Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule

Revised: 12/14/2016 **July - 2016**

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
0178T	64 Lead Ecg W/I&R			M	
0179T	64 Lead Ecg W/Tracing			M	
0180T	64 Lead Ecg W/I&R Only			M	
10021	Fna W/O Image			$69.14	
10022	Fna W/Image			$79.24	
10060	Drainage Of Skin Abscess			$65.77	
10061	Drainage Of Skin Abscess			$115.89	
10080	Drainage Of Pilonidal Cyst			$100.63	
10081	Drainage Of Pilonidal Cyst			$150.75	
10120	Remove Foreign Body			$85.18	
10121	Remove Foreign Body			$153.92	
10140	Drainage Of Hematoma/Fluid			$91.52	
10160	Puncture Drainage Of Lesion			$73.10	
11042	Deb Subq Tissue 20 Sq Cm/<			$65.37	
11055	Trim Skin Lesion			$26.55	
11056	Trim Skin Lesions 2 To 4			$32.49	
11100	Biopsy Skin Lesion			$57.85	
11101	Biopsy Skin Add-On			$18.42	
11200	Removal Of Skin Tags <W/15			$49.33	
11201	Remove Skin Tags Add-On			$10.70	
11300	Shave Skin Lesion 0.5 Cm/<			$54.28	
11301	Shave Skin Lesion 0.6-1.0 Cm			$66.96	
11302	Shave Skin Lesion 1.1-2.0 Cm			$78.84	
11305	Shave Skin Lesion 0.5 Cm/<			$55.47	
11306	Shave Skin Lesion 0.6-1.0 Cm			$68.15	
11307	Shave Skin Lesion 1.1-2.0 Cm			$80.43	
11400	Exc Tr-Ext B9+Marg 0.5 Cm<			$69.34	
11401	Exc Tr-Ext B9+Marg 0.6-1 Cm			$83.40	
11402	Exc Tr-Ext B9+Marg 1.1-2 Cm			$92.71	
11403	Exc Tr-Ext B9+Marg 2.1-3cm/<			$107.57	
11404	Exc Tr-Ext B9+Marg 3.1-4 Cm			$122.23	
11420	Exc H-F-Nk-Sp B9+Marg 0.5/<			$68.54	
11421	Exc H-F-Nk-Sp B9+Marg 0.6-1			$87.76	
11720	Debride Nail 1-5			$18.03	
11721	Debride Nail 6 Or More			$25.16	
11730	Removal Of Nail Plate			$55.47	
11732	Remove Nail Plate Add-On			$20.01	
11740	Drain Blood From Under Nail			$27.73	
11750	Removal Of Nail Bed			$101.23	
11765	Excision Of Nail Fold Toe			$93.70	
11900	Inject Skin Lesions </W 7			$31.10	
11976	Remove Contraceptive Capsule			$80.03	
11981	Insert Drug Implant Device			$78.84	

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Federally Qualified Health Centers (FQHC) Fee Schedule

Revised: 12/14/2016 **July - 2016**

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
11982	Remove Drug Implant Device			$89.54	
11983	Remove/Insert Drug Implant			$125.00	
12001	Rpr S/N/Ax/Gen/Trnk 2.5cm/<			$49.92	
12002	Rpr S/N/Ax/Gen/Trnk2.6-7.5cm			$60.82	
12011	Rpr F/E/E/N/L/M 2.5 Cm/<			$61.21	
12013	Rpr F/E/E/N/L/M 2.6-5.0 Cm			$63.99	
12031	Intmd Rpr S/A/T/Ext 2.5 Cm/<			$132.73	
12032	Intmd Rpr S/A/T/Ext 2.6-7.5			$169.97	
12041	Intmd Rpr N-Hf/Genit 2.5cm/<			$132.73	
12042	Intmd Rpr N-Hf/Genit2.6-7.5			$162.05	
12051	Intmd Rpr Face/Mm 2.5 Cm/<			$144.81	
16020	Dress/Debrid P-Thick Burn S			$45.76	
17000	Destruct Premalg Lesion			$37.44	
17003	Destruct Premalg Les 2-14			$3.17	
17110	Destruct B9 Lesion 1-14			$62.01	
17111	Destruct Lesion 15 Or More			$73.50	
17250	Chemical Cautery Tissue			$44.37	
17340	Cryotherapy Of Skin			$28.92	
20526	Ther Injection Carp Tunnel			$43.38	
20527	Inj Dupuytren Cord W/Enzyme			$47.35	
20550	Inj Tendon Sheath/Ligament			$33.08	
20551	Inj Tendon Origin/Insertion			$33.88	
20552	Inj Trigger Point 1/2 Muscl			$31.10	
20553	Inject Trigger Points 3/>			$35.86	
20600	Drain/Inj Joint/Bursa W/O Us			$26.74	
20604	Drain/Inj Joint/Bursa W/Us			$40.61	
20605	Drain/Inj Joint/Bursa W/O Us			$28.13	
20606	Drain/Inj Joint/Bursa W/Us			$44.97	
20610	Drain/Inj Joint/Bursa W/O Us			$33.88	
20611	Drain/Inj Joint/Bursa W/Us			$51.51	
20612	Aspirate/Inj Ganglion Cyst			$34.07	
24640	Treat Elbow Dislocation			$75.87	
26010	Drainage Of Finger Abscess			$148.18	
26011	Drainage Of Finger Abscess			$218.90	
26341	Manipulat Palm Cord Post Inj			$55.67	
26600	Treat Metacarpal Fracture			$165.41	
28510	Treatment Of Toe Fracture			$70.33	
30300	Remove Nasal Foreign Body			$105.39	
30901	Control Of Nosebleed			$53.88	
36415	Routine Venipuncture			$2.70	
36591	Draw Blood Off Venous Device			$13.07	
41010	Incision Of Tongue Fold			$117.08	
43760	Change Gastrostomy Tube			$274.17	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
46083	Incise External Hemorrhoid			$99.45	
51701	Insert Bladder Catheter			$30.71	
51702	Insert Temp Bladder Cath			$39.42	
54050	Destruction Penis Lesion(S)			$74.29	
54056	Cryosurgery Penis Lesion(S)			$80.03	
54150	Circumcision W/Regionl Block			$86.77	
54160	Circumcision Neonate			$125.60	
55250	Removal Of Sperm Duct(S)			$216.13	
56501	Destroy Vulva Lesions Sim			$73.30	
56605	Biopsy Of Vulva/Perineum			$46.16	
56606	Biopsy Of Vulva/Perineum			$21.20	
57100	Biopsy Of Vagina			$50.12	
57170	Fitting Of Diaphragm/Cap			$34.07	
57420	Exam Of Vagina W/Scope			$66.17	
57421	Exam/Biopsy Of Vag W/Scope			$88.75	
57452	Exam Of Cervix W/Scope			$61.21	
57454	Bx/Curett Of Cervix W/Scope			$85.78	
57455	Biopsy Of Cervix W/Scope			$80.03	
57456	Endocerv Curettage W/Scope			$75.48	
57460	Bx Of Cervix W/Scope Leep			$158.28	
57461	Conz Of Cervix W/Scope Leep			$178.88	
57500	Biopsy Of Cervix			$71.51	
57505	Endocervical Curettage			$57.25	
57511	Cryocautery Of Cervix			$81.22	
57520	Conization Of Cervix			$172.55	
57522	Conization Of Cervix			$147.58	
57800	Dilation Of Cervical Canal			$33.88	
58100	Biopsy Of Uterus Lining			$61.21	
58110	Bx Done W/Colposcopy Add-On			$26.94	
58120	Dilation And Curettage			$145.01	
58300	Insert Intrauterine Device			$40.81	
58301	Remove Intrauterine Device			$53.09	
58340	Catheter For Hysterography			$66.56	
58555	Hysteroscopy Dx Sep Proc			$174.33	
58558	Hysteroscopy Biopsy			$226.63	
58562	Hysteroscopy Remove Fb			$234.35	
58563	Hysteroscopy Ablation			$931.27	
58565	Hysteroscopy Sterilization			$1,041.81	
58579	Hysteroscope Procedure			M	
59000	Amniocentesis Diagnostic			$71.32	
59020	Fetal Contract Stress Test			$40.21	
59020	Fetal Contract Stress Test	26		$21.20	
59020	Fetal Contract Stress Test	TC		$19.02	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
59025	Fetal Non-Stress Test			$27.34	
59025	Fetal Non-Stress Test	26		$17.04	
59025	Fetal Non-Stress Test	TC		$10.30	
59160	D & C After Delivery			$116.09	
59425	Antepartum Care Only			$427.25	
59426	Antepartum Care Only			$763.38	
59430	Care After Delivery			$172.92	
59812	Treatment Of Miscarriage			$181.26	
59820	Care Of Miscarriage			$215.73	
64450	N Block Other Peripheral			$44.97	
69000	Drain External Ear Lesion			$105.98	
69200	Clear Outer Ear Canal			$56.06	
69209	Remove Impacted Ear Wax Uni			$7.13	
69210	Remove Impacted Ear Wax Uni			$27.73	
70015	Contrast X-Ray Of Brain			$85.58	
70015	Contrast X-Ray Of Brain	26		$35.06	
70015	Contrast X-Ray Of Brain	TC		$50.52	
70030	X-Ray Eye For Foreign Body			$15.45	
70030	X-Ray Eye For Foreign Body	26		$4.75	
70030	X-Ray Eye For Foreign Body	TC		$10.70	
70100	X-Ray Exam Of Jaw <4views			$18.23	
70100	X-Ray Exam Of Jaw <4views	26		$5.15	
70100	X-Ray Exam Of Jaw <4views	TC		$13.07	
70110	X-Ray Exam Of Jaw 4/> Views			$21.00	
70110	X-Ray Exam Of Jaw 4/> Views	26		$7.13	
70110	X-Ray Exam Of Jaw 4/> Views	TC		$13.87	
70120	X-Ray Exam Of Mastoids			$18.82	
70120	X-Ray Exam Of Mastoids	26		$5.15	
70120	X-Ray Exam Of Mastoids	TC		$13.67	
70130	X-Ray Exam Of Mastoids			$30.31	
70130	X-Ray Exam Of Mastoids	26		$9.71	
70130	X-Ray Exam Of Mastoids	TC		$20.60	
70134	X-Ray Exam Of Middle Ear			$28.53	
70134	X-Ray Exam Of Middle Ear	26		$9.91	
70134	X-Ray Exam Of Middle Ear	TC		$18.62	
70140	X-Ray Exam Of Facial Bones			$16.44	
70140	X-Ray Exam Of Facial Bones	26		$5.94	
70140	X-Ray Exam Of Facial Bones	TC		$10.50	
70150	X-Ray Exam Of Facial Bones			$22.98	
70150	X-Ray Exam Of Facial Bones	26		$7.53	
70150	X-Ray Exam Of Facial Bones	TC		$15.45	
70160	X-Ray Exam Of Nasal Bones			$18.03	
70160	X-Ray Exam Of Nasal Bones	26		$4.95	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
70160	X-Ray Exam Of Nasal Bones	TC		$13.07	
70170	X-Ray Exam Of Tear Duct			$30.28	
70170	X-Ray Exam Of Tear Duct	26		$8.52	
70170	X-Ray Exam Of Tear Duct	TC		$21.30	
70190	X-Ray Exam Of Eye Sockets			$19.81	
70190	X-Ray Exam Of Eye Sockets	26		$6.34	
70190	X-Ray Exam Of Eye Sockets	TC		$13.47	
70200	X-Ray Exam Of Eye Sockets			$23.38	
70200	X-Ray Exam Of Eye Sockets	26		$7.92	
70200	X-Ray Exam Of Eye Sockets	TC		$15.45	
70210	X-Ray Exam Of Sinuses			$16.44	
70210	X-Ray Exam Of Sinuses	26		$4.95	
70210	X-Ray Exam Of Sinuses	TC		$11.49	
70220	X-Ray Exam Of Sinuses			$20.80	
70220	X-Ray Exam Of Sinuses	26		$7.13	
70220	X-Ray Exam Of Sinuses	TC		$13.67	
70240	X-Ray Exam Pituitary Saddle			$16.64	
70240	X-Ray Exam Pituitary Saddle	26		$5.55	
70240	X-Ray Exam Pituitary Saddle	TC		$11.09	
70250	X-Ray Exam Of Skull			$20.01	
70250	X-Ray Exam Of Skull	26		$7.13	
70250	X-Ray Exam Of Skull	TC		$12.88	
70260	X-Ray Exam Of Skull			$25.36	
70260	X-Ray Exam Of Skull	26		$9.91	
70260	X-Ray Exam Of Skull	TC		$15.45	
70300	X-Ray Exam Of Teeth			$8.32	
70300	X-Ray Exam Of Teeth	26		$3.37	
70300	X-Ray Exam Of Teeth	TC		$4.95	
70310	X-Ray Exam Of Teeth			$20.40	
70310	X-Ray Exam Of Teeth	26		$4.56	
70310	X-Ray Exam Of Teeth	TC		$15.85	
70320	Full Mouth X-Ray Of Teeth			$29.12	
70320	Full Mouth X-Ray Of Teeth	26		$6.74	
70320	Full Mouth X-Ray Of Teeth	TC		$22.39	
70328	X-Ray Exam Of Jaw Joint			$17.04	
70328	X-Ray Exam Of Jaw Joint	26		$5.15	
70328	X-Ray Exam Of Jaw Joint	TC		$11.89	
70330	X-Ray Exam Of Jaw Joints			$26.15	
70330	X-Ray Exam Of Jaw Joints	26		$7.13	
70330	X-Ray Exam Of Jaw Joints	TC		$19.02	
70355	Panoramic X-Ray Of Jaws			$11.49	
70355	Panoramic X-Ray Of Jaws	26		$6.34	
70355	Panoramic X-Ray Of Jaws	TC		$5.15	

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70360	X-Ray Exam Of Neck			$15.65	
70360	X-Ray Exam Of Neck	26		$4.75	
70360	X-Ray Exam Of Neck	TC		$10.90	
70370	Throat X-Ray & Fluoroscopy			$43.78	
70370	Throat X-Ray & Fluoroscopy	26		$9.11	
70370	Throat X-Ray & Fluoroscopy	TC		$34.67	
70380	X-Ray Exam Of Salivary Gland			$20.01	
70380	X-Ray Exam Of Salivary Gland	26		$5.15	
70380	X-Ray Exam Of Salivary Gland	TC		$14.86	
70390	X-Ray Exam Of Salivary Duct			$52.30	
70390	X-Ray Exam Of Salivary Duct	26		$10.70	
70390	X-Ray Exam Of Salivary Duct	TC		$41.60	
71010	Chest X-Ray 1 View Frontal			$12.48	
71010	Chest X-Ray 1 View Frontal	26		$5.15	
71010	Chest X-Ray 1 View Frontal	TC		$7.33	
71015	Chest X-Ray Stereo Frontal			$15.45	
71015	Chest X-Ray Stereo Frontal	26		$6.14	
71015	Chest X-Ray Stereo Frontal	TC		$9.31	
71020	Chest X-Ray 2vw Frontal&Latl			$15.45	
71020	Chest X-Ray 2vw Frontal&Latl	26		$6.14	
71020	Chest X-Ray 2vw Frontal&Latl	TC		$9.31	
71021	Chest X-Ray Frnt Lat Lordotc			$18.82	
71021	Chest X-Ray Frnt Lat Lordotc	26		$7.73	
71021	Chest X-Ray Frnt Lat Lordotc	TC		$11.09	
71022	Chest X-Ray Frnt Lat Oblique			$23.18	
71022	Chest X-Ray Frnt Lat Oblique	26		$9.31	
71022	Chest X-Ray Frnt Lat Oblique	TC		$13.87	
71023	Chest X-Ray And Fluoroscopy			$35.26	
71023	Chest X-Ray And Fluoroscopy	26		$10.70	
71023	Chest X-Ray And Fluoroscopy	TC		$24.56	
71030	Chest X-Ray 4/> Views			$23.18	
71030	Chest X-Ray 4/> Views	26		$8.91	
71030	Chest X-Ray 4/> Views	TC		$14.26	
71034	Chest X-Ray&Fluoro 4/> Views			$46.36	
71034	Chest X-Ray&Fluoro 4/> Views	26		$13.27	
71034	Chest X-Ray&Fluoro 4/> Views	TC		$33.08	
71035	Chest X-Ray Special Views			$18.23	
71035	Chest X-Ray Special Views	26		$5.15	
71035	Chest X-Ray Special Views	TC		$13.07	
71100	X-Ray Exam Ribs Uni 2 Views			$18.23	
71100	X-Ray Exam Ribs Uni 2 Views	26		$6.34	
71100	X-Ray Exam Ribs Uni 2 Views	TC		$11.89	
71101	X-Ray Exam Unilat Ribs/Chest			$20.21	

