

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

Revised: 12/14/2016

January - 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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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	
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	
46083	Incise External Hemorrhoid			\$99.45	

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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	
58578	Laparo Proc Uterus			M	
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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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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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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**Michigan Department of Health and Human Services  
Federally Qualified Health Centers (FQHC) Fee Schedule**

Revised: 12/14/2016

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
72270	Myelography 2/> Spine Regions			\$70.92	
72270	Myelography 2/> Spine Regions	26		\$37.84	
72270	Myelography 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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Federally Qualified Health Centers (FQHC) Fee Schedule**

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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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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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Federally Qualified Health Centers (FQHC) Fee Schedule**

Revised: 12/14/2016

January - 2016

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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Federally Qualified Health Centers (FQHC) Fee Schedule**

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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	
76140	X-Ray Consultation			\$33.92	
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	

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Federally Qualified Health Centers (FQHC) Fee Schedule**

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76604	Us Exam Chest	TC		\$34.07	
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	

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Federally Qualified Health Centers (FQHC) Fee Schedule**

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76813	Ob Us Nuchal Meas 1 Gest			\$68.15	
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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76831	Echo Exam Uterus	26		\$20.80	
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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76977	Us Bone Density Measure	TC		\$2.38	
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	

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77080	Dxa Bone Density Axial	TC		\$17.23	
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 Acid 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	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
80190	Assay Of Procainamide			\$10.24	
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	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
82140	Assay Of Ammonia			\$8.64	
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 li			\$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 Cholyglycine			\$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	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
82436	Assay Of Urine Chloride			\$4.01	
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	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
82775	Assay Galactose Transferase			\$17.06	
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	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
83068	Hemoglobin Stability Screen			\$3.82	
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	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
83861	Microfluid Analy Tears			\$19.52	
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-Hydroxypregno			\$17.01	
84144	Assay Of Progesterone			\$17.01	
84145	Procalcitonin (Pct)			\$22.98	
84146	Assay Of Prolactin			\$16.44	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
84153	Assay Of Psa Total			\$19.42	
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	

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

Revised: 12/14/2016

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
84466	Assay Of Transferrin			\$12.29	
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	

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

Revised: 12/14/2016

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
85045	Automated Reticulocyte Count			\$4.30	
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	

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**Michigan Department of Health and Human Services  
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
85390	Fibrinolytics Screen I&R	26		\$10.30	
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 Pttlt Neutraliz			\$6.59	
85598	Hexagonal Phosph Pttlt 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 Sick 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	

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**Michigan Department of Health and Human Services  
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
86141	C-Reactive Protein Hs			\$14.22	
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	Immunifx E-Phorsis/Urine/Csf			\$30.49	
86335	Immunifx 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	

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**Michigan Department of Health and Human Services  
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
86386	Nuclear Matrix Protein 22			\$11.13	
86403	Particle Agglut Antibdy Scrn			\$4.71	
86406	Particle Agglut Antibdy 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-li Antibody			\$11.36	
86692	Hepatitis Delta Agent Antibdy			\$10.24	
86701	Hiv-1antibody			\$9.76	
86702	Hiv-2 Antibody			\$11.56	
86703	Hiv-1/Hiv-2 1 Result Antibdy			\$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&li Antibody Qual			\$44.70	
86829	Hla Class I/li Antibody Qual			\$33.53	
86830	Hla Class I Phenotype Qual			\$91.20	
86831	Hla Class li Phenotype Qual			\$78.17	
86832	Hla Class I High Defin Qual			\$143.32	
86833	Hla Class li High Defin Qual			\$130.29	
86834	Hla Class I Semiquant Panel			\$403.90	
86835	Hla Class li Semiquant Panel			\$364.82	

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**Michigan Department of Health and Human Services  
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
86849	Immunology Procedure			M	
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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
87253	Virus Inoculate Tissue Addl			\$7.22	
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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
87999	Microbiology Procedure			M	
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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
88291	Cyto/Molecular Report			\$17.83	
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			\$113.22	
90375	Rabies Ig Im/Sc			\$285.18	
90376	Rabies Ig Heat Treated			\$262.81	
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 liv4 No Preserv Id			\$23.47	
90632	Hepa Vaccine Adult Im			\$51.23	
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	

