

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     |
| 11406      | EXC TR-EXT B9 MARG > 4.0 CM     | 600.00     |
| 11420      | EXC H-F-NK-SP B9 MARG 0.5 <     | 277.00     |
| 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     |

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|------------|---|------------|
| 15851      | REMOVAL OF SUTURES                      | 130.00     |
| 15853      | REMOVAL SUTR/STAPL XREQ ANES            | 16.00      |
| 15854      | REMOVAL SUTR&STAPL XREQ ANES            | 18.00      |
| 17110      | Destruct of warts contag millia         | 101.00     |
| 2023F      | DILAT RTA XM W/O RTNOPHY                | 20.00      |
| 2026F      | EYE IMAGE VALID TO DX REV               | 20.00      |
| 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      |
| 49000      | EXPLORATION OF ABDOMEN                  | 2176.00    |
| 49320      | DIAG LAPARO SEPARATE PROC               | 1349.00    |
| 49402      | REMOVE FOREIGN BODY, ADBOMEN            | 1694.00    |
| 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    |
| 57410      | PELVIC EXAMINATION                      | 406.00     |
| 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              | 852.00     |

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|------------|-------------------------------------|------------|
| 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     |
| 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                       | 305.00     |
| 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    |
| 58740      | REVISE FALLOPIAN TUBE(S)            | 4089.00    |
| 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     |
| 59020      | FETAL CONTRACT STRESS TEST          | 143.00     |
| 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    |

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|------------|--|------------|
| 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    |
| 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    |
| 59840      | ABORTION   | 1324.00    |
| 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                         | 451.00     |
| 76802      | OB US < 14 WKS, ADDL FETUS                           | 255.00     |
| 76805      | OB US >= 14 WKS, SNGL FETUS                          | 451.00     |
| 76810      | OB US >= 14 WKS, ADDL FETUS                          | 255.00     |
| 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     |
| 76817      | TRANSVAGINAL US, OBSTETRIC                           | 382.00     |
| 76817      | TRANSVAGINAL US, OBSTETRIC prof                      | 153.00     |
| 76817      | TRANSVAGINAL US, OBSTETRIC tech                      | 229.00     |
| 76818      | Ultrasound (Fetal Biophysical Profile with non-stres | 446.00     |
| 76830      | TRANSVAGINAL US, NON-OB                              | 368.00     |
| 76830      | TRANSVAGINAL US, NON-OB prof                         | 136.00     |
| 76830      | TRANSVAGINAL US, NON-OB tech                         | 232.00     |
| 76857      | US EXAM, PELVIC, LIMITED                             | 294.00     |
| 76857      | US EXAM, PELVIC, LIMITED prof                        | 68.00      |
| 76857      | US EXAM, PELVIC, LIMITED tech                        | 209.00     |
| 76998      | US GUIDE, INTRAOP                                    | 84.00      |
| 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      |

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|------------|-----------------------------------|------------|
| 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      |
| 77063      | BREAST TOMOSYNTHESIS BI prof      | 40.00      |
| 77063      | BREAST TOMOSYNTHESIS BI tech      | 30.00      |
| 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     |
| 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      |
| 82947      | ASSAY, GLUCOSE, BLOOD QUANT       | 19.00      |
| 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                 | 38.00      |
| 87449      | INF AGT Multistep method NOS      | 30.00      |
| 87636      | SARSCOV2 & INF A&B AMP PRB        | 59.00      |
| 87804      | INFLUENZA ASSAY W/OPTIC           | 30.00      |
| 87880      | STREP A ASSAY W/OPTIC             | 30.00      |
| 88160      | CYTOPATH SMEAR, OTHER SOURCE      | 340.00     |
| 90460      | IMADM ANY ROUTE 1ST VAC/TOX       | 23.00      |
| 90461      | INADM ANY ROUTE ADDL VAC/TOX      | 21.00      |
| 90465      | IMMUNE ADMIN 1 INJ, < 8 YRS       | 23.00      |
| 90471      | Imm admin first vaccine inject    | 16.00      |
| 90471      | IMMUNIZATION ADMIN                | 23.00      |

