



Gaston County

Gaston County
Board of Commissioners
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DHHS - Public Health Division Board Action

File #: 23-306

Commissioner Brown - DHHS - Health Division - To Approve the Gaston County Public Health Department Patient Fee Schedule

STAFF CONTACT

Dawn Davis - Patient Accounts Supervisor - DHHS - Health Division - 704-862-5404

BUDGET IMPACT

N/A

BUDGET ORDINANCE IMPACT

N/A

BACKGROUND

North Carolina General Statute 130A-39(g) grants authority to local health departments to charge patient fees for clinical services provided. Fees shall be based upon a plan recommended by the local Health Director and must be approved annually by the local Health and Human Services (HHS) Board and the appropriate county board or Boards of Commissioners. The Health Department must establish one charge per clinical/support service for all payors, including Medicaid, based on their related costs.

The Gaston County Public Health Department Patient Fee Schedule (which is hereby incorporated by reference, and on file with the Clerk to the Board), was approved by the Gaston County HHS Board in June 2023 for the 2024 fiscal year and was thereby recommended for approval by the Gaston County Board of Commissioners.

Periodic adjustments of the Fee Schedule are authorized by the State to comply with the NC Public Health State Consolidated Agreement, subject to the approval of the Gaston County HHS Board.

POLICY IMPACT

N/A

ATTACHMENTS

Patient Fee Schedule

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

NO.	DATE	M1	M2	CBrown	CCloninger	AFrale	BHovis	KJohnson	TKeigher	RWorley	Vote
2023-237	07/27/2023	BH	AF	A	A	A	A	A	A	A	U

DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

Fee Schedule

Gaston County DHHS - Public Health Division

Location: 991 West Hudson Boulevard

Name: FS 2022 eff 5-16-23 - 6-30-23

Description:

Location: (All) Plan: (All) Provider: (All)