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Revised: 12/14/2016

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
90648	Hib Prp-T Vaccine 4 Dose Im			\$0.00	
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	
90654	Flu Vacc liv3 No Preserv Id			\$18.92	
90655	liv3 Vacc No Prsv 6-35 Mo Im			\$0.00	
90656	liv3 Vacc No Prsv 3 Yrs+ Im		19 to 124 years	\$13.88	
90656	liv3 Vacc No Prsv 3 Yrs+ Im		3 to 19 years	\$0.00	
90657	liv3 Vaccine 6-35 Months Im			\$0.00	
90658	liv3 Vaccine 3 Yrs+ Im		19 to 124 years	\$11.37	
90658	liv3 Vaccine 3 Yrs+ Im		3 to 19 years	\$0.00	
90661	Cciiv3 Vac Im Cult Prsv Free			\$22.29	
90662	liv No Prsv Increased Ag Im			\$36.32	
90670	Pcv13 Vaccine Im		19 to 124 years	\$173.15	
90670	Pcv13 Vaccine Im		42 days to 19 years	\$0.00	
90672	Laiv4 Vaccine Intranasal		19 to 50 years	\$26.88	
90672	Laiv4 Vaccine Intranasal		2 to 19 years	\$0.00	
90673	Riv3 Vaccine No Preserv Im			\$37.19	
90675	Rabies Vaccine Im			\$280.21	
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	liv4 Vacc No Prsv 6-35 M Im			\$0.00	
90686	liv4 Vacc No Prsv 3 Yrs+ Im		19 to 124 years	\$18.16	
90686	liv4 Vacc No Prsv 3 Yrs+ Im		3 to 19 years	\$0.00	
90687	liv4 Vaccine 6-35 Months Im			\$0.00	
90688	liv4 Vaccine 3 Yrs Plus Im		19 to 124 years	\$18.27	
90688	liv4 Vaccine 3 Yrs Plus Im		3 to 19 years	\$0.00	
90691	Typhoid Vaccine Im			\$75.12	
90696	Dtap-lpv Vaccine 4-6 Yrs Im			\$0.00	
90698	Dtap-lpv/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 lpv Sc/Im		19 to 124 years	\$29.09	
90713	Poliovirus lpv Sc/Im		42 days to 19 years	\$0.00	
90714	Td Vacc No Presv 7 Yrs+ Im		19 to 124 years	\$22.75	
90714	Td Vacc No Presv 7 Yrs+ Im		7 to 19 years	\$0.00	
90715	Tdap Vaccine 7 Yrs/> Im		19 to 124 years	\$31.21	

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90715	Tdap Vaccine 7 Yrs/> Im		7 to 19 years	\$0.00	
90716	Var Vaccine Live Subq		1 to 19 years	\$0.00	
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	\$82.52	
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			\$119.42	
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	\$24.22	
90746	Hepb Vaccine 3 Dose Adult Im			\$59.71	
90747	Hepb Vacc 4 Dose Immunsup Im			\$119.42	
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 Srvc			\$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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
92060	Special Eye Evaluation	TC		\$14.86	
92065	Orthoptic/Pleoptic Training			\$29.72	
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 Opth Dx Img Ant Segmt			\$19.41	
92132	Cmptr Opth Dx Img Ant Segmt	26		\$10.70	
92132	Cmptr Opth Dx Img Ant Segmt	TC		\$8.72	
92133	Cmptr Opth Img Optic Nerve			\$24.56	
92133	Cmptr Opth Img Optic Nerve	26		\$15.65	
92133	Cmptr Opth Img Optic Nerve	TC		\$8.91	
92134	Cptr Opth Dx Img Post Segmt			\$25.16	
92134	Cptr Opth Dx Img Post Segmt	26		\$16.05	
92134	Cptr Opth 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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
92240	Icg Angiography	TC		\$106.58	
92250	Eye Exam With Photos			\$43.98	
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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
92511	Nasopharyngoscopy			\$63.00	
92521	Evaluation Of Speech Fluency			\$62.01	
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	

