

SCCHC Fee Schedule

<u>CPT</u>	<u>Description</u>	<u>Fee</u>
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	46.00
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	57.00
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	57.00
0004A	ADM SARSCOV2 30MCG/0.3ML BST	47.00
00100	Consultation	25.00
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	46.00
0012A	ADM SARSCOV2 100MCG/0.5ML 2ND	57.00
0013A	ADM SARSCOV2 100MCG/0.5ML 3RD	57.00
0031A	ADM SARSCOV2 VAC AD26 .5ML	57.00
0034A	ADM SARSCOV2 VAC AD26 .5ML	47.00
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	47.00
0054A	ADM SARSCV2 30MCG TRS-SUCR B	47.00
0064A	ADM SARSCOV2 50MCG/0.25MLBST	47.00
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	46.00
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	57.00
0074A	ADM SARSCV2 10MCG TRS-SUCR B	47.00
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST	47.00
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND	47.00
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD	47.00
0094A	ADM SARSCOV2 50 MCG/.5 MLBST	47.00
0111A	ADM SARSCOV2 25MCG/0.25ML1ST	47.00
0112A	ADM SARSCOV2 25MCG/0.25ML2ND	47.00
0124A	ADM SARSCV2 BVL 30MCG/.3ML B	47.00
0134A	ADM SARSCV2 BVL 50MCG/.5ML B	47.00
0141A	ADM SRSCV2 BVL 25MCG/.25ML 1	48.00
0142A	ADM SRSCV2 BVL 25MCG/.25ML 2	48.00
0144A	ADM SRSCV2 BVL 25MCG/.25ML B	48.00
0154A	ADM SARSCV2 BVL 10MCG/.2ML B	47.00
0164A	ADM SRSCV2 BVL 10MCG/0.2ML B	47.00
0501F	PRENATAL FLOW SHEET	40.00
10060	Incision or drainage of abscess	295.00
10061	DRAINAGE OF SKIN ABSCESS	589.00
11042	DEBRIDE SKIN/TISSUE	304.00
11100	Skin biopsy	283.00
11102	TANGNTL BX SKIN SINGLE LES	159.00
11104	PUNCH BX SKIN SINGLE LESION	196.00
11106	INCAL BX SKN SINGLE LES	245.00
11200	Skin tag removal 15 lesions	260.00
11201	REMOVE SKIN TAGS ADD-ON	96.00
11400	EXC TR-EXT B9 MARG 0.5 < CM	220.00
11976	REMOVAL OF CONTRACEPTIVE CAP	370.00
11981	INSERT DRUG IMPLANT DEVICE	370.00
11982	REMOVE DRUG IMPLANT DEVICE	370.00
11983	REMOVE/INSERT DRUG IMPLANT	404.00
12001	LACERATION >2CM	150.00
12020	CLOSURE OF SPLIT WOUND	459.00
15851	REMOVAL OF SUTURES	130.00
15853	REMOVAL SUTR/STAPL XREQ ANES	16.00

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15854	REMOVAL SUTR&STAPL XREQ ANES	18.00
17110	Destruct of warts contag millia	101.00
20550	INJ TENDON SHEATH/LIGAMENT	192.00
20551	INJECT TENDON ORIGIN/INSERT	204.00
20600	DRAIN/INJECT, JOINT/BURSA	181.00
20605	DRAIN/INJECT, JOINT/BURSA	188.00
20610	DRAIN/INJECT, JOINT/BURSA	70.00
29581	APPLY MULTLAY COMPRS LWR LEG	118.00
36415	Lab handling fee	15.00
49320	DIAG LAPARO SEPARATE PROC	1349.00
50715	RELEASE OF URETER	3795.00
51702	INSERT TEMP BLADDER CATH	349.00
51741	ELECTRO-UROFLOWMETRY, FIRST	190.00
52000	CYSTOSCOPY	839.00
54150	Circumcision clamp, newborn	512.00
54160	Circumcision surgical excision, newborn	579.00
54161	CIRCUMCISION AGE OVER 28 DAYS	1714.00
56405	Incision drain vulva peri abscess	289.00
56420	Incision drain Bartholin abscess	319.00
56440	SURGERY FOR VULVA LESION	1011.00
56441	LYSIS OF LABIAL LESION(S)	440.00
56501	Destruction of lesion vulva	319.00
56515	DESTROY VULVA LESION/S COMPL	719.00
56605	Biopsy vulva perineum one lesion	244.00
56606	Biopsy of Vulva/Perineum Addt	171.00
56620	PARTIAL REMOVAL OF VULVA	1961.00
56810	REPAIR OF PERINEUM	1379.00
57061	DESTROY VAG LESIONS, SIMPLE	694.00
57065	DESTROY VAG LESIONS, COMPLEX	1341.00
57100	Biopsy vuvla mucosa simple	335.00
57105	BIOPSY OF VAGINA	682.00
57135	REMOVE VAGINA LESION	1735.00
57160	Insertion of pessary	162.00
57200	REPAIR OF VAGINA	1217.00
57420	EXAM OF VAGINA W/SCOPE	406.00
57421	EXAM/BIOPSY OF VAG W/SCOPE	492.00
57452	Colposcopy	314.00
57454	Colpo w biop cervix endo curretage	445.00
57455	Colposcopy w biopsy of cervix	411.00
57456	Colposcopy w biopsy of curretage	363.00
57460	BX OF CERVIX W/SCOPE, LEEP	285.00
57461	CONZ OF CERVIX W/SCOPE, LEEP	840.00
57500	Cervical polypectomy of cervix	405.00
57505	Cervical polypectomy of endo curret	304.00
57510	CAUTERIZATION OF CERVIX	150.00
57520	CONIZATION OF CERVIX	1012.00
57522	LEEP Conization of Cervix	1250.00
58100	Endometrial biopsy	230.00