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| 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                        | 394.91     |
| 90651      | HPV9 #2 -P                        | 394.91     |
| 90651      | HPV9 #3 -P                        | 394.91     |
| 90653      | FLU VACCINE ADJUVANT IM           | 86.03      |
| 90653      | Fluad Tiv 65+                     | 86.03      |
| 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      |
| 90661      | FLU VACC CELL CULT PRSV FREE -P   | 54.10      |
| 90661      | Flucelvax Tiv PF -P               | 54.10      |
| 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                  | 316.38     |
| 90677      | PCV20 (Prevnar20) -P              | 316.38     |
| 90678      | RSV VACC PREF BIVALENT IM         | 353.12     |
| 90678      | ABRYSVO RSV                       | 353.12     |
| 90684      | PCV21 (Capvaxive)                 | 384.87     |
| 90684      | PCV21 VACCINE IM                  | 384.87     |
| 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 AIIV4 NO PRSRV 0.5ML IM      | 69.48      |
| 90694      | Fluad >65                         | 69.48      |

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| 90697      | Vaxelis (dtap ipv hib hep b)       | 109.91     |
| 90707      | MMR#1-P                            | 111.82     |
| 90707      | MMR#2-P                            | 111.82     |
| 90707      | MMR booster -P                     | 111.82     |
| 90714      | Td(#1)-P                           | 50.70      |
| 90714      | Td(#2)-P                           | 50.70      |
| 90714      | Td(#3)-P                           | 50.70      |
| 90714      | Td booster -P                      | 50.70      |
| 90715      | TdaP-P                             | 64.06      |
| 90716      | Varivax(#1)-P                      | 240.20     |
| 90716      | Varivax(#2)-P                      | 240.20     |
| 90716      | Varicella (P)                      | 240.20     |
| 90716      | Varivax booster -P                 | 240.20     |
| 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         | 86.76      |
| 90739      | HEPLISAV-B #1 (P)                  | 86.76      |
| 90739      | HEPLISAV-B #2 (P)                  | 86.76      |
| 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      |
| 90791      | PSYCH DIAGNOSTIC EVALUATION        | 248.00     |
| 90791      | (TEL) PSYCH DIAGNOSTIC EVALUATION  | 249.00     |
| 90792      | PSYCH DIAG EVAL W/MED SRVCS        | 261.00     |
| 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          | 123.00     |
| 90832      | (TEL) PSYTX PT&FAMILY 16-37 MIN    | 124.00     |
| 90833      | PSYTX PT&FAM W/E&M 16-37 MIN       | 91.00      |
| 90833      | (TEL) PSYTX PT&FAM W/E&M 16-37 MIN | 92.00      |
| 90834      | PSYTX PT&FAMILY 38-52 MIN          | 170.00     |
| 90834      | (TEL) PSYTX PT&FAMILY 38-52 MIN    | 171.00     |
| 90836      | PSYTX PT&FAM W/E&M 38-52 MIN       | 226.00     |

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SCCHC Fee Schedule

| <u>CPT</u> | <u>Description</u>                       | <u>Fee</u> |
|------------|--|------------|
| 90836      | (TEL) PSYTX PT&/FAM W/E&M 38-52 MIN      | 226.00     |
| 90837      | PSYTX PT&/FAMILY 53-60 MIN               | 253.00     |
| 90838      | PSYTX PT&/FAM W/E&M 53-60 MIN            | 239.00     |
| 90839      | PSYTX CRISIS INITIAL 60 MIN              | 239.00     |
| 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               | 183.00     |
| 90846      | (TEL) Family Therapy w/o Patient         | 183.00     |
| 90847      | 60Min cpl fam thrpy                      | 183.00     |
| 90853      | 60Min grp thrpy                          | 96.00      |
| 90862      | Pharmacological management standard      | 102.00     |
| 90862      | Pharm Management                         | 102.00     |
| 90882      | Environ intervent for med mgmt           | 181.00     |
| 90885      | PSY EVALUATION OF RECORDS                | 33.00      |
| 90887      | Expln or Interp results to resp party    | 108.00     |
| 90889      | PREPARATION OF REPORT                    | 47.00      |
| 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     |
| 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 TEI    | 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                  | 42.00      |
| 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      |