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92568	Acoustic Refl Threshold Tst			\$8.91	
92570	Acoustic Immitance Testing			\$18.03	
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	

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93229	Remote 30 Day Ecg Tech Supp			\$406.11	
93260	Prgmng Dev Eval Impltbl Sys			\$37.44	
93260	Prgmng Dev Eval Impltbl Sys	26		\$25.16	
93260	Prgmng 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	Prgmng Eval Implantable Dfb			\$35.06	
93282	Prgmng Eval Implantable Dfb	26		\$23.77	
93282	Prgmng Eval Implantable Dfb	TC		\$11.29	
93283	Prgmng Eval Implantable Dfb			\$45.56	
93283	Prgmng Eval Implantable Dfb	26		\$32.29	
93283	Prgmng Eval Implantable Dfb	TC		\$13.27	
93284	Prgmng Eval Implantable Dfb			\$50.32	
93284	Prgmng Eval Implantable Dfb	26		\$35.26	
93284	Prgmng 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	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
93288	Pm Device Eval In Person	TC		\$8.72	
93289	Interrog Device Eval Heart			\$36.45	
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/lcd 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	

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

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
93325	Doppler Color Flow Add-On			\$14.26	
93325	Doppler Color Flow Add-On	26		\$1.78	
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+ Lvl			\$78.05	
93923	Upr/Lxtr Art Stdy 3+ Lvl	26		\$12.68	
93923	Upr/Lxtr Art Stdy 3+ Lvl	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	

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

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
93976	Vascular Study	26		\$22.58	
93976	Vascular Study	TC		\$69.34	
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	

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

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
94620	Pulmonary Stress Test/Simple	TC		\$14.26	
94621	Pulm Stress Test/Complex			\$91.52	
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/Membrane Diffuse Capacity			\$30.51	
94729	Co/Membrane Diffuse Capacity	26		\$5.15	
94729	Co/Membrane 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	

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

Revised: 12/14/2016

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95028	Icut Allergy Test-Delayed			\$7.53	
95044	Allergy Patch Tests			\$3.17	
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	

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**Michigan Department of Health and Human Services  
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95851	Range Of Motion Measurements			\$10.30	
95852	Range Of Motion Measurements			\$9.11	
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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95885	Musc Tst Done W/Nerv Tst Lim	26		\$10.70	
95885	Musc Tst Done W/Nerv Tst Lim	TC		\$22.19	
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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
95925	Somatosensory Testing	TC		\$71.32	
95926	Somatosensory Testing			\$77.06	
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	

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

Revised: 12/14/2016

January - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
96154	Interv Hlth/Behav Fam W/Pt			\$8.17	
96360	Hydration Iv Infusion Init			\$31.89	
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	

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

Revised: 12/14/2016

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
99243	Office Consultation			\$68.34	
99244	Office Consultation			\$102.22	
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	

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

Revised: 12/14/2016

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
99394	Prev Visit Est Age 12-17			\$80.39	
99395	Prev Visit Est Age 18-39			\$81.34	
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	

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

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D0274	Bitewings Four Images		19 to 124 years	\$14.02	
D0330	Panoramic Image			\$17.56	
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	

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

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
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	
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	

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

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D3348	Retreat Root Canal Molar		0 to 19 years	\$389.34	
D3348	Retreat Root Canal Molar		19 to 21 years	\$210.87	
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 Cmplt			\$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	

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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D5750	Denture Reln Cmplt Max Lab			\$105.85	
D5751	Denture Reln Cmplt Mand Lab			\$105.85	
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	

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**Michigan Department of Health and Human Services  
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Code	Short Description	Modifier	Age Range	Rate	Effective Date**
D6205*	Pontic-Indirect Resin Based			\$232.05	
D6210*	Prosthodont High Noble Metal			\$396.90	
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	

