	FOOTHILLS HEALTH DISTRICT				
	2019-2020 FEE SCHEDULE				
CPT	Description	Current	Medicaid Allowable	UCR @ 50%	Change to:
11981	Insertion, Nexplanon	$ 150.00	$ 98.81	$ 343.00	$ 343.00
11982	REMOVAL, Nexplanon		$ 113.89	$ 368.00	$ 368.00
11983	REMOVAL & Reinsertion, Nexplanon		$ 177.24	$ 520.00	$ 520.00
36415	Venipuncture	$ 6.00	$ 2.70	$ 16.00	$ 10.00
36416	Capillary Blood Collection	$ 6.00	$ -	$ 14.00	$ 14.00
57452	Colposcopy of cervix, upper/adjacent vagina	$ 150.00	$ 82.66	$ 298.00	$ 298.00
57454	Colposcopy of cervix, with Bx of cervix & endocervical curettage	$ 185.00	$ 117.24	$ 393.00	$ 393.00
57455	Colposcopy cervix with Bx of the cervix	$ 170.00	$ 108.72	$ 371.00	$ 371.00
57456	Colposcopy cervix with endocervical curettage	$ 160.00	$ 102.69	$ 355.00	$ 355.00
58300	Insertion of IUD	$ 90.00	$ 59.14	$ 241.00	$ 241.00
58301	Removal of IUD	$ 125.00	$ 72.62	$ 240.00	$ 240.00
59025	Fetal Non-stress test	$ 40.00	$ 35.13	$ 126.00	$ 126.00
59400	OB Care, Antepartum, Vaginal Deliv, Postpartum	$ 1,779.17	$ 1,327.53	$ 4,162.00	$ 3,380.00
59409	Vaginal Delivery Only	$ 1,100.00	$ 589.45	$ 2,196.00	$ 2,090.00
59410	Vaginal Delivery & PP Care only	$ 1,300.00	$ 683.52	$ 2,499.00	$ 2,470.00
59425	Antepartum Care only, 4-6 visits	$ 800.00	$ 329.99	$ 987.00	$ 987.00
59426	Antepartum Care only, 7 or more visits	$ 1,100.00	$ 590.36	$ 1,809.00	$ 1,809.00
59430	Postpartum care only	$ 160.00	$ 105.89	$ 388.00	$ 388.00
59510	OB Care, Antepartum, C-Section, Postpartum	$ 2,014.68	$ 1,503.26	$ 4,804.00	$ 3,827.89
59514	Cesarean Delivery only	$ 1,400.00	$ 697.93	$ 2,424.00	$ 2,424.00
59515	C-Section Delivery & Post Partum	$ 1,102.74	$ 822.81	$ 3,124.00	$ 3,124.00
80048	Basic Metabolic Panel	$ 30.00	$ 9.88	$ 43.00	$ 40.00
80053	Comprehensive Metabolic Panel	$ 30.00	$ 10.42	$ 51.00	$ 50.00
80055	Obstetric Panel	$ 120.00	$ 27.81	$ 166.00	$ 160.00
80061	Lipid Panel	$ 45.00	$ 16.53	$ 81.00	$ 50.00
80074	Acute Hepatitis Panel	$ 65.00	$ 57.47	$ 377.00	$ 124.00
80076	Hepatic Function Panel	$ 25.00	$ 9.88	$ 42.00	$ 30.00
80305	Urine Drug Screen, presumptive, direct observation		$ 13.61	$ 49.00	$ 49.00
80306	Urind Drug Screen, presumtive, instrument		$ 18.51	$ 58.00	$ 58.00
80307	Urine Drug Screen, chemical analyzer	$ 30.00	$ 72.63	$ 239.00	$ 75.00
81002	Urinalysis routine without micro	$ 8.00	$ 3.15	$ 15.00	$ 15.00
81025	Urinalysis Pregnancy Test	$ 15.00	$ 7.80	$ 29.00	$ 15.00
81220	Cystic Fibrosis Transmembrane Conductance Regulator	$ 182.00	$ 506.51	$ 1,000.00	$ 962.00
81507	Fetal aneuploidy DNA (trisomy 21,18 & 13)	$ -	$ 723.45	$ 1,265.00	$ 1,265.00
