

**Coastal Health & Wellness
Medical Fee Schedule effective July 1, 2019**

CPT #	Procedure Description	Current Fee
Self Pay Fees		
Nominal Fee	Minimum Fee - 0% Responsibility	\$20
	Deposit Payment - 20% Responsibility	\$25
	Deposit Payment - 40% Responsibility	\$30
	Deposit Payment - 60% Responsibility	\$35
	Deposit Payment - 80% Responsibility	\$45
	Deposit Payment - 100% Responsibility (required at checkin)	\$55
Retck Svc CG	Returned check service charge	\$25
New Patient Office Visit		
99201	Typically 10 Minutes Face to Face	\$89
99202	Typically 20 Minutes Face to Face	\$153
99203	Typically 30 Minutes Face to Face	\$219
99204	Typically 45 Minutes Face to Face	\$334
99205	Typically 60 Minutes Face to Face	\$418
G0438	Initial Visit	\$353
Established Patient Office Visit		
99211	Typically 5 Minutes Managing or Supervising (Nurse Visit)	\$42
99212	Typically 10 Min Face to Face	\$89
99213	Typically 15 Min Face to Face	\$150
99214	Typically 25 Min Face to Face	\$221
99215	Typically 40 Min Face to Face	\$296
G0439	Subsequent Visit	\$240
New Patient Preventive Visits		
99381	Well Child less than 1year	\$228
99382	Well Child 1 - 4 years	\$238
99383	Well Child 5 - 11 years	\$248
99384	Well Child 12 - 17 years	\$279
99385	Well Adult 18 - 39 years	\$271
99386	Well Adult 40 - 64 years	\$314
99387	Well Adult 65 years and over	\$340
G0402	Initial Preventive Exam	\$342
Established Patient Preventive Visit		
99391	Well Child less than 1year	\$205
99392	Well Child 1 - 4 years	\$219
99393	Well Child 5 - 11 years	\$218
99394	Well Child 12 - 17 years	\$239
99395	Well Adult 18 - 39 years	\$244
99396	Well Adult 40 - 64 years	\$260
99397	Well Adult 65 years and over	\$279
Counseling Services		
90832	Psychotherapy Pt and Family (30 min.)	\$132
90834	Psychotherapy Pt and Family (45 min.)	\$175
90837	Psychotherapy Pt and Family (60 min.)	\$262
90847	Family psychotherapy (with patient present)	\$220
90853	Group psychotherapy (other than of a multiple-family group)	\$57
Special Services		
STD/HIV	STD Referral	\$22
90853	Tobacco Group Counseling	\$57

CPT #	Procedure Description	Current Fee
99499	Brief Consultation	\$17
	Incision and Drainage Procedures	
10060	Incision and drainage of abscess, single	\$241
10061	Incision and drainage of abscess, complicated or multiple	\$419
10120	Incision and removal of a foreign object from subcutaneous tissues	\$314
10140	Incision and drainage of hematoma	\$333
10160	Puncture and aspiration of abscess	\$266
	Paring or Cutting	
11055	Trim Skin Lesion	\$101
	Debridement Procedures	
11000	Debridement of extensive eczematous or infected skin (up to 10% of body surface)	\$112
	Biopsy Procedures	
11102	Biopsy, skin and subcutaneous tissue, single lesion	\$212
11103	Biopsy, skin and subcutaneous tissue, each additional lesion	\$66
	Skin Tag Procedures	
11200	Remove multiple fibrocutaneous skin tags, up to 15	\$179
11201	Remove multiple fibrocutaneous skin tags, each additional 10	\$37
	Shaving Procedures	
11300	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.5 cm. or less	\$200
11301	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.6-1.0 centimeter	\$246
11305	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.5 cm. or less	\$206
11306	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.6 -1 cm.	\$252
11310	Shaving single epidermal or dermal lesion, on face, 0.5 cm or less	\$233
11311	Shaving single epidermal or dermal lesion on face; lesion 0.6 to 1.0 cm	\$226
11055	Paring or cutting of benign hyperkeratotic lesion (e.g.. corn, callous)	\$101
	Excision Procedures	
11400	Excision of benign lesion, except skin tag, 0.5 cm. or less	\$254
11401	Excision of benign lesion, except skin tag, 0.6-1.0 cm.	\$304
11402	Excision of benign lesion, except skin tag, 1.1-2.0 cm.	\$336
11403	Excision of benign lesion, except skin tag, 2.1-3.0 cm.	\$386
11404	Excision of benign lesion, except skin tag, 3.1-4.0 cm.	\$437
11420	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 0.5 cm or less	\$252
11421	Excision of benign lesion, except skin tag, on scalp, necks, hands, feet, genitalia, 0.6-1 cm	\$319
11422	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 1.1-2 cm	\$355
11426	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, over 4.0 cm	\$659
11440	Excision of other benign lesion, except skin tag, on face, 0.5 cm or less	\$278
11441	Excision of other benign lesion, except skin tag, on face, 0.6-1 cm	\$341
	Nail Procedures	
11720	Debridement of nail(s) by any method, one to five	\$67