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D7471	Rem Exostosis Any Site			\$87.74	
D7472	Removal Of Torus Palatinus			\$113.58	
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 Pericoronar Gingiva			\$55.13	
D7972	Surg Redct Fibrous Tuberosit			\$87.74	
D8050*	Intercep Dental Tx Primary			\$1,260.00	
D8060*	Intercep Dental Tx Transiti			\$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	

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G0204	Diagnosticmammographydigital	TC		\$66.76	
G0206	Diagnosticmammographydigital			\$71.71	
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	
G0464*	Colorec Ca Scr, Sto Bas Dna			\$407.98	
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			\$0.13	
J0520	Bethanechol Chloride Inject			M	
J0558	Peng Benzathine/Procaine Inj			\$6.59	
J0561	Penicillin G Benzathine Inj			\$8.33	
J0583	Bivalirudin			\$3.01	
J0588	Incobotulinumtoxin A			\$4.77	
J0600	Edetate Calcium Disodium Inj			\$5,594.42	
J0610	Calcium Gluconate Injection			\$3.10	
J0620	Calcium Glycer & Lact/10 MI			M	
J0630	Calcitonin Salmon Injection			\$1,997.76	
J0636	Inj Calcitriol Per 0.1 Mcg			\$0.35	
J0637	Caspofungin Acetate			\$12.94	
J0640	Leucovorin Calcium Injection			\$3.84	
J0690	Cefazolin Sodium Injection			\$0.89	
J0692	Cefepime Hcl For Injection			\$2.51	
J0694	Cefoxitin Sodium Injection			\$4.89	

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J0695	Inj Ceftolozane Tazobactam			M	
J0696	Ceftriaxone Sodium Injection			\$0.77	
J0697	Sterile Cefuroxime Injection			\$2.42	
J0698	Cefotaxime Sodium Injection			\$3.14	
J0702	Betamethasone Acet&Sod Phosp			\$5.83	
J0710	Cephapirin Sodium Injection			M	
J0712	Ceftaroline Fosamil Inj			\$2.27	
J0713	Inj Ceftazidime Per 500 Mg			\$2.40	
J0714	Ceftazidime And Avibactam			M	
J0715	Ceftizoxime Sodium / 500 Mg			M	
J0735	Clonidine Hydrochloride			\$11.55	
J0743	Cilastatin Sodium Injection			\$4.54	
J0744	Ciprofloxacin Iv			\$1.02	
J0760	Colchicine Injection			\$6.57	
J0780	Prochlorperazine Injection			\$13.09	
J0840	Crotalidae Poly Immune Fab			\$2,542.98	
J0875	Injection, Dalbavancin			\$14.58	
J0878	Daptomycin Injection			\$0.80	
J0881	Darbepoetin Alfa, Non-Esrd			\$4.15	
J0882	Darbepoetin Alfa, Esrd Use			\$4.15	
J0885	Epoetin Alfa, Non-Esrd			\$12.33	
J0887	Epoetin Beta Esrd Use			M	
J0888	Epoetin Beta Non Esrd			M	
J0895	Deferoxamine Mesylate Inj			\$15.01	
J1000	Depo-Estradiol Cypionate Inj			\$13.80	
J1020	Methylprednisolone 20 Mg Inj			\$4.50	
J1030	Methylprednisolone 40 Mg Inj			\$4.31	
J1040	Methylprednisolone 80 Mg Inj			\$8.33	
J1050	Medroxyprogesterone Acetate			\$0.36	
J1071	Inj Testosterone Cypionate			\$0.03	
J1094	Inj Dexamethasone Acetate			\$0.27	
J1100	Dexamethasone Sodium Phos			\$0.14	
J1170	Hydromorphone Injection			\$2.06	
J1200	Diphenhydramine Hcl Injectio			\$0.49	
J1335	Ertapenem Injection			\$41.63	
J1364	Erythro Lactobionate /500 Mg			\$48.40	
J1380	Estradiol Valerate 10 Mg Inj			\$10.27	
J1410	Inj Estrogen Conjugate 25 Mg			\$228.37	
J1435	Injection Estrone Per 1 Mg			M	
J1438	Etanercept Injection			\$352.11	
J1439	Inj Ferric Carboxymaltos 1mg			\$1.06	
J1447	Inj Tbo Filgrastim 1 Microg			\$0.77	
J1450	Fluconazole			\$4.82	

