

**2013/14 FEE**

**Percent Poverty  
Percent of Full Fee**

**100%    101-119%    120-139%    140-159%    160-179%    180-199%    250+%**  
**0%        17%        33%        50%        67%        83%        100%**

<b>Procedure Code</b>	<b>Description</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>I</b>
11976	Removal, Implantable Contraceptive Capsules	\$0.00	\$31.11	\$60.39	\$91.50	\$122.61	\$151.89	\$183.00
58300	IUD Insertion	\$0.00	\$14.79	\$28.71	\$43.50	\$58.29	\$72.21	\$87.00
58301	IUD Removal	\$0.00	\$20.74	\$40.26	\$61.00	\$81.74	\$101.26	\$122.00
59430	Postpartum Exam	\$0.00	\$40.46	\$78.54	\$119.00	\$159.46	\$197.54	\$238.00
81025	Urine pregnancy test	\$0.00	\$1.99	\$3.86	\$5.85	\$7.84	\$9.71	\$11.70
99201	OV New Pt Prob. Focused (10)	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99202	OV New Pt Exp. Prob. Foc.(20)	\$0.00	\$15.81	\$30.69	\$46.50	\$62.31	\$77.19	\$93.00
99203	OV New Pt Detailed (30)	\$0.00	\$22.95	\$44.55	\$67.50	\$90.45	\$112.05	\$135.00
99204	OV New Pt. Comp. 45 min. (45)	\$0.00	\$34.85	\$67.65	\$102.50	\$137.35	\$170.15	\$205.00
99205	OV New Pt Comp. 60 min (60)	\$0.00	\$43.18	\$83.82	\$127.00	\$170.18	\$210.82	\$254.00
99211	OV Established - Minimal	\$0.00	\$5.95	\$11.55	\$17.50	\$23.45	\$29.05	\$35.00
99212	OV Est. Pt. Prob. Focused	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99213	OV Est. Pt Exp. Prob. Foc.	\$0.00	\$15.47	\$30.03	\$45.50	\$60.97	\$75.53	\$91.00
99214	OV Est. Pt Detailed	\$0.00	\$22.61	\$43.89	\$66.50	\$89.11	\$110.39	\$133.00
99215	OV Est. Pt Comp. 40 min.	\$0.00	\$30.26	\$58.74	\$89.00	\$119.26	\$147.74	\$178.00
99384	Family Planning - Initial 12-17 yrs	\$0.00	\$28.56	\$55.44	\$84.00	\$112.56	\$139.44	\$168.00
99385	Family Planning - Initial 18-39 yrs	\$0.00	\$27.71	\$53.79	\$81.50	\$109.21	\$135.29	\$163.00
99386	Family Planning - Initial 40-64 yrs	\$0.00	\$31.96	\$62.04	\$94.00	\$125.96	\$156.04	\$188.00
99394	Family Planning - Annual 12-17 yrs	\$0.00	\$24.31	\$47.19	\$71.50	\$95.81	\$118.69	\$143.00
99395	Family Planning - Annual 18-39 yrs	\$0.00	\$24.82	\$48.18	\$73.00	\$97.82	\$121.18	\$146.00
99396	Family Planning - Annual 40-64 yrs	\$0.00	\$26.52	\$51.48	\$78.00	\$104.52	\$129.48	\$156.00
99403	Family Planning Counseling Visit	\$0.00	\$5.95	\$11.55	\$17.50	\$23.45	\$29.05	\$35.00
93000	EKG diagnostic	\$0.00	\$5.34	\$10.37	\$15.71	\$21.05	\$26.08	\$31.42