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58110	BX DONE W/COLPOSCOPY ADD-ON	175.00
58120	DILATION AND CURETTAGE	220.00
58140	MYOMECTOMY ABDOM METHOD	3727.00
58146	MYOMECTOMY ABDOM COMPLEX	3867.00
58150	TOTAL HYSTERECTOMY	3997.00
58300	IUD insertion	275.00
58301	IUD removal	220.00
58350	REOPEN FALLOPIAN TUBE	450.00
58353	ENDOMETR ABLATE, THERMAL	1720.00
58545	LAPAROSCOPIC MYOMECTOMY	3379.00
58546	LAPARO-MYOMECTOMY, COMPLEX	4055.00
58555	HYSTEROSCOPY, DX, SEP PROC	1193.00
58558	HYSTEROSCOPY, BIOPSY	1815.00
58561	HYSTEROSCOPY, REMOVE MYOMA	2838.00
58562	HYSTEROSCOPY, REMOVE FB	1805.00
58570	TLH, UTERUS 250 G OR LESS	3379.00
58571	TLH W/T/O 250 G OR LESS	3703.00
58572	TLH, UTERUS OVER 250 G	4055.00
58573	TLH W/T/O UTERUS OVER 250 G	4629.00
58605	Tubal ligation	1583.00
58611	LIGATE OVIDUCT(S) ADD-ON	1260.00
58660	LAPAROSCOPY, LYSIS	4089.00
58661	LAPAROSCOPY, REMOVE ADNEXA	3921.00
58662	LAPAROSCOPY, EXCISE LESIONS	4481.00
58670	LAPAROSCOPY, TUBAL CAUTERY	2520.00
58720	REMOVAL OF OVARY/TUBE(S)	2838.00
58760	REMOVE TUBAL OBSTRUCTION	5541.00
58925	REMOVAL OF OVARIAN CYST(S)	3361.00
58999	Female Genital Procedure Surgery	401.00
59000	Amniocentesis	457.00
59015	Chorion sampling	583.00
59025	Fetal nonstress test	125.00
59151	TREAT ECTOPIC PREGNANCY	2443.00
59160	Cutlerage postpartum	1188.00
59200	Insertion of laminaria	400.00
59300	EPISIOTOMY OR VAGINAL REPAIR	645.00
59400	Vaginal delivery global package	7552.00
59409	Vaginal delivery only	3944.00
59410	Vaginal delivery w postpartum visit	4364.00
59412	External cephalic version	1308.00
59414	DELIVER PLACENTA	1047.00
59425	Antepartum Visits 4-6	953.00
59426	Antepartum Visits 7 or more	2932.00
59430	Postpartum visit	386.00
59510	Cesarean delivery global package	7728.00
59514	Cesarean delivery only	4615.00
59515	Cesarean delivery w postpartum	4973.00
59610	VBAC DELIVERY GLOBAL	7102.00

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59612	VBAC DELIVERY ONLY	3274.00
59614	VBAC CARE AFTER DELIVERY	4097.00
59618	ATTEMPTED VBAC DELIVERY	7544.00
59620	ATTEMPTED VBAC DELIVERY ONLY	4507.00
59622	ATTEMPTED VBAC AFTER CARE	4855.00
59812	TREATMENT OF MISCARRIAGE	1120.00
59820	CARE OF MISCARRIAGE	1158.00
59821	TREATMENT OF MISCARRIAGE	1345.00
59871	REMOVE CERCLAGE SUTURE	363.00
64435	N BLOCK INJ, PARACERVICAL	455.00
65222	REMOVE FOREIGN BODY FROM EYE	65.00
67820	REVISE EYELASHES	189.00
68761	CLOSE TEAR DUCT OPENING	354.00
69209	REMOVE IMPACTED EAR WAX UNI	66.00
69210	Ear irrigation	102.00
76801	OB US < 14 WKS, SINGLE FETUS	311.00
76802	OB US < 14 WKS, ADDL FETUS	155.00
76805	OB US >= 14 WKS, SNGL FETUS	311.00
76810	OB US >= 14 WKS, ADDL FETUS	453.00
76815	OB US, LIMITED, FETUS(S)	228.00
76815	OB US, LIMITED, FETUS(S)	125.00
76815	OB US, LIMITED, FETUS(S)	103.00
76816	OB US, FOLLOW-UP, PER FETUS	200.00
76818	Ultrasound (Fetal Biophysical Profile with non-stres	391.00
77052	CAD Digitization screening tech	56.00
77052	CAD Digitization screening prof	12.00
77052	CAD Digitization screening	68.00
77055	Mammography unilateral tech	95.00
77055	Mammography unilateral prof	88.00
77055	Mammography unilateral prof	90.00
77056	Mammography bilateral tec	170.00
77056	Mammography bilateral prof	115.00
77057	Mammo screening bilateral tech	113.00
77057	Mammo screening bilateral prof	81.00
77057	Mammo screening global	194.00
77063	BREAST TOMOSYNTHESIS BI	70.00
77065	DX MAMMO INCL CAD UNI	259.00
77065	DX MAMMO INCL CAD UNI prof	100.00
77065	DX MAMMO INCL CAD UNI tech	159.00
77066	DX MAMMO INCL CAD BI	319.00
77066	DX MAMMO INCL CAD BI prof	127.00
77066	DX MAMMO INCL CAD BI tech	192.00
77067	SCR MAMMO BI INCL CAD	268.00
77067	SCR MAMMO BI INCL CAD tech	201.00
77067	SCR MAMMO BI INCL CAD prof	67.00
77080	DXA Bone Densitometry axial tech	200.00
77080	DXA Bone Densitometry axial prof	50.00
77080	DXA Bone Densitometry axial	250.00