CPT #	Procedure Description	Current Fee
11730	Complete or partial avulsion of the nail plate, single (removal of the nail without disruption of the underlying matrix or nailbed)	\$206
11732	Avulsion of each additional nail plate	\$74
11740	Puncture of nail to remove hematoma or blood	\$103
11750	Surgical excision of nail with matrix, removing the nail and the underlying nail bed (e.g.. ingrown or deformed nail)	\$395
11765	Wedge excision of skin of nail fold with an incision from the lateral border of the nail, leaving the nail matrix intact. (e.g.. for ingrown toenail).	\$350
Wound Repair Procedures		
12001	Simple suture repair of wound, 2.5 cm. or less	\$182
12002	Simple suture repair of wound, 2.6 to 7.5 cm.	\$220
12004	Simple suture repair of wound, 7.6 to 12.5 cm.	\$259
12005	Simple suture repair of wound, 12.6 to 20.0 cm.	\$325
12011	Simple suture repair of wound on face, 2.5 cm. or less	\$222
Burn Treatment		
16000	Initial treatment, 1st or 2nd degree burn, when no more than local treatment is required	\$139
Destruction Procedures (Any Method)		
17000	Destruction of benign or premalignant lesions with liquid nitrogen (e.g.. actinic keratoses), first lesion	\$146
17003	Destruction with liquid nitrogen of benign or premalignant lesions: second through 14th lesion	\$13
17004	Destruction with liquid nitrogen of each additional lesion over 15	\$306
17110	Destruction with liquid nitrogen of common or plantar warts, to 14 lesions	\$230
17111	Destruction with liquid nitrogen of common or plantar warts (15 or more)	\$271
Injection and/or Arthrocentesis Procedures		
20550	Injection, single tendon sheath or ligament	\$120
20552	Injection(s), single or multiple trigger points, 1-2 muscles	\$113
20600	Arthrocentesis, aspiration and/or injection, <i>small</i> joint or bursa (e.g.. fingers, toes)	\$97
20605	Arthrocentesis, aspiration and/or injection, <i>intermediate</i> joint or bursa (e.g.. wrist, elbow)	\$102
20610	Arthrocentesis, aspiration and/or injection, <i>major</i> joint or bursa (e.g.. Shoulder, hip, knee)	\$123
Splint / Strapping Procedures		
29550	Toe strapping	\$57
29580	Strapping, Unna Boot	\$108
Male Procedures		
54050	Destruction of lesion(s), penis, chemical - podophyllin	\$271
54056	Destruction of lesion(s), penis, simple, cryosurgery Liquid nitrogen	\$292
Female Procedures		
56405	Incision and drainage of vulva or perineal abscess	\$219
56501	Destruction of lesion(s), vulva, all methods	\$264
56605	Biopsy of vulva or perineum; one lesion	\$165
58100	Endometrial Biopsy	\$219
88305	Tissue Exam by Pathologist (of endometrial biopsy) these must both be coded	\$197
58301	Removal only - intrauterine device (IUD)	\$191
58300	Insertion of Intrauterine Device (IUD) - insertion only	\$147

