1/2024
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG			\$873.67	
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH			\$7.64	
J7306	LEVONORGESTREL CONTRACEPT IMPLANT SYS			\$1,049.24	
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES			\$1,156.28	
M0201	ADMINISTRATION OF PNEUMOCOCCAL, INFLUENZA, HEPATITIS B, AND/OR COVID-19 VACCINE INSIDE A PATIENT'S HOME; REPORTED ONLY ONCE PER INDIVIDUAL HOME PER DATE OF SERVICE WHEN SUCH VACCINE ADMINISTRATION(S) ARE PERFORMED AT THE PATIENT'S HOME			\$35.50	
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS			\$15.15	
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS			\$5.96	
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17-D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL)			\$123.00	
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL			\$4.64	

Procedure Code	Procedure Description	Modifier (SL only for VFC)	VFC Rate	Non-VFC rate	NOTES
S9453	SMOKING CESSATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION			\$18.87	
T1029	COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION, NOT INCLUDING LABORATORY ANALYSIS, PER DWELLING			\$220.69	
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL			\$35.91	
U0002	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC			\$51.31	

## KY Medicaid Preventive Health Fee Schedule Updates

Effective Date	Add/Delete/Change	Date Fee schedule updated
Various	<p>The following codes received price updates effective 8/1/2023: 90662 - \$73.40, 90672 - \$27.79, 90674 - \$34.17, 90682 - 73.40, 90686 - \$22.35, 90687 - \$10.44, 90688 - \$20.88, 90694 - \$77.36, 90756 - 32.37, 90675 - \$382.33.</p> <p>The following code showed payable in the system since 1/1/1990 yet was not showing on the fee schedule and has been added 99188 - rate was increased to \$18.75 and made effective 9/1/23 (rate was \$15.00)</p> <p>The following codes have been added effective 9/11/2023: 90480 - \$40.00, 91318 - \$65.36, 91319 - \$87.78, 91320 - \$131.10, 91321 - \$145.92, 91322 - \$145.92</p> <p>The following codes have been end dated effective 04/17/23: 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311</p> <p>The following codes have been end dated effective 6/1/2023: 91303, 0031A, 0034A</p> <p>The following codes have been end dated effective 9/12/2023: 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 91312, 91313, 91314, 91315, 91316, 91317</p>	9/27/2023
Various	<p>Added the following codes for RSV vaccines effective 9/1/2023            90378 Rate: \$327.21 Birth to 24 months; 90380 Rate: \$485.10 Birth to 24 months; 90381 Rate: \$485.10 Birth to 24 months; 90678 Rate: \$320.14 (Birth to 6 months, 60 and older, and pregnant women; 90679 Rate: \$274.40 age 60 and older</p> <p>Header updated with the following verbiage: SL modifier must be used for ANY vaccine procured through the Vaccine for Children Program</p> <p>Created a Vaccines Section with other procedure code section</p> <p>Added the following codes payable effective 10/1/2023:            98966 \$11.17; 98967 \$21.80; 98968 \$31.94; 99421 \$11.94; 99422 \$23.87; 99423 \$38.56; 99446 \$14.53; 99447 \$28.79; 99448 \$43.32; 99449 \$57.58; 99451 \$29.56; 99452 \$29.56; 99453 \$14.08; 99454 \$46.46; 99457 \$39.44; 99458 \$32.28</p>	10/16/2023
1/1/2024	Added 90683 \$274.40 effective 1/1/2024	10/18/2023