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77081	DXA Bone Densitometry peri tech	50.00
77081	DXA Bone Densitometry peri prof	36.00
81002	Urinalysis non-automated wo ms	18.00
81025	Urine pregnancy test	35.00
82270	Feces screening for occult blood	17.00
82948	Stick assay for blood glucose	19.00
85013	Spun microhematocrit	17.00
85018	HEMOGLOBIN	18.00
85610	PROTHROMBIN TIME	21.00
86580	PPD placed v2	25.00
86580	PPD placed	25.00
86580	PPD Placed - P (private purchase)	25.00
87210	SMEAR, WET MOUNT, SALINE/INK	20.00
87400	INF AGT Immunoassay Influenza AB	30.00
87426	CORONAVIRUS AG IA	12.00
87449	INF AGT Multistep method NOS	30.00
87880	STREP A ASSAY W/OPTIC	30.00
88160	CYTOPATH SMEAR, OTHER SOURCE	340.00
90460	IMADM ANY ROUTE 1ST VAC/TOX	28.00
90461	INADM ANY ROUTE ADDL VAC/TOX	23.00
90465	IMMUNE ADMIN 1 INJ, < 8 YRS	23.00
90471	Imm admin first vaccine inject	16.00
90471	IMMUNIZATION ADMIN	23.00
90472	Imm admin each add vaccine inject	21.00
90472	IMMUNIZATION ADMIN, EACH ADD	21.00
90473	Imm admin first vaccine oral	23.00
90474	Imm admin each add vaccine oral	21.00
90480	ADMN SARSCOV2 VACC 1 DOSE	48.00
90620	MenB - Bexsero -P	237.36
90621	MenB - Trumenba -P	217.20
90632	HEP A VACCINE, ADULT IM	113.05
90632	Hep A Adult (#1)-P	113.05
90632	Hep A Adult (#2)-P	113.05
90632	Hep A-P	113.05
90633	Hep A-P Pedi	48.10
90649	vaccine HPV	124.50
90649	zzHPV	120.00
90649	HPV (#2)-P	178.87
90649	HPV (#3)-P	178.87
90649	HPV-P	173.87
90649	HPV (#1)-P	140.59
90649	HPV (#1)-P	140.59
90649	HPV (#1)-P	194.74
90650	HPV >21y	178.87
90651	HPV 9 - P	186.48
90651	HPV9 #1 -P	331.37
90651	HPV9 #2 -P	331.37
90651	HPV9 #3 -P	331.37

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<u>CPT</u>	<u>Description</u>	<u>Fee</u>
90656	FLU VACCINE NO PRESERV 3 & >	20.66
90657	Influenza-P (6-35 months)	11.66
90658	Influenza-P	15.16
90658	Influenza-P	15.16
90670	PCV13 adult	229.41
90674	CCIV4 VAC NO PRSV 0.5 ML IM	34.43
90674	Flucelvax Quad (Prsv Free) -P	24.31
90674	Flucelvax Quad (Prsv Free) -P	34.43
90677	PCV20 VACCINE IM	291.08
90677	PCV20 (Prevnar20) -P	291.08
90678	RSV VACC PREF BIVALENT IM	353.12
90678	ABRYSVO RSV	353.12
90686	Afluria Quad Pres Free -P	21.56
90688	FLU VACC 4 VAL 3 YRS PLUS IM	19.71
90688	Afluria Quad -P	19.71
90694	VACC AIV4 NO PRSRV 0.5ML IM	69.48
90694	Fluad >65	69.48
90697	Vaxelis (dtap ipv hib hepB)	109.91
90707	MMR#1-P	111.82
90707	MMR#2-P	111.82
90707	MMR booster -P	111.82
90714	Td(#1)-P	33.05
90714	Td(#2)-P	33.05
90714	Td(#3)-P	33.05
90714	Td booster -P	33.05
90715	Tdap-P	61.38
90716	Varivax(#1)-P	181.16
90716	Varivax(#2)-P	181.16
90716	Varicella (P)	171.30
90732	PPV23#1-P	144.32
90732	PPV23#2-P	144.32
90733	vaccine Menomune	91.00
90734	vaccine Menactra	153.80
90734	Menactra-P	179.80
90736	ZOSTER VACC, SC	243.66
90736	Zostavax	243.66
90739	HEP B VACC ADULT 2 DOSE IM	75.23
90739	HEPLISAV-B #1 (P)	78.30
90739	HEPLISAV-B #2 (P)	78.30
90746	Hep B Adult(#1)-P	84.18
90746	Hep B Adult(#2)-P	84.18
90746	Hep B Adult(#3)-P	84.18
90746	Hep B Booster -P	84.18
90756	Flucelvax Quad GYN -P	20.66
90756	Flucelvax Quad (Masshealth)	28.92
90782	INJECTION/IM	26.00
90785	PSYTX COMPLEX INTERACTIVE	10.00
90788	INJECTION/ANTIBIOTIC	16.88

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<u>CPT</u>	<u>Description</u>	<u>Fee</u>
90791	PSYCH DIAGNOSTIC EVALUATION	221.00
90791	(TEL) PSYCH DIAGNOSTIC EVALUATION	222.00
90792	PSYCH DIAG EVAL W/MED SRVCS	233.00
90792	(TEL) PSYCH DIAG EVAL W/MED SRVCS	234.00
90801	Psych diagnostic eval	199.00
90804	30Min indiv therapy	105.00
90805	30Min indiv thrpy w med eval	120.00
90806	60Min indiv thrpy	133.00
90807	60Min indiv thrpy w med eval	154.00
90832	PSYTX PT&/FAMILY 16-37 MIN	110.00
90832	(TEL) PSYTX PT&/FAMILY 16-37 MIN	111.00
90833	PSYTX PT&/FAM W/E&M 16-37 MIN	81.00
90833	(TEL) PSYTX PT&/FAM W/E&M 16-37 MIN	82.00
90834	PSYTX PT&/FAMILY 38-52 MIN	152.00
90834	(TEL) PSYTX PT&/FAMILY 38-52 MIN	153.00
90836	PSYTX PT&/FAM W/E&M 38-52 MIN	202.00
90836	(TEL) PSYTX PT&/FAM W/E&M 38-52 MIN	203.00
90837	PSYTX PT&/FAMILY 53-60 MIN	226.00
90838	PSYTX PT&/FAM W/E&M 53-60 MIN	213.00
90839	PSYTX CRISIS INITIAL 60 MIN	213.00
90845	PSYCHOANALYSIS	175.00
90846	FAMILY PSYTX W/O PATIENT	145.00
90846	Family Therapy w/o Pt	143.00
90846	Family Therapy w/o Patient	143.00
90846	(TEL) Family Therapy w/o Patient	144.00
90847	60Min cpl fam thrpy	152.00
90853	60Min grp thrpy	86.00
90862	Pharmacological management standard	102.00
90862	Pharm Management	102.00
90882	Environ intervent for med mgmt	162.00
90885	PSY EVALUATION OF RECORDS	33.00
90887	Expln or Interp results to resp party	35.00
90899	Unlisted psychiatric service	160.00
91322	SARSCOV2 VAC 50 MCG/0.5ML IM Purchased	154.31
91322	Covid19 Spikevax (12+) -P	154.31
92002	Intermediate eye exam new pat	237.00
92004	Comprehesive eye exam new pat	312.00
92012	Intermediate eye exam est pat	206.00
92014	Comprehensive eye exam est pat	254.00
92015	Refractive state determination	71.00
92020	Gonioscopy	117.00
92071	CONTACT LENS FITTING FOR TX	137.00
92081	VISUAL FIELD EXAMINATION(S) LIMITED	138.00
92082	VISUAL FIELD EXAMINATION(S) INTERMEDIATI	176.00
92082	VISUAL FIELD EXAMINATION(S) INTERMEDIATI	67.00
92082	VISUAL FIELD EXAMINATION(S) INTERMEDIATI	109.00
92083	VISUAL FIELD EXAMINATION(S) EXTENDED	294.00
92083	VISUAL FIELD EXAM Ext Tech	185.00