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
0001A	Pfizer Admin Fee 1st dose 12 yrs and up			71.00	71.00	0.00	0.00
0001A	Pfizer Admin Fee 1st dose 12 yrs and up		NC	0.00	0.00	0.00	0.00
0002A	Pfizer Admin Fee 2nd dose 12 yrs and up			71.00	71.00	0.00	0.00
0002A	Pfizer Admin Fee 2nd dose 12 yrs and up		NC	0.00	0.00	0.00	0.00
0003A	Pfizer Admin Fee 3rd dose 12 yrs and up			71.00	71.00	0.00	0.00
0003A	Pfizer Admin Fee 3rd dose 12 yrs and up		NC	0.00	0.00	0.00	0.00
0004A	Pfizer Admin Fee Booster 1st and 2nd 12			71.00	71.00	0.00	0.00
0004A	Pfizer Admin Fee Booster 1st and 2nd 12		NC	0.00	0.00	0.00	0.00
0011A	Moderna Admin Fee 1st dose 12 yrs and up			71.00	71.00	0.00	0.00
0011A	Moderna Admin Fee 1st dose 12 yrs and up		NC	0.00	0.00	0.00	0.00
0012A	Moderna Admin Fee 2nd dose 12 yrs and up			71.00	71.00	0.00	0.00
0012A	Moderna Admin Fee 2nd dose 12 yrs and up		NC	0.00	0.00	0.00	0.00
0013A	Moderna Admin Fee 3rd dose 12 yrs and up			71.00	71.00	0.00	0.00
0013A	Moderna Admin Fee 3rd dose 12 yrs and up		NC	0.00	0.00	0.00	0.00
0031A	Janssen Admin Fee 18 yrs and up			71.00	71.00	0.00	0.00
0031A	Janssen Admin Fee 18 yrs and up		NC	0.00	0.00	0.00	0.00
0034A	Janseen Admin Fee Booster dose 18 yrs an....			71.00	71.00	0.00	0.00
0034A	Janseen Admin Fee Booster dose 18 yrs an....		NC	0.00	0.00	0.00	0.00
0041A	Novavax Admin Fee 1st dose 18 yrs and up			71.00	71.00	0.00	0.00
0041A	Novavax Admin Fee 1st dose 18 yrs and up		NC	0.00	0.00	0.00	0.00
0042A	Novavax Admin Fee 2nd dose 18 yrs and up			71.00	71.00	0.00	0.00
0042A	Novavax Admin Fee 2nd dose 18 yrs and up		NC	0.00	0.00	0.00	0.00
0051A	Pfizer Admin Fee 1st dose 12 yrs and up			71.00	71.00	0.00	0.00
0051A	Pfizer Admin Fee 1st dose 12 yrs and up		NC	0.00	0.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
0052A	Pfizer Admin Fee 2nd dose 12 yrs and up			71.00	71.00	0.00	0.00
0052A	Pfizer Admin Fee 2nd dose 12 yrs and up		NC	0.00	0.00	0.00	0.00
0053A	Pfizer Admin Fee 2nd dose 12 yrs and up			71.00	71.00	0.00	0.00
0053A	Pfizer Admin Fee 2nd dose 12 yrs and up		NC	0.00	0.00	0.00	0.00
0054A	Pfizer Admin Fee 1st and 2nd booster 12			71.00	71.00	0.00	0.00
0054A	Pfizer Admin Fee 1st and 2nd booster 12		NC	0.00	0.00	0.00	0.00
0064A	Moderna Admin Fee Booster 18 yrs and up			71.00	71.00	0.00	0.00
0064A	Moderna Admin Fee Booster 18 yrs and up		NC	0.00	0.00	0.00	0.00
0071A	Pfizer Admin Fee 1st dose 5 through 11 y....			71.00	71.00	0.00	0.00
0071A	Pfizer Admin Fee 1st dose 5 through 11 y....		NC	0.00	0.00	0.00	0.00
0072A	Pfizer Admin Fee 2nd dose 5 through 11 y....			71.00	71.00	0.00	0.00
0072A	Pfizer Admin Fee 2nd dose 5 through 11 y....		NC	0.00	0.00	0.00	0.00
0073A	Pfizer Admin Fee 3rd dose 5 through 11 y....			71.00	71.00	0.00	0.00
0073A	Pfizer Admin Fee 3rd dose 5 through 11 y....		NC	0.00	0.00	0.00	0.00
0074A	Pfizer Admin Fee Booster 5 through 11 yr....			71.00	71.00	0.00	0.00
0074A	Pfizer Admin Fee Booster 5 through 11 yr....		NC	0.00	0.00	0.00	0.00
0081A	Pfizer Admin Fee 1st dose 6 months throu....			71.00	71.00	0.00	0.00
0081A	Pfizer Admin Fee 1st dose 6 months throu....		NC	0.00	0.00	0.00	0.00
0082A	Pfizer Admin Fee 2nd dose 6 months throu....			71.00	71.00	0.00	0.00
0082A	Pfizer Admin Fee 2nd dose 6 months throu....		NC	0.00	0.00	0.00	0.00
0083A	Pfizer Admin Fee 3rd dose 6 months throu....			71.00	71.00	0.00	0.00
0083A	Pfizer Admin Fee 3rd dose 6 months throu....		NC	0.00	0.00	0.00	0.00
0091A	Moderna Admin Fee 1st dose 6 through 11			71.00	71.00	0.00	0.00
0091A	Moderna Admin Fee 1st dose 6 through 11		NC	0.00	0.00	0.00	0.00
0092A	Moderna Admin Fee 2nd dose 6 through 11			71.00	71.00	0.00	0.00
0092A	Moderna Admin Fee 2nd dose 6 through 11		NC	0.00	0.00	0.00	0.00
0093A	Moderna Admin Fee 3rd dose 6 through 11			71.00	71.00	0.00	0.00
0093A	Moderna Admin Fee 3rd dose 6 through 11		NC	0.00	0.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