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71101	X-Ray Exam Unilat Ribs/Chest	26		$7.73	
71101	X-Ray Exam Unilat Ribs/Chest	TC		$12.48	
71110	X-Ray Exam Ribs Bil 3 Views			$20.80	
71110	X-Ray Exam Ribs Bil 3 Views	26		$7.73	
71110	X-Ray Exam Ribs Bil 3 Views	TC		$13.07	
71111	X-Ray Exam Ribs/Chest4/> Vws			$26.55	
71111	X-Ray Exam Ribs/Chest4/> Vws	26		$9.31	
71111	X-Ray Exam Ribs/Chest4/> Vws	TC		$17.23	
71120	X-Ray Exam Breastbone 2/>Vws			$16.44	
71120	X-Ray Exam Breastbone 2/>Vws	26		$5.74	
71120	X-Ray Exam Breastbone 2/>Vws	TC		$10.70	
71130	X-Ray Strenoclavic Jt 3/>Vws			$20.01	
71130	X-Ray Strenoclavic Jt 3/>Vws	26		$6.34	
71130	X-Ray Strenoclavic Jt 3/>Vws	TC		$13.67	
72020	X-Ray Exam Of Spine 1 View			$12.28	
72020	X-Ray Exam Of Spine 1 View	26		$4.36	
72020	X-Ray Exam Of Spine 1 View	TC		$7.92	
72040	X-Ray Exam Neck Spine 2-3 Vw			$18.42	
72040	X-Ray Exam Neck Spine 2-3 Vw	26		$6.34	
72040	X-Ray Exam Neck Spine 2-3 Vw	TC		$12.08	
72050	X-Ray Exam Neck Spine 4/5vws			$24.96	
72050	X-Ray Exam Neck Spine 4/5vws	26		$8.91	
72050	X-Ray Exam Neck Spine 4/5vws	TC		$16.05	
72052	X-Ray Exam Neck Spine 6/>Vws			$31.30	
72052	X-Ray Exam Neck Spine 6/>Vws	26		$10.30	
72052	X-Ray Exam Neck Spine 6/>Vws	TC		$21.00	
72070	X-Ray Exam Thorac Spine 2vws			$18.82	
72070	X-Ray Exam Thorac Spine 2vws	26		$6.34	
72070	X-Ray Exam Thorac Spine 2vws	TC		$12.48	
72072	X-Ray Exam Thorac Spine 3vws			$19.22	
72072	X-Ray Exam Thorac Spine 3vws	26		$6.14	
72072	X-Ray Exam Thorac Spine 3vws	TC		$13.07	
72074	X-Ray Exam Thorac Spine4/>Vw			$21.79	
72074	X-Ray Exam Thorac Spine4/>Vw	26		$6.14	
72074	X-Ray Exam Thorac Spine4/>Vw	TC		$15.65	
72080	X-Ray Exam Thoracolmb 2/> Vw			$17.04	
72080	X-Ray Exam Thoracolmb 2/> Vw	26		$6.14	
72080	X-Ray Exam Thoracolmb 2/> Vw	TC		$10.90	
72081	X-Ray Exam Entire Spi 1 Vw			$21.59	
72081	X-Ray Exam Entire Spi 1 Vw	26		$7.53	
72081	X-Ray Exam Entire Spi 1 Vw	TC		$14.07	
72082	X-Ray Exam Entire Spi 2/3 Vw			$34.67	
72082	X-Ray Exam Entire Spi 2/3 Vw	26		$9.11	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
72082	X-Ray Exam Entire Spi 2/3 Vw	TC		$25.55	
72083	X-Ray Exam Entire Spi 4/5 Vw			$37.64	
72083	X-Ray Exam Entire Spi 4/5 Vw	26		$9.91	
72083	X-Ray Exam Entire Spi 4/5 Vw	TC		$27.73	
72084	X-Ray Exam Entire Spi 6/> Vw			$44.97	
72084	X-Ray Exam Entire Spi 6/> Vw	26		$11.49	
72084	X-Ray Exam Entire Spi 6/> Vw	TC		$33.48	
72100	X-Ray Exam L-S Spine 2/3 Vws			$19.41	
72100	X-Ray Exam L-S Spine 2/3 Vws	26		$6.34	
72100	X-Ray Exam L-S Spine 2/3 Vws	TC		$13.07	
72110	X-Ray Exam L-2 Spine 4/>Vws			$27.14	
72110	X-Ray Exam L-2 Spine 4/>Vws	26		$8.91	
72110	X-Ray Exam L-2 Spine 4/>Vws	TC		$18.23	
72114	X-Ray Exam L-S Spine Bending			$34.67	
72114	X-Ray Exam L-S Spine Bending	26		$9.31	
72114	X-Ray Exam L-S Spine Bending	TC		$25.36	
72120	X-Ray Bend Only L-S Spine			$22.39	
72120	X-Ray Bend Only L-S Spine	26		$6.34	
72120	X-Ray Bend Only L-S Spine	TC		$16.05	
72170	X-Ray Exam Of Pelvis			$17.63	
72170	X-Ray Exam Of Pelvis	26		$4.95	
72170	X-Ray Exam Of Pelvis	TC		$12.68	
72190	X-Ray Exam Of Pelvis			$21.20	
72190	X-Ray Exam Of Pelvis	26		$6.14	
72190	X-Ray Exam Of Pelvis	TC		$15.06	
72200	X-Ray Exam Si Joints			$15.85	
72200	X-Ray Exam Si Joints	26		$4.95	
72200	X-Ray Exam Si Joints	TC		$10.90	
72202	X-Ray Exam Si Joints 3/> Vws			$18.23	
72202	X-Ray Exam Si Joints 3/> Vws	26		$5.35	
72202	X-Ray Exam Si Joints 3/> Vws	TC		$12.88	
72220	X-Ray Exam Sacrum Tailbone			$15.65	
72220	X-Ray Exam Sacrum Tailbone	26		$4.95	
72220	X-Ray Exam Sacrum Tailbone	TC		$10.70	
72240	Myelography Neck Spine			$54.48	
72240	Myelography Neck Spine	26		$25.75	
72240	Myelography Neck Spine	TC		$28.72	
72255	Myelography Thoracic Spine			$54.28	
72255	Myelography Thoracic Spine	26		$26.15	
72255	Myelography Thoracic Spine	TC		$28.13	
72265	Myelography L-S Spine			$51.31	
72265	Myelography L-S Spine	26		$23.57	
72265	Myelography L-S Spine	TC		$27.73	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
72270	Myelogphy 2/> Spine Regions			$70.92	
72270	Myelogphy 2/> Spine Regions	26		$37.84	
72270	Myelogphy 2/> Spine Regions	TC		$33.08	
72275	Epidurography			$64.38	
72275	Epidurography	26		$22.19	
72275	Epidurography	TC		$42.20	
72285	Discography Cerv/Thor Spine			$63.59	
72285	Discography Cerv/Thor Spine	26		$34.27	
72285	Discography Cerv/Thor Spine	TC		$29.32	
72295	X-Ray Of Lower Spine Disk			$55.07	
72295	X-Ray Of Lower Spine Disk	26		$24.56	
72295	X-Ray Of Lower Spine Disk	TC		$30.51	
73000	X-Ray Exam Of Collar Bone			$15.25	
73000	X-Ray Exam Of Collar Bone	26		$4.75	
73000	X-Ray Exam Of Collar Bone	TC		$10.50	
73010	X-Ray Exam Of Shoulder Blade			$16.64	
73010	X-Ray Exam Of Shoulder Blade	26		$5.15	
73010	X-Ray Exam Of Shoulder Blade	TC		$11.49	
73020	X-Ray Exam Of Shoulder			$12.68	
73020	X-Ray Exam Of Shoulder	26		$4.36	
73020	X-Ray Exam Of Shoulder	TC		$8.32	
73030	X-Ray Exam Of Shoulder			$16.05	
73030	X-Ray Exam Of Shoulder	26		$5.35	
73030	X-Ray Exam Of Shoulder	TC		$10.70	
73040	Contrast X-Ray Of Shoulder			$55.67	
73040	Contrast X-Ray Of Shoulder	26		$15.45	
73040	Contrast X-Ray Of Shoulder	TC		$40.21	
73050	X-Ray Exam Of Shoulders			$19.61	
73050	X-Ray Exam Of Shoulders	26		$5.94	
73050	X-Ray Exam Of Shoulders	TC		$13.67	
73060	X-Ray Exam Of Humerus			$16.05	
73060	X-Ray Exam Of Humerus	26		$4.75	
73060	X-Ray Exam Of Humerus	TC		$11.29	
73070	X-Ray Exam Of Elbow			$15.06	
73070	X-Ray Exam Of Elbow	26		$4.56	
73070	X-Ray Exam Of Elbow	TC		$10.50	
73080	X-Ray Exam Of Elbow			$17.23	
73080	X-Ray Exam Of Elbow	26		$4.95	
73080	X-Ray Exam Of Elbow	TC		$12.28	
73085	Contrast X-Ray Of Elbow			$54.08	
73085	Contrast X-Ray Of Elbow	26		$16.24	
73085	Contrast X-Ray Of Elbow	TC		$37.84	
73090	X-Ray Exam Of Forearm			$14.26	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
73090	X-Ray Exam Of Forearm	26		$4.75	
73090	X-Ray Exam Of Forearm	TC		$9.51	
73092	X-Ray Exam Of Arm Infant			$15.06	
73092	X-Ray Exam Of Arm Infant	26		$4.56	
73092	X-Ray Exam Of Arm Infant	TC		$10.50	
73100	X-Ray Exam Of Wrist			$16.05	
73100	X-Ray Exam Of Wrist	26		$4.75	
73100	X-Ray Exam Of Wrist	TC		$11.29	
73110	X-Ray Exam Of Wrist			$19.61	
73110	X-Ray Exam Of Wrist	26		$4.95	
73110	X-Ray Exam Of Wrist	TC		$14.66	
73115	Contrast X-Ray Of Wrist			$59.43	
73115	Contrast X-Ray Of Wrist	26		$16.05	
73115	Contrast X-Ray Of Wrist	TC		$43.38	
73120	X-Ray Exam Of Hand			$14.46	
73120	X-Ray Exam Of Hand	26		$4.75	
73120	X-Ray Exam Of Hand	TC		$9.71	
73130	X-Ray Exam Of Hand			$17.04	
73130	X-Ray Exam Of Hand	26		$4.95	
73130	X-Ray Exam Of Hand	TC		$12.08	
73140	X-Ray Exam Of Finger(S)			$17.43	
73140	X-Ray Exam Of Finger(S)	26		$3.96	
73140	X-Ray Exam Of Finger(S)	TC		$13.47	
73501	X-Ray Exam Hip Uni 1 View			$16.44	
73501	X-Ray Exam Hip Uni 1 View	26		$5.35	
73501	X-Ray Exam Hip Uni 1 View	TC		$11.09	
73502	X-Ray Exam Hip Uni 2-3 Views			$22.98	
73502	X-Ray Exam Hip Uni 2-3 Views	26		$6.34	
73502	X-Ray Exam Hip Uni 2-3 Views	TC		$16.64	
73503	X-Ray Exam Hip Uni 4/> Views			$28.72	
73503	X-Ray Exam Hip Uni 4/> Views	26		$8.12	
73503	X-Ray Exam Hip Uni 4/> Views	TC		$20.60	
73521	X-Ray Exam Hips Bi 2 Views			$21.99	
73521	X-Ray Exam Hips Bi 2 Views	26		$6.54	
73521	X-Ray Exam Hips Bi 2 Views	TC		$15.45	
73522	X-Ray Exam Hips Bi 3-4 Views			$27.14	
73522	X-Ray Exam Hips Bi 3-4 Views	26		$8.52	
73522	X-Ray Exam Hips Bi 3-4 Views	TC		$18.62	
73523	X-Ray Exam Hips Bi 5/> Views			$31.50	
73523	X-Ray Exam Hips Bi 5/> Views	26		$9.11	
73523	X-Ray Exam Hips Bi 5/> Views	TC		$22.39	
73525	Contrast X-Ray Of Hip			$56.46	
73525	Contrast X-Ray Of Hip	26		$16.24	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
73525	Contrast X-Ray Of Hip	TC		$40.21	
73551	X-Ray Exam Of Femur 1			$15.45	
73551	X-Ray Exam Of Femur 1	26		$4.75	
73551	X-Ray Exam Of Femur 1	TC		$10.70	
73552	X-Ray Exam Of Femur 2/>			$18.03	
73552	X-Ray Exam Of Femur 2/>	26		$5.35	
73552	X-Ray Exam Of Femur 2/>	TC		$12.68	
73560	X-Ray Exam Of Knee 1 Or 2			$17.23	
73560	X-Ray Exam Of Knee 1 Or 2	26		$4.75	
73560	X-Ray Exam Of Knee 1 Or 2	TC		$12.48	
73562	X-Ray Exam Of Knee 3			$19.81	
73562	X-Ray Exam Of Knee 3	26		$5.35	
73562	X-Ray Exam Of Knee 3	TC		$14.46	
73564	X-Ray Exam Knee 4 Or More			$21.79	
73564	X-Ray Exam Knee 4 Or More	26		$6.34	
73564	X-Ray Exam Knee 4 Or More	TC		$15.45	
73565	X-Ray Exam Of Knees			$19.81	
73565	X-Ray Exam Of Knees	26		$4.95	
73565	X-Ray Exam Of Knees	TC		$14.86	
73580	Contrast X-Ray Of Knee Joint			$64.18	
73580	Contrast X-Ray Of Knee Joint	26		$16.05	
73580	Contrast X-Ray Of Knee Joint	TC		$48.14	
73590	X-Ray Exam Of Lower Leg			$15.85	
73590	X-Ray Exam Of Lower Leg	26		$4.75	
73590	X-Ray Exam Of Lower Leg	TC		$11.09	
73592	X-Ray Exam Of Leg Infant			$15.45	
73592	X-Ray Exam Of Leg Infant	26		$4.56	
73592	X-Ray Exam Of Leg Infant	TC		$10.90	
73600	X-Ray Exam Of Ankle			$16.64	
73600	X-Ray Exam Of Ankle	26		$4.75	
73600	X-Ray Exam Of Ankle	TC		$11.89	
73610	X-Ray Exam Of Ankle			$17.23	
73610	X-Ray Exam Of Ankle	26		$4.95	
73610	X-Ray Exam Of Ankle	TC		$12.28	
73615	Contrast X-Ray Of Ankle			$58.24	
73615	Contrast X-Ray Of Ankle	26		$16.24	
73615	Contrast X-Ray Of Ankle	TC		$42.00	
73620	X-Ray Exam Of Foot			$14.46	
73620	X-Ray Exam Of Foot	26		$4.36	
73620	X-Ray Exam Of Foot	TC		$10.10	
73630	X-Ray Exam Of Foot			$16.05	
73630	X-Ray Exam Of Foot	26		$4.75	
73630	X-Ray Exam Of Foot	TC		$11.29	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
73650	X-Ray Exam Of Heel			$15.06	
73650	X-Ray Exam Of Heel	26		$4.56	
73650	X-Ray Exam Of Heel	TC		$10.50	
73660	X-Ray Exam Of Toe(S)			$15.65	
73660	X-Ray Exam Of Toe(S)	26		$3.76	
73660	X-Ray Exam Of Toe(S)	TC		$11.89	
74000	X-Ray Exam Of Abdomen			$13.07	
74000	X-Ray Exam Of Abdomen	26		$5.15	
74000	X-Ray Exam Of Abdomen	TC		$7.92	
74010	X-Ray Exam Of Abdomen			$19.61	
74010	X-Ray Exam Of Abdomen	26		$6.54	
74010	X-Ray Exam Of Abdomen	TC		$13.07	
74020	X-Ray Exam Of Abdomen			$20.80	
74020	X-Ray Exam Of Abdomen	26		$7.73	
74020	X-Ray Exam Of Abdomen	TC		$13.07	
74022	X-Ray Exam Series Abdomen			$24.76	
74022	X-Ray Exam Series Abdomen	26		$9.11	
74022	X-Ray Exam Series Abdomen	TC		$15.65	
74190	X-Ray Exam Of Peritoneum			$43.45	
74190	X-Ray Exam Of Peritoneum	26		$13.27	
74190	X-Ray Exam Of Peritoneum	TC		$28.95	
74400	Contrst X-Ray Urinary Tract			$61.21	
74400	Contrst X-Ray Urinary Tract	26		$13.87	
74400	Contrst X-Ray Urinary Tract	TC		$47.35	
74410	Contrst X-Ray Urinary Tract			$60.22	
74410	Contrst X-Ray Urinary Tract	26		$13.67	
74410	Contrst X-Ray Urinary Tract	TC		$46.55	
74415	Contrst X-Ray Urinary Tract			$76.07	
74415	Contrst X-Ray Urinary Tract	26		$13.87	
74415	Contrst X-Ray Urinary Tract	TC		$62.20	
74420	Contrst X-Ray Urinary Tract			$69.14	
74420	Contrst X-Ray Urinary Tract	26		$9.91	
74420	Contrst X-Ray Urinary Tract	TC		$58.09	
74425	Contrst X-Ray Urinary Tract			$39.99	
74425	Contrst X-Ray Urinary Tract	26		$9.91	
74425	Contrst X-Ray Urinary Tract	TC		$28.95	
74430	Contrast X-Ray Bladder			$21.00	
74430	Contrast X-Ray Bladder	26		$9.11	
74430	Contrast X-Ray Bladder	TC		$11.89	
74440	X-Ray Male Genital Tract			$45.17	
74440	X-Ray Male Genital Tract	26		$10.30	
74440	X-Ray Male Genital Tract	TC		$34.87	
74445	X-Ray Exam Of Penis			$59.96	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
74445	X-Ray Exam Of Penis	26		$30.51	
74445	X-Ray Exam Of Penis	TC		$24.94	
74450	X-Ray Urethra/Bladder			$42.51	
74450	X-Ray Urethra/Bladder	26		$9.31	
74450	X-Ray Urethra/Bladder	TC		$32.33	
74455	X-Ray Urethra/Bladder			$45.36	
74455	X-Ray Urethra/Bladder	26		$9.31	
74455	X-Ray Urethra/Bladder	TC		$36.05	
74470	X-Ray Exam Of Kidney Lesion			$43.96	
74470	X-Ray Exam Of Kidney Lesion	26		$14.86	
74470	X-Ray Exam Of Kidney Lesion	TC		$27.74	
74485	X-Ray Guide Gu Dilation			$51.31	
74485	X-Ray Guide Gu Dilation	26		$14.66	
74485	X-Ray Guide Gu Dilation	TC		$36.65	
74710	X-Ray Measurement Of Pelvis			$20.40	
74710	X-Ray Measurement Of Pelvis	26		$9.71	
74710	X-Ray Measurement Of Pelvis	TC		$10.70	
74712	Mri Fetal Sngl/1st Gestation			$268.43	
74712	Mri Fetal Sngl/1st Gestation	26		$84.98	
74712	Mri Fetal Sngl/1st Gestation	TC		$183.44	
74713	Mri Fetal Ea Addl Gestation			$129.16	
74713	Mri Fetal Ea Addl Gestation	26		$50.52	
74713	Mri Fetal Ea Addl Gestation	TC		$78.65	
74740	X-Ray Female Genital Tract			$41.60	
74740	X-Ray Female Genital Tract	26		$10.70	
74740	X-Ray Female Genital Tract	TC		$30.90	
74742	X-Ray Fallopian Tube			$40.14	
74742	X-Ray Fallopian Tube	26		$16.64	
74742	X-Ray Fallopian Tube	TC		$29.41	
74775	X-Ray Exam Of Perineum			$51.26	
74775	X-Ray Exam Of Perineum	26		$17.63	
74775	X-Ray Exam Of Perineum	TC		$32.33	
75600	Contrast Exam Thoracic Aorta			$110.34	
75600	Contrast Exam Thoracic Aorta	26		$13.67	
75600	Contrast Exam Thoracic Aorta	TC		$96.67	
75605	Contrast Exam Thoracic Aorta			$77.66	
75605	Contrast Exam Thoracic Aorta	26		$31.50	
75605	Contrast Exam Thoracic Aorta	TC		$46.16	
75625	Contrast Exam Abdominl Aorta			$77.46	
75625	Contrast Exam Abdominl Aorta	26		$31.50	
75625	Contrast Exam Abdominl Aorta	TC		$45.96	
75630	X-Ray Aorta Leg Arteries			$95.68	
75630	X-Ray Aorta Leg Arteries	26		$49.72	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
75630	X-Ray Aorta Leg Arteries	TC		$45.96	
75658	Artery X-Rays Arm			$93.70	
75658	Artery X-Rays Arm	26		$36.05	
75658	Artery X-Rays Arm	TC		$57.65	
75705	Artery X-Rays Spine			$136.69	
75705	Artery X-Rays Spine	26		$64.58	
75705	Artery X-Rays Spine	TC		$72.11	
75710	Artery X-Rays Arm/Leg			$91.72	
75710	Artery X-Rays Arm/Leg	26		$31.89	
75710	Artery X-Rays Arm/Leg	TC		$59.83	
75716	Artery X-Rays Arms/Legs			$105.19	
75716	Artery X-Rays Arms/Legs	26		$36.45	
75716	Artery X-Rays Arms/Legs	TC		$68.74	
75726	Artery X-Rays Abdomen			$83.80	
75726	Artery X-Rays Abdomen	26		$31.30	
75726	Artery X-Rays Abdomen	TC		$52.50	
75731	Artery X-Rays Adrenal Gland			$96.47	
75731	Artery X-Rays Adrenal Gland	26		$32.29	
75731	Artery X-Rays Adrenal Gland	TC		$64.18	
75733	Artery X-Rays Adrenals			$103.01	
75733	Artery X-Rays Adrenals	26		$35.86	
75733	Artery X-Rays Adrenals	TC		$67.16	
75736	Artery X-Rays Pelvis			$90.14	
75736	Artery X-Rays Pelvis	26		$31.30	
75736	Artery X-Rays Pelvis	TC		$58.84	
75741	Artery X-Rays Lung			$84.79	
75741	Artery X-Rays Lung	26		$35.86	
75741	Artery X-Rays Lung	TC		$48.93	
75743	Artery X-Rays Lungs			$95.09	
75743	Artery X-Rays Lungs	26		$45.56	
75743	Artery X-Rays Lungs	TC		$49.53	
75746	Artery X-Rays Lung			$85.18	
75746	Artery X-Rays Lung	26		$31.70	
75746	Artery X-Rays Lung	TC		$53.49	
75756	Artery X-Rays Chest			$93.70	
75756	Artery X-Rays Chest	26		$31.70	
75756	Artery X-Rays Chest	TC		$62.01	
75774	Artery X-Ray Each Vessel			$49.13	
75774	Artery X-Ray Each Vessel	26		$9.91	
75774	Artery X-Ray Each Vessel	TC		$39.22	
75801	Lymph Vessel X-Ray Arm/Leg			$121.59	
75801	Lymph Vessel X-Ray Arm/Leg	26		$25.16	
75801	Lymph Vessel X-Ray Arm/Leg	TC		$97.10	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
75803	Lymph Vessel X-Ray Arms/Legs			$155.17	
75803	Lymph Vessel X-Ray Arms/Legs	26		$33.08	
75803	Lymph Vessel X-Ray Arms/Legs	TC		$119.98	
75805	Lymph Vessel X-Ray Trunk			$160.36	
75805	Lymph Vessel X-Ray Trunk	26		$22.98	
75805	Lymph Vessel X-Ray Trunk	TC		$135.33	
75807	Lymph Vessel X-Ray Trunk			$240.53	
75807	Lymph Vessel X-Ray Trunk	26		$33.28	
75807	Lymph Vessel X-Ray Trunk	TC		$202.99	
75809	Nonvascular Shunt X-Ray			$55.47	
75809	Nonvascular Shunt X-Ray	26		$13.47	
75809	Nonvascular Shunt X-Ray	TC		$42.00	
75810	Vein X-Ray Spleen/Liver			$312.79	
75810	Vein X-Ray Spleen/Liver	26		$32.49	
75810	Vein X-Ray Spleen/Liver	TC		$278.45	
75820	Vein X-Ray Arm/Leg			$64.58	
75820	Vein X-Ray Arm/Leg	26		$19.61	
75820	Vein X-Ray Arm/Leg	TC		$44.97	
75822	Vein X-Ray Arms/Legs			$77.06	
75822	Vein X-Ray Arms/Legs	26		$29.52	
75822	Vein X-Ray Arms/Legs	TC		$47.54	
75825	Vein X-Ray Trunk			$76.47	
75825	Vein X-Ray Trunk	26		$31.89	
75825	Vein X-Ray Trunk	TC		$44.57	
75827	Vein X-Ray Chest			$77.85	
75827	Vein X-Ray Chest	26		$31.89	
75827	Vein X-Ray Chest	TC		$45.96	
75831	Vein X-Ray Kidney			$79.04	
75831	Vein X-Ray Kidney	26		$31.30	
75831	Vein X-Ray Kidney	TC		$47.74	
75833	Vein X-Ray Kidneys			$92.31	
75833	Vein X-Ray Kidneys	26		$40.81	
75833	Vein X-Ray Kidneys	TC		$51.51	
75840	Vein X-Ray Adrenal Gland			$83.20	
75840	Vein X-Ray Adrenal Gland	26		$32.29	
75840	Vein X-Ray Adrenal Gland	TC		$50.91	
75842	Vein X-Ray Adrenal Glands			$101.03	
75842	Vein X-Ray Adrenal Glands	26		$42.00	
75842	Vein X-Ray Adrenal Glands	TC		$59.03	
75860	Vein X-Ray Neck			$80.23	
75860	Vein X-Ray Neck	26		$31.50	
75860	Vein X-Ray Neck	TC		$48.73	
75870	Vein X-Ray Skull			$82.81	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
75870	Vein X-Ray Skull	26		$32.29	
75870	Vein X-Ray Skull	TC		$50.52	
75872	Vein X-Ray Skull Epidural			$78.65	
75872	Vein X-Ray Skull Epidural	26		$30.11	
75872	Vein X-Ray Skull Epidural	TC		$48.53	
75880	Vein X-Ray Eye Socket			$79.83	
75880	Vein X-Ray Eye Socket	26		$20.40	
75880	Vein X-Ray Eye Socket	TC		$59.43	
75885	Vein X-Ray Liver W/Hemodynam			$88.75	
75885	Vein X-Ray Liver W/Hemodynam	26		$39.22	
75885	Vein X-Ray Liver W/Hemodynam	TC		$49.53	
75887	Vein X-Ray Liver W/O Hemodyn			$89.34	
75887	Vein X-Ray Liver W/O Hemodyn	26		$39.42	
75887	Vein X-Ray Liver W/O Hemodyn	TC		$49.92	
75889	Vein X-Ray Liver W/Hemodynam			$80.82	
75889	Vein X-Ray Liver W/Hemodynam	26		$31.10	
75889	Vein X-Ray Liver W/Hemodynam	TC		$49.72	
75891	Vein X-Ray Liver			$81.42	
75891	Vein X-Ray Liver	26		$31.50	
75891	Vein X-Ray Liver	TC		$49.92	
75893	Venous Sampling By Catheter			$66.36	
75893	Venous Sampling By Catheter	26		$15.25	
75893	Venous Sampling By Catheter	TC		$51.11	
75894	X-Rays Transcath Therapy			$574.26	
75894	X-Rays Transcath Therapy	26		$37.44	
75894	X-Rays Transcath Therapy	TC		$533.97	
75898	Follow-Up Angiography			$73.23	
75898	Follow-Up Angiography	26		$47.54	
75898	Follow-Up Angiography	TC		$23.33	
75901	Remove Cva Device Obstruct			$99.05	
75901	Remove Cva Device Obstruct	26		$13.47	
75901	Remove Cva Device Obstruct	TC		$85.58	
75902	Remove Cva Lumen Obstruct			$40.21	
75902	Remove Cva Lumen Obstruct	26		$10.70	
75902	Remove Cva Lumen Obstruct	TC		$29.52	
76010	X-Ray Nose To Rectum			$14.46	
76010	X-Ray Nose To Rectum	26		$5.15	
76010	X-Ray Nose To Rectum	TC		$9.31	
76080	X-Ray Exam Of Fistula			$30.90	
76080	X-Ray Exam Of Fistula	26		$14.86	
76080	X-Ray Exam Of Fistula	TC		$16.05	
76098	X-Ray Exam Breast Specimen			$9.31	
76098	X-Ray Exam Breast Specimen	26		$4.56	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76098	X-Ray Exam Breast Specimen	TC		$4.75	
76100	X-Ray Exam Of Body Section			$51.51	
76100	X-Ray Exam Of Body Section	26		$17.83	
76100	X-Ray Exam Of Body Section	TC		$33.68	
76101	Complex Body Section X-Ray			$73.30	
76101	Complex Body Section X-Ray	26		$19.02	
76101	Complex Body Section X-Ray	TC		$54.28	
76102	Complex Body Section X-Rays			$97.07	
76102	Complex Body Section X-Rays	26		$19.22	
76102	Complex Body Section X-Rays	TC		$77.85	
76506	Echo Exam Of Head			$66.56	
76506	Echo Exam Of Head	26		$18.23	
76506	Echo Exam Of Head	TC		$48.34	
76510	Ophth Us B & Quant A			$95.29	
76510	Ophth Us B & Quant A	26		$49.92	
76510	Ophth Us B & Quant A	TC		$45.36	
76511	Ophth Us Quant A Only			$56.66	
76511	Ophth Us Quant A Only	26		$29.72	
76511	Ophth Us Quant A Only	TC		$26.94	
76512	Ophth Us B W/Non-Quant A			$51.90	
76512	Ophth Us B W/Non-Quant A	26		$29.72	
76512	Ophth Us B W/Non-Quant A	TC		$22.19	
76513	Echo Exam Of Eye Water Bath			$53.29	
76513	Echo Exam Of Eye Water Bath	26		$20.01	
76513	Echo Exam Of Eye Water Bath	TC		$33.28	
76514	Echo Exam Of Eye Thickness			$8.52	
76514	Echo Exam Of Eye Thickness	26		$5.55	
76514	Echo Exam Of Eye Thickness	TC		$2.97	
76516	Echo Exam Of Eye			$43.98	
76516	Echo Exam Of Eye	26		$17.43	
76516	Echo Exam Of Eye	TC		$26.55	
76519	Echo Exam Of Eye			$46.95	
76519	Echo Exam Of Eye	26		$17.43	
76519	Echo Exam Of Eye	TC		$29.52	
76529	Echo Exam Of Eye			$44.37	
76529	Echo Exam Of Eye	26		$18.23	
76529	Echo Exam Of Eye	TC		$26.15	
76536	Us Exam Of Head And Neck			$65.17	
76536	Us Exam Of Head And Neck	26		$15.85	
76536	Us Exam Of Head And Neck	TC		$49.33	
76604	Us Exam Chest			$49.33	
76604	Us Exam Chest	26		$15.25	
76604	Us Exam Chest	TC		$34.07	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76641	Ultrasound Breast Complete			$60.22	
76641	Ultrasound Breast Complete	26		$20.60	
76641	Ultrasound Breast Complete	TC		$39.62	
76642	Ultrasound Breast Limited			$49.53	
76642	Ultrasound Breast Limited	26		$19.22	
76642	Ultrasound Breast Limited	TC		$30.31	
76700	Us Exam Abdom Complete			$68.74	
76700	Us Exam Abdom Complete	26		$22.78	
76700	Us Exam Abdom Complete	TC		$45.96	
76705	Echo Exam Of Abdomen			$51.31	
76705	Echo Exam Of Abdomen	26		$16.64	
76705	Echo Exam Of Abdomen	TC		$34.67	
76770	Us Exam Abdo Back Wall Comp			$63.59	
76770	Us Exam Abdo Back Wall Comp	26		$20.80	
76770	Us Exam Abdo Back Wall Comp	TC		$42.79	
76775	Us Exam Abdo Back Wall Lim			$32.49	
76775	Us Exam Abdo Back Wall Lim	26		$16.24	
76775	Us Exam Abdo Back Wall Lim	TC		$16.24	
76776	Us Exam K Transpl W/Doppler			$87.96	
76776	Us Exam K Transpl W/Doppler	26		$21.39	
76776	Us Exam K Transpl W/Doppler	TC		$66.56	
76800	Us Exam Spinal Canal			$79.24	
76800	Us Exam Spinal Canal	26		$34.07	
76800	Us Exam Spinal Canal	TC		$45.17	
76801	Ob Us < 14 Wks Single Fetus			$69.14	
76801	Ob Us < 14 Wks Single Fetus	26		$28.33	
76801	Ob Us < 14 Wks Single Fetus	TC		$40.81	
76802	Ob Us < 14 Wks Addl Fetus			$36.45	
76802	Ob Us < 14 Wks Addl Fetus	26		$23.97	
76802	Ob Us < 14 Wks Addl Fetus	TC		$12.48	
76805	Ob Us >/= 14 Wks Sngl Fetus			$79.83	
76805	Ob Us >/= 14 Wks Sngl Fetus	26		$28.53	
76805	Ob Us >/= 14 Wks Sngl Fetus	TC		$51.31	
76810	Ob Us >/= 14 Wks Addl Fetus			$52.50	
76810	Ob Us >/= 14 Wks Addl Fetus	26		$28.33	
76810	Ob Us >/= 14 Wks Addl Fetus	TC		$24.17	
76811	Ob Us Detailed Sngl Fetus			$102.42	
76811	Ob Us Detailed Sngl Fetus	26		$55.47	
76811	Ob Us Detailed Sngl Fetus	TC		$46.95	
76812	Ob Us Detailed Addl Fetus			$116.28	
76812	Ob Us Detailed Addl Fetus	26		$52.10	
76812	Ob Us Detailed Addl Fetus	TC		$64.18	
76813	Ob Us Nuchal Meas 1 Gest			$68.15	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76813	Ob Us Nuchal Meas 1 Gest	26		$34.47	
76813	Ob Us Nuchal Meas 1 Gest	TC		$33.68	
76814	Ob Us Nuchal Meas Add-On			$45.76	
76814	Ob Us Nuchal Meas Add-On	26		$29.12	
76814	Ob Us Nuchal Meas Add-On	TC		$16.64	
76815	Ob Us Limited Fetus(S)			$47.35	
76815	Ob Us Limited Fetus(S)	26		$18.42	
76815	Ob Us Limited Fetus(S)	TC		$28.92	
76816	Ob Us Follow-Up Per Fetus			$64.78	
76816	Ob Us Follow-Up Per Fetus	26		$24.76	
76816	Ob Us Follow-Up Per Fetus	TC		$40.02	
76817	Transvaginal Us Obstetric			$54.68	
76817	Transvaginal Us Obstetric	26		$21.59	
76817	Transvaginal Us Obstetric	TC		$33.08	
76818	Fetal Biophys Profile W/Nst			$68.54	
76818	Fetal Biophys Profile W/Nst	26		$30.71	
76818	Fetal Biophys Profile W/Nst	TC		$37.84	
76819	Fetal Biophys Profil W/O Nst			$49.92	
76819	Fetal Biophys Profil W/O Nst	26		$22.39	
76819	Fetal Biophys Profil W/O Nst	TC		$27.54	
76820	Umbilical Artery Echo			$26.55	
76820	Umbilical Artery Echo	26		$14.46	
76820	Umbilical Artery Echo	TC		$12.08	
76821	Middle Cerebral Artery Echo			$52.30	
76821	Middle Cerebral Artery Echo	26		$20.40	
76821	Middle Cerebral Artery Echo	TC		$31.89	
76825	Echo Exam Of Fetal Heart			$155.31	
76825	Echo Exam Of Fetal Heart	26		$47.35	
76825	Echo Exam Of Fetal Heart	TC		$107.96	
76826	Echo Exam Of Fetal Heart			$91.72	
76826	Echo Exam Of Fetal Heart	26		$23.38	
76826	Echo Exam Of Fetal Heart	TC		$68.34	
76827	Echo Exam Of Fetal Heart			$42.59	
76827	Echo Exam Of Fetal Heart	26		$16.24	
76827	Echo Exam Of Fetal Heart	TC		$26.35	
76828	Echo Exam Of Fetal Heart			$30.11	
76828	Echo Exam Of Fetal Heart	26		$16.05	
76828	Echo Exam Of Fetal Heart	TC		$14.07	
76830	Transvaginal Us Non-Ob			$68.54	
76830	Transvaginal Us Non-Ob	26		$19.61	
76830	Transvaginal Us Non-Ob	TC		$48.93	
76831	Echo Exam Uterus			$66.56	
76831	Echo Exam Uterus	26		$20.80	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76831	Echo Exam Uterus	TC		$45.76	
76856	Us Exam Pelvic Complete			$61.61	
76856	Us Exam Pelvic Complete	26		$19.41	
76856	Us Exam Pelvic Complete	TC		$42.20	
76857	Us Exam Pelvic Limited			$26.74	
76857	Us Exam Pelvic Limited	26		$14.07	
76857	Us Exam Pelvic Limited	TC		$12.68	
76870	Us Exam Scrotum			$37.84	
76870	Us Exam Scrotum	26		$18.03	
76870	Us Exam Scrotum	TC		$19.81	
76872	Us Transrectal			$52.69	
76872	Us Transrectal	26		$18.82	
76872	Us Transrectal	TC		$33.88	
76873	Echograp Trans R Pros Study			$94.10	
76873	Echograp Trans R Pros Study	26		$43.78	
76873	Echograp Trans R Pros Study	TC		$50.32	
76881	Us Xtr Non-Vasc Complete			$64.18	
76881	Us Xtr Non-Vasc Complete	26		$17.63	
76881	Us Xtr Non-Vasc Complete	TC		$46.55	
76882	Us Xtr Non-Vasc Lmtd			$20.21	
76882	Us Xtr Non-Vasc Lmtd	26		$13.87	
76882	Us Xtr Non-Vasc Lmtd	TC		$6.34	
76885	Us Exam Infant Hips Dynamic			$81.82	
76885	Us Exam Infant Hips Dynamic	26		$21.00	
76885	Us Exam Infant Hips Dynamic	TC		$60.82	
76886	Us Exam Infant Hips Static			$59.43	
76886	Us Exam Infant Hips Static	26		$17.23	
76886	Us Exam Infant Hips Static	TC		$42.20	
76941	Echo Guide For Transfusion			$75.19	
76941	Echo Guide For Transfusion	26		$38.63	
76941	Echo Guide For Transfusion	TC		$33.74	
76942	Echo Guide For Biopsy			$34.07	
76942	Echo Guide For Biopsy	26		$18.82	
76942	Echo Guide For Biopsy	TC		$15.25	
76945	Echo Guide Villus Sampling			$53.99	
76945	Echo Guide Villus Sampling	26		$19.61	
76945	Echo Guide Villus Sampling	TC		$33.74	
76946	Echo Guide For Amniocentesis			$18.42	
76946	Echo Guide For Amniocentesis	26		$11.09	
76946	Echo Guide For Amniocentesis	TC		$7.33	
76977	Us Bone Density Measure			$3.96	
76977	Us Bone Density Measure	26		$1.58	
76977	Us Bone Density Measure	TC		$2.38	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
77051	Computer Dx Mammogram Add-On			$4.56	
77051	Computer Dx Mammogram Add-On	26		$1.58	
77051	Computer Dx Mammogram Add-On	TC		$2.97	
77052	Comp Screen Mammogram Add-On			$4.56	
77052	Comp Screen Mammogram Add-On	26		$1.58	
77052	Comp Screen Mammogram Add-On	TC		$2.97	
77053	X-Ray Of Mammary Duct			$32.49	
77053	X-Ray Of Mammary Duct	26		$10.10	
77053	X-Ray Of Mammary Duct	TC		$22.39	
77054	X-Ray Of Mammary Ducts			$42.79	
77054	X-Ray Of Mammary Ducts	26		$12.88	
77054	X-Ray Of Mammary Ducts	TC		$29.91	
77055	Mammogram One Breast			$49.92	
77055	Mammogram One Breast	26		$19.81	
77055	Mammogram One Breast	TC		$30.11	
77056	Mammogram Both Breasts			$64.18	
77056	Mammogram Both Breasts	26		$24.56	
77056	Mammogram Both Breasts	TC		$39.62	
77057	Mammogram Screening			$45.76	
77057	Mammogram Screening	26		$19.81	
77057	Mammogram Screening	TC		$25.95	
77071	X-Ray Stress View			$26.94	
77072	X-Rays For Bone Age			$12.88	
77072	X-Rays For Bone Age	26		$5.35	
77072	X-Rays For Bone Age	TC		$7.53	
77073	X-Rays Bone Length Studies			$20.01	
77073	X-Rays Bone Length Studies	26		$8.12	
77073	X-Rays Bone Length Studies	TC		$11.89	
77074	X-Rays Bone Survey Limited			$35.86	
77074	X-Rays Bone Survey Limited	26		$12.88	
77074	X-Rays Bone Survey Limited	TC		$22.98	
77075	X-Rays Bone Survey Complete			$48.73	
77075	X-Rays Bone Survey Complete	26		$15.25	
77075	X-Rays Bone Survey Complete	TC		$33.48	
77076	X-Rays Bone Survey Infant			$53.49	
77076	X-Rays Bone Survey Infant	26		$19.81	
77076	X-Rays Bone Survey Infant	TC		$33.68	
77077	Joint Survey Single View			$20.80	
77077	Joint Survey Single View	26		$9.11	
77077	Joint Survey Single View	TC		$11.69	
77080	Dxa Bone Density Axial			$22.98	
77080	Dxa Bone Density Axial	26		$5.74	
77080	Dxa Bone Density Axial	TC		$17.23	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
77081	Dxa Bone Density/Peripheral			$15.65	
77081	Dxa Bone Density/Peripheral	26		$6.14	
77081	Dxa Bone Density/Peripheral	TC		$9.51	
78265	Gastric Emptying Imag Study			$230.39	
78265	Gastric Emptying Imag Study	26		$27.14	
78265	Gastric Emptying Imag Study	TC		$203.25	
78266	Gastric Emptying Imag Study			$273.38	
78266	Gastric Emptying Imag Study	26		$30.11	
78266	Gastric Emptying Imag Study	TC		$243.27	
80047	Metabolic Panel Ionized Ca			$9.31	
80048	Metabolic Panel Total Ca			$9.31	
80051	Electrolyte Panel			$4.54	
80053	Comprehen Metabolic Panel			$11.43	
80055	Obstetric Panel			$38.39	
80061	Lipid Panel			$12.53	
80069	Renal Function Panel			$9.54	
80074	Acute Hepatitis Panel			$51.00	
80076	Hepatic Function Panel			$5.03	
80081	Obstetric Panel			$80.74	
80150	Assay Of Amikacin			$10.24	
80155	Drug Assay Caffeine			$10.71	
80156	Assay Carbamazepine Total			$10.24	
80158	Drug Assay Cyclosporine			$10.24	
80159	Drug Assay Clozapine			$18.67	
80162	Assay Of Digoxin Total			$10.24	
80163	Assay Of Digoxin Free			$14.96	
80164	Assay Dipropylacetic Acd Tot			$10.24	
80165	Dipropylacetic Acid Free			$15.27	
80168	Assay Of Ethosuximide			$10.24	
80169	Drug Assay Everolimus			$15.51	
80170	Assay Of Gentamicin			$10.24	
80171	Drug Screen Quant Gabapentin			$14.98	
80175	Drug Screen Quan Lamotrigine			$14.98	
80176	Assay Of Lidocaine			$10.24	
80177	Drug Scrn Quan Levetiracetam			$14.98	
80178	Assay Of Lithium			$6.74	
80180	Drug Scrn Quan Mycophenolate			$13.15	
80183	Drug Scrn Quant Oxcarbazepin			$14.98	
80184	Assay Of Phenobarbital			$10.24	
80185	Assay Of Phenytoin Total			$10.24	
80186	Assay Of Phenytoin Free			$10.24	
80188	Assay Of Primidone			$10.24	
80190	Assay Of Procainamide			$10.24	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
80192	Assay Of Procainamide			$10.24	
80194	Assay Of Quinidine			$10.24	
80195	Assay Of Sirolimus			$10.24	
80197	Assay Of Tacrolimus			$10.24	
80198	Assay Of Theophylline			$10.24	
80199	Drug Screen Quant Tiagabine			$13.16	
80200	Assay Of Tobramycin			$10.24	
80201	Assay Of Topiramate			$10.24	
80202	Assay Of Vancomycin			$10.24	
80203	Drug Screen Quant Zonisamide			$14.98	
80299	Quantitative Assay Drug			$10.24	
80500	Lab Pathology Consultation			$12.28	
80502	Lab Pathology Consultation			$40.02	
81000	Urinalysis Nonauto W/Scope			$2.64	
81001	Urinalysis Auto W/Scope			$2.64	
81002	Urinalysis Nonauto W/O Scope			$1.10	
81003	Urinalysis Auto W/O Scope			$1.10	
81005	Urinalysis			$1.37	
81015	Microscopic Exam Of Urine			$1.54	
81025	Urine Pregnancy Test			$4.74	
81099	Urinalysis Test Procedure			M	
81528*	Oncology Colorectal Scr			$420.81	
82009	Test For Acetone/Ketones			$1.32	
82010	Acetone Assay			$2.83	
82016	Acylcarnitines Qual			$15.26	
82017	Acylcarnitines Quant			$15.51	
82024	Assay Of Acth			$42.43	
82030	Assay Of Adp & Amp			$15.01	
82040	Assay Of Serum Albumin			$3.03	
82042	Assay Of Urine Albumin			$2.05	
82043	Microalbumin Quantitative			$2.05	
82044	Microalbumin Semiquant			$2.05	
82085	Assay Of Aldolase			$6.82	
82088	Assay Of Aldosterone			$32.69	
82105	Alpha-Fetoprotein Serum			$18.20	
82120	Amines Vaginal Fluid Qual			$4.12	
82127	Amino Acid Single Qual			$15.51	
82128	Amino Acids Mult Qual			$15.23	
82131	Amino Acids Single Quant			$15.51	
82135	Assay Aminolevulinic Acid			$13.75	
82136	Amino Acids Quant 2-5			$15.51	
82139	Amino Acids Quan 6 Or More			$15.51	
82140	Assay Of Ammonia			$8.64	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
82143	Amniotic Fluid Scan			$8.31	
82150	Assay Of Amylase			$4.31	
82154	Androstanediol Glucuronide			$27.48	
82157	Assay Of Androstenedione			$15.83	
82160	Assay Of Androsterone			$11.38	
82163	Assay Of Angiotensin Ii			$21.38	
82164	Angiotensin I Enzyme Test			$11.38	
82172	Assay Of Apolipoprotein			$4.54	
82175	Assay Of Arsenic			$21.38	
82180	Assay Of Ascorbic Acid			$5.23	
82232	Assay Of Beta-2 Protein			$18.20	
82239	Bile Acids Total			$10.21	
82240	Bile Acids Cholylglycine			$10.21	
82247	Bilirubin Total			$5.52	
82248	Bilirubin Direct			$5.52	
82252	Fecal Bilirubin Test			$5.18	
82261	Assay Of Biotinidase			$15.51	
82270	Occult Blood Feces			$2.27	
82271	Occult Blood Other Sources			$2.27	
82272	Occult Bld Feces 1-3 Tests			$2.27	
82274	Assay Test For Blood Fecal			$19.88	
82300	Assay Of Cadmium			$9.29	
82308	Assay Of Calcitonin			$25.03	
82310	Assay Of Calcium			$2.87	
82330	Assay Of Calcium			$8.64	
82340	Assay Of Calcium In Urine			$4.31	
82355	Calculus Analysis Qual			$11.38	
82360	Calculus Assay Quant			$11.16	
82365	Calculus Spectroscopy			$11.39	
82370	X-Ray Assay Calculus			$11.39	
82374	Assay Blood Carbon Dioxide			$2.98	
82375	Assay Carboxyhb Quant			$6.82	
82376	Assay Carboxyhb Qual			$6.09	
82378	Carcinoembryonic Antigen			$14.65	
82379	Assay Of Carnitine			$15.51	
82380	Assay Of Carotene			$6.36	
82382	Assay Urine Catecholamines			$17.01	
82383	Assay Blood Catecholamines			$17.01	
82384	Assay Three Catecholamines			$17.01	
82390	Assay Of Ceruloplasmin			$9.32	
82415	Assay Of Chloramphenicol			$8.64	
82435	Assay Of Blood Chloride			$2.51	
82436	Assay Of Urine Chloride			$4.01	