94010	Incentive Spirometer	\$0.00	\$6.43	\$12.50	\$18.94	\$25.37	\$31.43	\$37.87
94640	Nebulizer Treatment (not medicati	\$0.00	\$2.78	\$5.40	\$8.18	\$10.96	\$13.58	\$16.36
97802	Nutritional Counseling (billed per 1	\$0.00	\$7.48	\$14.52	\$22.00	\$29.48	\$36.52	\$44.00
99201	Cbe Only - New	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99201	OV New Pt Prob. Focused (10)	\$0.00	\$13.48	\$26.16	\$39.64	\$53.12	\$65.80	\$79.28
99202	OV New Pt Exp. Prob. Foc.(20)	\$0.00	\$26.39	\$51.24	\$77.63	\$104.02	\$128.87	\$155.26
99203	CBE Pap Pelvic New	\$0.00	\$22.95	\$44.55	\$67.50	\$90.45	\$112.05	\$135.00
99203	OV New Pt Detailed (30)	\$0.00	\$30.89	\$59.96	\$90.85	\$121.73	\$150.80	\$181.69
99204	OV New Pt. Comp. 45 min. (45)	\$0.00	\$34.85	\$67.65	\$102.50	\$137.35	\$170.15	\$205.00
99205	OV New Pt Comp. 60 min (60)	\$0.00	\$43.18	\$83.82	\$127.00	\$170.18	\$210.82	\$254.00
99211	OV Established - Minimal	\$0.00	\$4.25	\$8.25	\$12.50	\$16.75	\$20.75	\$25.00
99211	Instruction for Insulin Iss.	\$0.00	\$4.25	\$8.25	\$12.50	\$16.75	\$20.75	\$25.00
99212	CBE Only - Est.	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99212	Repeat CBE	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99212	Repeat Pap	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99212	OV Est. Pt. Prob. Focused	\$0.00	\$13.14	\$25.50	\$38.64	\$51.78	\$64.14	\$77.28
99213	CBE Pap Pelvic Est.	\$0.00	\$15.47	\$30.03	\$45.50	\$60.97	\$75.53	\$91.00
99213	OV Est. Pt Exp. Prob. Foc.	\$0.00	\$17.89	\$34.73	\$52.63	\$70.52	\$87.36	\$105.25
99214	OV Est. Pt Detailed	\$0.00	\$26.59	\$51.62	\$78.21	\$104.80	\$129.83	\$156.42
99215	OV Est. Pt Comp. 40 min.	\$0.00	\$30.26	\$58.74	\$89.00	\$119.26	\$147.74	\$178.00
99381	Exam New Comp under 1 yr	\$0.00	\$23.29	\$45.21	\$68.50	\$91.79	\$113.71	\$137.00
99382	Exam. New 1-4 years	\$0.00	\$24.14	\$46.86	\$71.00	\$95.14	\$117.86	\$142.00
99383	Exam. New 5 - 11 years	\$0.00	\$25.16	\$48.84	\$74.00	\$99.16	\$122.84	\$148.00
99384	Exam. New 12 - 17 years	\$0.00	\$28.56	\$55.44	\$84.00	\$112.56	\$139.44	\$168.00
99385	Exam. New 18 - 39 years	\$0.00	\$27.71	\$53.79	\$81.50	\$109.21	\$135.29	\$163.00
99386	Exam. New 40 - 64 years	\$0.00	\$31.96	\$62.04	\$94.00	\$125.96	\$156.04	\$188.00
99387	Exam New 65 yrs and over	\$0.00	\$34.68	\$67.32	\$102.00	\$136.68	\$169.32	\$204.00
99391	Exam. Est. Comp. Under 1 yr	\$0.00	\$20.91	\$40.59	\$61.50	\$82.41	\$102.09	\$123.00
99392	Exam. Est. 1 - 4 years	\$0.00	\$22.27	\$43.23	\$65.50	\$87.77	\$108.73	\$131.00
99393	Exam. Est. 5 - 11 years	\$0.00	\$22.27	\$43.23	\$65.50	\$87.77	\$108.73	\$131.00
99394	Exam. Est. 12 - 17 years	\$0.00	\$24.31	\$47.19	\$71.50	\$95.81	\$118.69	\$143.00
99395	Exam. Est. 18 - 39 years	\$0.00	\$24.82	\$48.18	\$73.00	\$97.82	\$121.18	\$146.00

**CLINICAL PROGRAMS SLIDING FEE SCALE**

**Nominal Fee: \$10.00**

**2013/14 FEE**

**Percent Poverty  
Percent of Full Fee**

<b>100%</b>	<b>101-119%</b>	<b>120-139%</b>	<b>140-159%</b>	<b>160-179%</b>	<b>180-200%</b>	<b>200+%</b>
<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>