0094A	Moderna Admin Fee Booster dose 18 yrs an....			71.00	71.00	0.00	0.00
0094A	Moderna Admin Fee Booster dose 18 yrs an....		NC	0.00	0.00	0.00	0.00
0124A	Pfizer Admin Fee Bivalent Booster 12 yrs....		NC	0.00	0.00	0.00	0.00
0124A	Pfizer Admin Fee Bivalent Booster 12 yrs....			71.00	71.00	0.00	0.00
0134A	Moderna Admin Fee Bivalent Booster 12 yr....			71.00	71.00	0.00	0.00
0144A	Moderna Admin Fee Bivalent Booster 6 thr....		NC	0.00	0.00	0.00	0.00
0144A	Moderna Admin Fee Bivalent Booster 6 thr....			71.00	71.00	0.00	0.00
0154A	Pfizer Admin Fee Bivalent Booster 5 thro....		NC	0.00	0.00	0.00	0.00
0154A	Pfizer Admin Fee Bivalent Booster 5 thro....			71.00	71.00	0.00	0.00
0173A	Pfizer Admin Fee Bivalent Booster 6 mos		NC	0.00	0.00	0.00	0.00
0173A	Pfizer Admin Fee Bivalent Booster 6 mos			71.00	71.00	0.00	0.00
0500F	INITIAL PRENATAL CARE VISIT			0.00	0.00	0.00	0.00
0501F	PRENATAL FLOW SHEET			0.00	0.00	0.00	0.00
0503F	POSTPARTUM CARE VISIT			0.00	0.00	0.00	0.00
11981	Nexplanon Insert INSJ NON-BIODEGRADABLE....			112.00	112.00	0.00	0.00
11982	Nexplanon Removal REMOVAL NON-BIODEGRAD....			129.00	129.00	0.00	0.00
11983	Nexplanon Removal and Insertion same day....			201.00	201.00	0.00	0.00
36415	Venipuncture		OB	0.00	0.00	0.00	0.00
36415	Venipuncture		NC	0.00	0.00	0.00	0.00
36415	Venipuncture		EP	0.00	0.00	0.00	0.00
36415	Venipuncture			3.00	3.00	0.00	0.00
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BI....			631.00	631.00	0.00	0.00
54056	Cryocautery Male DSTRJ LESION PENIS S....			113.00	113.00	0.00	0.00
56501	Cryocautery Female DESTRUCTION LESION....			110.00	110.00	0.00	0.00
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX			71.00	71.00	0.00	0.00
57022	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPAR....			143.00	143.00	0.00	0.00
57452	Colposcopy NO Biopsy COLPOSCOPY CERV....			94.00	94.00	0.00	0.00
57454	Colposcopy WITH biopsy COLPOSCOPY CER....			133.00	133.00	0.00	0.00
58100	Endometrial Biopsy W/WO ENDOCERVIX BX....			94.00	94.00	0.00	0.00
58120	DILATION & CURETTAGE DX&/THER NONOBSTETR....			213.00	213.00	0.00	0.00
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE....			853.00	853.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE....			819.00	819.00	0.00	0.00
58300	IUD Insertion Only			67.00	67.00	0.00	0.00
58301	IUD Removal			82.00	82.00	0.00	0.00
59025	NST Fetal Nonstress Test		26	26.00	26.00	0.00	0.00
59025	NST Fetal Nonstress Test			40.00	40.00	0.00	0.00
59425	ANTEPARTUM CARE ONLY 6-APR VISITS			567.00	567.00	0.00	0.00
59426	ANTEPARTUM CARE ONLY 7/> VISITS			1,013.00	1,013.00	0.00	0.00
59430	Postpartum Care Only			182.00	182.00	0.00	0.00
59820	TX MISSED ABORTION FIRST TRIMESTER SURGI....			314.00	314.00	0.00	0.00
71010	CHEST XRAY			0.00	0.00	0.00	0.00
76801	US MH 1st Trim Screen 11w0d thru 13w6d			116.00	116.00	0.00	0.00
76802	US MH 1st Trim Screen Multiples Each Add....			66.00	66.00	0.00	0.00
76805	US MH Routine Anatomy			129.00	129.00	0.00	0.00
76810	US MH Routine Anatomy Multiples Each Add....			87.00	87.00	0.00	0.00
76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST G....			182.00	182.00	0.00	0.00
76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA....			178.00	178.00	0.00	0.00
76815	US Limited or Portable OB			80.00	80.00	0.00	0.00
76816	US MH Repeat Scan			99.00	99.00	0.00	0.00
76817	US MH Endovaginal			90.00	90.00	0.00	0.00
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TES....			107.00	107.00	0.00	0.00
76819	US MH Biophysical Profile			83.00	83.00	0.00	0.00
76830	US TRANSVAGINAL			105.00	105.00	0.00	0.00
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMIT....			85.00	85.00	0.00	0.00
80048	BASIC METABOLIC PANEL CALCIUM TOTAL			5.00	5.00	0.00	0.00
80048	BASIC METABOLIC PANEL CALCIUM TOTAL		90	0.00	0.00	0.00	0.00
80053	COMPREHENSIVE METABOLIC PANEL			6.00	6.00	0.00	0.00
80053	COMPREHENSIVE METABOLIC PANEL		90	0.00	0.00	0.00	0.00