82043	ALBUMIN; URINE, MICR, QUANTITATIVE	$ 9.57	$ 7.21	$ 69.00	$ 18.00
82105	ALPHA-FETOPROTEIN SERUM	$ 50.00	$ 20.90	$ 110.00	$ 50.00
82120	AMINES, VAGINAL FLUID, QUALITATIVE	$ -	$ 4.68	$ 18.00	$ 18.00
82239	BILE ACIDS; TOTAL	$ 20.00	$ 20.30	$ 75.00	$ 38.00
82247	BILIRUBIN; TOTAL	$ -	$ 6.26	$ 18.00	$ 18.00
82248	BILIRUBIN; DIRECT	$ -	$ 6.26	$ 14.00	$ 14.00
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY	$ 5.37	$ 4.05	$ 17.00	$ 10.20
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	$ 15.00	$ 5.42	$ 27.00	$ 20.00
82565	CREATININE; BLOOD	$ -	$ 6.39	$ 20.00	$ 20.00
82570	CREATININE; OTHER SOURCE	$ -	$ 6.45	$ 38.00	$ 38.00
82670	ESTRADIOL	$ 49.35	$ 29.67	$ 157.00	$ 90.00
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRET	$ 200.00	$ 80.25	$ 359.00	$ 200.00
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	$ 12.00	$ 4.89	$ 22.00	$ 15.00
82950	GLUCOSE POST GLUCOSE DOSE	$ 15.00	$ 5.92	$ 29.00	$ 20.00
82951	GLUCOSE TOLERANCE	$ 15.00	$ 16.04	$ 75.00	$ 30.00
82952	GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	$ 15.00	$ 4.89	$ 25.00	$ 20.00
82962	BLOOD GLUCOSE BY MONITORING DEVICE	$ 8.00	$ 2.92	$ 14.00	$ 14.00
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMO	$ 35.00	$ 23.16	$ 107.00	$ 66.00
83002	LUTEINIZING HORMONE (LH)	$ -	$ 23.08	$ 106.00	$ 44.00
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	$ 30.00	$ 12.09	$ 61.00	$ 41.00
83655	LEAD	$ 40.00	$ 15.08	$ 79.00	$ 40.00
83735	MAGNESIUM	$ 15.00	$ 8.35	$ 39.00	$ 20.00
83986	PH BODY FLUID EXCEPT BLOOD	$ -	$ 4.46	$ 15.00	$ 15.00
84120	PORPHYRINS, URINE; QUANTITATION AND FRAC	$ -	$ 18.33	$ 128.00	$ 128.00
84132	POTASSIUM SERUM	$ 15.00	$ 5.72	$ 20.00	$ 15.00

84146	PROLACTIN	$ 55.00	$ 24.15	$ 133.00	$ 55.00
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	$ -	$ 22.92	$ 100.00	$ 100.00
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	$ -	$ 22.92	$ 90.00	$ 90.00
84156	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	$ 9.00	$ 4.57	$ 37.00	$ 17.00
84436	THYROXINE; TOTAL	$ 10.00	$ 7.18	$ 42.00	$ 19.00
84439	THYROXINE; FREE	$ 25.00	$ 11.24	$ 79.00	$ 30.00
84443	TSH	$ 45.00	$ 20.31	$ 94.00	$ 45.00
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT	$ 15.00	$ 6.44	$ 20.00	$ 15.00
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THY	$ 9.85	$ 7.43	$ 40.00	$ 14.00
84702	GONADOTROPIN CHORIONIC QUANTITATIVE (hCG)	$ 12.00	$ 10.90	$ 120.00	$ 22.00
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	$ 8.00	$ 2.95	$ 17.00	$ 15.00
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	$ 20.00	$ 9.68	$ 34.00	$ 20.00