CPT #	Procedure Description	Current Fee
Removal of Foreign Body		
65205	Foreign body removal, eye	\$117
69200	Foreign body removal, external auditory canal	\$232
69210	Cerumen removal with spoon	\$100
30300	Removal of foreign body, intranasal	\$433
RADIOLOGY		
70100	Radiologic examination, mandible	\$68
70140	Radiologic examination, facial bones, less than 3 views	\$62
70150	Radiologic examination, facial bones, 3 or more views	\$86
70160	Radiologic examination, nasal bones, 3 or more views	\$67
70210	Radiologic examination, sinuses, paranasal, less than 3 views	\$62
70250	Radiologic examination, skull	\$75
71045	Radiologic examination, chest, single view	\$46
71046	Radiologic examination, chest, 2 views	\$57
71047	Radiologic examination, chest, 3 views	\$70
71100	Radiologic examination, ribs, 2 views	\$68
72040	Radiologic examination, spine, cervical, 2 views (AP and lateral)	\$74
72070	Radiologic examination, spine, thoracic, 2 views (AP and lateral)	\$70
72100	Radiologic examination, spine, lumbar, 2 views (AP and lateral)	\$73
72170	Radiologic examination, pelvis, 1 view	\$66
72220	Radiologic examination, sacrum and coccyx, 2 views (AP and lateral)	\$58
73000	Radiologic examination, clavicle, 2 views	\$56
73030	Radiologic examination, shoulder, 2 view (or more)	\$59
73060	Radiologic examination, humerus, 2 views (AP and lateral)	\$59
73070	Radiologic examination, elbow, 2 views (AP and lateral)	\$56
73080	Radiologic examination, elbow, 3 or more views	\$64
73090	Radiologic examination, forearm, 2 views (AP and lateral)	\$53
73100	Radiologic examination, wrist, 2 views	\$59
73110	Radiologic examination, wrist, 3 views (PA, lateral and oblique)	\$73
73120	Radiologic examination, hand, 2 views	\$53
73130	Radiologic examination, hand, 3 views (PA, lateral and oblique)	\$64
73140	Radiologic examination, finger, 3 views (PA, lateral and oblique)	\$65
73502	Radiologic examination, hip, unilateral, 2 views	\$86
73521	Radiologic examination, hips, bilateral, 2 views each hip including AP view of pelvis	\$83
73552	Radiologic examination, femur, 2 views (AP and lateral)	\$67
73560	Radiologic examination, knee, 1 or 2 views	\$64
73562	Radiologic examination, knee, 3 views (AP, lateral and sunrise or oblique)	\$74
73565	Radiologic examination of bilateral knees, standing AP view, weight bearing	\$74
73590	Radiologic examination, leg, tibia and fibula, 2 views	\$58
73600	Radiologic examination of ankle, 2 views	\$62
73610	Radiologic examination, ankle, complete, 3 views (AP, lateral and oblique)	\$64
73620	Radiologic examination of foot, 2 views	\$54
73630	Radiologic examination, foot, complete, 3 views (AP, lateral and oblique)	\$59
73660	Radiologic examination, toes, 2 views (AP and lateral)	\$58
74018	Radiologic examination, abdomen/KUB (kidney, ureters, bladder), 1 view	\$48
Other Office Procedures		
93000	EKG (electrocardiogram)	\$35