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82438	Assay Other Fluid Chlorides			$2.50	
82465	Assay Bld/Serum Cholesterol			$2.65	
82480	Assay Serum Cholinesterase			$6.36	
82482	Assay Rbc Cholinesterase			$6.92	
82495	Assay Of Chromium			$8.64	
82525	Assay Of Copper			$8.64	
82528	Assay Of Corticosterone			$23.66	
82530	Cortisol Free			$15.95	
82533	Total Cortisol			$15.95	
82540	Assay Of Creatine			$4.54	
82565	Assay Of Creatinine			$2.93	
82570	Assay Of Urine Creatinine			$3.42	
82575	Creatinine Clearance Test			$5.90	
82585	Assay Of Cryofibrinogen			$7.50	
82595	Assay Of Cryoglobulin			$7.50	
82600	Assay Of Cyanide			$18.73	
82607	Vitamin B-12			$10.92	
82615	Test For Urine Cystines			$6.36	
82626	Dehydroepiandrosterone			$27.48	
82627	Dehydroepiandrosterone			$24.43	
82633	Desoxycorticosterone			$31.62	
82634	Deoxycortisol			$18.64	
82638	Assay Of Dibucaine Number			$12.07	
82652	Vit D 1 25-Dihydroxy			$42.28	
82668	Assay Of Erythropoietin			$21.38	
82670	Assay Of Estradiol			$12.12	
82671	Assay Of Estrogens			$28.20	
82672	Assay Of Estrogen			$17.06	
82677	Assay Of Estriol			$26.57	
82679	Assay Of Estrone			$11.96	
82693	Assay Of Ethylene Glycol			$6.36	
82696	Assay Of Etiocholanolone			$15.98	
82705	Fats/Lipids Feces Qual			$2.27	
82710	Fats/Lipids Feces Quant			$3.74	
82715	Assay Of Fecal Fat			$3.82	
82725	Assay Of Blood Fatty Acids			$11.15	
82726	Long Chain Fatty Acids			$12.78	
82728	Assay Of Ferritin			$14.56	
82731	Assay Of Fetal Fibronectin			$70.74	
82735	Assay Of Fluoride			$11.38	
82746	Assay Of Folic Acid Serum			$10.92	
82760	Assay Of Galactose			$8.57	
82775	Assay Galactose Transferase			$17.06	