<b>Procedure Code</b>	<b>Description</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
10060	I & D of Abscess, simple	\$0.00	\$24.99	\$48.51	\$73.50	\$98.49	\$122.01	\$147.00
10120	Incision/Removal Foreign Body, simple	\$0.00	\$33.15	\$64.35	\$97.50	\$130.65	\$161.85	\$195.00
10140	Drainage of hematoma/fluid	\$0.00	\$35.19	\$68.31	\$103.50	\$138.69	\$171.81	\$207.00
10160	Aspiration of Cyst/skin	\$0.00	\$28.22	\$54.78	\$83.00	\$111.22	\$137.78	\$166.00
11055	Trim Skin Lesion	\$0.00	\$10.37	\$20.13	\$30.50	\$40.87	\$50.63	\$61.00
11100	Biopsy Skin Lesion	\$0.00	\$22.61	\$43.89	\$66.50	\$89.11	\$110.39	\$133.00
11200	Removal Skin Tags 1-15	\$0.00	\$18.87	\$36.63	\$55.50	\$74.37	\$92.13	\$111.00
11400	Excis Lesion (trunk/arm/leg) .5M<	\$0.00	\$26.86	\$52.14	\$79.00	\$105.86	\$131.14	\$158.00
11401	Excis Lesion (trunk/arm/leg .6 - 1c	\$0.00	\$32.30	\$62.70	\$95.00	\$127.30	\$157.70	\$190.00
11402	Excis Lesion (Trunk/arm/leg) 1.1 -	\$0.00	\$36.04	\$69.96	\$106.00	\$142.04	\$175.96	\$212.00
11420	Excis (scalp/neck/hand/feet/genit)	\$0.00	\$26.69	\$51.81	\$78.50	\$105.19	\$130.31	\$157.00
11750	Excision of Nail (ingrown or deforma	\$0.00	\$48.11	\$93.39	\$141.50	\$189.61	\$234.89	\$283.00
12002	Laceration Repair	\$0.00	\$23.80	\$46.20	\$70.00	\$93.80	\$116.20	\$140.00
16020	Dress/debrid p-thick burn	\$0.00	\$17.68	\$34.32	\$52.00	\$69.68	\$86.32	\$104.00
17110	Destruct benign lesion 1-14	\$0.00	\$24.14	\$46.86	\$71.00	\$95.14	\$117.86	\$142.00
20550	Injection (tendon/ligament/cyst)	\$0.00	\$12.41	\$24.09	\$36.50	\$48.91	\$60.59	\$73.00
20600	Inj/Asp Small joint (finger/toe)	\$0.00	\$10.03	\$19.47	\$29.50	\$39.53	\$48.97	\$59.00
20605	Inj/Asp Intermed. (wrist/elbow/ankl	\$0.00	\$13.94	\$27.06	\$41.00	\$54.94	\$68.06	\$82.00
20610	Inj/Asp Major Joint (shoulder/hip/k	\$0.00	\$12.75	\$24.75	\$37.50	\$50.25	\$62.25	\$75.00
57100	Biopsy of Vagina	\$0.00	\$19.55	\$37.95	\$57.50	\$77.05	\$95.45	\$115.00
57421	Exam/biopsy of vag w/scope	\$0.00	\$33.83	\$65.67	\$99.50	\$133.33	\$165.17	\$199.00
57452	Colposcopy	\$0.00	\$23.46	\$45.54	\$69.00	\$92.46	\$114.54	\$138.00
57454	Colposcopy,W/bio+Lab Fee	\$0.00	\$33.15	\$64.35	\$97.50	\$130.65	\$161.85	\$195.00
57500	Biopsy of Cervix	\$0.00	\$28.05	\$54.45	\$82.50	\$110.55	\$136.95	\$165.00
57511	Cryosurgery	\$0.00	\$31.62	\$61.38	\$93.00	\$124.62	\$154.38	\$186.00
58100	Biopsy, Endometrial	\$0.00	\$23.63	\$45.87	\$69.50	\$93.13	\$115.37	\$139.00