80076	HEPATIC FUNCTION PANEL			5.00	5.00	0.00	0.00
80076	HEPATIC FUNCTION PANEL		90	0.00	0.00	0.00	0.00
80101	DRUG SCREEN QUALITATIVE SINGLE DRUG CLAS....			27.00	27.00	0.00	0.00
80101	DRUG SCREEN QUALITATIVE SINGLE DRUG CLAS....		90	0.00	0.00	0.00	0.00
81001	Urinalysis Downtime Only		90	0.00	0.00	0.00	0.00
81001	Urinalysis Downtime Only			4.00	4.00	0.00	0.00
81001	Urinalysis Downtime Only		OB	0.00	0.00	0.00	0.00
81003	Urinalysis		OB	0.00	0.00	0.00	0.00
81003	Urinalysis			3.00	3.00	0.00	0.00
81015	Urine Microscopy			4.00	4.00	0.00	0.00
81015	Urine Microscopy		90	0.00	0.00	0.00	0.00
81025	Urine Pregnancy Test			9.00	9.00	0.00	0.00
81220	CFTR GENE ANALYSIS COMMON VARIANTS			0.00	0.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
81240	F2 GENE ANALYSIS 20210G >A VARIANT			110.00	110.00	0.00	0.00
81240	F2 GENE ANALYSIS 20210G >A VARIANT		90	0.00	0.00	0.00	0.00
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARI....			140.00	140.00	0.00	0.00
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARI....		90	0.00	0.00	0.00	0.00
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ....			0.00	0.00	0.00	0.00
82105	MSS AFP			0.00	0.00	0.00	0.00
82105	MSS AFP		90	0.00	0.00	0.00	0.00
82239	BILE ACIDS TOTAL			8.00	8.00	0.00	0.00
82239	BILE ACIDS TOTAL		90	0.00	0.00	0.00	0.00
82270	Occult Blood Stool			5.00	5.00	0.00	0.00
82270	Occult Blood Stool		90	0.00	0.00	0.00	0.00
82565	CREATININE BLOOD			0.00	0.00	0.00	0.00
82565	CREATININE BLOOD		90	0.00	0.00	0.00	0.00
82575	CREATININE CLEARANCE			0.00	0.00	0.00	0.00
82575	CREATININE CLEARANCE		90	0.00	0.00	0.00	0.00
82728	ASSAY OF FERRITIN			0.00	0.00	0.00	0.00
82728	ASSAY OF FERRITIN		90	0.00	0.00	0.00	0.00
82947	Glucose Venous			5.00	5.00	0.00	0.00
82947	Glucose Venous		90	0.00	0.00	0.00	0.00
82948	Glucose Fingerstick			4.00	4.00	0.00	0.00
82948	Glucose Fingerstick		90	0.00	0.00	0.00	0.00
82950	1 or 2 HR GTT			7.00	7.00	0.00	0.00
82951	3 HR GTT			48.00	48.00	0.00	0.00
83021	Sickle Cell			0.00	0.00	0.00	0.00
83021	Sickle Cell		90	0.00	0.00	0.00	0.00
83036	HEMOGLOBIN GLYCOSYLATED A1C			5.00	5.00	0.00	0.00
83036	HEMOGLOBIN GLYCOSYLATED A1C		90	0.00	0.00	0.00	0.00
83655	Lead Blood STATE LAB		EP	0.00	0.00	0.00	0.00
83655	Lead Blood STATE LAB		90	0.00	0.00	0.00	0.00
83655	Lead Blood STATE LAB			14.00	14.00	0.00	0.00
83690	ASSAY OF LIPASE			0.00	0.00	0.00	0.00
83690	ASSAY OF LIPASE		90	0.00	0.00	0.00	0.00
84146	ASSAY OF PROLACTIN			10.00	10.00	0.00	0.00
84146	ASSAY OF PROLACTIN		90	0.00	0.00	0.00	0.00
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A			0.00	0.00	0.00	0.00
84436	ASSAY OF THYROXINE TOTAL			3.00	3.00	0.00	0.00
84436	ASSAY OF THYROXINE TOTAL		90	0.00	0.00	0.00	0.00
84439	ASSAY OF FREE THYROXINE			9.00	9.00	0.00	0.00
84439	ASSAY OF FREE THYROXINE		90	0.00	0.00	0.00	0.00
84443	ASSAY OF THYROID STIMULATING HORMONE TSH			6.00	6.00	0.00	0.00
84443	ASSAY OF THYROID STIMULATING HORMONE TSH		90	0.00	0.00	0.00	0.00
84450	TRANSFERASE ASPARTATE AMINO AST SGOT			0.00	0.00	0.00	0.00
84450	TRANSFERASE ASPARTATE AMINO AST SGOT		90	0.00	0.00	0.00	0.00
84460	TRANSFERASE ALANINE AMINO ALT SGPT			0.00	0.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
84460	TRANSFERASE ALANINE AMINO ALT SGPT		90	0.00	0.00	0.00	0.00
84550	ASSAY OF BLOOD/URIC ACID			4.00	4.00	0.00	0.00
84550	ASSAY OF BLOOD/URIC ACID		90	0.00	0.00	0.00	0.00
84702	GONADOTROPIN CHORIONIC QUANTITATIVE			11.00	11.00	0.00	0.00
84702	GONADOTROPIN CHORIONIC QUANTITATIVE		90	0.00	0.00	0.00	0.00
85018	Hemoglobin			4.00	4.00	0.00	0.00
85018	Hemoglobin		90	0.00	0.00	0.00	0.00
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL W....			5.00	5.00	0.00	0.00
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL W....		90	0.00	0.00	0.00	0.00
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACT....			15.00	15.00	0.00	0.00
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACT....		90	0.00	0.00	0.00	0.00