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82777	Galectin-3			$24.85	
82784	Assay Iga/Igd/Igg/Igm Each			$9.32	
82800	Blood Ph			$2.36	
82803	Blood Gases Any Combination			$10.96	
82805	Blood Gases W/O2 Saturation			$22.67	
82810	Blood Gases O2 Sat Only			$9.58	
82938	Gastrin Test			$14.20	
82941	Assay Of Gastrin			$14.20	
82943	Assay Of Glucagon			$8.36	
82946	Glucagon Tolerance Test			$14.20	
82947	Assay Glucose Blood Quant			$2.29	
82948	Reagent Strip/Blood Glucose			$1.32	
82950	Glucose Test			$4.08	
82951	Glucose Tolerance Test (Gtt)			$11.73	
82952	Gtt-Added Samples			$3.64	
82955	Assay Of G6pd Enzyme			$7.95	
82960	Test For G6pd Enzyme			$5.23	
82962	Glucose Blood Test			$2.64	
82965	Assay Of Gdh Enzyme			$6.92	
82977	Assay Of Ggt			$4.40	
82979	Assay Rbc Glutathione			$5.23	
82985	Assay Of Glycated Protein			$12.74	
83001	Assay Of Gonadotropin (Fsh)			$12.67	
83002	Assay Of Gonadotropin (Lh)			$15.83	
83003	Assay Growth Hormone (Hgh)			$15.83	
83010	Assay Of Haptoglobin Quant			$10.66	
83014	H Pylori Drug Admin			$8.81	
83015	Heavy Metal Screen			$6.36	
83018	Quantitative Screen Metals			$20.92	
83020	Hemoglobin Electrophoresis			$10.56	
83020	Hemoglobin Electrophoresis	26		$10.30	
83021	Hemoglobin Chromotography			$12.78	
83026	Hemoglobin Copper Sulfate			$2.50	
83030	Fetal Hemoglobin Chemical			$3.82	
83033	Fetal Hemoglobin Assay Qual			$5.23	
83036	Glycosylated Hemoglobin Test			$8.64	
83037	Glycosylated Hb Home Device			$8.64	
83045	Blood Methemoglobin Test			$4.31	
83050	Blood Methemoglobin Assay			$3.79	
83051	Assay Of Plasma Hemoglobin			$4.01	
83060	Blood Sulfhemoglobin Assay			$3.82	
83065	Assay Of Hemoglobin Heat			$3.82	
83068	Hemoglobin Stability Screen			$3.82	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
83069	Assay Of Urine Hemoglobin			$1.85	
83070	Assay Of Hemosiderin Qual			$2.50	
83080	Assay Of B Hexosaminidase			$15.51	
83090	Assay Of Homocystine			$17.22	
83150	Assay Of Homovanillic Acid			$16.16	
83491	Assay Of Corticosteroids 17			$14.20	
83497	Assay Of 5-Hiaa			$12.74	
83498	Assay Of Progesterone 17-D			$15.83	
83500	Assay Free Hydroxyproline			$8.64	
83505	Assay Total Hydroxyproline			$17.06	
83525	Assay Of Insulin			$12.74	
83527	Assay Of Insulin			$12.74	
83540	Assay Of Iron			$3.96	
83550	Iron Binding Test			$6.36	
83570	Assay Of Idh Enzyme			$5.90	
83582	Assay Of Ketogenic Steroids			$11.38	
83586	Assay 17- Ketosteroids			$9.32	
83593	Fractionation Ketosteroids			$27.48	
83605	Assay Of Lactic Acid			$5.68	
83615	Lactate (Ld) (Ldh) Enzyme			$3.60	
83625	Assay Of Ldh Enzymes			$12.74	
83631	Lactoferrin Fecal (Quant)			$17.52	
83632	Placental Lactogen			$18.20	
83633	Test Urine For Lactose			$6.06	
83655	Assay Of Lead			$11.38	
83661	L/S Ratio Fetal Lung			$22.74	
83662	Foam Stability Fetal Lung			$2.65	
83690	Assay Of Lipase			$5.00	
83695	Assay Of Lipoprotein(A)			$14.98	
83698	Assay Lipoprotein Pla2			$39.27	
83700	Lipopro Bld Electrophoretic			$12.36	
83701	Lipoprotein Bld Hr Fraction			$15.95	
83704	Lipoprotein Bld By Nmr			$21.11	
83718	Assay Of Lipoprotein			$6.36	
83719	Assay Of Blood Lipoprotein			$6.36	
83721	Assay Of Blood Lipoprotein			$6.36	
83735	Assay Of Magnesium			$4.08	
83775	Assay Malate Dehydrogenase			$6.92	
83785	Assay Of Manganese			$11.38	
83825	Assay Of Mercury			$11.38	
83835	Assay Of Metanephrines			$14.56	
83857	Assay Of Methemalbumin			$8.64	
83861	Microfluid Analy Tears			$19.52	

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83864	Mucopolysaccharides			$20.47	
83872	Assay Synovial Fluid Mucin			$2.50	
83874	Assay Of Myoglobin			$10.24	
83880	Assay Of Natriuretic Peptide			$37.70	
83885	Assay Of Nickel			$9.29	
83915	Assay Of Nucleotidase			$9.29	
83916	Oligoclonal Bands			$18.20	
83930	Assay Of Blood Osmolality			$5.23	
83935	Assay Of Urine Osmolality			$5.23	
83937	Assay Of Osteocalcin			$8.64	
83945	Assay Of Oxalate			$10.24	
83970	Assay Of Parathormone			$45.35	
83986	Assay Ph Body Fluid Nos			$2.36	
83987	Exhaled Breath Condensate			$16.43	
83992	Assay For Phencyclidine			$13.19	
84030	Assay Of Blood Pku			$2.97	
84035	Assay Of Phenylketones			$3.56	
84060	Assay Acid Phosphatase			$4.31	
84066	Assay Prostate Phosphatase			$6.36	
84075	Assay Alkaline Phosphatase			$3.16	
84078	Assay Alkaline Phosphatase			$6.82	
84080	Assay Alkaline Phosphatases			$6.82	
84081	Assay Phosphatidylglycerol			$18.16	
84087	Assay Phosphohexose Enzymes			$10.46	
84100	Assay Of Phosphorus			$2.51	
84105	Assay Of Urine Phosphorus			$2.50	
84106	Test For Porphobilinogen			$4.71	
84110	Assay Of Porphobilinogen			$7.50	
84112	Eval Amniotic Fluid Protein			$75.04	
84119	Test Urine For Porphyrins			$4.74	
84120	Assay Of Urine Porphyrins			$13.75	
84126	Assay Of Feces Porphyrins			$26.38	
84132	Assay Of Serum Potassium			$2.81	
84133	Assay Of Urine Potassium			$4.31	
84134	Assay Of Prealbumin			$4.74	
84135	Assay Of Pregnanediol			$14.03	
84138	Assay Of Pregnanetriol			$19.43	
84140	Assay Of Pregnenolone			$17.01	
84143	Assay Of 17-Hydroxypregneno			$17.01	
84144	Assay Of Progesterone			$17.01	
84145	Procalcitonin (Pct)			$22.98	
84146	Assay Of Prolactin			$16.44	
84153	Assay Of Psa Total			$19.42	

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84154	Assay Of Psa Free			$20.20	
84155	Assay Of Protein Serum			$2.23	
84160	Assay Of Protein Any Source			$2.04	
84165	Protein E-Phoresis Serum			$8.64	
84165	Protein E-Phoresis Serum	26		$10.30	
84166	Protein E-Phoresis/Urine/Csf			$14.98	
84166	Protein E-Phoresis/Urine/Csf	26		$10.30	
84181	Western Blot Test			$19.10	
84181	Western Blot Test	26		$10.30	
84182	Protein Western Blot Test			$19.10	
84182	Protein Western Blot Test	26		$10.30	
84202	Assay Rbc Protoporphyrin			$5.00	
84210	Assay Of Pyruvate			$6.92	
84220	Assay Of Pyruvate Kinase			$6.36	
84228	Assay Of Quinine			$9.29	
84233	Assay Of Estrogen			$50.06	
84234	Assay Of Progesterone			$45.49	
84238	Assay Nonendocrine Receptor			$10.69	
84244	Assay Of Renin			$21.38	
84255	Assay Of Selenium			$8.64	
84260	Assay Of Serotonin			$6.21	
84285	Assay Of Silica			$2.36	
84295	Assay Of Serum Sodium			$2.85	
84300	Assay Of Urine Sodium			$2.50	
84302	Assay Of Sweat Sodium			$5.17	
84305	Assay Of Somatomedin			$15.83	
84307	Assay Of Somatostatin			$15.83	
84392	Assay Of Urine Sulfate			$1.37	
84402	Assay Of Free Testosterone			$20.37	
84403	Assay Of Total Testosterone			$20.37	
84430	Assay Of Thiocyanate			$4.54	
84431	Thromboxane Urine			$15.34	
84432	Assay Of Thyroglobulin			$12.29	
84436	Assay Of Total Thyroxine			$7.55	
84437	Assay Of Neonatal Thyroxine			$4.54	
84439	Assay Of Free Thyroxine			$8.44	
84442	Assay Of Thyroid Activity			$12.29	
84443	Assay Thyroid Stim Hormone			$8.27	
84445	Assay Of Tsi Globulin			$55.51	
84449	Assay Of Transcortin			$12.29	
84450	Transferase (Ast) (Sgot)			$3.15	
84460	Alanine Amino (Alt) (Sgpt)			$3.18	
84466	Assay Of Transferrin			$12.29	

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84478	Assay Of Triglycerides			$3.52	
84479	Assay Of Thyroid (T3 Or T4)			$7.12	
84480	Assay Triiodothyronine (T3)			$15.57	
84481	Free Assay (Ft-3)			$18.61	
84484	Assay Of Troponin Quant			$10.81	
84488	Test Feces For Trypsin			$5.90	
84490	Assay Of Feces For Trypsin			$6.87	
84510	Assay Of Tyrosine			$5.23	
84512	Assay Of Troponin Qual			$8.46	
84520	Assay Of Urea Nitrogen			$2.25	
84540	Assay Of Urine/Urea-N			$3.42	
84545	Urea-N Clearance Test			$4.96	
84550	Assay Of Blood/Uric Acid			$2.76	
84560	Assay Of Urine/Uric Acid			$3.42	
84577	Assay Of Feces/Urobilinogen			$4.31	
84578	Test Urine Urobilinogen			$2.50	
84580	Assay Of Urine Urobilinogen			$4.31	
84583	Assay Of Urine Urobilinogen			$2.50	
84585	Assay Of Urine Vma			$15.24	
84588	Assay Of Vasopressin			$20.92	
84590	Assay Of Vitamin A			$8.64	
84600	Assay Of Volatiles			$17.65	
84620	Xylose Tolerance Test			$8.18	
84630	Assay Of Zinc			$9.09	
84681	Assay Of C-Peptide			$15.62	
84702	Chorionic Gonadotropin Test			$6.13	
84703	Chorionic Gonadotropin Assay			$4.18	
84704	Hcg Free Betachain Test			$6.62	
84999	Clinical Chemistry Test			M	
85002	Bleeding Time Test			$4.94	
85004	Automated Diff Wbc Count			$5.17	
85007	Bl Smear W/Diff Wbc Count			$2.42	
85008	Bl Smear W/O Diff Wbc Count			$2.50	
85009	Manual Diff Wbc Count B-Coat			$1.82	
85013	Spun Microhematocrit			$2.50	
85014	Hematocrit			$2.50	
85018	Hemoglobin			$2.50	
85025	Complete Cbc W/Auto Diff Wbc			$4.96	
85027	Complete Cbc Automated			$4.31	
85032	Manual Cell Count Each			$4.77	
85041	Automated Rbc Count			$1.82	
85044	Manual Reticulocyte Count			$4.30	
85045	Automated Reticulocyte Count			$4.30	

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85046	Reticyte/Hgb Concentrate			$4.50	
85048	Automated Leukocyte Count			$2.50	
85049	Automated Platelet Count			$4.96	
85097	Bone Marrow Interpretation			$50.32	
85175	Blood Clot Lysis Time			$4.99	
85210	Clot Factor Ii Prothrom Spec			$14.91	
85220	Blooc Clot Factor V Test			$8.56	
85230	Clot Factor Vii Proconvertin			$17.93	
85240	Clot Factor Viii Ahg 1 Stage			$12.40	
85244	Clot Factor Viii Reltd Antgn			$22.74	
85245	Clot Factor Viii Vw Ristoctn			$9.25	
85246	Clot Factor Viii Vw Antigen			$9.25	
85247	Clot Factor Viii Multimetric			$9.25	
85250	Clot Factor Ix Ptc/Chrstmas			$14.91	
85260	Clot Factor X Stuart-Power			$14.91	
85270	Clot Factor Xi Pta			$14.91	
85280	Clot Factor Xii Hageman			$14.91	
85290	Clot Factor Xiii Fibrin Stab			$14.91	
85291	Clot Factor Xiii Fibrin Scrn			$6.92	
85292	Clot Factor Fletcher Fact			$16.05	
85293	Clot Factor Wght Kininogen			$17.13	
85300	Antithrombin Iii Activity			$14.19	
85301	Antithrombin Iii Antigen			$8.94	
85302	Clot Inhibit Prot C Antigen			$14.29	
85303	Clot Inhibit Prot C Activity			$14.29	
85305	Clot Inhibit Prot S Total			$12.74	
85306	Clot Inhibit Prot S Free			$14.29	
85335	Factor Inhibitor Test			$14.91	
85337	Thrombomodulin			$12.72	
85345	Coagulation Time Lee & White			$3.72	
85347	Coagulation Time Activated			$3.82	
85348	Coagulation Time Otr Method			$4.31	
85360	Euglobulin Lysis			$5.90	
85362	Fibrin Degradation Products			$4.31	
85366	Fibrinogen Test			$7.58	
85370	Fibrinogen Test			$7.37	
85378	Fibrin Degrade Semiquant			$5.68	
85379	Fibrin Degradation Quant			$7.37	
85380	Fibrin Degradj D-Dimer			$10.05	
85384	Fibrinogen Activity			$7.81	
85385	Fibrinogen Antigen			$7.81	
85390	Fibrinolysins Screen I&R			$3.05	
85390	Fibrinolysins Screen I&R	26		$10.30	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
85400	Fibrinolytic Plasmin			$6.92	
85410	Fibrinolytic Antiplasmin			$6.92	
85415	Fibrinolytic Plasminogen			$6.92	
85420	Fibrinolytic Plasminogen			$6.92	
85421	Fibrinolytic Plasminogen			$7.01	
85441	Heinz Bodies Direct			$4.62	
85445	Heinz Bodies Induced			$7.48	
85460	Hemoglobin Fetal			$3.82	
85461	Hemoglobin Fetal			$7.82	
85520	Heparin Assay			$6.60	
85525	Heparin Neutralization			$6.74	
85530	Heparin-Protamine Tolerance			$8.64	
85540	Wbc Alkaline Phosphatase			$6.82	
85547	Rbc Mechanical Fragility			$2.82	
85549	Muramidase			$13.75	
85557	Rbc Osmotic Fragility			$6.09	
85576	Blood Platelet Aggregation			$6.09	
85576	Blood Platelet Aggregation	26		$10.30	
85597	Phospholipid Pltlt Neutraliz			$6.59	
85598	Hexagnal Phosph Pltlt Neutrl			$6.65	
85610	Prothrombin Time			$3.64	
85611	Prothrombin Test			$4.68	
85612	Viper Venom Prothrombin Time			$8.73	
85613	Russell Viper Venom Diluted			$8.73	
85635	Reptilase Test			$4.54	
85651	Rbc Sed Rate Nonautomated			$2.50	
85652	Rbc Sed Rate Automated			$2.97	
85660	Rbc Sickle Cell Test			$2.50	
85670	Thrombin Time Plasma			$4.31	
85675	Thrombin Time Titer			$4.31	
85705	Thromboplastin Inhibition			$0.88	
85730	Thromboplastin Time Partial			$4.31	
85732	Thromboplastin Time Partial			$5.23	
85810	Blood Viscosity Examination			$8.64	
85999	Hematology Procedure			M	
86000	Agglutinins Febrile Antigen			$4.31	
86003	Allergen Specific Ige			$5.73	
86005	Allergen Specific Ige			$2.64	
86038	Antinuclear Antibodies			$6.88	
86060	Antistreptolysin O Titer			$5.52	
86063	Antistreptolysin O Screen			$4.20	
86140	C-Reactive Protein			$4.31	
86141	C-Reactive Protein Hs			$14.22	

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86148	Anti-Phospholipid Antibody			$10.24	
86152	Cell Enumeration & Id			$175.82	
86153	Cell Enumeration Phys Interp	26		$19.22	
86156	Cold Agglutinin Screen			$5.40	
86157	Cold Agglutinin Titer			$6.55	
86161	Complement/Function Activity			$10.96	
86162	Complement Total (Ch50)			$20.92	
86171	Complement Fixation Each			$11.01	
86200	Ccp Antibody			$14.98	
86215	Deoxyribonuclease Antibody			$10.46	
86225	Dna Antibody Native			$11.38	
86226	Dna Antibody Single Strand			$11.38	
86235	Nuclear Antigen Antibody			$10.46	
86255	Fluorescent Antibody Screen			$13.23	
86255	Fluorescent Antibody Screen	26		$10.30	
86256	Fluorescent Antibody Titer			$12.29	
86256	Fluorescent Antibody Titer	26		$10.30	
86277	Growth Hormone Antibody			$17.59	
86300	Immunoassay Tumor Ca 15-3			$22.86	
86304	Immunoassay Tumor Ca 125			$22.86	
86305	Human Epididymis Protein 4			$24.67	
86308	Heterophile Antibody Screen			$4.31	
86309	Heterophile Antibody Titer			$4.78	
86310	Heterophile Antibody Absrbj			$5.68	
86316	Immunoassay Tumor Other			$19.42	
86318	Immunoassay Infectious Agent			$11.26	
86320	Serum Immunoelectrophoresis			$21.38	
86320	Serum Immunoelectrophoresis	26		$10.30	
86325	Other Immunoelectrophoresis			$21.38	
86325	Other Immunoelectrophoresis	26		$10.30	
86334	Immunofix E-Phoresis Serum			$23.82	
86334	Immunofix E-Phoresis Serum	26		$10.30	
86335	Immunfix E-Phorsis/Urine/Csf			$30.49	
86335	Immunfix E-Phorsis/Urine/Csf	26		$10.30	
86337	Insulin Antibodies			$12.74	
86340	Intrinsic Factor Antibody			$16.16	
86341	Islet Cell Antibody			$12.74	
86352	Cell Function Assay W/Stim			$80.56	
86353	Lymphocyte Transformation			$42.07	
86356	Mononuclear Cell Antigen			$15.63	
86382	Neutralization Test Viral			$12.52	
86384	Nitroblue Tetrazolium Dye			$9.29	
86386	Nuclear Matrix Protein 22			$11.13	

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86403	Particle Agglut Antbdy Scrn			$4.71	
86406	Particle Agglut Antbdy Titr			$4.71	
86430	Rheumatoid Factor Test Qual			$3.54	
86431	Rheumatoid Factor Quant			$5.30	
86481	Tb Ag Response T-Cell Susp			$72.21	
86485	Skin Test Candida			$6.62	
86486	Skin Test Nos Antigen			$2.77	
86490	Coccidioidomycosis Skin Test			$39.03	
86510	Histoplasmosis Skin Test			$3.37	
86580	Tb Intradermal Test			$4.36	
86592	Syphilis Test Non-Trep Qual			$2.73	
86593	Syphilis Test Non-Trep Quant			$4.74	
86687	Htlv-I Antibody			$9.22	
86688	Htlv-Ii Antibody			$11.36	
86692	Hepatitis Delta Agent Antbdy			$10.24	
86701	Hiv-1antibody			$9.76	
86702	Hiv-2 Antibody			$11.56	
86703	Hiv-1/Hiv-2 1 Result Antbdy			$11.56	
86704	Hep B Core Antibody Total			$10.24	
86705	Hep B Core Antibody Igm			$10.24	
86706	Hep B Surface Antibody			$10.24	
86707	Hepatitis Be Antibody			$10.24	
86708	Hepatitis A Antibody			$10.24	
86778	Toxoplasma Antibody Igm			$4.74	
86780	Treponema Pallidum			$13.80	
86803	Hepatitis C Ab Test			$10.24	
86804	Hep C Ab Test Confirm			$10.24	
86812	Hla Typing A B Or C			$27.48	
86813	Hla Typing A B Or C			$54.50	
86816	Hla Typing Dr/Dq			$22.74	
86817	Hla Typing Dr/Dq			$54.50	
86821	Lymphocyte Culture Mixed			$62.02	
86825	Hla X-Math Non-Cytotoxic			$48.08	
86826	Hla X-Match Noncytotoxc Addl			$16.02	
86828	Hla Class I&Ii Antibody Qual			$44.70	
86829	Hla Class I/Ii Antibody Qual			$33.53	
86830	Hla Class I Phenotype Qual			$91.20	
86831	Hla Class Ii Phenotype Qual			$78.17	
86832	Hla Class I High Defin Qual			$143.32	
86833	Hla Class Ii High Defin Qual			$130.29	
86834	Hla Class I Semiquant Panel			$403.90	
86835	Hla Class Ii Semiquant Panel			$364.82	
86849	Immunology Procedure			M	

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86850	Rbc Antibody Screen			$5.27	
86860	Rbc Antibody Elution			$15.71	
86880	Coombs Test Direct			$4.31	
86885	Coombs Test Indirect Qual			$5.27	
86886	Coombs Test Indirect Titer			$5.68	
86900	Blood Typing Serologic Abo			$2.04	
86901	Blood Typing Serologic Rh(D)			$4.33	
87045	Feces Culture Aerobic Bact			$10.37	
87070	Culture Othr Specimn Aerobic			$9.31	
87075	Cultr Bacteria Except Blood			$8.84	
87076	Culture Anaerobe Ident Each			$8.84	
87077	Culture Aerobic Identify			$8.86	
87081	Culture Screen Only			$4.74	
87084	Culture Of Specimen By Kit			$4.74	
87086	Urine Culture/Colony Count			$4.42	
87088	Urine Bacteria Culture			$7.94	
87101	Skin Fungi Culture			$4.31	
87102	Fungus Isolation Culture			$4.31	
87106	Fungi Identification Yeast			$11.35	
87109	Mycoplasma			$13.75	
87110	Chlamydia Culture			$13.65	
87116	Mycobacteria Culture			$2.36	
87118	Mycobacteric Identification			$10.46	
87140	Culture Type Immunofluoresc			$4.31	
87143	Culture Typing Glc/Hplc			$4.31	
87147	Culture Type Immunologic			$4.31	
87177	Ova And Parasites Smears			$9.31	
87181	Microbe Susceptible Diffuse			$1.37	
87184	Microbe Susceptible Disk			$7.70	
87186	Microbe Susceptible Mic			$9.51	
87188	Microbe Suscept Macrobroth			$2.50	
87190	Microbe Suscept Mycobacteri			$5.23	
87205	Smear Gram Stain			$4.31	
87206	Smear Fluorescent/Acid Stai			$5.68	
87207	Smear Special Stain			$6.57	
87207	Smear Special Stain	26		$10.30	
87209	Smear Complex Stain			$19.73	
87210	Smear Wet Mount Saline/Ink			$2.50	
87220	Tissue Exam For Fungi			$2.50	
87230	Assay Toxin Or Antitoxin			$15.24	
87250	Virus Inoculate Eggs/Animal			$15.01	
87252	Virus Inoculation Tissue			$15.01	
87253	Virus Inoculate Tissue Addl			$7.22	