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92083	VISUAL FIELD EXAM Ext Prof	109.00
92100	Serial tonometry	180.00
92250	FUNDUS PHOTOGRAPHY W/INTERP & RPT	186.00
92250	FUNDUS PHOTOGRAPHY W/INTERP & RPT TE	128.00
92250	FUNDUS PHOTOGRAPHY W/INTERP & RPT PR	58.00
92310	CONTACT LENS FIT Est Pat/Standard	83.33
92310	CONTACT LENS FIT Est Pat/Complex	133.33
92310	CONTACT LENS FIT New Pat/Standard	166.67
92310	CONTACT LENS FIT New Pat/Complex	216.67
92340	Fitting of monofocal spec	36.00
92341	Fitting of bifocal spec	39.00
92370	REPAIR	20.00
92371	REPAIR & ADJUST SPECTACLES	22.00
92551	Screen test pure tone air only	43.00
92552	Pure tone audiometry air only	61.00
93000	EKG	83.00
94640	NEB/MDI RX INITIAL	43.00
94642	Nebulizer	43.00
95199	ALLERGY IMMUNOLOGY SERVICES	5.00
95250	GLUCOSE MONITORING, CONT	277.00
96101	Psychological test by psychologist	152.00
96110	BH health scrn, concern NO ID	20.00
96110	BH health scrn, concern ID	20.00
96118	Neuropsychol test w interp by psych	248.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	130.00
96131	PSYCL TST EVAL PHYS/QHP EA	90.00
96132	NRPSYC TST EVAL PHYS/QHP 1ST	120.00
96133	NRPSYC TST EVAL PHYS/QHP EA	90.00
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	35.00
96137	PSYCL/NRPSYC TST PHY/QHP EA	25.00
96372	THER/PROPH/DIAG INJ, SC/IM	26.00
96373	THER/PROPH/DIAG INJ, IA	21.00
96401	CHEMO, ANTI-NEOPL, SQ/IM	52.00
97601	WOUND(S) CARE, SELECTIVE	35.00
97602	WOUND(S) CARE NON-SELECTIVE	136.00
97802	Med nutr thrpy indiv initial assess	60.00
97803	Med nutr thrpy indiv followup	60.00
97804	Med nutr thrpy grp	22.00
98960	SELF-MGMT EDUC & TRAIN, 1 PT	90.00
98966	HC PRO PHONE CALL 5-10 MIN	12.00
98967	HC PRO PHONE CALL 11-20 MIN	18.00
98968	HC PRO PHONE CALL 21-30 MIN	25.00
99024	Postop visit	120.00
99050	Service After Hours	74.00
99051	Service provided after usual hrs	55.00
99173	Screen test for visual acuity	26.00
99188	APP TOPICAL FLUORIDE VARNISH	35.00
99201	New Pat Minimum OV	119.00

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99202	New Pat Brief OV	184.00
99202	New Pat Brief VV	185.00
99203	New Pat Limited OV	232.00
99203	New Pat Limited VV	233.00
99204	New Pat Intermediate OV	286.00
99205	New Pat Comprehensive OV	330.00
99211	Est Pat Minimum OV	90.00
99211	Est Pat Min VV	90.00
99212	Est Pat Brief OV	172.00
99212	Est Pat Brief VV	173.00
99213	Est Pat Limited OV	220.00
99213	Med Mgt 20-29 min OV	220.00
99213	(TEL) Med Mgt 20-29 min VV	221.00
99213	Est Pat Limited VV	221.00
99214	Est Pat Intermediate OV	274.00
99214	Med Mgt 30-39 min	274.00
99214	(TEL) Med Mgt 30-39 min VV	275.00
99214	Est Pat Intermediate VV	275.00
99215	Est Pat Comprehensive OV	319.00
99215	Med Mgt 40-54 min	319.00
99215	(TEL) Med Mgt 40-54 min	320.00
99221	INIT HOSP-LOW CPLX	357.00
99222	INIT HOSP-MOD CPLX	481.00
99223	INIT HOSP-HI CPLX	590.00
99233	HOSP SUB CARE-HI CPLX	590.00
99241	Office consult problem focused	129.00
99242	Office consult expanded	164.00
99243	Office consult low complex	209.00
99244	Office consult mod complex	232.00
99245	Office consult high complex	345.00
99251	HOSP CONS-FOCUS	303.00
99251	Initial Inpatient Consult Level 1	303.00
99284	ER DETAIL-MOD CPLX	408.00
99381	New Pat under 1 PV	230.00
99382	New Pat 1 to 4yrs PV	243.00
99383	New Pat 5 to 11yrs PV	264.00
99384	New Pat 12 to 17yrs PV	284.00
99385	New Pat 18 to 39yrs PV	284.00
99386	New Pat 40 to 64yrs PV	289.00
99387	New Pat 65 and over PV	289.00
99391	Est Pat under 1 PV	218.00
99392	Est Pat 1 to 4yrs PV	231.00
99393	Est Pat 5 to 11yrs PV	253.00
99394	Est Pat 12 to 17yrs PV	273.00
99395	Est Pat 18 to 39yrs PV	273.00
99396	Est Pat 40 to 64yrs PV	289.00
99396	Est Pat 40 to 64yrs PV	175.00
99397	Est Pat 65 and over PV	289.00