85049	BLOOD COUNT; PLATELET, AUTOMATED	$ -	$ 5.58	$ 27.00	$ 11.00
85240	CLOTTING FACTOR VIII ONE STAGE	$ -	$ 22.31	$ 195.00	$ 42.00
85245	CLOTTING; FACTOR 8	$ -	$ 28.59	$ 140.00	$ 55.00
85246	CLOTTING; FACTOR 8, VW FACTOR ANTIGEN	$ -	$ 28.59	$ 228.00	$ 55.00
85660	SICKLING RBC REDUCTION SLIDE METHOD	$ -	$ 6.88	$ 47.00	$ 13.00
85730	PTT	$ -	$ 7.48	$ 45.00	$ 15.00
86038	ANTINUCLEAR ANTIBODIES (ANA);	$ -	$ 15.06	$ 82.00	$ 29.00
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	$ -	$ 14.96	$ 83.00	$ 29.00
86162	COMPLEMENT TOTAL	$ -	$ 25.31	$ 151.00	$ 48.00
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	$ 30.00	$ 18.08	$ 51.00	$ 30.00
86382	NEUTRALIZATION TEST VIRAL	$ 80.00	$ 21.06	$ 122.00	$ 80.00
86580	SENSITIVITY TEST TUBERCULOSIS	$ 20.00	$ 5.48	$ 24.00	$ 25.00
86593	SYPHILLIS PRECIPITATION FLOCCULATION TES	$ 20.00	$ 5.50	$ 34.00	$ 20.00
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC	$ 35.00	$ 17.90	$ 98.00	$ 35.00
86695	ANTIBODY; HERPES SIMPLEX. TYPE I	$ 18.00	$ 16.43	$ 88.00	$ 31.00
86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	$ 17.00	$ 24.13	$ 117.00	$ 46.00
86701	ANTIBODY; HIV-1	$ 16.13	$ 11.06	$ 77.00	$ 30.00
86703	ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	$ 40.00	$ 14.65	$ 104.00	$ 76.00
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM A	$ 19.45	$ 14.66	$ 95.00	$ 37.00
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	$ 30.00	$ 13.39	$ 84.00	$ 57.00
86708	HEPATITIS A ANTIBODY	$ -	$ 15.44	$ 91.00	$ 30.00
86735	ANTIBODY; MUMPS	$ 40.00	$ 16.26	$ 107.00	$ 76.00
86747	ANTIBODY; PARVOVIRUS	$ -	$ 18.08	$ 113.00	$ 40.00
86757	ANTIBODY; RICKETTSIA	$ -	$ 24.13	$ 113.00	$ 45.00
86762	ANTIBODY; RUBELLA	$ 40.00	$ 17.90	$ 76.00	$ 40.00
86765	ANTIBODY; RUBEOLA	$ 40.00	$ 16.05	$ 113.00	$ 40.00
86777	ANTIBODY; TOXOPLASMA	$ -	$ 17.90	$ 99.00	$ 40.00
86778	ANTIBODY; TOXOPLASMA, IGM	$ -	$ 17.94	$ 130.00	$ 40.00
86787	ANTIBODY; VARICELLA-ZOSTER	$ 30.00	$ 16.05	$ 109.00	$ 40.00
86788	ANTIBODY; WEST NILE VIRUS, IGM	$ 23.99	$ 18.08	$ 91.00	$ 40.00
86803	HEPATITIS C ANTIBODY;	$ 40.00	$ 17.79	$ 126.00	$ 40.00
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQ	$ 30.00	$ 14.51	$ 50.00	$ 30.00
86900	BLOOD TYPING SEROLOGIC ABO	$ -	$ 3.71	$ 33.00	$ 10.00
86901	BLOOD TYPING SEROLOGIC RH(D)	$ -	$ 3.71	$ 32.00	$ 10.00
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	$ 40.00	$ 7.18	$ 52.00	$ 40.00
87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY	$ -	$ 10.05	$ 56.00	$ 30.00
87088	CULTURE, BACTERIAL; WITH ISOLATION AND P	$ 30.00	$ 10.08	$ 33.00	$ 30.00