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87255	Genet Virus Isolate Hsv			$37.60	
87260	Adenovirus Ag If			$13.18	
87265	Pertussis Ag If			$13.18	
87267	Enterovirus Antibody Dfa			$13.32	
87270	Chlamydia Trachomatis Ag If			$13.18	
87271	Cytomegalovirus Dfa			$13.32	
87272	Cryptosporidium Ag If			$13.18	
87274	Herpes Simplex 1 Ag If			$13.18	
87276	Influenza A Ag If			$13.18	
87278	Legion Pneumophilia Ag If			$13.18	
87280	Respiratory Syncytial Ag If			$13.18	
87285	Treponema Pallidum Ag If			$13.18	
87290	Varicella Zoster Ag If			$13.18	
87299	Antibody Detection Nos If			$13.18	
87301	Adenovirus Ag Ia			$13.18	
87320	Chylmd Trach Ag Ia			$13.18	
87324	Clostridium Ag Ia			$13.18	
87328	Cryptosporidium Ag Ia			$13.18	
87332	Cytomegalovirus Ag Ia			$13.18	
87335	E Coli 0157 Ag Ia			$13.18	
87338	Hpylori Stool Ia			$15.98	
87340	Hepatitis B Surface Ag Ia			$11.35	
87350	Hepatitis Be Ag Ia			$12.66	
87380	Hepatitis Delta Ag Ia			$14.37	
87385	Histoplasma Capsul Ag Ia			$13.18	
87389	Hiv-1 Ag W/Hiv-1 & Hiv-2 Ab			$21.58	
87390	Hiv-1 Ag Ia			$11.21	
87391	Hiv-2 Ag Ia			$11.21	
87420	Resp Syncytial Ag Ia			$13.18	
87425	Rotavirus Ag Ia			$13.18	
87430	Strep A Ag Ia			$13.18	
87449	Ag Detect Nos Ia Mult			$13.18	
87450	Ag Detect Nos Ia Single			$10.53	
87661	Trichomonas Vaginalis Amplif			$39.64	
87804	Influenza Assay W/Optic			$13.18	
87807	Rsv Assay W/Optic			$13.32	
87808	Trichomonas Assay W/Optic			$13.88	
87809	Adenovirus Assay W/Optic			$13.88	
87810	Chylmd Trach Assay W/Optic			$13.12	
87850	N. Gonorrhoeae Assay W/Optic			$13.12	
87880	Strep A Assay W/Optic			$13.12	
87905	Sialidase Enzyme Assay			$4.47	
87999	Microbiology Procedure			M	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
88130	Sex Chromatin Identification			$8.64	
88140	Sex Chromatin Identification			$7.10	
88141	Cytopath C/V Interpret			$18.23	
88142	Cytopath C/V Thin Layer			$22.96	
88143	Cytopath C/V Thin Layer Redo			$22.96	
88147	Cytopath C/V Automated			$12.29	
88148	Cytopath C/V Auto Rescreen			$12.29	
88155	Cytopath C/V Index Add-On			$6.57	
88164	Cytopath Tbs C/V Manual			$11.61	
88165	Cytopath Tbs C/V Redo			$11.61	
88166	Cytopath Tbs C/V Auto Redo			$11.61	
88167	Cytopath Tbs C/V Select			$11.61	
88174	Cytopath C/V Auto In Fluid			$23.74	
88175	Cytopath C/V Auto Fluid Redo			$29.27	
88187	Flowcytometry/Read 2-8			$40.41	
88188	Flowcytometry/Read 9-15			$51.51	
88189	Flowcytometry/Read 16 & >			$63.19	
88230	Tissue Culture Lymphocyte			$121.10	
88233	Tissue Culture Skin/Biopsy			$121.10	
88235	Tissue Culture Placenta			$121.10	
88237	Tissue Culture Bone Marrow			$121.10	
88239	Tissue Culture Tumor			$121.10	
88240	Cell Cryopreserve/Storage			$9.10	
88241	Frozen Cell Preparation			$9.10	
88245	Chromosome Analysis 20-25			$87.32	
88248	Chromosome Analysis 50-100			$121.10	
88249	Chromosome Analysis 100			$121.10	
88261	Chromosome Analysis 5			$194.15	
88262	Chromosome Analysis 15-20			$136.93	
88263	Chromosome Analysis 45			$145.53	
88264	Chromosome Analysis 20-25			$136.93	
88267	Chromosome Analys Placenta			$165.99	
88269	Chromosome Analys Amniotic			$145.53	
88271	Cytogenetics Dna Probe			$16.07	
88272	Cytogenetics 3-5			$28.14	
88273	Cytogenetics 10-30			$35.68	
88274	Cytogenetics 25-99			$38.66	
88275	Cytogenetics 100-300			$44.60	
88280	Chromosome Karyotype Study			$25.70	
88283	Chromosome Banding Study			$64.97	
88285	Chromosome Count Additional			$20.86	
88289	Chromosome Study Additional			$37.83	
88291	Cyto/Molecular Report			$17.83	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
88299	Cytogenetic Study			M	
88371	Protein Western Blot Tissue			$19.10	
88371	Protein Western Blot Tissue	26		$10.30	
88738	Hgb Quant Transcutaneous			$5.95	
89050	Body Fluid Cell Count			$1.82	
89051	Body Fluid Cell Count			$4.31	
89055	Leukocyte Assessment Fecal			$4.73	
89060	Exam Synovial Fluid Crystals			$3.56	
89060	Exam Synovial Fluid Crystals	26		$10.30	
89125	Specimen Fat Stain			$2.50	
89190	Nasal Smear For Eosinophils			$2.36	
89220	Sputum Specimen Collection			$9.11	
89230	Collect Sweat For Test			$2.97	
89331	Retrograde Ejaculation Anal			$21.65	
90281	Human Ig Im			M	
90283	Human Ig Iv			M	
90284	Human Ig Sc			M	
90296	Diphtheria Antitoxin			M	
90371	Hep B Ig Im			$114.44	
90375	Rabies Ig Im/Sc			$283.63	
90376	Rabies Ig Heat Treated			$272.08	
90378	Rsv Mab Im 50mg			M	
90384	Rh Ig Full-Dose Im			$83.74	
90385	Rh Ig Minidose Im			$24.39	
90396	Varicella-Zoster Ig Im			M	
90399	Immune Globulin			M	
90460	Im Admin 1st/Only Component			$7.00	
90461	Im Admin Each Addl Component			$0.00	
90471	Immunization Admin			$7.00	
90472	Immunization Admin Each Add			$7.00	
90473	Immune Admin Oral/Nasal			$3.00	
90474	Immune Admin Oral/Nasal Addl			$3.00	
90620	Menb Rp W/Omv Vaccine Im		10 to 19 years	$0.00	
90620	Menb Rp W/Omv Vaccine Im		19 to 26 years	$169.60	
90621	Menb Rlp Vaccine Im		10 to 19 years	$0.00	
90621	Menb Rlp Vaccine Im		19 to 26 years	$121.90	
90630	Flu Vacc Iiv4 No Preserv Id			$20.34	Rate Effective: 0
90632	Hepa Vaccine Adult Im			$50.84	
90633	Hepa Vacc Ped/Adol 2 Dose Im			$0.00	
90636	Hep A/Hep B Vacc Adult Im			$96.46	
90644	Hib-Mency Vaccine 4 Dose Im			$0.00	
90647	Hib Prp-Omp Vacc 3 Dose Im			$0.00	
90648	Hib Prp-T Vaccine 4 Dose Im			$0.00	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule

Revised: 12/14/2016 **July - 2016**

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
90649	4vhpv Vaccine 3 Dose Im		19 to 27 years	$155.03	
90649	4vhpv Vaccine 3 Dose Im		9 to 19 years	$0.00	
90650	2vhpv Vaccine 3 Dose Im			$135.68	
90651	9vhpv Vaccine 3 Dose Im		19 to 27 years	$172.08	
90651	9vhpv Vaccine 3 Dose Im		9 to 19 years	$0.00	
90653	Iiv Adjuvant Vaccine Im			$37.38	Rate Effective: 0
90654	Flu Vacc Iiv3 No Preserv Id			$18.92	
90655	Iiv3 Vacc No Prsv 6-35 Mo Im			$0.00	
90656	Iiv3 Vacc No Prsv 3 Yrs+ Im		19 to 124 years	$17.72	Rate Effective: 0
90656	Iiv3 Vacc No Prsv 3 Yrs+ Im		3 to 19 years	$0.00	
90657	Iiv3 Vaccine 6-35 Months Im			$0.00	
90658	Iiv3 Vaccine 3 Yrs+ Im		19 to 124 years	$11.37	
90658	Iiv3 Vaccine 3 Yrs+ Im		3 to 19 years	$0.00	
90661	Cciiv3 Vac Im Cult Prsv Free			$22.29	
90662	Iiv No Prsv Increased Ag Im			$42.72	Rate Effective: 0
90670	Pcv13 Vaccine Im		19 to 124 years	$181.06	
90670	Pcv13 Vaccine Im		42 days to 19 years	$0.00	
90673	Riv3 Vaccine No Preserv Im			$40.61	Rate Effective: 0
90675	Rabies Vaccine Im			$258.73	
90676	Rabies Vaccine Id			$287.55	
90680	Rv5 Vacc 3 Dose Live Oral			$0.00	
90681	Rv1 Vacc 2 Dose Live Oral			$0.00	
90685	Iiv4 Vacc No Prsv 6-35 M Im			$0.00	
90686	Iiv4 Vacc No Prsv 3 Yrs+ Im		19 to 124 years	$19.03	Rate Effective: 0
90686	Iiv4 Vacc No Prsv 3 Yrs+ Im		3 to 19 years	$0.00	
90687	Iiv4 Vaccine 6-35 Months Im			$0.00	
90688	Iiv4 Vaccine 3 Yrs Plus Im		19 to 124 years	$17.84	Rate Effective: 0
90688	Iiv4 Vaccine 3 Yrs Plus Im		3 to 19 years	$0.00	
90691	Typhoid Vaccine Im			$90.08	
90696	Dtap-Ipv Vaccine 4-6 Yrs Im			$0.00	
90698	Dtap-Ipv/Hib Vaccine Im			$0.00	
90700	Dtap Vaccine < 7 Yrs Im			$0.00	
90702	Dt Vaccine Under 7 Yrs Im			$0.00	
90707	Mmr Vaccine Sc		1 to 19 years	$0.00	
90707	Mmr Vaccine Sc		19 to 124 years	$53.17	
90710	Mmrv Vaccine Sc			$0.00	
90713	Poliovirus Ipv Sc/Im		19 to 124 years	$29.09	
90713	Poliovirus Ipv Sc/Im		42 days to 19 years	$0.00	
90714	Td Vacc No Presv 7 Yrs+ Im		19 to 124 years	$23.20	
90714	Td Vacc No Presv 7 Yrs+ Im		7 to 19 years	$0.00	
90715	Tdap Vaccine 7 Yrs/> Im		19 to 124 years	$30.63	
90715	Tdap Vaccine 7 Yrs/> Im		7 to 19 years	$0.00	
90716	Var Vaccine Live Subq		1 to 19 years	$0.00	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule

Revised: 12/14/2016 **July - 2016**

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
90716	Var Vaccine Live Subq		19 to 124 years	$88.10	
90717	Yellow Fever Vaccine Subq			$91.06	
90723	Dtap-Hep B-Ipv Vaccine Im			$0.00	
90732	Ppsv23 Vacc 2 Yrs+ Subq/Im		19 to 124 years	$89.95	
90732	Ppsv23 Vacc 2 Yrs+ Subq/Im		2 to 19 years	$0.00	
90733	Mpsv4 Vaccine Subq			$106.49	
90734	Menacwy Vaccine Im		19 to 56 years	$82.66	
90734	Menacwy Vaccine Im		2 months to 19 years	$0.00	
90736	Hzv Vaccine Live Subq			$208.95	
90740	Hepb Vacc 3 Dose Immunsup Im			$122.96	
90744	Hepb Vacc 3 Dose Ped/Adol Im		0 to 19 years	$0.00	
90744	Hepb Vacc 3 Dose Ped/Adol Im		19 to 20 years	$25.39	
90746	Hepb Vaccine 3 Dose Adult Im			$61.48	
90747	Hepb Vacc 4 Dose Immunsup Im			$122.96	
90748	Hib-Hepb Vaccine Im			$0.00	
90749	Vaccine Toxoid			M	
90785	Psytx Complex Interactive			$7.73	
90791	Psych Diagnostic Evaluation			$73.30	
90792	Psych Diag Eval W/Med Srvcs			$81.02	
90832	Psytx Pt&/Family 30 Minutes			$35.46	
90833	Psytx Pt&/Fam W/E&M 30 Min			$36.65	
90834	Psytx Pt&/Family 45 Minutes			$47.15	
90836	Psytx Pt&/Fam W/E&M 45 Min			$46.55	
90837	Psytx Pt&/Family 60 Minutes			$70.92	
90838	Psytx Pt&/Fam W/E&M 60 Min			$61.41	
90839	Psytx Crisis Initial 60 Min			$73.89	
90840	Psytx Crisis Ea Addl 30 Min			$35.26	
90847	Family Psytx W/Patient			$59.23	
90853	Group Psychotherapy			$14.26	
90887	Consultation With Family			$49.33	
92002	Eye Exam New Patient			$45.17	
92004	Eye Exam New Patient			$82.81	
92012	Eye Exam Establish Patient			$47.54	
92014	Eye Exam&Tx Estab Pt 1/>Vst			$68.94	
92015	Determine Refractive State			$11.09	
92020	Special Eye Evaluation			$14.86	
92025	Corneal Topography			$21.20	
92025	Corneal Topography	26		$11.29	
92025	Corneal Topography	TC		$9.91	
92060	Special Eye Evaluation			$36.25	
92060	Special Eye Evaluation	26		$21.39	
92060	Special Eye Evaluation	TC		$14.86	
92065	Orthoptic/Pleoptic Training			$29.72	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
92065	Orthoptic/Pleoptic Training	26		$10.10	
92065	Orthoptic/Pleoptic Training	TC		$19.61	
92071	Contact Lens Fitting For Tx			$21.20	
92072	Fit Contac Lens For Managmnt			$75.48	
92081	Visual Field Examination(S)			$18.82	
92081	Visual Field Examination(S)	26		$9.11	
92081	Visual Field Examination(S)	TC		$9.71	
92082	Visual Field Examination(S)			$26.74	
92082	Visual Field Examination(S)	26		$12.08	
92082	Visual Field Examination(S)	TC		$14.66	
92083	Visual Field Examination(S)			$35.86	
92083	Visual Field Examination(S)	26		$15.65	
92083	Visual Field Examination(S)	TC		$20.21	
92100	Serial Tonometry Exam(S)			$44.57	
92132	Cmptr Ophth Dx Img Ant Segmt			$19.41	
92132	Cmptr Ophth Dx Img Ant Segmt	26		$10.70	
92132	Cmptr Ophth Dx Img Ant Segmt	TC		$8.72	
92133	Cmptr Ophth Img Optic Nerve			$24.56	
92133	Cmptr Ophth Img Optic Nerve	26		$15.65	
92133	Cmptr Ophth Img Optic Nerve	TC		$8.91	
92134	Cptr Ophth Dx Img Post Segmt			$25.16	
92134	Cptr Ophth Dx Img Post Segmt	26		$16.05	
92134	Cptr Ophth Dx Img Post Segmt	TC		$9.11	
92136	Ophthalmic Biometry			$50.32	
92136	Ophthalmic Biometry	26		$17.43	
92136	Ophthalmic Biometry	TC		$32.88	
92145	Corneal Hysteresis Deter			$8.52	
92145	Corneal Hysteresis Deter	26		$4.75	
92145	Corneal Hysteresis Deter	TC		$3.76	
92225	Special Eye Exam Initial			$15.06	
92226	Special Eye Exam Subsequent			$13.87	
92227	Remote Dx Retinal Imaging			$8.12	
92228	Remote Retinal Imaging Mgmt			$19.22	
92228	Remote Retinal Imaging Mgmt	26		$11.69	
92228	Remote Retinal Imaging Mgmt	TC		$7.53	
92230	Eye Exam With Photos			$32.49	
92235	Eye Exam With Photos			$61.21	
92235	Eye Exam With Photos	26		$26.35	
92235	Eye Exam With Photos	TC		$34.87	
92240	Icg Angiography			$142.43	
92240	Icg Angiography	26		$35.86	
92240	Icg Angiography	TC		$106.58	
92250	Eye Exam With Photos			$43.98	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
92250	Eye Exam With Photos	26		$13.47	
92250	Eye Exam With Photos	TC		$30.51	
92260	Ophthalmoscopy/Dynamometry			$10.30	
92265	Eye Muscle Evaluation			$44.18	
92265	Eye Muscle Evaluation	26		$24.17	
92265	Eye Muscle Evaluation	TC		$20.01	
92270	Electro-Oculography			$51.11	
92270	Electro-Oculography	26		$23.18	
92270	Electro-Oculography	TC		$27.93	
92275	Electroretinography			$82.81	
92275	Electroretinography	26		$30.31	
92275	Electroretinography	TC		$52.50	
92283	Color Vision Examination			$30.90	
92283	Color Vision Examination	26		$5.15	
92283	Color Vision Examination	TC		$25.75	
92284	Dark Adaptation Eye Exam			$34.27	
92284	Dark Adaptation Eye Exam	26		$6.93	
92284	Dark Adaptation Eye Exam	TC		$27.34	
92285	Eye Photography			$11.49	
92285	Eye Photography	26		$1.78	
92285	Eye Photography	TC		$9.71	
92286	Internal Eye Photography			$21.39	
92286	Internal Eye Photography	26		$12.48	
92286	Internal Eye Photography	TC		$8.91	
92287	Internal Eye Photography			$76.86	
92287	Internal Eye Photography	26		$26.15	
92287	Internal Eye Photography	TC		$50.71	
92310	Contact Lens Fitting			$53.49	
92311	Contact Lens Fitting			$56.46	
92312	Contact Lens Fitting			$64.98	
92313	Contact Lens Fitting			$54.08	
92326	Replacement Of Contact Lens			$18.01	
92340	Fit Spectacles Monofocal			$19.81	
92341	Fit Spectacles Bifocal			$22.58	
92342	Fit Spectacles Multifocal			$24.37	
92352	Fit Aphakia Spectcl Monofocl			$22.58	
92353	Fit Aphakia Spectcl Multifoc			$26.35	
92370	Repair & Adjust Spectacles			$17.23	
92371	Repair & Adjust Spectacles			$6.54	
92507	Speech/Hearing Therapy			$44.18	
92508	Speech/Hearing Therapy			$13.07	
92511	Nasopharyngoscopy			$63.00	
92521	Evaluation Of Speech Fluency			$62.01	

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92522	Evaluate Speech Production			$51.70	
92523	Speech Sound Lang Comprehen			$108.36	
92524	Behavral Qualit Analys Voice			$50.12	
92537	Caloric Vstblr Test W/Rec			$22.58	
92537	Caloric Vstblr Test W/Rec	26		$17.83	
92537	Caloric Vstblr Test W/Rec	TC		$4.75	
92538	Caloric Vstblr Test W/Rec			$11.49	
92538	Caloric Vstblr Test W/Rec	26		$8.91	
92538	Caloric Vstblr Test W/Rec	TC		$2.58	
92541	Spontaneous Nystagmus Test			$13.47	
92541	Spontaneous Nystagmus Test	26		$11.69	
92541	Spontaneous Nystagmus Test	TC		$1.78	
92542	Positional Nystagmus Test			$15.65	
92542	Positional Nystagmus Test	26		$14.07	
92542	Positional Nystagmus Test	TC		$1.58	
92544	Optokinetic Nystagmus Test			$9.31	
92544	Optokinetic Nystagmus Test	26		$7.92	
92544	Optokinetic Nystagmus Test	TC		$1.39	
92545	Oscillating Tracking Test			$8.52	
92545	Oscillating Tracking Test	26		$7.33	
92545	Oscillating Tracking Test	TC		$1.19	
92546	Sinusoidal Rotational Test			$57.65	
92546	Sinusoidal Rotational Test	26		$8.32	
92546	Sinusoidal Rotational Test	TC		$49.33	
92547	Supplemental Electrical Test			$3.37	
92548	Posturography			$57.25	
92548	Posturography	26		$14.66	
92548	Posturography	TC		$42.59	
92550	Tympanometry & Reflex Thresh			$11.89	
92551	Pure Tone Hearing Test Air			$6.74	
92552	Pure Tone Audiometry Air			$17.43	
92553	Audiometry Air & Bone			$20.80	
92555	Speech Threshold Audiometry			$13.07	
92556	Speech Audiometry Complete			$20.80	
92557	Comprehensive Hearing Test			$21.00	
92561	Bekesy Audiometry Diagnosis			$21.20	
92562	Loudness Balance Test			$25.95	
92563	Tone Decay Hearing Test			$17.23	
92564	Sisi Hearing Test			$15.65	
92565	Stenger Test Pure Tone			$8.91	
92567	Tympanometry			$8.12	
92568	Acoustic Refl Threshold Tst			$8.91	
92570	Acoustic Immitance Testing			$18.03	

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92571	Filtered Speech Hearing Test			$15.25	
92575	Sensorineural Acuity Test			$40.41	
92576	Synthetic Sentence Test			$20.01	
92577	Stenger Test Speech			$9.31	
92579	Visual Audiometry (Vra)			$23.57	
92582	Conditioning Play Audiometry			$37.84	
92587	Evoked Auditory Test Limited			$12.08	
92587	Evoked Auditory Test Limited	26		$10.30	
92587	Evoked Auditory Test Limited	TC		$1.78	
92588	Evoked Auditory Tst Complete			$18.42	
92588	Evoked Auditory Tst Complete	26		$16.24	
92588	Evoked Auditory Tst Complete	TC		$2.18	
92590	Hearing Aid Exam One Ear			$45.02	
92591	Hearing Aid Exam Both Ears			$45.02	
92594	Electro Hearng Aid Test One			$13.04	
92595	Electro Hearng Aid Tst Both			$26.10	
92601	Cochlear Implt F/Up Exam <7			$79.24	
92602	Reprogram Cochlear Implt 7/>			$50.12	
92603	Cochlear Implt F/Up Exam 7/>			$84.79	
92604	Reprogram Cochlear Implt 7/>			$50.12	
92612	Endoscopy Swallow Tst (Fees)			$104.40	
92614	Laryngoscopic Sensory Test			$81.82	
92616	Fees W/Laryngeal Sense Test			$116.88	
92625	Tinnitus Assessment			$39.22	
92626	Eval Aud Rehab Status			$50.12	
92627	Eval Aud Status Rehab Add-On			$12.48	
92630	Aud Rehab Pre-Ling Hear Loss			$32.68	
92633	Aud Rehab Postling Hear Loss			$32.68	
92950	Heart/Lung Resuscitation Cpr			$170.56	
92960	Cardioversion Electric Ext			$115.49	
93000	Electrocardiogram Complete			$9.51	
93005	Electrocardiogram Tracing			$4.75	
93010	Electrocardiogram Report			$4.75	
93040	Rhythm Ecg With Report			$7.13	
93041	Rhythm Ecg Tracing			$3.17	
93042	Rhythm Ecg Report			$3.96	
93224	Ecg Monit/Reprt Up To 48 Hrs			$50.91	
93225	Ecg Monit/Reprt Up To 48 Hrs			$14.86	
93226	Ecg Monit/Reprt Up To 48 Hrs			$21.20	
93227	Ecg Monit/Reprt Up To 48 Hrs			$14.86	
93228	Remote 30 Day Ecg Rev/Report			$14.66	
93229	Remote 30 Day Ecg Tech Supp			$406.11	
93260	Prgrmg Dev Eval Impltbl Sys			$37.44	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
93260	Prgrmg Dev Eval Impltbl Sys	26		$25.16	
93260	Prgrmg Dev Eval Impltbl Sys	TC		$12.28	
93261	Interrogate Subq Defib			$33.88	
93261	Interrogate Subq Defib	26		$21.59	
93261	Interrogate Subq Defib	TC		$12.28	
93268	Ecg Record/Review			$114.70	
93270	Remote 30 Day Ecg Rev/Report			$5.15	
93271	Ecg/Monitoring And Analysis			$95.29	
93272	Ecg/Review Interpret Only			$14.26	
93278	Ecg/Signal-Averaged			$16.84	
93278	Ecg/Signal-Averaged	26		$6.93	
93278	Ecg/Signal-Averaged	TC		$9.91	
93279	Pm Device Progr Eval Sngl			$27.73	
93279	Pm Device Progr Eval Sngl	26		$18.03	
93279	Pm Device Progr Eval Sngl	TC		$9.71	
93280	Pm Device Progr Eval Dual			$32.49	
93280	Pm Device Progr Eval Dual	26		$21.59	
93280	Pm Device Progr Eval Dual	TC		$10.90	
93281	Pm Device Progr Eval Multi			$38.04	
93281	Pm Device Progr Eval Multi	26		$25.16	
93281	Pm Device Progr Eval Multi	TC		$12.88	
93282	Prgrmg Eval Implantable Dfb			$35.06	
93282	Prgrmg Eval Implantable Dfb	26		$23.77	
93282	Prgrmg Eval Implantable Dfb	TC		$11.29	
93283	Prgrmg Eval Implantable Dfb			$45.56	
93283	Prgrmg Eval Implantable Dfb	26		$32.29	
93283	Prgrmg Eval Implantable Dfb	TC		$13.27	
93284	Prgrmg Eval Implantable Dfb			$50.32	
93284	Prgrmg Eval Implantable Dfb	26		$35.26	
93284	Prgrmg Eval Implantable Dfb	TC		$15.06	
93285	Ilr Device Eval Progr			$23.57	
93285	Ilr Device Eval Progr	26		$14.66	
93285	Ilr Device Eval Progr	TC		$8.91	
93286	Peri-Px Pacemaker Device Evl			$15.25	
93286	Peri-Px Pacemaker Device Evl	26		$8.52	
93286	Peri-Px Pacemaker Device Evl	TC		$6.74	
93287	Peri-Px Device Eval & Prgr			$20.21	
93287	Peri-Px Device Eval & Prgr	26		$12.88	
93287	Peri-Px Device Eval & Prgr	TC		$7.33	
93288	Pm Device Eval In Person			$20.60	
93288	Pm Device Eval In Person	26		$11.89	
93288	Pm Device Eval In Person	TC		$8.72	
93289	Interrog Device Eval Heart			$36.45	