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<u>CPT</u>	<u>Description</u>	<u>Fee</u>
99401	Prevent med indiv counsel 15 min	100.00
99402	Prevent med indiv counsel 30 min	190.00
99403	Prevent med indiv counsel 45 min	245.00
99404	Prevent med indiv counsel 60 min	290.00
99406	BEHAV CHNG SMOKING 3-10 MIN	114.00
99407	BEHAV CHNG SMOKING < 10 MIN	154.00
99411	Counseling OV group 30min	94.00
99412	Counseling OV group 60min	189.00
99417	PROLNG OFF/OP E/M EA 15 MIN	55.00
99421	OL DIG E/M SVC 5-10 MIN	50.00
99422	OL DIG E/M SVC 11-20 MIN	65.00
99423	OL DIG E/M SVC 21+ MIN	85.00
99431	Initial hosp care newborn	340.00
99432	NB ADMIT OUT OF HOSP	181.00
99432	NB ADMIT OUT OF HOSP	181.00
99433	Est hosp care newborn	159.00
99441	PHONE E/M BY PHYS 5-10 MIN	50.00
99441	Phone E/M 5-10 min	50.00
99442	PHONE E/M BY PHYS 11-20 MIN	65.00
99442	Phone E/M 11-20 Min	65.00
99443	PHONE E/M BY PHYS 21-30 MIN	80.00
99443	Phone E/M 21-30 Min	80.00
99444	ONLINE E/M BY PHYS	80.00
99483	ASSMT & CARE PLN PT COG IMP	315.00
A4561	Pessary rubber	60.00
A4562	Pessary non rubber	60.00
COPAY	COPAY	15.00
D0011	Dental Outside Lab Fee	50.00
D0120	Periodic oral exam	49.00
D0140	Limited oral exam	81.00
D0145	ORAL EVALUATION, PT < 3YRS	40.00
D0150	Comp oral exam	86.00
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	93.00
D0210	Full mouth xray	143.00
D0220	Single tooth xray	29.00
D0230	Add tooth xray	26.00
D0240	Intraoral occlusal film	44.00
D0270	Bitewing 1 film	31.00
D0272	Bitewing 2 film	50.00
D0273	Bitewing 3 film	61.00
D0274	Bitewing 4 film	70.00
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	61.00
D1110	Prophylaxis 14 and over	125.00
D1120	Prophylaxis under 14	74.00
D1203	Fluoride under 18	39.00
D1204	Fluoride 18 and over	37.00
D1206	Topical fluoride varnish	59.00
D1208	Topical application of fluoride	30.00

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<u>CPT</u>	<u>Description</u>	<u>Fee</u>
D1351	Sealants per tooth	66.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	47.00
D1510	Space mnt fix unil	448.00
D1515	Space mnt fix bil	627.00
D1516	Space Maintainer Fixed, Bil, Max	627.00
D1517	Space Maintainer Fixed, Bil, Mand	627.00
D1520	Space mnt rem unil	493.00
D1525	Space mnt rem bil	761.00
D1526	Space mnt rem bil, max	761.00
D1527	Space mnt rem bil, mand	761.00
D1550	Recemnt space mnt	97.00
D1999	UNS PREVENTIVE PROCEDURE BY REPORT	15.00
D2140	1 surface amalgam	132.00
D2150	2 surface amalgam	171.00
D2160	3 surface amalgam	207.00
D2161	4 surface amalgam	252.00
D2330	Resin 1 surf anterior	150.00
D2331	Resin 2 surf ant	192.00
D2332	Resin 3 surf ant	235.00
D2335	Resin 4 surf ant	278.00
D2390	Resin composite crown, anterior	125.00
D2391	Resin 1 surf post	176.00
D2392	Resin 2 surf post	230.00
D2393	Resin 3 surf post	286.00
D2394	Resin 4 surf post	351.00
D2410	GOLD FOIL - ONE SURFACE	375.00
D2420	GOLD FOIL - TWO SURFACES	624.00
D2430	GOLD FOIL - THREE SURFACES	1082.00
D2510	INLAY - METALLIC - ONE SURFACE	990.00
D2520	INLAY - METALLIC - TWO SURFACES	1124.00
D2530	INLAY - METALLIC - 3/MORE SURFACES	1295.00
D2542	ONLAY - METALLIC - TWO SURFACES	1270.00
D2543	ONLAY METALLIC THREE SURFACES	1373.00
D2544	ONLAY METALLIC FOUR OR MORE SURF	1457.00
D2642	ONLAY - PORCELN/CERAMIC - 2 SURF	862.00
D2643	ONLAY - PORCELN/CERAMIC - 3 SURF	929.00
D2644	ONLAY - PORCELN/CERAM - 4/MORE SURF	985.00
D2662	ONLAY-RSN COMPOS COMPOS/RSN-2 SURF	563.00
D2663	ONLAY-RSN COMPOS COMPOS/RSN-3 SURF	662.00
D2664	ONLAY-RSN COMPOS COMPOS/RSN-4/>	710.00
D2710	CROWN - RESIN	250.00
D2740	Porcelain crown, ceramic substrate	1666.00
D2750	Porcel fuse high noble metal crwn	1358.00
D2751	Porcel fused base metal crown	1264.00
D2752	Porcel fuse noble metal crown	1295.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1416.00
D2790	Full cast high noble metal crown	2000.00
D2792	CROWN - FULL CAST NOBLE METAL	2000.00