CPT #	Procedure Description	Current Fee
94010	Spirometry	\$76
94760	Pulse Oximetry - Noninvasive	\$6
86580	TB Skin Test (PPD)	\$15
94640	Airway Inhalation Treatment	\$39
In House Labs		
82962	Glucose (finger stick) by glucometer	\$4
83036	Hemoglobin A1C (finger stick)	\$19
86318	H. Pylori (blood test)	\$25
82044	Microalbumin, urine	\$10
82270	Occult Blood (guaiac) <i>Note: Indicate how many cards used by provider or issued to patient</i>	\$6
81025	Pregnancy Test, urine	\$12
86308	Rapid Mono (blood test)	\$10
87880	Rapid Strep (throat swab)	\$23
87205	Trichomonas and Candida / Wet Mount (T&M) - performed by a medical provider	\$8
87210	KOH Prep - performed by a medical provider	\$8
81003	Urinalysis, automated, without microscopy (dipstick)	\$4
Send Out Labs		
Blood Tests (General)		
82150	Amylase + Lipase	\$26
83690		
82607		
82728		
82746		
83540		
83550		
85025	Anemia Profile (includes: CBC, iron, TIBC, B12, folic acid, ferritin, reticulocytes)	\$130
85045		
80048	Basic Metabolic Panel (includes: calcium, carbon dioxide, chloride, creatinine, glucose, potassium, sodium and BUN)	\$16
80053	Comprehensive Metabolic Panel (includes: albumin, bilirubin total, calcium, carbon dioxide (bicarbonate), chloride, creatinine, glucose, phosphate alkaline, potassium, protein total, sodium, transferase alanine amino, transferase aspartate amino and BUN)	\$20
82947	Glucose Tolerance Test - 2 hours Panel	\$17
82950		
83021	Hemoglobin Electrophoresis (hemoglobinopathy) Panel	\$45
85660		
85014	Hematocrit (HCT) / Hemoglobin (Hgb) Panel	\$9
85018		
80076	Liver Function Panel (includes: albumin, bilirubin total, phosphate alkaline, protein total, transferase alanine amino, transferase aspartate amino, LDH, GGT)	\$41
82977		
83615		
80061	triglycerides, LDL and VLDL)	\$19
84550	Rheumatoid Panel (includes: uric acid, sed rate, ANA, ASO, C-reactive protein, rheumatoid factor)	\$70
85652		
86038		
86060		
86140		
86431		
83001	Testicular Function Profile Panel	
83002		
84146		

CPT #	Procedure Description	Current Fee
84403	(includes: FSH, LH, prolactin level, testosterone free and total, thyroxine total, TSH, T3/T4)	\$211
84436		
84443		
84479		
84436	Thyroid with TSH Panel	
84443	(includes: thyroxine total, TSH, thyroid hormone T3/T4)	
84479		\$57
85060	Blood Smear, peripheral interpretation	\$47
83880	B-Type Natriuretic Peptide (BNP)	\$65
82306	Calcifediol - Vitamin D	\$57
85025	Complete Blood Count (CBC)	\$14
84681	C-Peptide	\$39
82746	Folic Acid	\$27
84702	HCG (human chorionic gonadotropin) Quantitative, Serum	\$28
83498	Hydroxyprogesterone, 17-D (ACTH)	\$52
83615	LDH (Lactate Dehydrogenase)	\$11
83655	Lead - Blood (pedi)	\$23
83735	Magnesium, serum	\$13
83930	Osmolality, Serum	\$13
83970	Parathormone (parathyroid hormone)	\$79
84100	Phosphorus	\$9
84030	PKU (phenylalanine)	\$11
84132	Potassium, Serum	\$9
85610	Pro Time / INR	\$8
84146	Prolactin Level	\$36
84153	PSA (Prostate Specific Antigen) total	\$35
84244	Renin Activity (plasma)	\$42
85652	Sed Rate (blood test) nonautomated	\$5
82040	Assay of Serum Albumin	\$6
82088	Assay of Aldosterone	\$46
82247	Bilirubin	\$6
82274	Assay test for Blood Fecal	\$18
82310	Assay of Calcium	\$6
82330	Assay of Calcium	\$16
82550	Assay of CP (CPK)	\$8
82626	Dehydroepiandrosterone	\$29
82607	Serum B12	\$28
82951	Glucose Tolerance Test (GTT)	\$15
83625	Assay of LDH Enzymes	\$15
84155	Assay of Protein Serum	\$5
84165	Protein E-Phoresis Serum	\$12
84439	Assay of Free Thyroxine	\$11
84460	Alanine Animo (ALT)(SGPT) □	\$6
85049	Automated Platelet Count	\$5
85660	Sickle Cell Screening	\$11
84295	Sodium Serum	\$9
86376	Thyroid auto-antibodies	\$27
84443	TSH (thyroid stimulating hormone)	\$32
84550	Uric Acid, blood	\$9
	<i>Infectious Disease Tests</i>	
80074	Hepatitis Panel, Acute (includes: hep A antibody, IgM; hep B core antibody, IgM; hep B surface antigen; hep C virus antibody)	\$67
86735		