87110	CULTURE, CHLAMYDIA, ANY SOURCE	$ 20.00	$ 24.41	$ 92.00	$ 47.00
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	$ 15.00	$ 4.75	$ 22.00	$ 15.00
87252	VIRUS ISOLATION; TISSUE CULTURE INOCULAT	$ 75.00	$ 20.30	$ 193.00	$ 75.00
87340	HEPATITIS B SURFACE AG IA	$ 15.38	$ 11.59	$ 75.00	$ 30.00
87389	INFECTIOUS AGENT ANTIGEN DETECTION BY EN	$ -	$ 29.92	$ 108.00	$ 57.00
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 100.00	$ 30.56	$ 104.00	$ 100.00
87521	Hep. C Detection, Amplified probe	$ -	$ 30.56	$ 348.00	$ 60.00
87522	Hep. C Detection, Quantification	$ -	$ 40.58	$ 489.00	$ 77.00
87590	Neisseria gonorrhoeae direct probe	$ 60.00	$ 24.99	$ 69.00	$ 60.00
87591	Neisseria gonorrhoeae amplified probe	$ 100.00	$ 30.56	$ 110.00	$ 100.00
87624	HPV HIGH-RISK TYPES	$ 70.00	$ 30.38	$ 131.00	$ 70.00
87661	TRICHOMONAS VAGINALIS AMPLIF	$ 70.00	$ 29.84	$ 133.00	$ 70.00
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 70.00	$ 30.56	$ 98.00	$ 70.00
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 20.00	$ 49.97	$ 127.00	$ 95.00

88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	$ 70.00	$ 25.24	$ 80.00	$ 70.00
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	$ 70.00	$ 32.38	$ 97.00	$ 70.00
90376	Rabies Immune Globulin, Heat-treated (Rig-HT), human, 2 ml (Imogam Rabies-HT)	$ 100.00	$ 74.52	$ 446.00	$ 142.00
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PE	$ 25.00	$ 13.30	$ 41.00	$ 25.00
90472	IMMUNIZATION ADMINISTRATION, EACH ADDITI	$ 25.00	$ 13.30	$ 26.00	$ 25.00
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL	$ 25.00	$ 13.30	$ 41.00	$ 25.00
90474	IMMUNIZATION ADMIN BY INTRANASAl, each additional	$ 25.00	$ 13.30	$ 29.00	$ 25.00
90621	Meningococcal B vaccine	$ 160.00	$ 143.70	$ 180.00	$ 175.00
90632	Hepatitis A Vaccine, adult	$ 65.00	$ 70.89	$ 110.00	$ 80.00
90633	Hepatitis A Vaccine, pediatric	$ 60.00	$ 33.52	$ 73.00	$ 60.00
90636	Hep A & Hep B vaccine, adult	$ 130.00	$ 105.58	$ 154.00	$ 130.00
90647	PEDVAXHIB VACCINE VIAL - HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB),	$ 35.00	$ 26.25	$ 50.00	$ 35.00
90648	ACTHIB VACCINE WITH DILUENT - HAEMOPHILUS INFLUENZAE TYPE B VACCINE	$ 200.00	$ 15.76	$ 57.00	$ 46.00
90649	Gardasil Vaccine	$ 200.00	$ 164.54	$ 230.00	$ 200.00
90650	HPV vaccine	$ 200.00		$ 189.00	$ 200.00
90651	Gardasil 9 Vaccine	$ 200.00	$ 234.00	$ 278.00	$ 265.00
90662	Fluzone, high dose	$ 55.00	$ 49.96	$ 62.00	$ 55.00
90670	Prevnar 13	$ 200.00	$ 200.00	$ 265.00	$ 250.00
90672	Flumist Nasal	$ 20.00	$ 23.64	$ 45.00	$ 35.00
90675	Imovax/Rabavert	$ 315.00	$ 349.56	$ 425.00	$ 380.00