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93289	Interrog Device Eval Heart	26		$25.55	
93289	Interrog Device Eval Heart	TC		$10.90	
93290	Icm Device Eval			$17.43	
93290	Icm Device Eval	26		$12.08	
93290	Icm Device Eval	TC		$5.35	
93291	Ilr Device Interrogate			$20.21	
93291	Ilr Device Interrogate	26		$12.08	
93291	Ilr Device Interrogate	TC		$8.12	
93292	Wcd Device Interrogate			$18.23	
93292	Wcd Device Interrogate	26		$12.08	
93292	Wcd Device Interrogate	TC		$6.14	
93293	Pm Phone R-Strip Device Eval			$29.72	
93293	Pm Phone R-Strip Device Eval	26		$8.72	
93293	Pm Phone R-Strip Device Eval	TC		$21.00	
93294	Pm Device Interrogate Remote			$19.02	
93295	Dev Interrog Remote 1/2/Mlt			$37.84	
93296	Pm/Icd Remote Tech Serv			$14.46	
93297	Icm Device Interrogat Remote			$14.86	
93298	Ilr Device Interrogat Remote			$14.86	
93299	Icm/Ilr Remote Tech Serv			$72.61	
93303	Echo Transthoracic			$133.32	
93303	Echo Transthoracic	26		$35.86	
93303	Echo Transthoracic	TC		$97.47	
93304	Echo Transthoracic			$87.16	
93304	Echo Transthoracic	26		$20.60	
93304	Echo Transthoracic	TC		$66.56	
93306	Tte W/Doppler Complete			$127.38	
93306	Tte W/Doppler Complete	26		$35.66	
93306	Tte W/Doppler Complete	TC		$91.72	
93307	Tte W/O Doppler Complete			$72.90	
93307	Tte W/O Doppler Complete	26		$25.36	
93307	Tte W/O Doppler Complete	TC		$47.54	
93308	Tte F-Up Or Lmtd			$69.73	
93308	Tte F-Up Or Lmtd	26		$14.46	
93308	Tte F-Up Or Lmtd	TC		$55.27	
93320	Doppler Echo Exam Heart			$30.31	
93320	Doppler Echo Exam Heart	26		$10.30	
93320	Doppler Echo Exam Heart	TC		$20.01	
93321	Doppler Echo Exam Heart			$15.25	
93321	Doppler Echo Exam Heart	26		$4.16	
93321	Doppler Echo Exam Heart	TC		$11.09	
93325	Doppler Color Flow Add-On			$14.26	
93325	Doppler Color Flow Add-On	26		$1.78	

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93325	Doppler Color Flow Add-On	TC		$12.48	
93350	Stress Tte Only			$134.71	
93350	Stress Tte Only	26		$40.02	
93350	Stress Tte Only	TC		$94.69	
93880	Extracranial Bilat Study			$114.11	
93880	Extracranial Bilat Study	26		$22.58	
93880	Extracranial Bilat Study	TC		$91.52	
93922	Upr/L Xtremity Art 2 Levels			$50.12	
93922	Upr/L Xtremity Art 2 Levels	26		$7.13	
93922	Upr/L Xtremity Art 2 Levels	TC		$42.99	
93923	Upr/Lxtr Art Stdy 3+ Lvls			$78.05	
93923	Upr/Lxtr Art Stdy 3+ Lvls	26		$12.68	
93923	Upr/Lxtr Art Stdy 3+ Lvls	TC		$65.37	
93924	Lwr Xtr Vasc Stdy Bilat			$97.86	
93924	Lwr Xtr Vasc Stdy Bilat	26		$14.07	
93924	Lwr Xtr Vasc Stdy Bilat	TC		$83.80	
93925	Lower Extremity Study			$146.59	
93925	Lower Extremity Study	26		$22.19	
93925	Lower Extremity Study	TC		$124.41	
93926	Lower Extremity Study			$86.37	
93926	Lower Extremity Study	26		$13.67	
93926	Lower Extremity Study	TC		$72.70	
93930	Upper Extremity Study			$117.87	
93930	Upper Extremity Study	26		$22.58	
93930	Upper Extremity Study	TC		$95.29	
93931	Upper Extremity Study			$72.90	
93931	Upper Extremity Study	26		$14.07	
93931	Upper Extremity Study	TC		$58.84	
93965	Extremity Study			$67.55	
93965	Extremity Study	26		$9.91	
93965	Extremity Study	TC		$57.65	
93970	Extremity Study			$111.13	
93970	Extremity Study	26		$19.61	
93970	Extremity Study	TC		$91.52	
93971	Extremity Study			$67.95	
93971	Extremity Study	26		$12.68	
93971	Extremity Study	TC		$55.27	
93975	Vascular Study			$159.27	
93975	Vascular Study	26		$32.69	
93975	Vascular Study	TC		$126.59	
93976	Vascular Study			$91.92	
93976	Vascular Study	26		$22.58	
93976	Vascular Study	TC		$69.34	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
93978	Vascular Study			$108.16	
93978	Vascular Study	26		$22.58	
93978	Vascular Study	TC		$85.58	
93979	Vascular Study			$67.75	
93979	Vascular Study	26		$14.07	
93979	Vascular Study	TC		$53.69	
93980	Penile Vascular Study			$67.75	
93980	Penile Vascular Study	26		$34.47	
93980	Penile Vascular Study	TC		$33.28	
93981	Penile Vascular Study			$41.20	
93981	Penile Vascular Study	26		$12.48	
93981	Penile Vascular Study	TC		$28.72	
94010	Breathing Capacity Test			$20.21	
94010	Breathing Capacity Test	26		$4.75	
94010	Breathing Capacity Test	TC		$15.45	
94060	Evaluation Of Wheezing			$34.07	
94060	Evaluation Of Wheezing	26		$7.33	
94060	Evaluation Of Wheezing	TC		$26.74	
94070	Evaluation Of Wheezing			$33.48	
94070	Evaluation Of Wheezing	26		$16.24	
94070	Evaluation Of Wheezing	TC		$17.23	
94150	Vital Capacity Test			$14.07	
94150	Vital Capacity Test	26		$2.18	
94150	Vital Capacity Test	TC		$11.89	
94200	Lung Function Test (Mbc/Mvv)			$14.07	
94200	Lung Function Test (Mbc/Mvv)	26		$3.17	
94200	Lung Function Test (Mbc/Mvv)	TC		$10.90	
94250	Expired Gas Collection			$14.66	
94250	Expired Gas Collection	26		$2.97	
94250	Expired Gas Collection	TC		$11.69	
94375	Respiratory Flow Volume Loop			$21.99	
94375	Respiratory Flow Volume Loop	26		$8.32	
94375	Respiratory Flow Volume Loop	TC		$13.67	
94400	Co2 Breathing Response Curve			$31.30	
94400	Co2 Breathing Response Curve	26		$11.09	
94400	Co2 Breathing Response Curve	TC		$20.21	
94450	Hypoxia Response Curve			$38.23	
94450	Hypoxia Response Curve	26		$11.29	
94450	Hypoxia Response Curve	TC		$26.94	
94620	Pulmonary Stress Test/Simple			$31.50	
94620	Pulmonary Stress Test/Simple	26		$17.23	
94620	Pulmonary Stress Test/Simple	TC		$14.26	
94621	Pulm Stress Test/Complex			$91.52	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
94621	Pulm Stress Test/Complex	26		$38.83	
94621	Pulm Stress Test/Complex	TC		$52.69	
94640	Airway Inhalation Treatment			$10.30	
94667	Chest Wall Manipulation			$14.66	
94668	Chest Wall Manipulation			$16.24	
94669	Mechanical Chest Wall Oscill			$18.42	
94680	Exhaled Air Analysis O2			$32.09	
94680	Exhaled Air Analysis O2	26		$7.13	
94680	Exhaled Air Analysis O2	TC		$24.96	
94681	Exhaled Air Analysis O2/Co2			$29.52	
94681	Exhaled Air Analysis O2/Co2	26		$5.55	
94681	Exhaled Air Analysis O2/Co2	TC		$23.97	
94690	Exhaled Air Analysis			$27.93	
94690	Exhaled Air Analysis	26		$2.18	
94690	Exhaled Air Analysis	TC		$25.75	
94726	Pulm Funct Tst Plethysmograp			$29.52	
94726	Pulm Funct Tst Plethysmograp	26		$6.93	
94726	Pulm Funct Tst Plethysmograp	TC		$22.58	
94727	Pulm Function Test By Gas			$23.57	
94727	Pulm Function Test By Gas	26		$6.93	
94727	Pulm Function Test By Gas	TC		$16.64	
94728	Pulm Funct Test Oscillometry			$22.58	
94728	Pulm Funct Test Oscillometry	26		$7.13	
94728	Pulm Funct Test Oscillometry	TC		$15.45	
94729	Co/Membane Diffuse Capacity			$30.51	
94729	Co/Membane Diffuse Capacity	26		$5.15	
94729	Co/Membane Diffuse Capacity	TC		$25.36	
94750	Pulmonary Compliance Study			$45.17	
94750	Pulmonary Compliance Study	26		$6.34	
94750	Pulmonary Compliance Study	TC		$38.83	
94772	Breath Recording Infant			M	
94772	Breath Recording Infant	26		$40.54	
94772	Breath Recording Infant	TC		M	
94776	Ped Home Apnea Rec Downld			$93.03	
94777	Ped Home Apnea Rec Report			$30.65	
95004	Percut Allergy Skin Tests			$3.76	
95012	Exhaled Nitric Oxide Meas			$10.70	
95017	Perq & Icut Allg Test Venoms			$4.36	
95018	Perq&Ic Allg Test Drugs/Biol			$11.49	
95024	Icut Allergy Test Drug/Bug			$4.36	
95027	Icut Allergy Titrate-Airborn			$2.58	
95028	Icut Allergy Test-Delayed			$7.53	
95044	Allergy Patch Tests			$3.17	

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95052	Photo Patch Test			$3.76	
95056	Photosensitivity Tests			$24.76	
95060	Eye Allergy Tests			$19.61	
95065	Nose Allergy Test			$14.26	
95070	Bronchial Allergy Tests			$17.04	
95071	Bronchial Allergy Tests			$19.61	
95076	Ingest Challenge Ini 120 Min			$65.17	
95079	Ingest Challenge Addl 60 Min			$46.36	
95115	Immunotherapy One Injection			$4.95	
95117	Immunotherapy Injections			$5.74	
95145	Antigen Therapy Services			$12.08	
95146	Antigen Therapy Services			$21.79	
95147	Antigen Therapy Services			$19.61	
95148	Antigen Therapy Services			$29.12	
95149	Antigen Therapy Services			$39.22	
95165	Antigen Therapy Services			$7.13	
95180	Rapid Desensitization			$74.88	
95199	Allergy Immunology Services			M	
95250	Glucose Monitoring Cont			$88.35	
95251	Gluc Monitor Cont Phys I&R			$24.37	
95812	Eeg 41-60 Minutes			$195.33	
95812	Eeg 41-60 Minutes	26		$32.49	
95812	Eeg 41-60 Minutes	TC		$162.84	
95813	Eeg Over 1 Hour			$236.73	
95813	Eeg Over 1 Hour	26		$51.90	
95813	Eeg Over 1 Hour	TC		$184.83	
95816	Eeg Awake And Drowsy			$202.85	
95816	Eeg Awake And Drowsy	26		$32.49	
95816	Eeg Awake And Drowsy	TC		$170.37	
95819	Eeg Awake And Asleep			$231.98	
95819	Eeg Awake And Asleep	26		$32.49	
95819	Eeg Awake And Asleep	TC		$199.49	
95822	Eeg Coma Or Sleep Only			$209.00	
95822	Eeg Coma Or Sleep Only	26		$32.49	
95822	Eeg Coma Or Sleep Only	TC		$176.51	
95824	Eeg Cerebral Death Only			$23.61	
95824	Eeg Cerebral Death Only	26		$22.19	
95824	Eeg Cerebral Death Only	TC		$1.42	
95827	Eeg All Night Recording			$390.85	
95827	Eeg All Night Recording	26		$32.29	
95827	Eeg All Night Recording	TC		$358.56	
95851	Range Of Motion Measurements			$10.30	
95852	Range Of Motion Measurements			$9.11	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95857	Cholinesterase Challenge			$30.31	
95860	Muscle Test One Limb			$68.34	
95860	Muscle Test One Limb	26		$29.12	
95860	Muscle Test One Limb	TC		$39.22	
95861	Muscle Test 2 Limbs			$96.08	
95861	Muscle Test 2 Limbs	26		$46.75	
95861	Muscle Test 2 Limbs	TC		$49.33	
95863	Muscle Test 3 Limbs			$119.26	
95863	Muscle Test 3 Limbs	26		$56.26	
95863	Muscle Test 3 Limbs	TC		$63.00	
95864	Muscle Test 4 Limbs			$134.71	
95864	Muscle Test 4 Limbs	26		$61.01	
95864	Muscle Test 4 Limbs	TC		$73.69	
95865	Muscle Test Larynx			$80.82	
95865	Muscle Test Larynx	26		$47.74	
95865	Muscle Test Larynx	TC		$33.08	
95866	Muscle Test Hemidiaphragm			$74.88	
95866	Muscle Test Hemidiaphragm	26		$37.84	
95866	Muscle Test Hemidiaphragm	TC		$37.04	
95867	Muscle Test Cran Nerv Unilat			$52.89	
95867	Muscle Test Cran Nerv Unilat	26		$23.57	
95867	Muscle Test Cran Nerv Unilat	TC		$29.32	
95868	Muscle Test Cran Nerve Bilat			$74.29	
95868	Muscle Test Cran Nerve Bilat	26		$35.66	
95868	Muscle Test Cran Nerve Bilat	TC		$38.63	
95869	Muscle Test Thor Paraspinal			$52.10	
95869	Muscle Test Thor Paraspinal	26		$11.29	
95869	Muscle Test Thor Paraspinal	TC		$40.81	
95870	Muscle Test Nonparaspinal			$52.10	
95870	Muscle Test Nonparaspinal	26		$11.09	
95870	Muscle Test Nonparaspinal	TC		$41.01	
95872	Muscle Test One Fiber			$109.95	
95872	Muscle Test One Fiber	26		$86.57	
95872	Muscle Test One Fiber	TC		$23.38	
95873	Guide Nerv Destr Elec Stim			$41.20	
95873	Guide Nerv Destr Elec Stim	26		$11.29	
95873	Guide Nerv Destr Elec Stim	TC		$29.91	
95874	Guide Nerv Destr Needle Emg			$41.01	
95874	Guide Nerv Destr Needle Emg	26		$11.29	
95874	Guide Nerv Destr Needle Emg	TC		$29.72	
95885	Musc Tst Done W/Nerv Tst Lim			$32.88	
95885	Musc Tst Done W/Nerv Tst Lim	26		$10.70	
95885	Musc Tst Done W/Nerv Tst Lim	TC		$22.19	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95886	Musc Test Done W/N Test Comp			$51.11	
95886	Musc Test Done W/N Test Comp	26		$26.15	
95886	Musc Test Done W/N Test Comp	TC		$24.96	
95887	Musc Tst Done W/N Tst Nonext			$45.36	
95887	Musc Tst Done W/N Tst Nonext	26		$21.39	
95887	Musc Tst Done W/N Tst Nonext	TC		$23.97	
95907	Nvr Cndj Tst 1-2 Studies			$53.49	
95907	Nvr Cndj Tst 1-2 Studies	26		$30.11	
95907	Nvr Cndj Tst 1-2 Studies	TC		$23.38	
95908	Nrv Cndj Tst 3-4 Studies			$66.36	
95908	Nrv Cndj Tst 3-4 Studies	26		$37.64	
95908	Nrv Cndj Tst 3-4 Studies	TC		$28.72	
95909	Nrv Cndj Tst 5-6 Studies			$80.82	
95909	Nrv Cndj Tst 5-6 Studies	26		$45.17	
95909	Nrv Cndj Tst 5-6 Studies	TC		$35.66	
95910	Nrv Cndj Test 7-8 Studies			$107.77	
95910	Nrv Cndj Test 7-8 Studies	26		$60.42	
95910	Nrv Cndj Test 7-8 Studies	TC		$47.35	
95911	Nrv Cndj Test 9-10 Studies			$130.15	
95911	Nrv Cndj Test 9-10 Studies	26		$75.48	
95911	Nrv Cndj Test 9-10 Studies	TC		$54.68	
95912	Nrv Cndj Test 11-12 Studies			$145.60	
95912	Nrv Cndj Test 11-12 Studies	26		$89.54	
95912	Nrv Cndj Test 11-12 Studies	TC		$56.06	
95913	Nrv Cndj Test 13/> Studies			$166.60	
95913	Nrv Cndj Test 13/> Studies	26		$105.98	
95913	Nrv Cndj Test 13/> Studies	TC		$60.62	
95921	Autonomic Nrv Parasym Inervj			$48.34	
95921	Autonomic Nrv Parasym Inervj	26		$25.55	
95921	Autonomic Nrv Parasym Inervj	TC		$22.78	
95922	Autonomic Nrv Adrenrg Inervj			$56.46	
95922	Autonomic Nrv Adrenrg Inervj	26		$27.34	
95922	Autonomic Nrv Adrenrg Inervj	TC		$29.12	
95923	Autonomic Nrv Syst Funj Test			$91.92	
95923	Autonomic Nrv Syst Funj Test	26		$26.15	
95923	Autonomic Nrv Syst Funj Test	TC		$65.77	
95924	Ans Parasymp & Symp W/Tilt			$83.40	
95924	Ans Parasymp & Symp W/Tilt	26		$50.32	
95924	Ans Parasymp & Symp W/Tilt	TC		$33.08	
95925	Somatosensory Testing			$87.16	
95925	Somatosensory Testing	26		$15.85	
95925	Somatosensory Testing	TC		$71.32	
95926	Somatosensory Testing			$77.06	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95926	Somatosensory Testing	26		$15.45	
95926	Somatosensory Testing	TC		$61.61	
95927	Somatosensory Testing			$79.64	
95927	Somatosensory Testing	26		$15.45	
95927	Somatosensory Testing	TC		$64.18	
95928	C Motor Evoked Uppr Limbs			$125.79	
95928	C Motor Evoked Uppr Limbs	26		$45.17	
95928	C Motor Evoked Uppr Limbs	TC		$80.63	
95929	C Motor Evoked Lwr Limbs			$126.78	
95929	C Motor Evoked Lwr Limbs	26		$45.56	
95929	C Motor Evoked Lwr Limbs	TC		$81.22	
95930	Visual Evoked Potential Test			$72.50	
95930	Visual Evoked Potential Test	26		$10.50	
95930	Visual Evoked Potential Test	TC		$62.01	
95937	Neuromuscular Junction Test			$45.56	
95937	Neuromuscular Junction Test	26		$19.41	
95937	Neuromuscular Junction Test	TC		$26.15	
95938	Somatosensory Testing			$191.36	
95938	Somatosensory Testing	26		$25.95	
95938	Somatosensory Testing	TC		$165.41	
95939	C Motor Evoked Upr&Lwr Limbs			$280.51	
95939	C Motor Evoked Upr&Lwr Limbs	26		$67.55	
95939	C Motor Evoked Upr&Lwr Limbs	TC		$212.96	
95981	Io Anal Gast N-Stim Subsq			$17.83	
95982	Io Ga N-Stim Subsq W/Reprog			$29.52	
95990	Spin/Brain Pump Refil & Main			$51.31	
95991	Spin/Brain Pump Refil & Main			$67.95	
96101	Psycho Testing By Psych/Phys			$44.57	
96102	Psycho Testing By Technician			$35.46	
96103	Psycho Testing Admin By Comp			$15.45	
96110	Developmental Screen W/Score			$9.20	
96111	Developmental Test Extend			$72.31	
96116	Neurobehavioral Status Exam			$51.90	
96118	Neuropsych Tst By Psych/Phys			$54.68	
96119	Neuropsych Testing By Tec			$44.77	
96120	Neuropsych Tst Admin W/Comp			$26.94	
96127	Brief Emotional/Behav Assmt			$2.97	
96150	Assess Hlth/Behave Init			$9.06	
96151	Assess Hlth/Behave Subseq			$8.62	
96152	Intervene Hlth/Behave Indiv			$8.32	
96153	Intervene Hlth/Behave Group			$1.93	
96154	Interv Hlth/Behav Fam W/Pt			$8.17	
96360	Hydration Iv Infusion Init			$31.89	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule

Revised: 12/14/2016 **July - 2016**

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
96361	Hydrate Iv Infusion Add-On			$8.52	
96372	Ther/Proph/Diag Inj Sc/Im			$14.07	
97001	Pt Evaluation			$42.00	
97002	Pt Re-Evaluation			$23.38	
97003	Ot Evaluation			$47.35	
97004	Ot Re-Evaluation			$29.32	
97014	Electric Stimulation Therapy			$8.91	
97032	Electrical Stimulation			$10.70	
97035	Ultrasound Therapy			$7.13	
97110	Therapeutic Exercises			$18.03	
97112	Neuromuscular Reeducation			$18.82	
97116	Gait Training Therapy			$15.85	
97124	Massage Therapy			$14.66	
97140	Manual Therapy 1/> Regions			$16.64	
97530	Therapeutic Activities			$19.41	
97597	Rmvl Devital Tis 20 Cm/<			$42.00	
97760	Orthotic Mgmt And Training			$21.20	
97761	Prosthetic Training			$18.42	
97762	C/O For Orthotic/Prosth Use			$26.55	
98925	Osteopath Manj 1-2 Regions			$17.63	
98926	Osteopath Manj 3-4 Regions			$25.55	
98927	Osteopath Manj 5-6 Regions			$33.08	
98928	Osteopath Manj 7-8 Regions			$40.61	
98929	Osteopath Manj 9-10 Regions			$48.53	
98940	Chiropract Manj 1-2 Regions			$15.85	
98941	Chiropract Manj 3-4 Regions			$22.78	
98942	Chiropractic Manj 5 Regions			$29.72	
99188	App Topical Fluoride Varnish		0 to 3 years	$9.00	
99188	App Topical Fluoride Varnish		3 to 16 years	$13.23	
99201	Office/Outpatient Visit New			$24.37	
99202	Office/Outpatient Visit New			$41.60	
99203	Office/Outpatient Visit New			$60.22	
99204	Office/Outpatient Visit New			$91.92	
99205	Office/Outpatient Visit New			$115.29	
99211	Office/Outpatient Visit Est			$11.09	
99212	Office/Outpatient Visit Est			$24.17	
99213	Office/Outpatient Visit Est			$40.61	
99214	Office/Outpatient Visit Est			$59.83	
99215	Office/Outpatient Visit Est			$80.63	
99241	Office Consultation			$26.55	
99242	Office Consultation			$49.92	
99243	Office Consultation			$68.34	
99244	Office Consultation			$102.22	