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D2799	PROVISIONAL CROWN	544.00
D2910	RECEMENT INLAY	71.00
D2920	Recement crown	122.00
D2930	Prefab SS crown prim tooth	332.00
D2931	Prefab SS crown perm tooth	200.00
D2932	Prefabricated Resin Crown	224.00
D2934	PREFB ESTHET COAT STNLSS STEEL CRWN	184.00
D2940	Sedative filling	127.00
D2949	RESTORATIV FOUNDATN INDIR RESTORATN	153.00
D2950	Core buildup w any pins	317.00
D2951	PIN RETN - PER TOOTH ADDITION REST	31.00
D2952	Cast post and core w crown	500.00
D2954	Prefab post and core w crown	400.00
D2960	Labial Veneer Chairside	967.00
D2961	Labial Veneer Lab Resin	1097.00
D2962	Labial Veneer Lab Prcln	1097.00
D2970	TEMPORARY CROWN	100.00
D2980	CROWN REPAIR BY REPORT	180.00
D3110	PULP CAP - DIRECT	50.00
D3120	Pulp capping indirect	79.00
D3220	Therap pulpotomy	202.00
D3221	Pulpal debridement	222.00
D3310	Root canal anterior	892.00
D3320	Root canal biscupid	1093.00
D3330	Root canal molar	1355.00
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	550.00
D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	1189.00
D3347	RETX PREVIOUS RC THERAPY - BICUSPID	1399.00
D3348	RETX PREVIOUS RC THERAPY - MOLAR	1731.00
D3410	Apicoectomy periadicular ant	819.00
D3421	Apicoectomy periadicular bisc	912.00
D3425	APICOECT/PERIRADICULAR SURG - MOLAR	1033.00
D3426	APICOECTOMY/PERIRADICULAR SURGERY	349.00
D3920	Hemisection wo root canal therap	406.00
D4210	Gingivectomy 4t per quad	766.00
D4211	Gingivectomy 1 3t per quad	340.00
D4240	Gingivl flap root plan 4t per quad	970.00
D4241	Gingivl flap root plan 1to3t perqua	340.00
D4245	Apically posit flap	715.00
D4249	Clin crown lengthen hard tiss	1064.00
D4260	Osseous surg 4t per quad	1617.00
D4261	Osseous surg 1 to 3t per quad	868.00
D4263	Bone rplmt graft frst site per quad	579.00
D4264	BN REPLCMT GRAFT - EA ADD SITE QUAD	493.00
D4265	BIO MATL AID SFT&OSSEOUS TISS REGEN	190.00
D4266	Guid tiss regn resorb bar per site	596.00
D4267	Guid tiss regn non resorb bar psite	766.00
D4270	Pedicle soft tiss graft	1149.00

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D4271	Free soft tiss graft proc	1191.00
D4273	Subepithel connect tiss graft	1404.00
D4274	Distal or proximal wedge	796.00
D4277	Free soft tissue graft procedure	1191.00
D4278	Free soft tissue graft procedure- add tooth	1191.00
D4320	Provisional splint intracoronal	431.00
D4321	Provisional splint extracoronal	392.00
D4341	Root planing per quad	250.00
D4342	Peridntl scal root plan pquad curet	200.00
D4346	SCALING IN PRESENCE OF GENERALIZED MO	90.00
D4355	Full mouth debridement	195.00
D4910	Periodontal maint procedures	153.00
D5110	Full upper denture	1540.00
D5120	Full lower denture	1547.00
D5130	IMMEDIATE DENTURE - MAXILLARY	950.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	950.00
D5211	Maxillary partial resin	1305.00
D5212	Mandibular partial resin	1517.00
D5213	Maxillary partial metal	1709.00
D5214	Mandibular partial metal	1709.00
D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	1305.00
D5226	MANDIBULAR PART DENTURE FLEX BASE	1517.00
D5281	REMV UNI PART DENTUR-1 PC CAST METL	996.00
D5282	REMV UNI PART DENTUR-1 PC CAST METL MA	996.00
D5283	REMV UNI PART DENTUR-1 PC CAST METL MA	996.00
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE	996.00
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE	1100.00
D5410	Adjust complete denture maxil	85.00
D5411	Adjust complete denture mandib	85.00
D5421	Adjust partial denture maxil	85.00
D5422	Adjust partial denture mandib	85.00
D5510	Rpr broken complete denture base	169.00
D5511	repair broken complete denture base, mandibular	169.00
D5512	repair broken complete denture base, maxillary	169.00
D5520	Rpl teeth complete denture per tth	141.00
D5610	Repair resin denture base	183.00
D5611	repair resin partial denture base, mandibular	183.00
D5612	repair resin partial denture base, maxillary	183.00
D5620	Repair cast framework	198.00
D5621	repair cast partial framework , mandibular	198.00
D5622	repair cast partial framework, maxillary	198.00
D5630	Rpr or Rpl broken clasp	240.00
D5640	Rpr or Rpl broken tooth	155.00
D5650	Add tooth to partial denture	212.00
D5660	Add clasp to partial denture	254.00
D5710	Rebase complete maxil denture	628.00
D5711	Rebase complete mandib denture	600.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	593.00