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY			29.00	29.00	0.00	0.00
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY		90	0.00	0.00	0.00	0.00
85306	CLOTTING INHIBITORS PROTEIN S FREE			29.00	29.00	0.00	0.00
85306	CLOTTING INHIBITORS PROTEIN S FREE		90	0.00	0.00	0.00	0.00
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY			18.00	18.00	0.00	0.00
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY		90	0.00	0.00	0.00	0.00
85385	FIBRINOGEN ANTIGEN			0.00	0.00	0.00	0.00
85385	FIBRINOGEN ANTIGEN		90	0.00	0.00	0.00	0.00
85610	PROTHROMBIN TIME			14.00	14.00	0.00	0.00
85610	PROTHROMBIN TIME		90	0.00	0.00	0.00	0.00
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE....			14.00	14.00	0.00	0.00
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE....		90	0.00	0.00	0.00	0.00
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS			22.00	22.00	0.00	0.00
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS		90	0.00	0.00	0.00	0.00
86480	Quantiferon Blood Test IGRA			79.00	79.00	0.00	0.00
86580	SKIN TEST TUBERCULOSIS INTRADERMAL			20.00	20.00	0.00	0.00
86580	SKIN TEST TUBERCULOSIS INTRADERMAL		90	0.00	0.00	0.00	0.00
86592	Syphilis Serology		90	0.00	0.00	0.00	0.00
86592	Syphilis Serology			5.00	5.00	0.00	0.00
86644	ANTIBODY CYTOMEGALOVIRUS CMV			0.00	0.00	0.00	0.00
86644	ANTIBODY CYTOMEGALOVIRUS CMV		90	0.00	0.00	0.00	0.00
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM			0.00	0.00	0.00	0.00
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM		90	0.00	0.00	0.00	0.00
86692	Hepatitis D Virus Total Antibody			166.00	166.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE			0.00	0.00	0.00	0.00
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE		90	0.00	0.00	0.00	0.00
86701	HIV Antibody			0.00	0.00	0.00	0.00
86701	HIV Antibody		90	0.00	0.00	0.00	0.00
86706	HEPATITIS B SURF ANTIBODY HBSAB			0.00	0.00	0.00	0.00
86706	HEPATITIS B SURF ANTIBODY HBSAB		90	0.00	0.00	0.00	0.00
86707	Hepatitis B Total Core Antibody		90	0.00	0.00	0.00	0.00
86735	ANTIBODY MUMPS			0.00	0.00	0.00	0.00
86735	ANTIBODY MUMPS		90	0.00	0.00	0.00	0.00
86762	ANTIBODY RUBELLA			10.00	10.00	0.00	0.00
86762	ANTIBODY RUBELLA		90	0.00	0.00	0.00	0.00
86765	ANTIBODY RUBEOLA			0.00	0.00	0.00	0.00
86765	ANTIBODY RUBEOLA		90	0.00	0.00	0.00	0.00
86777	ANTIBODY TOXOPLASMA			0.00	0.00	0.00	0.00
86777	ANTIBODY TOXOPLASMA		90	0.00	0.00	0.00	0.00
86778	ANTIBODY TOXOPLASMA IGM			0.00	0.00	0.00	0.00
86778	ANTIBODY TOXOPLASMA IGM		90	0.00	0.00	0.00	0.00
86780	T Pallidum Ab RPR Confirmatory Test			0.00	0.00	0.00	0.00
86780	T Pallidum Ab RPR Confirmatory Test		90	0.00	0.00	0.00	0.00
86787	ANTIBODY VARICELLA-ZOSTER			14.00	14.00	0.00	0.00
86787	ANTIBODY VARICELLA-ZOSTER		90	0.00	0.00	0.00	0.00
86803	Hepatitis C Antibody			4.00	4.00	0.00	0.00
86803	Hepatitis C Antibody		90	0.00	0.00	0.00	0.00
86850	Antibody Screen			6.00	6.00	0.00	0.00
86850	Antibody Screen		90	0.00	0.00	0.00	0.00
86900	BLOOD TYPING SEROLOGIC ABO			5.00	5.00	0.00	0.00
86900	BLOOD TYPING SEROLOGIC ABO		90	0.00	0.00	0.00	0.00
86901	BLOOD TYPING SEROLOGIC RH (D)			5.00	5.00	0.00	0.00
86901	BLOOD TYPING SEROLOGIC RH (D)		90	0.00	0.00	0.00	0.00
87015	CONCENTRATION INFECTIOUS AGENTS			0.00	0.00	0.00	0.00
87015	CONCENTRATION INFECTIOUS AGENTS		90	0.00	0.00	0.00	0.00
87081	Gonorrhea Culture			23.00	23.00	0.00	0.00
87081	Gonorrhea Culture		90	0.00	0.00	0.00	0.00
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COU....			9.00	9.00	0.00	0.00
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COU....		90	0.00	0.00	0.00	0.00
87110	CULTURE CHLAMYDIA ANY SOURCE			0.00	0.00	0.00	0.00
87110	CULTURE CHLAMYDIA ANY SOURCE		90	0.00	0.00	0.00	0.00
87116	TB Culture			0.00	0.00	0.00	0.00
87116	TB Culture		90	0.00	0.00	0.00	0.00
87177	OVA&PARASITES STOOL			11.00	11.00	0.00	0.00
87205	Gram Stain			6.00	6.00	0.00	0.00
87206	AFB Smear			0.00	0.00	0.00	0.00
87206	AFB Smear		90	0.00	0.00	0.00	0.00