CPT #	Procedure Description	Current Fee
86762	MMR Panel (Measles, Mumps, & Rubella antibody titers)	
86765		\$77
87070	Aerobic culture and sensitivity	\$16
87075	Anaerobic culture and sensitivity	\$18
86360	CD4/CD8	\$87
87110	Chlamydia Culture (vaginal, oral, rectal swab), Chlamydia Culture typing (amino fluorescent method)	
87140		\$47
87491	Chylmadia / Gonorrhea Trach DNA Amp Probe	
87591		\$132
87045	Culture, Stool (includes: Bacteria, aerobic w/isolation & preliminary exam, addition pathogens if positive, Shiga-like toxin)	
87046		\$59
87427		
87046		Culture, Stool (additional pathogens if positive)
86663	Epstein - Barr (EB) virus, early	\$25
87081	Gonorrhea culture (vaginal, oral, rectal swab)	\$13
86706	Hepatitis B Surface Antibody (Qualitative)	\$21
86694	Herpes Simplex, Types 1 and 2, IgM (acute)	\$28
86695	Herpes Simplex, Types 1 and 2, IgG (chronic)	\$25
86696	Herpex Simples Type 2	\$21
86703	HIV 1 Preliminary Test with Confirmation	\$26
87536	HIV - 1, Quantification	\$158
86803	Hepatitis C AB Text	\$20
87389	HIV-a AG W/HIV-1 & HIV-2 AB	\$29
87522	Hepatitis C RNA Quant	\$72
86765	Measles (rubeola) antibody titer	\$25
86735	Mumps antibody titer	\$25
87177	Ova and Parasites direct smears (concentration and identification)	\$17
86592	RPR (syphilis)	\$8
86762	Rubella antibody titer	\$27
87086	Urinalysis culture and sensitivity	\$15
86787	Varicella Zoster	\$25
Prenatal Tests		
85025	Pre-Natal Profile Panel (includes: CBC, HIV-1, rubella, RPR, Rh(d), blood typing ABO, hep B antigen, RBC and antibody screen)	
86850		
86703		
86762		
86592		
86901		
87340		
86900		
82105	Alpha-feto Protein Panel (at 16-18 weeks gestation) (Includes: Fetoprotein, serum; human chorionic gonadotrophin (hgc); unconjugated estrol (uE3); (DIA) diametric inhibin A)	
82677		
84702		
86336		\$127
Drug Level		
80307	Urinalysis, nine drug screen panel (methadone, propoxyphene, amphetamine, benzodiazepines, cocaine, opiates, phencyclidine, barbiturates, THC)	\$108
80164	Depakote Level (valproic acid)	\$26
80162	Digoxin Level	\$25
80185	Dilantin Level; phenytoin total	\$25
80175	Drug Screen Quan Lamotrigine	\$15