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<u>CPT</u>	<u>Description</u>	<u>Fee</u>
D5721	REBASE MANDIBULAR PARTIAL DENTURE	593.00
D5730	RELIN COMPLETE MAXILLARY DENTURE	354.00
D5731	RELIN COMPLETE MANDIBULAR DENTURE	354.00
D5740	RELIN MAXILLARY PARTIAL DENTURE	325.00
D5741	RELIN MANDIBULAR PARTIAL DENTURE	325.00
D5750	Reline complete maxil denture	473.00
D5751	Reline complete mandib denture	473.00
D5760	RELIN MAXILLARY PARTIAL DENTURE	466.00
D5761	RELIN MANDIBULAR PARTIAL DENTURE	466.00
D5810	INTERIM COMPLETE DENTURE maxil	748.00
D5811	INTERIM COMPLETE DENTURE mandi	804.00
D5820	Interim partial denture maxil	579.00
D5821	Interim partial denture mandib	614.00
D5850	Tissue conditioning maxil	98.00
D5851	Tissue Conditioning Mandib	98.00
D5863	OVERDENTURE - COMPLETE MAXILLARY	1500.00
D6010	SURG PLCMT BDY:ENDOSTEAL IMPL 21248	2584.00
D6053	Abutment support cast metal crown	1929.00
D6056	PREFABRICATED ABUTMENT	536.00
D6057	CUSTOM ABUTMENT	663.00
D6058	ABUT SUPP PORCELN/CERAMIC CROWN	1943.00
D6059	ABUT PORCLN TO MTL CRWN HI NOBL MTL	1917.00
D6060	ABUT PORCLN TO METL CROWN BASE METL	1812.00
D6061	ABUT PORCLN TO MTL CROWN NOBLE MTL	1849.00
D6062	ABUT SUPP CAST MTL CRWN HI NOBL MTL	1842.00
D6063	ABUT SUPP CAST METL CROWN BASE METL	1604.00
D6064	ABUT SUPP CAST METL CROWN NOBL METL	1678.00
D6065	Implant support porcel cera crown	3000.00
D6066	Implt suppt porcel fuse met crown	3000.00
D6067	Implant supported metal crown	3000.00
D6068	ABUT SUPP RETAIN PORCELN/CERAM FPD	1926.00
D6069	ABUT RETN PORCLN MTL FPD HI NOBL MT	1917.00
D6111	IMPL/ABUT SUPP RMV D EDENT ARCH-MND	1550.00
D6240	Pontic porcel fused high noble metal	1255.00
D6241	Pontic porcel fused base metal	1159.00
D6242	PONTIC - PORCELN FUSED NOBLE METAL	1223.00
D6245	PONTIC - PORCELAIN/CERAMIC	1295.00
D6250	PONTIC - RESIN W/HIGH NOBLE METAL	1239.00
D6251	PONTIC - RSN W/PREDOM BASE METAL	1143.00
D6545	Retain metal resin bonded prosth	465.00
D6740	CROWN - PORCELAIN/CERAMIC	1445.00
D6750	Crown porcel fused high noble metal	1264.00
D6751	CROWN-PORCELN FUSD PREDOM BASE METL	1179.00
D6752	CROWN - PORCELAIN FUSED NOBLE METAL	1345.00
D6790	Full cast high noble crown	2500.00
D6920	CONNECTOR BAR	287.00
D6930	Recement fixed partial bridge	168.00
D6980	Fixed Partial Denture Repair Report	155.00

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D6980	Fixed Partial Denture Repair Report	154.00
D6999	UNSPEC FIX PROSTHODONTIC PROC RPT	166.67
D6999	CUT/MODIFY FIX BRIDGE no discount	166.67
D7111	Extraction of decid tooth	127.00
D7140	Extraction of perm tooth	168.00
D7210	Surgical extract of erupted tooth	294.00
D7220	Extraction soft tissue impt tooth	369.00
D7230	Extraction partial impt tooth	491.00
D7240	Extraction compl impt tooth	576.00
D7241	REMV IMP TOOTH-CMPL BNY W/SURG COMP	778.00
D7250	SURG REMOVAL RESIDUAL TOOTH ROOTS	311.00
D7270	Reimplt Stabl evulsd displcd tth	561.00
D7280	Surgical access of unerupted tooth	523.00
D7286	Biopsy of soft oral tissue	448.00
D7310	Alveoplasty w extrt per quad	273.00
D7311	Alveoplasty w extrt 1to3 per quad	239.00
D7320	Alveoplasty per quad	443.00
D7321	Alveoplasty 1to3 spaces per quad	375.00
D7410	Excision of benign lesion <1.25CM	818.00
D7411	EXCISION OF BENIGN LESION > 1.25 CM	1295.00
D7450	Rem odontogen cyst to 1.25cm	818.00
D7451	Rem odontogen cyst > 1.25 cm	1118.00
D7460	Rem nonodonto cyst to 1.25cm	818.00
D7461	Rem nonodonto cyst > 1.25 cm	1118.00
D7510	I&D ABSC-INTRAORAL SFT TISS 41800	293.00
D7960	Frenulectomy-SEP PROC40819 41010 41115	375.00
D7963	Frenuloplasty	614.00
D7963	Frenuloplasty	500.00
D7970	EXC HYPERPLSTC TISS --ARCH SEE CPT	545.00
D8670	PERIODIC ORTHODONTIC TX VISIT	100.00
D8680	ORTHODONTIC RETENTION	680.00
D9110	Emergency palliative	112.00
D9120	FIX PARTIAL DENTURE SECTION	127.00
D9310	Consultation	25.00
D9450	Enhancement fee	110.00
D9910	APPLICATION DESENZT MEDICAMENT	22.00
D9940	Occlusal guard	500.00
D9941	Sports mouth guard	175.00
D9944	Occlusal Guard, Hard Applicance, Full Arch	500.00
D9945	Occlusal Guard, Soft Applicance, Full Arch	500.00
D9946	Occlusal Guard, Hard Applicance, Partial Arch	500.00
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	60.00
D9951	Occlusal adjust minor	148.00
D9952	Occlusal adjust complete	698.00
D9999	UNS ADJUNCTIVE PROCEDURE REPORT	70.00
erict	test eric	10.00
G0008	ADMN FLU VAC SCHED SAME DAY	30.00
G0009	ADMN PNEUMCOC VAC NO FEE SCHED DAY	30.00