87210	Vaginal Wet Mount Fern			5.00	5.00	0.00	0.00
87255	HSV State			35.00	35.00	0.00	0.00
87255	HSV State		90	0.00	0.00	0.00	0.00
87340	HEPATITIS B SURFACE AG IA			8.00	8.00	0.00	0.00
87340	HEPATITIS B SURFACE AG IA		90	0.00	0.00	0.00	0.00
87350	Hepatitis B Surface Antibody		90	0.00	0.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
87491	Chlamydia			12.00	12.00	0.00	0.00
87491	Chlamydia		90	0.00	0.00	0.00	0.00
87517	Hepatitis B Virus Surface Antigen Confi....		90	0.00	0.00	0.00	0.00
87521	HCV RNA			0.00	0.00	0.00	0.00
87521	HCV RNA		90	0.00	0.00	0.00	0.00
87591	Gonorrhea			12.00	12.00	0.00	0.00
87591	Gonorrhea		90	0.00	0.00	0.00	0.00
87593	Real Time PCR for Non Variola Orthopox V....			0.00	0.00	0.00	0.00
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYP....			32.00	32.00	0.00	0.00
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYP....		90	0.00	0.00	0.00	0.00
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18....			76.00	76.00	0.00	0.00
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18....		90	0.00	0.00	0.00	0.00
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL S....			22.00	22.00	0.00	0.00
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL S....		90	0.00	0.00	0.00	0.00
88175	CYTP C/V AUTO THIN Lyr PREP J SCR MNL RES....			32.00	32.00	0.00	0.00
88175	CYTP C/V AUTO THIN Lyr PREP J SCR MNL RES....		90	0.00	0.00	0.00	0.00
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPI....			45.00	45.00	0.00	0.00
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPI....		90	0.00	0.00	0.00	0.00
88889	CYSTIC FIBROSIS SCREENING			132.00	132.00	0.00	0.00
88889	CYSTIC FIBROSIS SCREENING		90	0.00	0.00	0.00	0.00
89992	Urine Protein Creatinine Ratio or 24 H P....			0.00	0.00	0.00	0.00
89992	Urine Protein Creatinine Ratio or 24 H P....		90	0.00	0.00	0.00	0.00
89993	ANEMIA PROFILE MULTI LAB PANEL			0.00	0.00	0.00	0.00
89993	ANEMIA PROFILE MULTI LAB PANEL		90	0.00	0.00	0.00	0.00
89994	MULTI LAB 82570 84156 CREATININE			42.00	42.00	0.00	0.00
89994	MULTI LAB 82570 84156 CREATININE		90	0.00	0.00	0.00	0.00
89995	GLUCOSE PANEL CPT CODES 82951 AND 82952			64.00	64.00	0.00	0.00
89995	GLUCOSE PANEL CPT CODES 82951 AND 82952		90	0.00	0.00	0.00	0.00
89996	COMBO LAB HPV HIGH RISK AND CYTOPATH AUT....			53.00	53.00	0.00	0.00
89996	COMBO LAB HPV HIGH RISK AND CYTOPATH AUT....		90	0.00	0.00	0.00	0.00
89997	THROMBOPHILIA PANEL			563.00	563.00	0.00	0.00
89997	THROMBOPHILIA PANEL		90	0.00	0.00	0.00	0.00
90471	Immunization Admin		NC	0.00	0.00	0.00	0.00
90471	Immunization Admin			19.00	19.00	0.00	0.00
90472	IMMUNI ZATION ADMIN EACH ADD		NC	0.00	0.00	0.00	0.00
90472	IMMUNI ZATION ADMIN EACH ADD			15.00	15.00	0.00	0.00
90474	IM ADM INTRANSL/ORAL EA VACCINE		NC	0.00	0.00	0.00	0.00
90474	IM ADM INTRANSL/ORAL EA VACCINE			15.00	15.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
90611	Monkeypox vaccine			0.00	0.00	0.00	0.00
90619	Meningococcal conjugate vaccine, serogro....		SL	0.00	0.00	0.00	0.00
90619	Meningococcal conjugate vaccine, serogro....			150.00	150.00	0.00	0.00
90620	MENB RECOMBINANT PROT W/OUT MEMBR VESIC		SL	0.00	0.00	0.00	0.00
90620	MENB RECOMBINANT PROT W/OUT MEMBR VESIC			187.00	187.00	0.00	0.00
90632	Hepa vaccine adult im		SL	0.00	0.00	0.00	0.00
90632	Hepa vaccine adult im			43.00	43.00	0.00	0.00
90633	HEPA V ACC PED/ADOL 2 DOSE IM		SL	0.00	0.00	0.00	0.00
90633	HEPA V ACC PED/ADOL 2 DOSE IM			30.00	30.00	0.00	0.00
90634	HEPATITIS A VACCINE PEDIATRIC 3 DOSE SCH....			0.00	0.00	0.00	0.00
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT		SL	0.00	0.00	0.00	0.00
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT			96.00	96.00	0.00	0.00
90647	HEMOPHILUS INFLUENZA B VACCINE PRP-OMP 3....		SL	0.00	0.00	0.00	0.00
90647	HEMOPHILUS INFLUENZA B VACCINE PRP-OMP 3....			73.00	73.00	0.00	0.00
90648	HEMOPHILUS INFLUENZA B VACCINE PRP-T 4 D....			0.00	0.00	0.00	0.00