90680	Rotavirus Vaccine, 3 dose	$ 120.00	$ 86.30	$ 125.00	$ 125.00
90681	Rotavirus Vaccine, 2 dose	$ 25.00	$ 123.81	$ 165.00	$ 135.00
90685	Fluzone, quadrivalent, pediatric	$ 20.00	$ 19.45	$ 38.00	$ 38.00
90686	Flulaval, quadrivalent	$ 20.00	$ 18.09	$ 35.00	$ 35.00
90687	Fluzone, quadrivalent	$ 20.00	$ 8.34	$ 26.00	$ 26.00
90688	FLULAVAL QUAD 2018-2019 VIAL - INFLUENZA VIRUS VACCINE, QUADRIVALENT	$ 20.00	$ 16.67	$ 30.00	$ 30.00
90696	Kinrix/Quadracel	$ 70.00	$ 50.61	$ 100.00	$ 70.00
90698	Pentacel	$ 125.00	$ 91.50	$ 113.00	$ 125.00
90700	Infanrix	$ 75.00	$ 23.13	$ 52.00	$ 75.00
90702	Diptheria & Tetanus < 7 years old	$ -	$ 52.09	$ 63.00	$ 63.00
90707	MMR Vaccine	$ 95.00	$ 52.09	$ 100.00	$ 95.00
90710	Proquad	$ 215.00	$ 228.60	$ 242.00	$ 215.00
90713	Polio Vaccine	$ 60.00	$ 32.15	$ 57.00	$ 60.00
90714	Tenivac	$ 55.00	$ 32.33	$ 44.00	$ 55.00
90715	Adacel	$ 75.00	$ 43.25	$ 70.00	$ 75.00
90716	Varivax	$ 165.00	$ 139.02	$ 158.00	$ 165.00
90723	Pediarix	$ 90.00	$ 77.66	$ 120.00	$ 90.00
90734	Menactra Vaccine	$ 160.00	$ 133.90	$ 181.00	$ 160.00
90744	Engerix B, pediatric	$ 50.00	$ 23.66	$ 65.00	$ 50.00
90746	Hepatitis B, adult	$ 85.00	$ 59.95	$ 110.00	$ 85.00
92551	HEARING TEST	$ 35.00	$ 8.02	$ 32.00	$ 35.00
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED	$ 60.00	$ 29.18	$ 101.00	$ 60.00
96110	DEVELOPMENTAL SCREEN W/SCORE	$ 25.00	$ 8.49	$ 35.00	$ 25.00
96127	BRIEF EMOTIONAL/BEHAV ASSMT	$ 10.00	$ 4.27	$ 16.00	$ 15.00
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION	$ 35.00	$ 16.53	$ 48.00	$ 35.00
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSES	$ 65.00	$ 23.77	$ 60.00	$ 65.00
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT	$ 60.00	$ 20.80	$ 55.00	$ 60.00
99000	SPECIMAN HANDLING FEE	$ 1.00	$ -	$ 20.00	$ 5.00
99173	Visual acuity screening	$ 5.00	$ -	$ 51.00	$ 10.00
99202	Office Visit, New Pt., 20 mins	$ 121.10	$ 55.81	$ 126.00	$ 126.00
99203	Office Visit, New Pt., 30 mins	$ 200.00	$ 80.86	$ 200.00	$ 200.00
99204	Office Visit, New Pt., 45 mins	$ 300.00	$ 125.39	$ 304.00	$ 300.00
99205	Office Visit, New Pt., 60 mins	$ 325.00	$ 158.51	$ 395.00	$ 325.00
99211	Office Visit, Established, 5 mins	$ 50.00	$ 16.32	$ 44.00	$ 50.00
99212	Office Visit, Established, 10 mins	$ 80.00	$ 32.50	$ 76.00	$ 80.00
99213	Office Visit, Established, 15 mins	$ 125.00	$ 54.26	$ 125.00	$ 125.00
99214	Office Visit, Established, 25 mins	$ 175.00	$ 81.76	$ 190.00	$ 175.00
99215	Office Visit, Established, 40 mins	$ 250.00	$ 110.58	$ 263.00	$ 250.00
99381	INITIAL COMPR. PREVENTIVE MED,< 1 year old	$ 160.00	$ 79.65	$ 178.00	$ 178.00