N/A	<p>Moved all immunization and vaccine codes from the physician fee schedule to preventive. All are now payable to preventive and physician. Pricing changed to match to the higher of the two.</p> <p>Codes added as payable to physician: 90375 90376 90378 90380 90381 90384 90460 90461 90683 90676 90677 90678 90679 90721</p> <p>Codes added payable to physician: 90626 90627 90630 90644 90740 90743 90747 90758 91309 0104A 0121A 0141A 0142A 0151A 0171A 0172A 0174A</p> <p>Codes with pricing changes: 90472 \$11.96; 90474 \$11.96; 90619 \$82.00; 90633 \$29.55; 90634 \$29.55; 90647 \$22.77; 90648 \$26.21; 90649 \$141.38; 90653 \$46.21; 90654 \$18.92; 90655 \$18.40; 90656 \$18.40; 90657 \$18.40; 90658 \$18.40; 90660 \$29.14; 90661 \$20.66; 90662 \$73.40; 90672 \$27.79; 90673 \$36.48; 90674 \$34.17; 90675 \$382.33; 90680 \$75.20; 90681 \$106.57; 90682 \$73.40; 90686 \$22.35; 90687 \$14.35; 90688 \$20.88; 90694 \$77.36; 90696 \$48.00; 90698 \$70.72; 90700 \$23.47; 90702 \$23.47; 90710 \$157.64; 90723 \$70.72; 90733 \$106.49; 90734 \$117.41; 90736 \$165.69; 90744 \$24.22; 90748 \$43.56; 90756 \$32.37</p>	10/23/2023
N/A	<p>Removed under 21 and over 21 columns. Moved pricing to the Preventive &amp; Outpatient rate column. Added notes to the Notes section for any age limitation.</p> <p>90649 rate changed to \$141.38.</p> <p>D1110 rate changed to \$60.13 Effective 11/1/2023</p>	10/26/2023
N/A	<p>Remove 90721 from fee schedule. Terminated by CMS 12/31/2015</p> <p>91304 rate updated from \$0 to \$148.20 effective 10/1/2023 - limitation added to 12 years and older.</p> <p>Removed note on 90678 that stated: Birth to 6 months, 60 and older and, pregnant women</p>	11/8/2023
9/12/2023	End dated the following codes per CMS effective 9/12/2023: 0121A; 0141A; 0142A; 0151A; 0171A; 0172A; 0174A	12/8/2023
N/A	Update descriptions for codes 90674 and 90756	12/13/2023
10/3/2023	End dated the following codes per DMS effective 10/3/2023: 0041A, 0042A, and 0044A	
N/A	added the following notation: Physicians to utilize this fee schedule for vaccines and administration codes and pricing	1/2/2024
N/A	71045 thru 71271 had modifiers (TC/26) in the wrong place. Updated to fix.	1/5/2024
Various	Added codes payable effective 1/1/2024: 90589, 90623, 99459	
N/A	Added codes payable effective 10/6/2023: 96380, 96381	1/22/2024
N/A	U3 modifier was entered on the wrong code (99404). Should have been entered for 99407. Fee schedule updated/fix	2/5/2024
1/2/2024	Update pricing for code J7307 to \$1156.28 effective 1/2/2024.	2/12/2024
1/1/2024	Update pricing for code J7300 to \$1085.00 effective 1/1/2024	3/22/2024

Various	<p>Changed this fee schedule to be for Health Departments only.  Removed U1, U2, U3 modifiers from 99407.  Removed all end dated codes.  Added CHW codes: 98960 UB, 98961 UB, 98962 UB  Corrected pricing on the following codes (system price and fee schedule price did not match):  81002, 81025, 81511, 82120, 82948, 85013, 86481, 86780, 87086, 87210, 87804, 87880, 88164, 99441, 99442, 99443, Q0111, S3620, 82270.  Added the following codes (showed payable in system but was not on fee schedule):  90690, 90691, 86328, 87426, 87563, 87593, 87635, 87636, 87637, 87811, 90281, 90371.</p>	5/29/2024
6/1/2024	Added D9994 \$22.53 for Community Health Workers (CHW) services effective 6/1/2024.	6/12/2024