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99245	Office Consultation			$124.60	
99304	Nursing Facility Care Init			$51.11	
99305	Nursing Facility Care Init			$72.70	
99306	Nursing Facility Care Init			$92.71	
99307	Nursing Fac Care Subseq			$24.96	
99308	Nursing Fac Care Subseq			$38.63	
99309	Nursing Fac Care Subseq			$50.91	
99310	Nursing Fac Care Subseq			$75.67	
99315	Nursing Fac Discharge Day			$40.81	
99316	Nursing Fac Discharge Day			$59.03	
99318	Annual Nursing Fac Assessmnt			$53.49	
99324	Domicil/R-Home Visit New Pat			$30.90	
99325	Domicil/R-Home Visit New Pat			$44.97	
99326	Domicil/R-Home Visit New Pat			$77.66	
99327	Domicil/R-Home Visit New Pat			$103.61	
99328	Domicil/R-Home Visit New Pat			$121.04	
99334	Domicil/R-Home Visit Est Pat			$33.68	
99335	Domicil/R-Home Visit Est Pat			$53.09	
99336	Domicil/R-Home Visit Est Pat			$75.08	
99337	Domicil/R-Home Visit Est Pat			$107.57	
99341	Home Visit New Patient			$30.71	
99342	Home Visit New Patient			$44.18	
99343	Home Visit New Patient			$72.50	
99344	Home Visit New Patient			$101.63	
99345	Home Visit New Patient			$123.22	
99347	Home Visit Est Patient			$30.90	
99348	Home Visit Est Patient			$46.95	
99349	Home Visit Est Patient			$71.51	
99350	Home Visit Est Patient			$99.25	
99354	Prolong E&M/Psyctx Serv O/P			$55.86	
99355	Prolong E&M/Psyctx Serv O/P			$54.28	
99381	Init Pm E/M New Pat Infant			$86.72	
99382	Init Pm E/M New Pat 1-4 Yrs			$93.36	
99383	Prev Visit New Age 5-11			$91.46	
99384	Prev Visit New Age 12-17			$99.37	
99385	Prev Visit New Age 18-39			$99.37	
99386	Prev Visit New Age 40-64			$117.10	
99387	Init Pm E/M New Pat 65+ Yrs			$126.92	
99391	Per Pm Reeval Est Pat Infant			$65.83	
99392	Prev Visit Est Age 1-4			$73.74	
99393	Prev Visit Est Age 5-11			$72.79	
99394	Prev Visit Est Age 12-17			$80.39	
99395	Prev Visit Est Age 18-39			$81.34	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule

Revised: 12/14/2016 **July - 2016**

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
99396	Prev Visit Est Age 40-64			$89.89	
99397	Per Pm Reeval Est Pat 65+ Yr			$99.06	
99406	Behav Chng Smoking 3-10 Min			$7.92	
99407	Behav Chng Smoking > 10 Min			$15.45	
99408	Audit/Dast 15-30 Min			$14.71	
99409	Audit/Dast Over 30 Min			$28.68	
99415	Prolong Clincl Staff Svc			$4.95	
99416	Prolong Clincl Staff Svc Add			$2.77	
99461	Init Nb Em Per Day Non-Fac			$51.11	
99495	Trans Care Mgmt 14 Day Disch			$91.52	
99496	Trans Care Mgmt 7 Day Disch			$128.96	
99497	Advncd Care Plan 30 Min			$47.54	
99498	Advncd Care Plan Addl 30 Min			$41.40	
A4264	Intratubal Occlusion Device			$681.61	
A4266	Diaphragm			$18.50	
A4267	Male Condom			$0.06	
A4268	Female Condom			$0.68	
A4269	Spermicide			$4.95	
A4561	Pessary Rubber, Any Type			$18.35	
A4562	Pessary, Non Rubber,Any Type			$45.62	
A9500	Tc99m Sestamibi			$121.70	
A9502	Tc99m Tetrofosmin			$115.29	
D0120	Periodic Oral Evaluation			$14.89	
D0140	Limit Oral Eval Problm Focus			$14.89	
D0145	Oral Evaluation, Pt < 3yrs			$14.89	
D0150	Comprehensve Oral Evaluation		0 to 19 years	$18.90	
D0150	Comprehensve Oral Evaluation		19 to 124 years	$14.89	
D0190	Screening Of A Patient			$14.89	
D0191	Assessment Of A Patient			$14.89	
D0210	Intraor Complete Film Series		0 to 19 years	$40.95	
D0210	Intraor Complete Film Series		19 to 124 years	$25.62	
D0220	Intraoral Periapical First			$3.63	
D0230	Intraoral Periapical Ea Add			$3.15	
D0240	Intraoral Occlusal Film			$3.63	
D0270	Dental Bitewing Single Image		0 to 19 years	$10.29	
D0270	Dental Bitewing Single Image		19 to 124 years	$6.93	
D0272	Dental Bitewings Two Images		0 to 19 years	$12.60	
D0272	Dental Bitewings Two Images		19 to 124 years	$9.35	
D0273	Bitewings - Three Images		0 to 19 years	$15.12	
D0273	Bitewings - Three Images		19 to 124 years	$11.69	
D0274	Bitewings Four Images		0 to 19 years	$17.64	
D0274	Bitewings Four Images		19 to 124 years	$14.02	
D0330	Panoramic Image			$17.56	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D0340*	2d Cephalometric Image			$28.39	
D1110	Dental Prophylaxis Adult		0 to 19 years	$27.72	
D1110	Dental Prophylaxis Adult		19 to 124 years	$22.10	
D1120	Dental Prophylaxis Child			$19.53	
D1206	Topical Fluoride Varnish		0 to 3 years	$9.00	
D1206	Topical Fluoride Varnish		3 to 16 years	$13.23	
D1208	Topical App Fluorid Ex Vrnsh			$13.23	
D1351	Dental Sealant Per Tooth			$15.12	
D1352	Prev Resin Rest, Perm Tooth			$15.12	
D1510	Space Maintainer Fxd Unilat			$110.25	
D1515	Fixed Bilat Space Maintainer			$173.25	
D1550	Recement Space Maintainer			$21.42	
D1555	Remove Fix Space Maintainer			$21.42	
D2140	Amalgam One Surface Permanen		0 to 19 years	$38.22	
D2140	Amalgam One Surface Permanen		19 to 124 years	$15.59	
D2150	Amalgam Two Surfaces Permane		0 to 19 years	$48.41	
D2150	Amalgam Two Surfaces Permane		19 to 124 years	$31.21	
D2160	Amalgam Three Surfaces Perma		0 to 19 years	$60.12	
D2160	Amalgam Three Surfaces Perma		19 to 124 years	$41.22	
D2161	Amalgam 4 Or > Surfaces Perm		0 to 19 years	$69.93	
D2161	Amalgam 4 Or > Surfaces Perm		19 to 124 years	$48.45	
D2330	Resin One Surface-Anterior		0 to 19 years	$46.94	
D2330	Resin One Surface-Anterior		19 to 124 years	$25.62	
D2331	Resin Two Surfaces-Anterior		0 to 19 years	$60.48	
D2331	Resin Two Surfaces-Anterior		19 to 124 years	$36.77	
D2332	Resin Three Surfaces-Anterio		0 to 19 years	$74.13	
D2332	Resin Three Surfaces-Anterio		19 to 124 years	$49.02	
D2335	Resin 4/> Surf Or W Incis An		0 to 19 years	$98.28	
D2335	Resin 4/> Surf Or W Incis An		19 to 124 years	$59.05	
D2390	Ant Resin-Based Cmpst Crown		0 to 19 years	$154.75	
D2390	Ant Resin-Based Cmpst Crown		19 to 21 years	$131.25	
D2391	Post 1 Srfc Resinbased Cmpst		0 to 19 years	$38.23	
D2391	Post 1 Srfc Resinbased Cmpst		19 to 124 years	$15.59	
D2392	Post 2 Srfc Resinbased Cmpst		0 to 19 years	$48.41	
D2392	Post 2 Srfc Resinbased Cmpst		19 to 124 years	$31.21	
D2393	Post 3 Srfc Resinbased Cmpst		0 to 19 years	$60.12	
D2393	Post 3 Srfc Resinbased Cmpst		19 to 124 years	$41.22	
D2394	Post >=4srfc Resinbase Cmpst		0 to 19 years	$66.52	
D2394	Post >=4srfc Resinbase Cmpst		19 to 124 years	$48.45	
D2710	Crown Resin-Based Indirect		0 to 19 years	$232.05	
D2710	Crown Resin-Based Indirect		19 to 21 years	$175.49	
D2712	Crown 3/4 Resin-Based Compos		0 to 19 years	$232.05	
D2712	Crown 3/4 Resin-Based Compos		19 to 21 years	$175.49	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D2740*	Crown Porcelain/Ceramic Subs			$432.92	
D2750*	Crown Porcelain W/ H Noble M			$411.60	
D2751*	Crown Porcelain Fused Base M			$393.23	
D2752*	Crown Porcelain W/ Noble Met			$404.25	
D2790*	Crown Full Cast High Noble M			$404.25	
D2791*	Crown Full Cast Base Metal			$363.83	
D2792*	Crown Full Cast Noble Metal			$367.50	
D2794*	Crown-Titanium			$367.50	
D2799*	Provisional Crown			$232.05	
D2910	Recement Inlay Onlay Or Part			$11.69	
D2915	Recement Cast Or Prefab Post			$11.69	
D2920	Re-Cement Or Re-Bond Crown			$11.69	
D2930	Prefab Stnlss Steel Crwn Pri		0 to 19 years	$84.00	
D2930	Prefab Stnlss Steel Crwn Pri		19 to 21 years	$46.80	
D2931	Prefab Stnlss Steel Crown Pe			$85.62	
D2933	Prefab Stainless Steel Crown		0 to 19 years	$90.83	
D2933	Prefab Stainless Steel Crown		19 to 21 years	$58.49	
D2934	Prefab Steel Crown Primary			$90.83	
D2940	Protective Restoration			$11.69	
D2950	Core Build-Up Incl Any Pins			$116.13	
D2951	Tooth Pin Retention			$22.79	
D2952	Post And Core Cast + Crown			$155.82	
D2954	Prefab Post/Core + Crown			$150.68	
D3110	Pulp Cap Direct		0 to 19 years	$18.38	
D3110	Pulp Cap Direct		19 to 124 years	$12.82	
D3220	Therapeutic Pulpotomy			$66.15	
D3221	Gross Pulpal Debridement			$66.15	
D3222	Part Pulp For Apexogenesis		0 to 19 years	$66.15	
D3222	Part Pulp For Apexogenesis		19 to 21 years	$35.10	
D3230	Pulpal Therapy Anterior Prim			$102.77	
D3240	Pulpal Therapy Posterior Pri			$102.77	
D3310	End Thxpy, Anterior Tooth		0 to 19 years	$239.40	
D3310	End Thxpy, Anterior Tooth		19 to 21 years	$134.54	
D3320	End Thxpy, Bicuspid Tooth		0 to 19 years	$283.50	
D3320	End Thxpy, Bicuspid Tooth		19 to 21 years	$157.93	
D3330	End Thxpy, Molar		0 to 19 years	$378.00	
D3330	End Thxpy, Molar		19 to 21 years	$204.73	
D3346	Retreat Root Canal Anterior		0 to 19 years	$246.58	
D3346	Retreat Root Canal Anterior		19 to 21 years	$138.57	
D3347	Retreat Root Canal Bicuspid		0 to 19 years	$292.00	
D3347	Retreat Root Canal Bicuspid		19 to 21 years	$162.66	
D3348	Retreat Root Canal Molar		0 to 19 years	$389.34	
D3348	Retreat Root Canal Molar		19 to 21 years	$210.87	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D3351	Apexification/Recalc Initial			$63.21	
D3352	Apexification/Recalc Interim			$63.21	
D3353	Apexification/Recalc Final			$404.25	
D3410	Apicoectomy - Anterior		0 to 19 years	$312.90	
D3410	Apicoectomy - Anterior		19 to 21 years	$81.89	
D3421	Root Surgery Bicuspid			$349.13	
D3425	Root Surgery Molar			$374.85	
D3426	Root Surgery Ea Add Root			$374.85	
D3430	Retrograde Filling			$73.50	
D3999	Endodontic Procedure			M	
D4355	Full Mouth Debridement			$43.26	
D5110	Dentures Complete Maxillary			$341.25	
D5120	Dentures Complete Mandible			$341.25	
D5130	Dentures Immediat Maxillary			$341.25	
D5140	Dentures Immediat Mandible			$341.25	
D5211	Dentures Maxill Part Resin			$157.93	
D5212	Dentures Mand Part Resin			$157.93	
D5213	Dentures Maxill Part Metal			$380.22	
D5214	Dentures Mandibl Part Metal			$380.22	
D5225	Maxillary Part Denture Flex			$157.93	
D5226	Mandibular Part Denture Flex			$157.93	
D5410	Dentures Adjust Cmplt Maxil			$36.75	
D5411	Dentures Adjust Cmplt Mand			$36.75	
D5421	Dentures Adjust Part Maxill			$36.75	
D5422	Dentures Adjust Part Mandbl			$36.75	
D5510	Dentur Repr Broken Compl Bas			$66.15	
D5520	Replace Denture Teeth Complt			$70.35	
D5610	Dentures Repair Resin Base			$66.15	
D5620	Rep Part Denture Cast Frame			$70.35	
D5630	Rep Partial Denture Clasp			$89.24	
D5640	Replace Part Denture Teeth			$63.00	
D5650	Add Tooth To Partial Denture			$70.35	
D5660	Add Clasp To Partial Denture			$99.75	
D5710	Dentures Rebase Cmplt Maxil			$146.24	
D5711	Dentures Rebase Cmplt Mand			$146.24	
D5720	Dentures Rebase Part Maxill			$87.74	
D5721	Dentures Rebase Part Mandbl			$87.74	
D5730	Denture Reln Cmplt Maxil Ch			$66.15	
D5731	Denture Reln Cmplt Mand Chr			$66.15	
D5740	Denture Reln Part Maxil Chr			$66.15	
D5741	Denture Reln Part Mand Chr			$66.15	
D5750	Denture Reln Cmplt Max Lab			$105.85	
D5751	Denture Reln Cmplt Mand Lab			$105.85	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D5760	Denture Reln Part Maxil Lab			$116.99	
D5761	Denture Reln Part Mand Lab			$116.99	
D5810	Denture Interm Cmplt Maxill			$146.24	
D5811	Denture Interm Cmplt Mandbl			$146.24	
D5820	Denture Interm Part Maxill			$105.28	
D5821	Denture Interm Part Mandbl			$105.28	
D5982*	Surgical Stent			$627.00	
D5988*	Surgical Splint			$627.00	
D6010*	Odontics Endosteal Implant			$1,468.00	
D6055*	Implant Connecting Bar			$1,949.00	
D6056*	Prefabricated Abutment			$300.00	
D6057*	Custom Abutment			$300.00	
D6058*	Abutment Supported Crown			$675.00	
D6059*	Abutment Supported Mtl Crown			$675.00	
D6062*	Abutment Supported Mtl Crown			$675.00	
D6065*	Implant Supported Crown			$975.00	
D6066*	Implant Supported Mtl Crown			$975.00	
D6067*	Implant Supported Mtl Crown			$975.00	
D6068*	Abutment Supported Retainer			$675.00	
D6069*	Abutment Supported Retainer			$675.00	
D6072*	Abutment Supported Retainer			$675.00	
D6075*	Implant Supported Retainer			$975.00	
D6076*	Implant Supported Retainer			$975.00	
D6077*	Implant Supported Retainer			$975.00	
D6080*	Implant Maintenance			$112.00	
D6090*	Repair Implant			M	
D6091*	Repl Semi/Precision Attach			M	
D6092*	Recement Supp Crown			$65.00	
D6093*	Recement Supp Part Denture			$70.00	
D6094*	Abut Support Crown Titanium			M	
D6095*	Odontics Repr Abutment			M	
D6100*	Removal Of Implant			M	
D6110*	Implnt/Abut Remov Dent Max			$1,719.00	
D6111*	Implnt/Abut Remov Dent Mand			$1,719.00	
D6112*	Imp/Abut Rem Dent Part Max			$1,719.00	
D6113*	Imp/Abut Rem Dent Part Mand			$1,719.00	
D6114*	Implnt/Abut Fixed Dent Max			$2,919.00	
D6115*	Implnt/Abut Fixed Dent Mand			$2,919.00	
D6116*	Imp/Abut Fixed Dent Part Max			$2,919.00	
D6117*	Imp/Abut Fixed Dent Part Man			$2,919.00	
D6194*	Abut Support Retainer Titani			$675.00	
D6205*	Pontic-Indirect Resin Based			$232.05	
D6210*	Prosthodont High Noble Metal			$396.90	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D6211*	Bridge Base Metal Cast			$382.20	
D6212*	Bridge Noble Metal Cast			$389.55	
D6214*	Pontic Titanium			$422.63	
D6240*	Bridge Porcelain High Noble			$422.63	
D6241*	Bridge Porcelain Base Metal			$374.85	
D6242*	Bridge Porcelain Nobel Metal			$393.23	
D6245*	Bridge Porcelain/Ceramic			$417.90	
D6253*	Provisional Pontic			$232.05	
D6710*	Crown-Indirect Resin Based			$232.05	
D6740*	Crown Porcelain/Ceramic			$417.90	
D6750*	Crown Porcelain High Noble			$422.63	
D6751*	Crown Porcelain Base Metal			$374.85	
D6752*	Crown Porcelain Noble Metal			$393.23	
D6790*	Crown Full High Noble Metal			$396.90	
D6791*	Crown Full Base Metal Cast			$382.20	
D6792*	Crown Full Noble Metal Cast			$385.88	
D6793*	Provisional Retainer Crown			$232.05	
D6794*	Crown Titanium			$422.63	
D6930	Recement/Bond Part Denture			$28.61	
D6980*	Fixed Partial Repair			M	
D7111	Extraction Coronal Remnants			$23.39	
D7140	Extraction Erupted Tooth/Exr		0 to 19 years	$44.47	
D7140	Extraction Erupted Tooth/Exr		19 to 124 years	$25.62	
D7210	Rem Imp Tooth W Mucoper Flp		0 to 19 years	$99.23	
D7210	Rem Imp Tooth W Mucoper Flp		19 to 124 years	$33.43	
D7220	Impact Tooth Remov Soft Tiss		0 to 19 years	$117.60	
D7220	Impact Tooth Remov Soft Tiss		19 to 124 years	$52.65	
D7230	Impact Tooth Remov Part Bony		0 to 19 years	$158.03	
D7230	Impact Tooth Remov Part Bony		19 to 124 years	$87.74	
D7240	Impact Tooth Remov Comp Bony		0 to 19 years	$190.37	
D7240	Impact Tooth Remov Comp Bony		19 to 124 years	$116.99	
D7250	Tooth Root Removal		0 to 19 years	$43.37	
D7250	Tooth Root Removal		19 to 124 years	$23.39	
D7260	Oral Antral Fistula Closure			$257.25	
D7261	Primary Closure Sinus Perf			$171.50	
D7270	Tooth Reimplantation			$147.00	
D7280*	Exposure Impact Tooth Orthod			$176.40	
D7282*	Mobilize Erupted/Malpos Toot			$120.40	
D7283*	Place Device Impacted Tooth			$120.40	
D7310	Alveoplasty W/ Extraction			$99.23	
D7320	Alveoplasty W/O Extraction			$124.95	
D7471	Rem Exostosis Any Site			$87.74	
D7472	Removal Of Torus Palatinus			$113.58	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D7473	Remove Torus Mandibularis			$113.58	
D7485	Surg Reduct Osseoustuberosit			$113.58	
D7510	I&D Absc Intraoral Soft Tiss			$9.46	
D7970	Excision Hyperplastic Tissue			$113.58	
D7971	Excision Pericoronal Gingiva			$55.13	
D7972	Surg Redct Fibrous Tuberosit			$87.74	
D8050*	Intercep Dental Tx Primary			$1,260.00	
D8060*	Intercep Dental Tx Transitn			$1,470.00	
D8070*	Compre Dental Tx Transition			$1,460.00	
D8080*	Compre Dental Tx Adolescent			$1,775.00	
D8090*	Compre Dental Tx Adult			$1,880.00	
D8660*	Preorthodontic Tx Visit			$107.09	
D8670*	Periodic Orthodontc Tx Visit			$600.00	
D8692*	Replacement Retainer			$78.75	
D9110	Tx Dental Pain Minor Proc			$13.92	
D9248	Sedation (Non-Iv)			$40.56	
D9310	Dental Consultation			$29.24	
D9930	Treatment Of Complications			$17.56	
D9940*	Dental Occlusal Guard			$229.00	
G0008	Admin Influenza Virus Vac			$7.00	
G0009	Admin Pneumococcal Vaccine			$7.00	
G0010	Admin Hepatitis B Vaccine			$7.00	
G0101	Ca Screen;Pelvic/Breast Exam			$21.39	
G0102	Prostate Ca Screening; Dre			$10.90	
G0103	Psa Screening			$19.42	
G0104*	Ca Screen;Flexi Sigmoidscope			$93.90	
G0105*	Colorectal Scrn; Hi Risk Ind			$213.16	
G0105*	Colorectal Scrn; Hi Risk Ind	53		$106.18	
G0117	Glaucoma Scrn Hgh Risk Direc			$30.31	
G0118	Glaucoma Scrn Hgh Risk Direc			$24.76	
G0121*	Colon Ca Scrn Not Hi Rsk Ind			$213.35	
G0121*	Colon Ca Scrn Not Hi Rsk Ind	53		$106.38	
G0130	Single Energy X-Ray Study			$19.02	
G0130	Single Energy X-Ray Study	26		$6.34	
G0130	Single Energy X-Ray Study	TC		$12.68	
G0168	Wound Closure By Adhesive			$57.45	
G0202	Screeningmammographydigital			$74.68	
G0202	Screeningmammographydigital	26		$19.61	
G0202	Screeningmammographydigital	TC		$55.07	
G0204	Diagnosticmammographydigital			$91.32	
G0204	Diagnosticmammographydigital	26		$24.56	
G0204	Diagnosticmammographydigital	TC		$66.76	
G0206	Diagnosticmammographydigital			$71.71	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
G0206	Diagnosticmammographydigital	26		$19.61	
G0206	Diagnosticmammographydigital	TC		$52.10	
G0306	Cbc/Diffwbc W/O Platelet			$8.62	
G0307	Cbc Without Platelet			$5.17	
G0328*	Fecal Blood Scrn Immunoassay			$17.97	
G0432	Eia Hiv-1/Hiv-2 Screen			$15.48	
G0433	Elisa Hiv-1/Hiv-2 Screen			$15.48	
G0435	Oral Hiv-1/Hiv-2 Screen			$13.97	
G0436	Tobacco-Use Counsel 3-10 Min			$8.12	
G0437	Tobacco-Use Counsel>10min			$15.45	
G0472	Hep C Screen High Risk/Other			$10.24	
G0477	Drug Test Presump Optical			$7.42	
G0478	Drug Test Presump Opt Inst			$9.89	
G0479	Drug Test Presump Not Opt			$39.56	
G0480	Drug Test Def 1-7 Classes			$42.30	
G0481	Drug Test Def 8-14 Classes			$65.07	
G0482	Drug Test Def 15-21 Classes			$87.84	
G0483	Drug Test Def 22+ Classes			$113.87	
H0001	Alcohol And/Or Drug Assess			$61.48	
H0002	Alcohol And/Or Drug Screenin			$42.50	
H0004	Alcohol And/Or Drug Services			$22.37	
H0005	Alcohol And/Or Drug Services			$13.02	
H0031	Mh Health Assess By Non-Md			$91.21	
H2011	Crisis Interven Svc, 15 Min			$50.25	
J0171	Adrenalin Epinephrine Inject			$0.14	
J0520	Bethanechol Chloride Inject			M	
J0558	Peng Benzathine/Procaine Inj			$7.44	
J0561	Penicillin G Benzathine Inj			$9.52	
J0583	Bivalirudin			$1.90	
J0588	Incobotulinumtoxin A			$4.91	
J0600	Edetate Calcium Disodium Inj			$5,594.42	
J0610	Calcium Gluconate Injection			$2.99	
J0620	Calcium Glycer & Lact/10 Ml			M	
J0630	Calcitonin Salmon Injection			$2,328.12	
J0636	Inj Calcitriol Per 0.1 Mcg			$0.40	
J0637	Caspofungin Acetate			$11.91	
J0640	Leucovorin Calcium Injection			$3.47	
J0690	Cefazolin Sodium Injection			$0.96	
J0692	Cefepime Hcl For Injection			$2.41	
J0694	Cefoxitin Sodium Injection			$4.34	
J0695	Inj Ceftolozane Tazobactam			M	
J0696	Ceftriaxone Sodium Injection			$0.50	
J0697	Sterile Cefuroxime Injection			$3.91	