69210	Removal of Impacted Cerumen	\$0.00	\$11.22	\$21.78	\$33.00	\$44.22	\$54.78	\$66.00
87210	Wet Mount-KOH & Saline	\$0.00	\$1.06	\$2.06	\$3.12	\$4.17	\$5.17	\$6.23
88305	Biopsy Cervical Lab	\$0.00	\$16.83	\$32.67	\$49.50	\$66.33	\$82.17	\$99.00

**CLINICAL PROGRAMS SLIDING FEE SCALE**

**2013/14 FEE**

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**0%        17%            33%            50%            67%            83%            100%**

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92504	Microscopy General Exam	\$0.00	\$6.63	\$12.87	\$19.50	\$26.13	\$32.37	\$39.00
94760	Pulse Oximetry	\$0.00	\$0.68	\$1.32	\$2.00	\$2.68	\$3.32	\$4.00
93000	EKG diagnostic	\$0.00	\$5.34	\$10.37	\$15.71	\$21.05	\$26.08	\$31.42
94010	Incentive Spirometer	\$0.00	\$6.43	\$12.50	\$18.94	\$25.37	\$31.43	\$37.87
94640	Nebulizer Treatment (not medication)	\$0.00	\$2.78	\$5.40	\$8.18	\$10.96	\$13.58	\$16.36
97802	Nutritional Counseling (billed per 15 min)	\$0.00	\$7.48	\$14.52	\$22.00	\$29.48	\$36.52	\$44.00
99201	Cbe Only - New	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99201	OV New Pt Prob. Focused (10)	\$0.00	\$13.48	\$26.16	\$39.64	\$53.12	\$65.80	\$79.28
99202	OV New Pt Exp. Prob. Foc.(20)	\$0.00	\$26.39	\$51.24	\$77.63	\$104.02	\$128.87	\$155.26
99203	CBE Pap Pelvic New	\$0.00	\$22.95	\$44.55	\$67.50	\$90.45	\$112.05	\$135.00
99203	OV New Pt Detailed (30)	\$0.00	\$30.89	\$59.96	\$90.85	\$121.73	\$150.80	\$181.69
99204	OV New Pt. Comp. 45 min. (45)	\$0.00	\$34.85	\$67.65	\$102.50	\$137.35	\$170.15	\$205.00
99205	OV New Pt Comp. 60 min (60)	\$0.00	\$43.18	\$83.82	\$127.00	\$170.18	\$210.82	\$254.00
99211	OV Established - Minimal	\$0.00	\$4.25	\$8.25	\$12.50	\$16.75	\$20.75	\$25.00
99211	Instruction for Insulin Iss.	\$0.00	\$4.25	\$8.25	\$12.50	\$16.75	\$20.75	\$25.00
99212	CBE Only - Est.	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99212	Repeat CBE	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99212	Repeat Pap	\$0.00	\$9.18	\$17.82	\$27.00	\$36.18	\$44.82	\$54.00
99212	OV Est. Pt. Prob. Focused	\$0.00	\$13.14	\$25.50	\$38.64	\$51.78	\$64.14	\$77.28
99213	CBE Pap Pelvic Est.	\$0.00	\$15.47	\$30.03	\$45.50	\$60.97	\$75.53	\$91.00
99213	OV Est. Pt Exp. Prob. Foc.	\$0.00	\$17.89	\$34.73	\$52.63	\$70.52	\$87.36	\$105.25
99214	OV Est. Pt Detailed	\$0.00	\$26.59	\$51.62	\$78.21	\$104.80	\$129.83	\$156.42