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G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	30.00
G0101	Pelvic and breast exam	175.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	175.00
G0105	COLOREC CANCR SCR; COLNSCPY HI RISK	175.00
G0108	Diabetes outpat indiv trainin 30min	100.00
G0109	Diabetes outpat group trainin 30min	60.00
G0117	GLAUC SCR HI RISK BY OPT/OPHTHLGIST	217.00
G0121	COLOREC CNCR SCR;COLNSCPY NO HI RSK	175.00
G0202	Screening Digital Mammography prof	67.00
G0202	Screening Digital Mammography tech	201.00
G0202	Screening Dig Mammography prof reduced serv	45.75
G0202	Screening Dig Mammography tech reduced serv	146.00
G0202	Screening Digital Mammography	268.00
G0204	Diagnostic mammo bilateral	319.00
G0206	Diagnostic mammo unilateral	259.00
G0270	MED NUT TX; REASSESS W/P EA 15 MIN	45.00
G0348	Annual Well Visit (Initial)	190.00
G0349	Annual Well Visit (Subsequent)	175.00
G0402	Initial Preventative Physical Examination (IPPE)	289.00
G0403	ECG RTN ECG 12 LEADS 1ST PREV PE	63.00
G0404	ECG RTN ECG W/12 LEADS TRACING ONLY	82.00
G0436	SMOK TOB CESS CNSL; INTRMD 3-10 MIN	114.00
G0437	SMOK TOB CESS CNSL; INTNSV >10 MIN	154.00
G0438	Annual Well Visit (Initial)	275.00
G0438	New Pat 65 and over PV Medicare	275.00
G0439	Annual Well Visit (Subsequent)	289.00
G0439	Est Pat 65 and over PV Medicare	289.00
G0466	FQHC visit, new patient	230.00
G0467	FQHC visit, established patient	220.00
G0467	Virtual FQHC visit, est pat	221.00
G0468	FQHC visit, IPPE or AWW	289.00
G0469	FQHC visit, mental health, new patient	240.00
G0470	FQHC visit, mental health, established visit	230.00
G0470	(TEL) FQHC visit, mental health, est pat	231.00
G0511	Ccm/bhi by rhc/fqhc 20min mo	62.28
G0512	Cocm by rhc/fqhc 60 min mo	145.08
G2010	Remot image submit by pt	14.00
G2012	Brief check in by md/qhp	20.00
G2023	Specimen collect COVID 19	33.00
G2023	Specimen collect COVID-19	33.00
G2023	Specimen collect COVID-19	45.00
G2025	Telehealth	155.00
G2211	Complex e/m visit add on	19.00
G2212	Prolong outpt/office vis	59.10
H0031	MENTAL HEALTH ASSESS NON-PHYSICIAN	15.00
H0046	Collateral contact 15min	20.00
H2015	Community supprt case mgmt 15min	15.00
H2019	Family stabilization service 15min	23.60

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J0170	INJ ADRENALIN EPINEPH UP 1 ML AMPULE	96.56
J0561	INJECTION PCN G BENZ 100000 UNITS	20.00
J0696	Ceftriaxone	14.27
J0696	IM 250MG ROCEPHIN	14.27
J0897	Prolia/Denosumab	1243.28
J1050	Medroxyprogesterone inj (DepoPro)	16.50
J1055	DepoProvera	27.00
J1726	Makena, 10 mg	400.00
J7296	Kyleena, 19.5 mg	300.00
J7297	Liletta IUD LNG-RELEASING IUC SYS 52MG 3 Yr	125.00
J7298	Mirena LNG-RELEASING IUC SYS 52MG 5 YR DI	305.00
J7300	Paragard Copper T380A IUD	248.00
J7301	Skyla LEVONORGESTREL-REL IUD 13.5 MG	275.00
J7302	Mirena IUD (inactive) use J7298	319.00
J7303	NuvaRing Contraceptive vaginal ring	12.45
J7306	LEVONORGESTREL IMPLANT SYS	418.95
J7307	ETONOGESTREL IMPLANT SYSTEM	442.13
M1001	Client 15min	16.45
M1002	Family 15min	16.45
M1003	Collateral 15min	16.45
M1004	Travel 15min	16.45
M1005	Team consult 15min	16.45
M1007	Supervision 15min	16.45
M1008	Intrepret 15min	16.45
M1009	Case mgmt 15min	16.45
M1015	Engagement 15min	16.45
M1016	Coordination 15min	16.45
M1017	Rehab 15min	16.45
M1018	Medication 15min	16.45
Q0091	SCR PAP SMER; OBTAIN PREP&CONVY-LAB	50.00
Q0111	WET MOUNTS W/PREP VAG CERV/SKN SPEC	12.00
Q0112	ALL K+ HYDROXIDE PREPARATIONS	12.00
Q2035	FLU VACC SPLIT 3 YRS & > IM AFLURIA	15.16
Q2038	Fluzone	15.16
retck	return check	5.00
S0190	MIFEPRISTONE ORAL 200 MG	55.00
S0610	ANNUAL GYN EXAMINATION NEW PATIENT	284.00
S0612	ANNUAL GYN EXAMINATION EST PATIENT	244.00
S3005	EVAL SELF-ASSESS DEPRESSION	20.00
S4989	IUD device	349.00
S4993	Birth control pills	50.00
T1001	NURSING ASSESSMENT/EVALUATION	40.00
T1014	TELEHEALTH TRANS MIN PROF SRVC	186.00
T1015	CLINIC VST/ENCOUNTER ALL-INCLUSIVE	220.00
T1015	Clinic VST/Encounter Low	172.00
T1015	CLINIC VST/ENCOUNTER - PHYSICAL	289.00
T1015	VIRTUAL Clinic Vst/Enc Low	173.00
T1015	VIRTUAL Clinic Vst/Enc All-Inclusive	221.00

Prices are subject to change without notice. Please contact our Billing department for latest prices.  
Some Medical Dental Pricing may have additional costs for supplies/implants/prosthetics.

## SCCHC Fee Schedule

<u>CPT</u>	<u>Description</u>	<u>Fee</u>
T1015	CLINIC VST/ENCOUNTER ALL-INCLUSIVE	90.00
T1015	VIRTUAL Clinic Vst/Enc Min	90.00
T1040	MEDICAID CERT COM BH CLINIC SRVC PD	186.00
T1040	(TEL) MEDICAID CERT COM BH CLINIC SRVC F	187.00
G0438	New Pat 65 and over PV Medicare	275.00
G0439	Est Pat 65 and over PV Medicare	289.00

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