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J1455	Foscarnet Sodium Injection			\$13.25	
J1460	Gamma Globulin 1 Cc Inj			\$33.45	
J1556	Inj, Imm Glob Bivigam, 500mg			\$38.86	
J1557	Gammplex Injection			\$37.31	
J1559	Hizentra Injection			\$8.47	
J1560	Gamma Globulin > 10 Cc Inj			\$334.51	
J1561	Gamunex-C/Gammaked			\$41.77	
J1562	Vivaglobin, Inj			M	
J1566	Immune Globulin, Powder			\$34.90	
J1568	Octagam Injection			\$42.44	
J1569	Gammagard Liquid Injection			\$38.12	
J1570	Ganciclovir Sodium Injection			\$66.18	
J1571	Hepagam B Im Injection			\$55.81	
J1572	Flebogamma Injection			\$39.36	
J1573	Hepagam B Intravenous, Inj			\$51.29	
J1575	Hyqvia 100mg Immunoglobulin			\$10.83	
J1580	Garamycin Gentamicin Inj			\$1.26	
J1590	Gatifloxacin Injection			M	
J1599	Ivig Non-Lyophilized, Nos			M	
J1630	Haloperidol Injection			\$1.52	
J1631	Haloperidol Decanoate Inj			\$20.29	
J1670	Tetanus Immune Globulin Inj			\$402.82	
J1675	Histrelin Acetate			M	
J1700	Hydrocortisone Acetate Inj			M	
J1710	Hydrocortisone Sodium Ph Inj			M	
J1720	Hydrocortisone Sodium Succ I			\$7.50	
J1725	Hydroxyprogesterone Caproate			M	
J1741	Ibuprofen Injection			M	
J1750	Iron Dextran			\$12.20	
J1756	Iron Sucrose Injection			\$0.27	
J1815	Insulin Injection			\$0.79	
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			\$0.70	
J1890	Cephalothin Sodium Injection			M	
J1940	Furosemide Injection			\$2.89	
J1950	Leuprolide Acetate /3.75 Mg			\$928.95	
J1956	Levofloxacin Injection			\$2.39	
J2010	Lincomycin Injection			\$11.21	
J2020	Linezolid Injection			\$23.71	

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J2175	Meperidine Hydrochl /100 Mg			\$4.53	
J2180	Meperidine/Promethazine Inj			M	
J2185	Meropenem			\$1.31	
J2265	Minocycline Hydrochloride			M	
J2270	Morphine Sulfate Injection			\$1.22	
J2278	Ziconotide Injection			\$7.18	
J2280	Inj, Moxifloxacin 100 Mg			\$9.18	
J2300	Inj Nalbuphine Hydrochloride			\$2.37	
J2310	Inj Naloxone Hydrochloride			\$27.99	
J2315	Naltrexone, Depot Form			\$3.18	
J2320	Nandrolone Decanoate 50 Mg			M	
J2360	Orphenadrine Injection			\$5.70	
J2405	Ondansetron Hcl Injection			\$0.10	
J2407	Injection, Oritavancin			\$25.62	
J2410	Oxymorphone Hcl Injection			\$2.84	
J2426	Paliperidone Palmitate Inj			\$8.69	
J2430	Pamidronate Disodium /30 Mg			\$11.58	
J2502	Inj, Pasireotide Long Acting			M	
J2505	Injection, Pegfilgrastim 6mg			\$3,828.10	
J2510	Penicillin G Procaine Inj			\$22.52	
J2540	Penicillin G Potassium Inj			\$0.95	
J2543	Piperacillin/Tazobactam			\$2.59	
J2547	Injection, Peramivir			M	
J2550	Promethazine Hcl Injection			\$1.64	
J2650	Prednisolone Acetate Inj			M	
J2675	Inj Progesterone Per 50 Mg			\$0.97	
J2680	Fluphenazine Decanoate 25 Mg			\$22.26	
J2700	Oxacillin Sodium Injeciton			\$1.81	
J2780	Ranitidine Hydrochloride Inj			\$1.06	
J2788	Rho D Immune Globulin 50 Mcg			\$24.39	
J2790	Rho D Immune Globulin Inj			\$83.74	
J2791	Rhophylac Injection			\$4.73	
J2792	Rho(D) Immune Globulin H, Sd			\$20.22	
J2794	Risperidone, Long Acting			\$7.28	
J2860	Injection, Siltuximab			M	
J2916	Na Ferric Gluconate Complex			\$2.57	
J2920	Methylprednisolone Injection			\$2.90	
J2930	Methylprednisolone Injection			\$4.11	
J3000	Streptomycin Injection			\$11.85	
J3030	Sumatriptan Succinate / 6 Mg			\$51.89	
J3090	Inj Tedizolid Phosphate			\$1.21	
J3250	Trimethobenzamide Hcl Inj			\$23.73	
J3260	Tobramycin Sulfate Injection			\$2.68	