CPT #	Procedure Description	Current Fee
80178	Lithium Blood Quantitative	\$13
80184	Phenobarbital	\$22
80156	Tegretol Level (carbamazepine)	\$28
	<i>Urine Tests (General)</i>	
82140	Ammonia Level	\$28
81001	Urinalysis Auto w/Scope	\$4
82570	Creatine Clearance 24hr urine	\$10
83835	Metaephrines Quantitative 24hr UA	\$32
84156	Protein Total Urine 24hr total	\$7
87086	Urinalysis culture and sensitivity	\$15
	<i>Cervical Cancer Tests</i>	
88305	Cervical Polyp Pathology of Biopsy (cytology form)	\$179
88155	Cytopathology Slides Cervix (two codes, primary and add on)	\$12
88164	Pap Smear (Bethesda slides)	\$35
88150	Pap Smear (Medicaid only)	\$21
88142	Pap Smear (Thin Prep liquid based for abnormal follow up)	\$29
	<i>Histology (general)</i>	
88302	Pathology of Biopsy	\$94
	<i>Vaccine Administration</i>	
90471, 90472	*Fee for any vaccine administered	\$14
	<i>Vaccines (purchased)</i>	
90632	Hep A Vaccine Adult	\$75
90636	Twinrix - Hepitatis A and Hepitatis B	\$79
90649	HPV (Guardasil)	\$225
90657	Flu Vaccine (6-35 months old)	\$25
90658	Flu Vaccine (age 3 and up)	\$25
90670	Pneumococcal Conjugate 13	\$200
90707	MMR	\$80
90714	Td	\$45
90715	TdaP	\$60
90716	Varicella (Chicken Pox)	\$135
90732	Pneumovax - Adult	\$105
90734	Meningococcal (A, C, Y and W-135)	\$130
90736	Zostavax (shingles) vaccine	\$213
90736	Shingles - Shingrix - two shots	\$310
90746	Hep B Vaccine Adult	\$65
	<i>*Vaccines (state supplied)</i>	
State supplied vaccines are subject to change based on state availability.		
	*Fee for any vaccine administered	\$14
	DT- Diptheria and Tetanus	
	DTaP - Tetanus, Diptheria, and Pertussis	
	Flu - Influenza	
	Hepatitis A	
	Hepatitis B	
	Hib - Haemophilus Influenzae Type-B	
	HPV Human Papillomavirus	
	IPV Polio	
	Kinrix - Diptheria, Pertussis Acellular, Tetanus, and Polio	
	MCV4 - Meningococcal Disease	
	Meningococcal B - Serogroup B Meningococcal Disease	
	MMR - Measles, Mumps, and Rubella	
	MMRV (ProQuad) - Measles, Mumps, Rubella and Varicella	
	PCV13 - 13 Types of Pneumococcal Bacteria	

CPT #	Procedure Description	Current Fee
	Pediarix - Tetanus, Diphtheria, Pertussis, Polio and Hepatitis B	
	Pentacel - Diphtheria, Tetanus, Pertussis, Poliomyelitis, & Haemophilus Influenza Type B	
	PPSV23 - 23 Types of Pneumococcal Bacteria	
	RotaTeq - Rotavirus	
	Td - Tetanus and Diphtheria	
	Tdap - Tetanus, Diphtheria and Pertussis	
	Varicella - Chickenpox	
	Office Medications	
96372	Administration fee for therapeutic or prophylactic injections subcutaneous or intramuscular	\$14
J0561	* Bicillin Injection (state supplied)	\$0
J0696	* Rocephin injection per 250mg (state supplied)	\$0
J0696	Rocephin injection per 250mg (private)	\$7
J0696	Rocephin injection per 500mg (private)	\$11
J0696	Rocephin injection per 1g (private)	\$13
J1030	Depo-Medrol injection 40mg	\$3
J1040	Depo-Medrol injection 80mg	\$6
J1050	Depo-Provera injection 150mg	\$22
J1200	Diphenhydramine injection up to 50mg (Benadryl)	\$24
J1815	Insulin injection	\$8
J2550	Promethazine HCL 25mg (Phenegren)	\$15
J2790	Rhogam	\$120
J2920	Solu Medrol injection up to 40mg	\$2
J2930	Solu Medrol injection up to 125mg	\$3
J3420	Vitamin B12 (cyanocobalamin) injection	\$1
J7620D	DuoNeb (combination of Albuterol and Ipratropium)	\$4
J7620A	Albuterol 0.83%	\$5
J7620I	Ipratropium Bromide	\$5
J7620S	Albuterol Sulfate Inhaler	\$8
J0171	Epi Pen Jr. (3 units)	\$5
J0171	Epi Pen Adult (15 units)	\$5
	Miscellaneous	
99070	**Supplies and Materials	

These rates were calculated based on the 2019 National Physician Fee Schedule Relative Value Unit rates rounded to the nearest whole dollar and the Clinical Diagnostic Laboratories Fee Schedule using midpoint ranges.

* These vaccines are provided to CHW at no charge by DSHS; therefore, only an administrative fee is charged.

** Fees for supplies issued to patients will be based on 150% of the original cost of the item at the time purchased.

The above codes and fees define the basic scope of services of the CHW Medical Clinic. As recommended by the medical director and approved by the Executive Director, additional codes may be used when medically indicated and financially feasible.