90649	HUMAN PAPILLOMA VIRUS VACCINE QUADRIV 3		SL	0.00	0.00	0.00	0.00
90649	HUMAN PAPILLOMA VIRUS VACCINE QUADRIV 3			169.00	169.00	0.00	0.00
90651	HUMAN PAPILLOMA VIRUS NONVALENT HPV 3 D....		SL	0.00	0.00	0.00	0.00
90651	HUMAN PAPILLOMA VIRUS NONVALENT HPV 3 D....			263.00	263.00	0.00	0.00
90662	Fluzone High Dose Quad			54.00	54.00	0.00	0.00
90670	PCV13 Vaccine IM		SL	0.00	0.00	0.00	0.00
90670	PCV13 Vaccine IM			222.00	222.00	0.00	0.00
90671	PCV15 VACCINE IM		SL	0.00	0.00	0.00	0.00
90671	PCV15 VACCINE IM			221.00	221.00	0.00	0.00
90672	FluMist Quadrivalent			16.00	16.00	0.00	0.00
90674	Flucelvax Quadrivalent			11.00	11.00	0.00	0.00
90675	Rabies vaccine im			389.00	389.00	0.00	0.00
90677	PCV20 VACCINE IM			253.00	253.00	0.00	0.00
90680	ROTAVIRUS VACCINE PENTAVALENT 3 DOSE LIV....		SL	0.00	0.00	0.00	0.00
90680	ROTAVIRUS VACCINE PENTAVALENT 3 DOSE LIV....			99.00	99.00	0.00	0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM		SL	0.00	0.00	0.00	0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM			11.00	11.00	0.00	0.00
90686	Fluarix Quadrivalent		SL	0.00	0.00	0.00	0.00
90686	Fluarix Quadrivalent			11.00	11.00	0.00	0.00
90687	Fluzone Quadrivalent		SL	0.00	0.00	0.00	0.00
90687	Fluzone Quadrivalent			11.00	11.00	0.00	0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM		SL	0.00	0.00	0.00	0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM			11.00	11.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
90696	DTAP-IPV INACTIVATED ADMIN PTS AGE 6-APR....		SL	0.00	0.00	0.00	0.00
90696	DTAP-IPV INACTIVATED ADMIN PTS AGE 6-APR....			59.00	59.00	0.00	0.00
90698	DTAP-HIB-IPV INACTIVATED VACCINE IM		SL	0.00	0.00	0.00	0.00
90698	DTAP-HIB-IPV INACTIVATED VACCINE IM			73.00	73.00	0.00	0.00
90700	DTAP V ACCINE < 7 YRS IM		SL	0.00	0.00	0.00	0.00
90700	DTAP V ACCINE < 7 YRS IM			24.00	24.00	0.00	0.00
90702	DIPHTHERIA TETANUS TOXOID ADSORBED <7 YR....		SL	0.00	0.00	0.00	0.00
90702	DIPHTHERIA TETANUS TOXOID ADSORBED <7 YR....			63.00	63.00	0.00	0.00
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE....		SL	0.00	0.00	0.00	0.00
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE....			91.00	91.00	0.00	0.00
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIV....		SL	0.00	0.00	0.00	0.00
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIV....			257.00	257.00	0.00	0.00
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM		SL	0.00	0.00	0.00	0.00
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM			38.00	38.00	0.00	0.00
90714	Td vacc no presv 7 yrs+ im		SL	0.00	0.00	0.00	0.00
90714	Td vacc no presv 7 yrs+ im			34.00	34.00	0.00	0.00
90715	TDAP VACCINE 7 YRS/> IM		SL	0.00	0.00	0.00	0.00
90715	TDAP VACCINE 7 YRS/> IM			44.00	44.00	0.00	0.00
90716	VARICELLA VIRUS VACCINE LIVE SUBQ		SL	0.00	0.00	0.00	0.00
90716	VARICELLA VIRUS VACCINE LIVE SUBQ			157.00	157.00	0.00	0.00
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR		SL	0.00	0.00	0.00	0.00
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR			80.00	80.00	0.00	0.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM			129.00	129.00	0.00	0.00
90733	MENINGOCOCCAL POLYSAC VACCINE SUBCUTANEO....			135.00	135.00	0.00	0.00
90734	MENINGOCOCCAL CONJ VACCINE QUADRAVALENT		SL	0.00	0.00	0.00	0.00
90734	MENINGOCOCCAL CONJ VACCINE QUADRAVALENT			114.00	114.00	0.00	0.00
90739	HEPB VACC 2 DOSE ADULT IM		SL	0.00	0.00	0.00	0.00
90739	HEPB VACC 2 DOSE ADULT IM			99.00	99.00	0.00	0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM		SL	0.00	0.00	0.00	0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM			18.00	18.00	0.00	0.00
90746	HEPB VACCINE 3 DOSE ADULT IM		SL	0.00	0.00	0.00	0.00
90746	HEPB VACCINE 3 DOSE ADULT IM			47.00	47.00	0.00	0.00
90750	Zoster (shingles) vaccine (HZV), recombi....			178.00	178.00	0.00	0.00
90756	Flucelvax Quadrivalent			11.00	11.00	0.00	0.00
91300	Pfizer Covid 19 Vaccine 12 yrs and up			0.00	0.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