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J0698	Cefotaxime Sodium Injection			$0.54	
J0702	Betamethasone Acet&Sod Phosp			$6.01	
J0710	Cephapirin Sodium Injection			M	
J0712	Ceftaroline Fosamil Inj			$2.46	
J0713	Inj Ceftazidime Per 500 Mg			$2.48	
J0714	Ceftazidime And Avibactam			M	
J0715	Ceftizoxime Sodium / 500 Mg			M	
J0735	Clonidine Hydrochloride			$13.98	
J0743	Cilastatin Sodium Injection			$6.93	
J0744	Ciprofloxacin Iv			$1.49	
J0760	Colchicine Injection			$6.57	
J0780	Prochlorperazine Injection			$12.59	
J0840	Crotalidae Poly Immune Fab			$2,670.24	
J0875	Injection, Dalbavancin			$15.08	
J0878	Daptomycin Injection			$0.90	
J0881	Darbepoetin Alfa, Non-Esrd			$4.01	
J0882	Darbepoetin Alfa, Esrd Use			$4.01	
J0885	Epoetin Alfa, Non-Esrd			$12.52	
J0887	Epoetin Beta Esrd Use			$1.69	
J0888	Epoetin Beta Non Esrd			$1.69	
J0895	Deferoxamine Mesylate Inj			$8.88	
J1000	Depo-Estradiol Cypionate Inj			$15.69	
J1020	Methylprednisolone 20 Mg Inj			$4.75	
J1030	Methylprednisolone 40 Mg Inj			$4.95	
J1040	Methylprednisolone 80 Mg Inj			$9.48	
J1050	Medroxyprogesterone Acetate			$0.38	
J1071	Inj Testosterone Cypionate			$0.03	
J1094	Inj Dexamethasone Acetate			$0.27	
J1100	Dexamethasone Sodium Phos			$0.12	
J1170	Hydromorphone Injection			$1.96	
J1200	Diphenhydramine Hcl Injectio			$0.52	
J1335	Ertapenem Injection			$44.80	
J1364	Erythro Lactobionate /500 Mg			$59.04	
J1380	Estradiol Valerate 10 Mg Inj			$9.10	
J1410	Inj Estrogen Conjugate 25 Mg			$248.85	
J1435	Injection Estrone Per 1 Mg			M	
J1438	Etanercept Injection			$411.71	
J1439	Inj Ferric Carboxymaltos 1mg			$1.06	
J1447	Inj Tbo Filgrastim 1 Microg			$0.77	
J1450	Fluconazole			$4.03	
J1455	Foscarnet Sodium Injection			$13.25	
J1460	Gamma Globulin 1 Cc Inj			$33.84	
J1556	Inj, Imm Glob Bivigam, 500mg			$37.41	

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J1557	Gammaplex Injection			$36.93	
J1559	Hizentra Injection			$9.84	
J1560	Gamma Globulin > 10 Cc Inj			$338.35	
J1561	Gamunex-C/Gammaked			$39.91	
J1562	Vivaglobin, Inj			M	
J1566	Immune Globulin, Powder			$34.03	
J1568	Octagam Injection			$39.78	
J1569	Gammagard Liquid Injection			$40.00	
J1570	Ganciclovir Sodium Injection			$58.12	
J1571	Hepagam B Im Injection			$54.75	
J1572	Flebogamma Injection			$36.90	
J1573	Hepagam B Intravenous, Inj			$51.29	
J1575	Hyqvia 100mg Immuneglobulin			$13.00	
J1580	Garamycin Gentamicin Inj			$1.38	
J1590	Gatifloxacin Injection			M	
J1599	Ivig Non-Lyophilized, Nos			M	
J1630	Haloperidol Injection			$1.28	
J1631	Haloperidol Decanoate Inj			$18.84	
J1670	Tetanus Immune Globulin Inj			$386.11	
J1675	Histrelin Acetate			M	
J1700	Hydrocortisone Acetate Inj			M	
J1710	Hydrocortisone Sodium Ph Inj			M	
J1720	Hydrocortisone Sodium Succ I			$8.16	
J1725	Hydroxyprogesterone Caproate			M	
J1741	Ibuprofen Injection			M	
J1750	Iron Dextran			$12.34	
J1756	Iron Sucrose Injection			$0.26	
J1815	Insulin Injection			$0.75	
J1826	Interferon Beta-1a Inj			M	
J1830	Interferon Beta-1b / .25 Mg			$257.61	
J1833	Injection, Isavuconazonium			M	
J1840	Kanamycin Sulfate 500 Mg Inj			$7.69	
J1850	Kanamycin Sulfate 75 Mg Inj			$1.15	
J1885	Ketorolac Tromethamine Inj			$0.66	
J1890	Cephalothin Sodium Injection			M	
J1940	Furosemide Injection			$2.95	
J1950	Leuprolide Acetate /3.75 Mg			$977.88	
J1956	Levofloxacin Injection			$1.94	
J2010	Lincomycin Injection			$11.57	
J2020	Linezolid Injection			$15.95	
J2175	Meperidine Hydrochl /100 Mg			$5.12	
J2180	Meperidine/Promethazine Inj			M	
J2185	Meropenem			$1.53	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
J2265	Minocycline Hydrochloride			M	
J2270	Morphine Sulfate Injection			$1.20	
J2278	Ziconotide Injection			$7.29	
J2280	Inj, Moxifloxacin 100 Mg			$9.40	
J2300	Inj Nalbuphine Hydrochloride			$2.36	
J2310	Inj Naloxone Hydrochloride			$33.79	
J2315	Naltrexone, Depot Form			$3.25	
J2320	Nandrolone Decanoate 50 Mg			M	
J2360	Orphenadrine Injection			$4.48	
J2405	Ondansetron Hcl Injection			$0.09	
J2407	Injection, Oritavancin			$24.70	
J2410	Oxymorphone Hcl Injection			$2.87	
J2426	Paliperidone Palmitate Inj			$9.06	
J2430	Pamidronate Disodium /30 Mg			$12.75	
J2502	Inj, Pasireotide Long Acting			M	
J2505	Injection, Pegfilgrastim 6mg			$3,986.90	
J2510	Penicillin G Procaine Inj			$25.05	
J2540	Penicillin G Potassium Inj			$0.97	
J2543	Piperacillin/Tazobactam			$2.70	
J2547	Injection, Peramivir			M	
J2550	Promethazine Hcl Injection			$1.63	
J2650	Prednisolone Acetate Inj			M	
J2675	Inj Progesterone Per 50 Mg			$1.04	
J2680	Fluphenazine Decanoate 25 Mg			$21.14	
J2700	Oxacillin Sodium Injeciton			$1.65	
J2780	Ranitidine Hydrochloride Inj			$1.06	
J2788	Rho D Immune Globulin 50 Mcg			$25.79	
J2790	Rho D Immune Globulin Inj			$81.73	
J2791	Rhophylac Injection			$4.81	
J2792	Rho(D) Immune Globulin H, Sd			$21.16	
J2794	Risperidone, Long Acting			$7.76	
J2860	Injection, Siltuximab			M	
J2916	Na Ferric Gluconate Complex			$2.33	
J2920	Methylprednisolone Injection			$3.33	
J2930	Methylprednisolone Injection			$4.96	
J3000	Streptomycin Injection			$13.33	
J3030	Sumatriptan Succinate / 6 Mg			$51.89	
J3090	Inj Tedizolid Phosphate			$1.27	
J3250	Trimethobenzamide Hcl Inj			$25.29	
J3260	Tobramycin Sulfate Injection			$2.09	
J3265	Injection Torsemide 10 Mg/Ml			M	
J3301	Triamcinolone Acet Inj Nos			$1.78	
J3302	Triamcinolone Diacetate Inj			M	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
J3303	Triamcinolone Hexacetonl Inj			$1.81	
J3305	Inj Trimetrexate Glucoronate			M	
J3310	Perphenazine Injeciton			M	
J3315	Triptorelin Pamoate			$392.06	
J3320	Spectinomycn Di-Hcl Inj			M	
J3360	Diazepam Injection			$9.29	
J3370	Vancomycin Hcl Injection			$2.84	
J3380	Injection, Vedolizumab			$17.03	
J3410	Hydroxyzine Hcl Injection			$2.08	
J3411	Thiamine Hcl 100 Mg			$3.29	
J3415	Pyridoxine Hcl 100 Mg			$9.31	
J3420	Vitamin B12 Injection			$4.79	
J3430	Vitamin K Phytonadione Inj			$3.38	
J3465	Injection, Voriconazole			$4.09	
J3471	Ovine, Up To 999 Usp Units			$0.35	
J3472	Ovine, 1000 Usp Units			$137.80	
J3473	Hyaluronidase Recombinant			$0.36	
J3475	Inj Magnesium Sulfate			$0.23	
J3480	Inj Potassium Chloride			$0.14	
J3485	Zidovudine			$1.51	
J3486	Ziprasidone Mesylate			$17.73	
J3489	Zoledronic Acid 1mg			$18.45	
J7030	Normal Saline Solution Infus			$2.02	
J7040	Normal Saline Solution Infus			$1.01	
J7042	5% Dextrose/Normal Saline			$0.71	
J7050	Normal Saline Solution Infus			$0.51	
J7060	5% Dextrose/Water			$1.79	
J7070	D5w Infusion			$3.51	
J7100	Dextran 40 Infusion			$17.77	
J7110	Dextran 75 Infusion			M	
J7120	Ringers Lactate Infusion			$1.98	
J7121	5% Dextrose In Lac Ringers			M	
J7180	Factor Xiii Anti-Hem Factor			$8.19	
J7181	Factor Xiii Recomb A-Subunit			M	
J7182	Factor Viii Recomb Novoeight			$1.35	
J7183	Wilate Injection			$0.80	
J7185	Xyntha Inj			$1.24	
J7187	Humate-P, Inj			$1.04	
J7188	Factor Viii Recomb Obizur			M	
J7189	Factor Viia			$1.90	
J7190	Factor Viii			$0.98	
J7191	Factor Viii (Porcine)			M	
J7192	Factor Viii Recombinant Nos			$1.20	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
J7193	Factor Ix Non-Recombinant			$1.11	
J7194	Factor Ix Complex			$1.28	
J7195	Factor Ix Recombinant Nos			$1.51	
J7196	Antithrombin Recombinant			M	
J7197	Antithrombin Iii Injection			$3.62	
J7198	Anti-Inhibitor			$1.93	
J7199	Hemophilia Clot Factor Noc			M	
J7200	Factor Ix Recombinan Rixubis			$1.25	
J7201	Factor Ix Fc Fusion Recomb			$2.82	
J7205	Factor Viii Fc Fusion Recomb			$1.89	
J7297	Levonorgestrel Iu 52mg 3 Yr			$662.50	
J7298	Levonorgestrel Iu 52mg 5 Yr			$859.11	
J7300	Intraut Copper Contraceptive			$783.34	
J7301	Levonorgestrel Iu 13.5 Mg			$689.33	
J7303	Contraceptive Vaginal Ring			$24.42	
J7304	Contraceptive Hormone Patch			$35.44	
J7307	Etonogestrel Implant System			$817.81	
J7308	Aminolevulinic Acid Hcl Top			$327.41	
J7309	Methyl Aminolevulinate, Top			$83.69	
J7315	Ophthalmic Mitomycin			M	
J7316	Inj, Ocriplasmin, 0.125 Mg			$1,046.75	
J7321	Hyalgan/Supartz Inj Per Dose			$86.59	
J7323	Euflexxa Inj Per Dose			$157.58	
J7324	Orthovisc Inj Per Dose			$159.78	
J7325	Synvisc Or Synvisc-One			$12.49	
J7326	Gel-One			$610.10	
J7327	Monovisc Inj Per Dose			$910.74	
J7328	Gel-Syn Injection 0.1 Mg			M	
J7336	Capsaicin 8% Patch			$2.98	
J7501	Azathioprine Parenteral			$217.30	
J7504	Lymphocyte Immune Globulin			$1,289.76	
J7511	Antithymocyte Globuln Rabbit			$676.20	
J7516	Cyclosporin Parenteral 250mg			$43.83	
J7525	Tacrolimus Injection			$163.71	
J7999	Compounded Drug, Noc			M	
J8655	Netupitant Palonosetron Oral			$464.91	
J9032	Injection, Belinostat, 10mg			$33.39	
J9039	Injection, Blinatumomab			M	
J9212	Interferon Alfacon-1 Inj			M	
J9213	Interferon Alfa-2a Inj			M	
J9214	Interferon Alfa-2b Inj			$25.27	
J9215	Interferon Alfa-N3 Inj			$31.80	
J9216	Interferon Gamma 1-B Inj			M	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule

Revised: 12/14/2016 **July - 2016**

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
J9217	Leuprolide Acetate Suspnsion			$219.88	
J9219	Leuprolide Acetate Implant			M	
J9225	Vantas Implant			$3,088.07	
J9226	Supprelin La Implant			$26,164.11	
J9271	Inj Pembrolizumab			$45.77	
J9299	Injection, Nivolumab			$25.69	
J9308	Injection, Ramucirumab			$56.15	
L4350	Ankle Control Ortho Pre Ots			$73.80	
L4360	Pneumat Walking Boot Pre Cst			$197.46	
L4361	Pneuma/Vac Walk Boot Pre Ots			$176.50	
L4370	Pneum Full Leg Splnt Pre Ots			$179.50	
Q0091	Obtaining Screen Pap Smear			$25.16	
Q0111	Wet Mounts/ W Preparations			$1.54	
Q0112	Potassium Hydroxide Preps			$1.54	
Q0113	Pinworm Examinations			$1.54	
Q0114	Fern Test			$1.54	
Q0138	Ferumoxytol, Non-Esrd			$0.86	
Q0139	Ferumoxytol, Esrd Use			$0.86	
Q0144	Azithromycin Dihydrate, Oral			$15.05	
Q2034	Agriflu Vaccine			M	
Q2035	Afluria Vacc, 3 Yrs '&' >, Im			$16.28	Rate Effective: 0
Q2036	Flulaval Vacc, 3 Yrs '&' >, Im			$8.58	
Q2037	Fluvirin Vacc, 3 Yrs '&' >, Im			$16.28	Rate Effective: 0
Q2038	Fluzone Vacc, 3 Yrs '&' >, Im			$12.04	
Q2039	Nos Flu Vacc, 3 Yrs '&' >, Im			M	
Q3027	Inj Beta Interferon Im 1 Mcg			$44.80	
Q4001	Cast Sup Body Cast Plaster			$35.89	
Q4002	Cast Sup Body Cast Fiberglas			$135.65	
Q4003	Cast Sup Shoulder Cast Plstr			$25.78	
Q4004	Cast Sup Shoulder Cast Fbrgl			$89.25	
Q4005	Cast Sup Long Arm Adult Plst			$9.50	
Q4006	Cast Sup Long Arm Adult Fbrg			$21.42	
Q4007	Cast Sup Long Arm Ped Plster			$4.76	
Q4008	Cast Sup Long Arm Ped Fbrgls			$10.71	
Q4009	Cast Sup Sht Arm Adult Plstr			$6.34	
Q4010	Cast Sup Sht Arm Adult Fbrgl			$14.28	
Q4011	Cast Sup Sht Arm Ped Plaster			$3.17	
Q4012	Cast Sup Sht Arm Ped Fbrglas			$7.14	
Q4013	Cast Sup Gauntlet Plaster			$11.54	
Q4014	Cast Sup Gauntlet Fiberglass			$19.48	
Q4015	Cast Sup Gauntlet Ped Plster			$5.77	
Q4016	Cast Sup Gauntlet Ped Fbrgls			$9.74	
Q4017	Cast Sup Lng Arm Splint Plst			$6.68	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
Q4018	Cast Sup Lng Arm Splint Fbrg			$10.65	
Q4019	Cast Sup Lng Arm Splnt Ped P			$3.34	
Q4020	Cast Sup Lng Arm Splnt Ped F			$5.33	
Q4021	Cast Sup Sht Arm Splint Plst			$4.94	
Q4022	Cast Sup Sht Arm Splint Fbrg			$8.92	
Q4023	Cast Sup Sht Arm Splnt Ped P			$2.48	
Q4024	Cast Sup Sht Arm Splnt Ped F			$4.46	
Q4025	Cast Sup Hip Spica Plaster			$27.72	
Q4026	Cast Sup Hip Spica Fiberglas			$86.53	
Q4027	Cast Sup Hip Spica Ped Plstr			$13.86	
Q4028	Cast Sup Hip Spica Ped Fbrgl			$43.27	
Q4029	Cast Sup Long Leg Plaster			$21.19	
Q4030	Cast Sup Long Leg Fiberglass			$55.78	
Q4031	Cast Sup Lng Leg Ped Plaster			$10.60	
Q4032	Cast Sup Lng Leg Ped Fbrgls			$27.89	
Q4033	Cast Sup Lng Leg Cylinder Pl			$19.76	
Q4034	Cast Sup Lng Leg Cylinder Fb			$49.17	
Q4035	Cast Sup Lngleg Cylndr Ped P			$9.89	
Q4036	Cast Sup Lngleg Cylndr Ped F			$24.59	
Q4037	Cast Sup Shrt Leg Plaster			$12.06	
Q4038	Cast Sup Shrt Leg Fiberglass			$30.21	
Q4039	Cast Sup Shrt Leg Ped Plster			$6.04	
Q4040	Cast Sup Shrt Leg Ped Fbrgls			$15.11	
Q4041	Cast Sup Lng Leg Splnt Plstr			$14.66	
Q4042	Cast Sup Lng Leg Splnt Fbrgl			$25.03	
Q4043	Cast Sup Lng Leg Splnt Ped P			$7.33	
Q4044	Cast Sup Lng Leg Splnt Ped F			$12.52	
Q4045	Cast Sup Sht Leg Splnt Plstr			$8.51	
Q4046	Cast Sup Sht Leg Splnt Fbrgl			$13.69	
Q4047	Cast Sup Sht Leg Splnt Ped P			$4.25	
Q4048	Cast Sup Sht Leg Splnt Ped F			$6.85	
Q4049	Finger Splint, Static			$1.55	
Q4050	Cast Supplies Unlisted			M	
Q4051	Splint Supplies Misc			M	
Q4081	Epoetin Alfa, 100 Units Esrd			$1.25	
Q4106	Dermagraft			$32.89	
Q4131	Epifix			$178.31	
Q9951	Locm >= 400 Mg/Ml Iodine,1ml			M	
Q9965	Locm 100-199mg/Ml Iodine,1ml			$0.81	
Q9966	Locm 200-299mg/Ml Iodine,1ml			$0.18	
Q9967	Locm 300-399mg/Ml Iodine,1ml			$0.13	
Q9980	Genvisc, Inj, 1mg			M	
R0075	Transport Port X-Ray Multipl			$68.95	

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Michigan Department of Health and Human Services
Federally Qualified Health Centers (FQHC) Fee Schedule

Revised: 12/14/2016 **July - 2016**

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
S0030	Injection, Metronidazole			$0.02	
S0032	Injection, Nafcillin Sodium			M	
S0074	Injection, Cefotetan Disodiu			M	
S0077	Injection, Clindamycin Phosp			$3.30	
S0080	Injection, Pentamidine Iseth			$40.02	
S0145	Peg Interferon Alfa-2a/180			M	
S0148	Peg Interferon Alfa-2b/10			M	
S0164	Injection Pantroprazole			$5.30	
S0166	Inj Olanzapine 2.5mg			$10.35	
S0171	Bumetanide 0.5 Mg			$0.53	
S0190	Mifepristone, Oral, 200 Mg			M	
S0191	Misoprostol, Oral, 200 Mcg			M	
S0199	Med Abortion Inc All Ex Drug			M	
S0592	Comp Cont Lens Eval			$28.72	
S0620	Routine Ophthalmological Exa			$45.17	
S0621	Routine Ophthalmological Exa			$47.54	
S2083	Adjustment Gastric Band			$32.68	
S4989	Contracept Iud			$127.82	
S9024	Paranasal Sinus Ultrasound			M	
S9443	Lactation Class			$49.92	

*Covered benefit for HMP only: 81528, G0328

*Covered benefit for CSHCS only: D0340, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794, D2799, D5982, D5988, D6010, D6055, D6056, D6057, D6058, D6059, D6062, D6065, D6066, D6067, D6068, D6069, D6072, D6075, D6076, D6077, D6080, D6090, D6091, D6092, D6093, D6094, D6095, D6100, D6110, D6111, D6112, D6113, D6114, D6115, D6116, D6117, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6253, D6710, D6740, D6750, D6751, D6752, D6790, D6791, D6792, D6793, D6794, D6980, D7280, D7282, D7283, D8050, D8060, D8070, D8080, D8090, D8660, D8670, D8692, D9940

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