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|------------|-------------------------------------|------------|
| 93000      | EKG                                 | 83.00      |
| 94640      | NEB/MDI RX INITIAL                  | 43.00      |
| 94642      | Nebulizer                           | 43.00      |
| 95117      | IMMUNOTHERAPY INJECTIONS            | 23.00      |
| 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     |
| 96127      | BRIEF EMOTIONAL/BEHAV ASSMT mod U2  | 15.00      |
| 96127      | BRIEF EMOTIONAL/BEHAV ASSMT mod U1  | 15.00      |
| 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      |
| 98004      | SYNCH AUDIO-VIDEO EST SF 10         | 194.00     |
| 98005      | SYNCH AUDIO-VIDEO EST LOW 20        | 247.00     |
| 98008      | SYNCH AUDIO-ONLY NEW SF 15          | 207.00     |
| 98012      | SYNCH AUDIO-ONLY EST SF 10          | 194.00     |
| 98013      | SYNCH AUDIO-ONLY EST LOW 20         | 247.00     |
| 98014      | SYNCH AUDIO-ONLY EST MOD 30         | 308.00     |
| 98015      | SYNCH AUDIO-ONLY EST HIGH 40        | 358.00     |
| 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      |
| 99080      | SPECIAL REPORTS                     | 10.00      |
| 99080      | RECORDS-1ST REQUEST                 | 1.00       |
| 99173      | Screen test for visual acuity       | 26.00      |
| 99188      | APP TOPICAL FLUORIDE VARNISH        | 35.00      |
| 99201      | New Pat Minimum OV                  | 119.00     |
| 99202      | New Pat Brief OV                    | 206.00     |
| 99202      | New Pat Brief VV                    | 207.00     |
| 99203      | New Pat Limited OV                  | 260.00     |

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|------------|-----------------------------------|------------|
| 99203      | New Pat Limited VV                | 261.00     |
| 99204      | New Pat Intermediate OV           | 320.00     |
| 99205      | New Pat Comprehensive OV          | 370.00     |
| 99211      | Est Pat Minimum OV                | 90.00      |
| 99211      | Est Pat Min VV                    | 90.00      |
| 99212      | Est Pat Brief OV                  | 220.00     |
| 99212      | Est Pat Brief VV                  | 221.00     |
| 99213      | Est Pat Limited OV                | 246.00     |
| 99213      | Med Mgt 20-29 min OV              | 246.00     |
| 99213      | (TEL) Med Mgt 20-29 min VV        | 247.00     |
| 99213      | Est Pat Limited VV                | 247.00     |
| 99214      | Est Pat Intermediate OV           | 307.00     |
| 99214      | Med Mgt 30-39 min                 | 307.00     |
| 99214      | (TEL) Med Mgt 30-39 min VV        | 308.00     |
| 99214      | Est Pat Intermediate VV           | 308.00     |
| 99215      | Est Pat Comprehensive OV          | 357.00     |
| 99215      | Med Mgt 40-54 min                 | 357.00     |
| 99215      | (TEL) Med Mgt 40-54 min           | 358.00     |
| 99221      | INIT HOSP-LOW CPLX                | 357.00     |
| 99222      | INIT HOSP-MOD CPLX                | 481.00     |
| 99223      | INIT HOSP-HI CPLX                 | 590.00     |
| 99231      | HOSP SUB DAY-LOW CPLX             | 189.00     |
| 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     |
| 99253      | HOSP CONS-LOW CPLX                | 458.00     |
| 99253      | Initial Inpatient Consult Level 3 | 458.00     |
| 99284      | ER DETAIL-MOD CPLX                | 408.00     |
| 99381      | New Pat under 1 PV                | 258.00     |
| 99382      | New Pat 1 to 4yrs PV              | 272.00     |
| 99383      | New Pat 5 to 11yrs PV             | 296.00     |
| 99384      | New Pat 12 to 17yrs PV            | 318.00     |
| 99385      | New Pat 18 to 39yrs PV            | 318.00     |
| 99386      | New Pat 40 to 64yrs PV            | 324.00     |
| 99387      | New Pat 65 and over PV            | 324.00     |
| 99391      | Est Pat under 1 PV                | 244.00     |
| 99392      | Est Pat 1 to 4yrs PV              | 259.00     |
| 99393      | Est Pat 5 to 11yrs PV             | 283.00     |
| 99394      | Est Pat 12 to 17yrs PV            | 306.00     |
| 99395      | Est Pat 18 to 39yrs PV            | 306.00     |
| 99396      | Est Pat 40 to 64yrs PV            | 324.00     |
| 99396      | Est Pat 40 to 64yrs PV            | 175.00     |
| 99397      | Est Pat 65 and over PV            | 324.00     |

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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      |
| 99459      | PELVIC EXAMINATION                 | 24.00      |
| 99483      | ASSMT & CARE PLN PT COG IMP        | 315.00     |
| 99495      | TRANS CARE MGMT 14 DAY DISCH       | 550.00     |
| 99496      | TRANS CARE MGMT 7 DAY DISCH        | 731.00     |
| 99497      | ADVNCED CARE PLAN 30 MIN           | 32.00      |
| 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      |

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|------------|---|------------|
| D1203      | Fluoride under 18                         | 39.00      |
| D1204      | Fluoride 18 and over                      | 37.00      |
| D1206      | Topical fluoride varnish                  | 35.00      |
| D1208      | Topical application of fluoride           | 35.00      |
| 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      |
| D1575      | DISTAL SHOE SPACE MAINTAINER - FIXED - UI | 382.00     |
| 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    |