	<p><b>Updated notation at the top of fee schedule for Vaccines for Children (VFC).</b></p> <p><b>Added new column headers for VFC and Non-VFC rates.</b></p> <p><b>Updated code descriptions to long descriptions.</b></p> <p><b>Added SL modifier for all VFC codes in the modifier column including administration codes.</b></p> <p><b>Removed from VFC:</b> 90461 is not payable under VFC per CDC and federal register. CDC and federal register states VFC can only bill administration fees per vaccine and not per antigen. Non -VFC will still bill 90461 when vaccine has more than 1 antigen.</p> <p><b>Updated the following rates effective 8/1/2024:</b>  90653 \$83.49 was 46.21, 90656 \$22.35 was 18.40, 90658 \$21.86 was 18.40, 90661 \$36.85 was 20.66,  90662 \$83.49 was 73.40, 90673 \$83.49 was 36.48</p> <p><b>Updated/Corrected Rates:</b>  88175 Was \$26.21 System \$26.61 effective 5/1/2021; 91304 Was \$148.20 System \$161.54 effective 8/30/2024; 91318 Was \$65.36 System \$65.55 effective 8/22/2024; 91320 Was \$131.10 System 155.89 effective 8/22/2024; 91321 Was \$145.92 System \$147.06 effective 8/22/2024; 91322 Was \$145.92 System \$161.65 effective 8/22/2024; 99458 Was \$32.38 System \$32.28 effective 1/1/2020; 90653 Rate updated from \$83.49 to \$98.16 Effective 8/1/2025; 90656 Rate updated from \$22.35 to 23.22 Effective 8/1/2025; 90661 Rate updated from \$36.85 to \$49.50 Effective 8/1/2025; 90611 and 90622 to \$51.31 was no-pay on fee schedule Effective 7/26/2022.</p> <p><b>Removed - AMA/CMS termed:</b> 11975 termed 12/31/2011; 11977 termed 12/31/2011; 76645 termed 12/31/2014; 77057 termed 12/31/2016; 91309 termed 10/31/2023; 88347 termed 12/31/2015; 99241 termed 12/31/2022; 99343 termed 12/31/2022; 99420 termed 12/31/2016; M0220 termed 11/22/2023; M0221 termed 11/22/2023; G2012 termed 12/31/2024; J7303 termed 9/30/2021; 94420 termed 12/31/2016; 0104A termed 11/1/2023.</p> <p><b>AMA/CMS Termed 12/31/2024:</b> 90630, 90654, 99441, 99442, 99443</p> <p><b>Added/updated age limitations:</b>  90632 Age 18 and older; 90633 Age 12 months to 18 years old; 90634 Age 12 months to 18 years old; 90636 Age 18 and older; 90649, 90651 Ages 9 to 26 years old; 90653 Age 65 years and older; 90655 Age 6 months to 35 months; 90656 Age 6 months and older; 90657 Age 6 months and older; 90658 Age 6 months and older; 90660 Ages 2 to 49 years old; 90661 Age 6 months and older; 90662 Age 65 and older; 90672 Age 2 years to 49 years old; 90682 Age 18 years and older; 90683 Age 60 years and older; 90685 6 months to 35 months; 90686 Age 6 months and older; 90687 Age 6 months to 35 months; 90689 Age 6 months and older; 90696 Age 4 to 6 years old; 90700 Ages 0 to 7 years old; 90702 Ages 0 to 7 years old; 90714 Age 7 years and older; 90732 Age 2 years and older; 90744 Age 0 to 20 years old; 91318 Age 6 months to 4 years old; 91319 Age 5 to 11 years old; 91320 Age 12 years and older; 91321 Age 6 months to 11 years old; 91322 Age 12 years and older; 99188 Age 0 to 20 years old</p> <p><b>New Codes added (replaces 99441, 99442, 99443) Effective 1/1/2025:</b>  98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016</p>	
Effective 1/1/2025 unless otherwise notated	Added vaccine codes: 90624, 90637, 90638, 90684	8/23/2025 11/5/2025
1/1/2025	Correction and removal of vaccine codes <b>90382</b> and <b>91323</b> . Codes were added to the fee schedule in error.	12/2/2025

1/1/2026	<b>Adding vaccine codes:</b> 90382, 91323 (Adding seasonal dosage and description) <b>CMS Termed code:</b> 90589 effective 8/22/2025 <b>Updated Rate Changes effective 1/1/2026:</b> 90624, 90626, 90627, 90684 (Changing from \$0.00 to standard rate) <b>Updated</b> <b>Description:</b> 90380, 90381, 91318, 91319, 91320, 91321, 91322	4/24/2026
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