99382	INITIAL COMPR. PREVENTIVE MED,1-4 years old	$ 160.00	$ 86.83	$ 180.00	$ 180.00
99383	INITIAL COMPR. PREVENTIVE MED,5-11 years old	$ 160.00	$ 86.22	$ 198.00	$ 190.00
99384	INITIAL COMPR. PREVENTIVE MED,12-17 years old	$ 250.00	$ 93.93	$ 204.00	$ 204.00
99385	INITIAL COMPR. PREVENTIVE MED,18-39 years old	$ 250.00	$ 93.93	$ 231.00	$ 250.00

99386	INITIAL COMPR. PREVENTIVE MED,40-64 years old	$ 275.00	$ 110.08	$ 250.00	$ 275.00
99387	INITIAL COMPR. PREVENTIVE MED,65+ years old	$ 279.50	$ 120.67	$ 267.00	$ 280.00
99391	PERIODIC PREVENTIVE MEDICINE UNDER 1 year	$ 160.00	$ 66.41	$ 149.00	$ 160.00
99392	PERIODIC PREVENTIVE MEDICINE AGE 001-004	$ 160.00	$ 74.12	$ 160.00	$ 160.00
99393	PERIODIC PREVENTIVE MEDICINE AGE 005-011	$ 160.00	$ 73.81	$ 160.00	$ 160.00
99394	PERIODIC PREVENTIVE MEDICINE AGES 012-17	$ 225.00	$ 81.30	$ 180.00	$ 225.00
99395	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 225.00	$ 81.61	$ 202.00	$ 225.00
99396	ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$ 225.00	$ 89.32	$ 213.00	$ 225.00
99397	ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	$ 227.50	$ 100.21	$ 222.00	$ 230.00
99406	SMOKING & TOBACCO CESSATION 3-10 mins	$ 30.00	$ 11.57	$ 30.00	$ 30.00
99407	SMOKING & TOBACCO CESSATION > 10 mins	$ 50.00	$ 22.36	$ 53.00	$ 50.00
99501	Home visit postnatal assessment	$ 300.00	$ 59.09		$ 300.00
99502	Home visit for newborn care & assessment	$ 300.00	$ 60.00		$ 300.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THRE	$ 60.00	$ 38.01		$ 60.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	$ 50.00	$ 16.78		$ 50.00
G0008	Vaccine administration	$ 25.00			$ 25.00
J1050	Depo-Provera	$ 0.60	$ 2.38		$ 3.00
J1726	Makena	$ 35.00	$ 33.02		$ 63.00
J2790	Rho D immune globulin, human, full dose, 300 mcg	$ 130.00	$ 85.63		$ 130.00
J7298	Mirena	$ -	$ 1,010.72		$ 350.00
J7300	Paragard	$ 250.00	$ 937.57		$ 250.00
J7303	Contraceptive Vaginal Ring	$ 40.00			$ 40.00
J7304	Contraceptive Hormone Patch	$ 25.00			$ 25.00
J7307	Nexplanon	$ 400.00	$ 943.72		$ 400.00
LU002	Lice Treatment	$ 10.00			$ 12.00
LU018	Copy of Medical Record	$ 15.00			$ 15.00
LU031	Returned Check Fee	$ 25.00			$ 25.00
LU102	Completion of Record of Tuberculosis	$ 20.00			$ 20.00
LU401	Plan B	$ 30.00			$ 30.00
S0280	Medical Home, Initial Plan	$ 100.00			$ 100.00
S0281	Medical Home, Maintenance	$ 200.00			$ 200.00
S4993	Contraceptive Pills for BC	$ 8.00			$ 8.00
T1001	Nursing Assessment/ Evaluation	$ 150.00			$ 150.00
T1002	RN Services Up To 15 Minutes	$ 225.00			$ 225.00
	updated 12/31/19				