99215	OV Est. Pt Comp. 40 min.	\$0.00	\$30.26	\$58.74	\$89.00	\$119.26	\$147.74	\$178.00
99381	Exam New Comp under 1 yr	\$0.00	\$23.29	\$45.21	\$68.50	\$91.79	\$113.71	\$137.00
99382	Exam. New 1-4 years	\$0.00	\$24.14	\$46.86	\$71.00	\$95.14	\$117.86	\$142.00
99383	Exam. New 5 - 11 years	\$0.00	\$25.16	\$48.84	\$74.00	\$99.16	\$122.84	\$148.00
99384	Exam. New 12 - 17 years	\$0.00	\$28.56	\$55.44	\$84.00	\$112.56	\$139.44	\$168.00
99385	Exam. New 18 - 39 years	\$0.00	\$27.71	\$53.79	\$81.50	\$109.21	\$135.29	\$163.00
99386	Exam. New 40 - 64 years	\$0.00	\$31.96	\$62.04	\$94.00	\$125.96	\$156.04	\$188.00
99387	Exam New 65 yrs and over	\$0.00	\$34.68	\$67.32	\$102.00	\$136.68	\$169.32	\$204.00
99391	Exam. Est. Comp. Under 1 yr	\$0.00	\$20.91	\$40.59	\$61.50	\$82.41	\$102.09	\$123.00
99392	Exam. Est. 1 - 4 years	\$0.00	\$22.27	\$43.23	\$65.50	\$87.77	\$108.73	\$131.00
99393	Exam. Est. 5 - 11 years	\$0.00	\$22.27	\$43.23	\$65.50	\$87.77	\$108.73	\$131.00
99394	Exam. Est. 12 - 17 years	\$0.00	\$24.31	\$47.19	\$71.50	\$95.81	\$118.69	\$143.00
99395	Exam. Est. 18 - 39 years	\$0.00	\$24.82	\$48.18	\$73.00	\$97.82	\$121.18	\$146.00

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**2013/14 FEE**

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**100%    101-119%    120-139%    140-159%    160-179%    180-200%    200+%**  
**0%        17%        33%        50%        67%        83%        100%**

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99396	Exam. Est. 40 - 64 years	\$0.00	\$26.52	\$51.48	\$78.00	\$104.52	\$129.48	\$156.00
99397	Exam Est. 65 years and over	\$0.00	\$28.56	\$55.44	\$84.00	\$112.56	\$139.44	\$168.00
99406	Smoking Cessation Counseling 3-	\$0.00	\$2.89	\$5.61	\$8.50	\$11.39	\$14.11	\$17.00
99407	Smoking Cessation Counseling 10	\$0.00	\$5.61	\$10.89	\$16.50	\$22.11	\$27.39	\$33.00
*G0101	CA screen: pelvic/breast exam	\$0.00	\$6.46	\$12.54	\$19.00	\$25.46	\$31.54	\$38.00
*G0402	Initial preventive exam	\$0.00	\$28.22	\$54.78	\$83.00	\$111.22	\$137.78	\$166.00
*G0436	Smoking Cessation Counseling 3-	\$0.00	\$2.21	\$4.29	\$6.50	\$8.71	\$10.79	\$13.00
*G0437	Smoking Cessation Counseling 10	\$0.00	\$4.76	\$9.24	\$14.00	\$18.76	\$23.24	\$28.00
*G0438	PPPS, initial visit	\$0.00	\$28.73	\$55.77	\$84.50	\$113.23	\$140.27	\$169.00
*G0439	Subsequent Annual Well Visit	\$0.00	\$18.87	\$36.63	\$55.50	\$74.37	\$92.13	\$111.00
*G0447	Obesity Counseling	\$0.00	\$5.27	\$10.23	\$15.50	\$20.77	\$25.73	\$31.00
*Q0091	Pap Smear Screening, Medicare	\$0.00	\$7.65	\$14.85	\$22.50	\$30.15	\$37.35	\$45.00
*Q0111	IH Wet mount, Medicare	\$0.00	\$1.03	\$2.00	\$3.03	\$4.05	\$5.02	\$6.05

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**Additional service procedures added to fee scale at the current Medicare rate + 25% and not below current Medicaid rate.**

**Fees will be updated as Medicare/Medicaid rates are adjusted.**

**\*Codes and fees apply to Medicare recipients only, and will be charged at current Medicare rates.**

**Negotiated contract and/or service agreement fees will be added/adjusted according to the approved contract/agreement effective date.**