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|------------|-------------------------------------|------------|
| 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    |
| 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     |

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|------------|---|------------|
| 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    |
| 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     |

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SCCHC Fee Schedule

| <u>CPT</u> | <u>Description</u>                    | <u>Fee</u> |
|------------|---------------------------------------|------------|
| 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     |
| 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      | 1833.33    |
| D5865      | OVERDENTURE - COMPLETE MANDIBULAR     | 1833.33    |
| 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    |
| D6110      | IMPL/ABUT SUPP RMV D EDENT ARCH-MAX   | 1833.33    |
| D6111      | IMPL/ABUT SUPP RMV D EDENT ARCH-MND   | 1833.33    |
| D6191      | SEMI-PRECISION ABUTMENT - PLACEMENT   | 166.67     |
| D6192      | SEMI-PRECISION ATTACHMENT - PLACEMENT | 166.67     |
| D6197      | REPLACEMENT OF RESTORATIVE MATERIAL I | 125.00     |
| 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    |

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| <u>CPT</u> | <u>Description</u>                     | <u>Fee</u> |
|------------|--|------------|
| 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     |
| 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      |
| D9930      | TX COMPS - UNUSUL CIRCUMSTANCES RPT    | 70.00      |
| D9940      | Occlusal guard                         | 500.00     |

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| <u>CPT</u> | <u>Description</u>                               | <u>Fee</u> |
|------------|--|------------|
| D9941      | Sports mouth guard                               | 175.00     |
| D9944      | Occlusal Guard, Hard Appliance, Full Arch        | 500.00     |
| D9945      | Occlusal Guard, Soft Appliance, Full Arch        | 500.00     |
| D9946      | Occlusal Guard, Hard Appliance, 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      |
| 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/Pt EA 15 MIN              | 45.00      |
| G0279      | Diagnostic digital breast tomosynthesis          | 70.00      |
| G0279      | Diagnostic digital breast tomosynthesis prof     | 40.00      |
| G0279      | Diagnostic digital breast tomosynthesis tech     | 30.00      |
| 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)                      | 324.00     |
| G0438      | New Pat 65 and over PV Medicare                  | 275.00     |
| G0438      | New Pat 65 and over PV Medicare                  | 275.00     |
| G0439      | Annual Well Visit (Subsequent)                   | 324.00     |
| G0439      | Est Pat 65 and over PV Medicare                  | 324.00     |
| G0439      | Est Pat 65 and over PV Medicare                  | 324.00     |
| G0466      | FQHC visit, new patient                          | 260.00     |
| G0467      | FQHC visit, established patient                  | 246.00     |
| G0467      | Virtual FQHC visit, est pat                      | 247.00     |
| G0468      | FQHC visit, IPPE or AWW                          | 324.00     |
| G0469      | FQHC visit, mental health, new patient           | 240.00     |

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SCCHC Fee Schedule

| <u>CPT</u> | <u>Description</u>                           | <u>Fee</u> |
|------------|--|------------|
| G0470      | FQHC visit, mental health, established visit | 246.00     |
| G0470      | (TEL) FQHC visit, mental health, est pat     | 247.00     |
| 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                     | 59.00      |
| H2015      | Community supprt case mgmt 15min             | 15.00      |
| H2019      | Family stabilization service 15min           | 23.60      |
| J0170      | INJ ADRENLIN 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      |
| J1050      | DepoProvera                                  | 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    | 491.25     |
| J7300      | Paragard Copper T380A IUD                    | 353.90     |
| 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                  | 687.89     |
| 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          | 15.00      |

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| <u>CPT</u> | <u>Description</u>                       | <u>Fee</u> |
|------------|--|------------|
| 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       | 246.00     |
| T1015      | Clinic Vst/Encounter Low                 | 220.00     |
| T1015      | CLINIC VST/ENCOUNTER - PHYSICAL          | 324.00     |
| T1015      | VIRTUAL Clinic Vst/Enc Low               | 221.00     |
| T1015      | VIRTUAL Clinic Vst/Enc All-Inclusive     | 247.00     |
| T1015      | CLINIC VST/ENCOUNTER ALL-INCLUSIVE       | 90.00      |
| T1015      | VIRTUAL Clinic Vst/Enc Min               | 90.00      |
| T1040      | MEDICAID CERT COM BH CLINIC SRVC PD      | 240.00     |
| T1040      | (TEL) MEDICAID CERT COM BH CLINIC SRVC F | 247.00     |

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