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J3265	Injection Torsemide 10 Mg/Ml			M	
J3301	Triamcinolone Acet Inj Nos			\$1.81	
J3302	Triamcinolone Diacetate Inj			M	
J3303	Triamcinolone Hexacetone Inj			\$1.81	
J3305	Inj Trimetrexate Glucuronate			M	
J3310	Perphenazine Injeciton			M	
J3315	Triptorelin Pamoate			\$238.97	
J3320	Spectinomycin Di-Hcl Inj			M	
J3360	Diazepam Injection			\$6.64	
J3370	Vancomycin Hcl Injection			\$3.87	
J3380	Injection, Vedolizumab			\$17.03	
J3410	Hydroxyzine Hcl Injection			\$2.19	
J3411	Thiamine Hcl 100 Mg			\$3.22	
J3415	Pyridoxine Hcl 100 Mg			\$9.86	
J3420	Vitamin B12 Injection			\$2.64	
J3430	Vitamin K Phytonadione Inj			\$2.74	
J3465	Injection, Voriconazole			\$3.88	
J3471	Ovine, Up To 999 Usp Units			\$0.32	
J3472	Ovine, 1000 Usp Units			\$137.80	
J3473	Hyaluronidase Recombinant			\$0.36	
J3475	Inj Magnesium Sulfate			\$0.22	
J3480	Inj Potassium Chloride			\$0.14	
J3485	Zidovudine			\$1.50	
J3486	Ziprasidone Mesylate			\$15.58	
J3489	Zoledronic Acid 1mg			\$27.53	
J7030	Normal Saline Solution Infus			\$1.88	
J7040	Normal Saline Solution Infus			\$0.94	
J7042	5% Dextrose/Normal Saline			\$0.59	
J7050	Normal Saline Solution Infus			\$0.46	
J7060	5% Dextrose/Water			\$1.84	
J7070	D5w Infusion			\$3.58	
J7100	Dextran 40 Infusion			\$17.77	
J7110	Dextran 75 Infusion			M	
J7120	Ringers Lactate Infusion			\$1.82	
J7121	5% Dextrose In Lac Ringers			M	
J7180	Factor Xiii Anti-Hem Factor			\$7.77	
J7181	Factor Xiii Recomb A-Subunit			M	
J7182	Factor Viii Recomb Novoeight			\$1.45	
J7183	Wilate Injection			\$1.00	
J7185	Xyntha Inj			\$1.22	
J7187	Humate-P, Inj			\$1.00	
J7188	Factor Viii Recomb Obizur			M	
J7189	Factor Viia			\$1.97	

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J7190	Factor Viii			\$0.96	
J7191	Factor Viii (Porcine)			M	
J7192	Factor Viii Recombinant Nos			\$1.18	
J7193	Factor Ix Non-Recombinant			\$1.10	
J7194	Factor Ix Complex			\$1.22	
J7195	Factor Ix Recombinant Nos			\$1.45	
J7196	Antithrombin Recombinant			M	
J7197	Antithrombin Iii Injection			\$3.62	
J7198	Anti-Inhibitor			\$1.90	
J7199	Hemophilia Clot Factor Noc			M	
J7200	Factor Ix Recombinan Rixubis			\$1.24	
J7201	Factor Ix Fc Fusion Recomb			\$2.81	
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			\$292.56	
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			\$88.12	
J7323	Euflexxa Inj Per Dose			\$149.10	
J7324	Orthovisc Inj Per Dose			\$168.54	
J7325	Synvisc Or Synvisc-One			\$13.13	
J7326	Gel-One			\$563.61	
J7327	Monovisc Inj Per Dose			\$935.00	
J7328	Gel-Syn Injection 0.1 Mg			M	
J7336	Capsaicin 8% Patch			\$2.89	
J7501	Azathioprine Parenteral			\$217.30	
J7504	Lymphocyte Immune Globulin			\$1,136.93	
J7511	Antithymocyte Globuln Rabbit			\$643.00	
J7516	Cyclosporin Parenteral 250mg			\$42.69	
J7525	Tacrolimus Injection			\$164.44	
J7999	Compounded Drug, Noc			M	
J8655	Netupitant Palonosetron Oral			\$494.08	
J9032	Injection, Belinostat, 10mg			\$32.50	
J9039	Injection, Blinatumomab			M	
J9212	Interferon Alfacon-1 Inj			M	
J9213	Interferon Alfa-2a Inj			M	

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J9214	Interferon Alfa-2b Inj			\$23.90	
J9215	Interferon Alfa-N3 Inj			\$31.80	
J9216	Interferon Gamma 1-B Inj			M	
J9217	Leuprolide Acetate Suspnsion			\$252.59	
J9219	Leuprolide Acetate Implant			M	
J9225	Vantas Implant			\$3,007.40	
J9226	Supprelin La Implant			\$23,788.39	
J9271	Inj Pembrolizumab			\$45.70	
J9299	Injection, Nivolumab			\$25.37	
J9308	Injection, Ramucirumab			\$54.02	
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			\$0.82	
Q0139	Ferumoxytol, Esrd Use			\$0.82	
Q0144	Azithromycin Dihydrate, Oral			\$15.05	
Q2034	Agriflu Vaccine			M	
Q2035	Afluria Vacc, 3 Yrs '&' >, Im			\$13.03	
Q2036	Flulaval Vacc, 3 Yrs '&' >, Im			\$8.58	
Q2037	Fluvirin Vacc, 3 Yrs '&' >, Im			\$15.83	
Q2038	Fluzone Vacc, 3 Yrs '&' >, Im			\$12.04	
Q2039	Nos Flu Vacc, 3 Yrs '&' >, Im			M	
Q3027	Inj Beta Interferon Im 1 Mcg			\$41.79	
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	

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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	
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 PI			\$19.76	
Q4034	Cast Sup Lng Leg Cylinder Fb			\$49.17	
Q4035	Cast Sup Lngleg Cylnr Ped P			\$9.89	
Q4036	Cast Sup Lngleg Cylnr 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			\$1.23	
Q4106	Dermagraft			\$32.86	
Q4131	Epifix			\$187.53	
Q9951	Locm >= 400 Mg/MI Iodine,1ml			M	
Q9965	Locm 100-199mg/MI Iodine,1ml			\$0.88	
Q9966	Locm 200-299mg/MI Iodine,1ml			\$0.18	

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Q9967	Locm 300-399mg/MI Iodine,1ml			\$0.13	
Q9980	Genvisc, Inj, 1mg			M	
R0075	Transport Port X-Ray Multipl			\$68.95	
S0030	Injection, Metronidazole			\$0.02	
S0032	Injection, Nafacillin 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 Pantoprazole			\$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	

\*Covered benefit for HMP only: 81528, G0104, G0105, G0121, G0328, G0464

\*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,

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