91301	Moderna Covid 19 Vaccine 12 yrs and up			0.00	0.00	0.00	0.00
91303	Janssen Covid 19 Vaccine 18 yrs and up			0.00	0.00	0.00	0.00
91304	Novavax Covid 19 Vaccine 18 yrs and olde....			0.00	0.00	0.00	0.00
91305	Comirnaty Covid 19 Vaccine 12 yrs and up....			0.00	0.00	0.00	0.00
91306	Moderna Covid 19 Vaccine Booster 18 yrs			0.00	0.00	0.00	0.00
91307	Pfizer Covid 19 Vaccine Pediatric 5 thro....			0.00	0.00	0.00	0.00
91308	Pfizer Covid 19 Vaccine Pediatric 6 mont....			0.00	0.00	0.00	0.00
91309	Moderna Covid 19 Vaccine Pediatric 6 thr....			0.00	0.00	0.00	0.00
91312	Pfizer Bivalent Booster Vaccine 12 yrs a....			0.00	0.00	0.00	0.00
91313	Moderna Bivalent Booster Vaccine 12 yrs			0.00	0.00	0.00	0.00
91314	Moderna Bivalent Booster Vaccine 6 throu....			0.00	0.00	0.00	0.00
91315	Pfizer Bivalent Booster Vaccine 5 throug....			0.00	0.00	0.00	0.00
91317	Pfizer Bivalent Booster Vaccine 6 mos th....			0.00	0.00	0.00	0.00
92551	SCREENING TEST PURE TONE AIR ONLY		EP	0.00	0.00	0.00	0.00
92552	SCREENING TEST PURE TONE AUDIOMETRY AIR		EP	0.00	0.00	0.00	0.00
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD....			0.00	0.00	0.00	0.00
96127	Behavioral Assessment		EP	0.00	0.00	0.00	0.00
96127	Behavioral Assessment			5.00	5.00	0.00	0.00
96160	Administration of patient-focused health....			4.00	4.00	0.00	0.00
96372	Therapeutic Injection SubQ/IM			19.00	19.00	0.00	0.00
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<			0.00	0.00	0.00	0.00
97802	Medical Nutrition Assess & Intervent Ea....		NC	0.00	0.00	0.00	0.00
97802	Medical Nutrition Assess & Intervent Ea....			27.00	27.00	0.00	0.00
97803	Medical Nutrition Re-Assmt & Intervent E....		NC	0.00	0.00	0.00	0.00
97803	Medical Nutrition Re-Assmt & Intervent E....			24.00	24.00	0.00	0.00
98588	CANCER DETECTION			0.00	0.00	0.00	0.00
99024	Post Op Follow Up Related to Original Pr....			0.00	0.00	0.00	0.00
99173	SCREENING TEST VISUAL ACUITY QUANTITATIV....		EP	0.00	0.00	0.00	0.00
99202	99202 New Pt Expanded Problem		OB	0.00	0.00	0.00	0.00
99202	99202 New Pt Expanded Problem			102.00	102.00	0.00	0.00
99203	99203 New Pt Detailed Problem		OB	0.00	0.00	0.00	0.00
99203	99203 New Pt Detailed Problem			146.00	146.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
99204	99204 New Pt Moderate Complexity		OB	0.00	0.00	0.00	0.00
99204	99204 New Pt Moderate Complexity			214.00	214.00	0.00	0.00
99205	99205 New Pt High Complexity		OB	0.00	0.00	0.00	0.00
99205	99205 New Pt High Complexity			269.00	269.00	0.00	0.00
99211	Est Nurse Visit		OB	0.00	0.00	0.00	0.00
99211	Est Nurse Visit		NC	0.00	0.00	0.00	0.00
99211	Est Nurse Visit			38.00	38.00	0.00	0.00
99212	99212 Est Problem Focused		OB	0.00	0.00	0.00	0.00
99212	99212 Est Problem Focused			63.00	63.00	0.00	0.00
99213	99213 Est Expanded Problem		OB	0.00	0.00	0.00	0.00
99213	99213 Est Expanded Problem			87.00	87.00	0.00	0.00
99214	99214 Est Moderate Complexity		OB	0.00	0.00	0.00	0.00
99214	99214 Est Moderate Complexity			134.00	134.00	0.00	0.00
99215	99215 Est High Complexity		OB	0.00	0.00	0.00	0.00
99215	99215 Est High Complexity			200.00	200.00	0.00	0.00
99381	New Preventive up to 1 yr		EP	99.00	99.00	0.00	0.00
99382	New Preventive 1 thru 4		EP	99.00	99.00	0.00	0.00
99383	New Preventive 5 thru 11		EP	99.00	99.00	0.00	0.00
99384	New Preventive 12 thru 17		EP	99.00	99.00	0.00	0.00
99384	New Preventive 12 thru 17			186.00	186.00	0.00	0.00
99385	New Preventive 18 thru 39		EP	99.00	99.00	0.00	0.00
99385	New Preventive 18 thru 39			184.00	184.00	0.00	0.00
99386	New Preventive 40 thru 64			219.00	219.00	0.00	0.00
99387	New Preventive 65 and older			237.00	237.00	0.00	0.00
99394	Established Preventive 12-17 yrs			161.00	161.00	0.00	0.00
99395	Established Preventive 18 thru 39			156.00	156.00	0.00	0.00
99396	Established Preventive 40 thru 64			174.00	174.00	0.00	0.00
99401	Preventive medicine counseling to indivi....			36.00	36.00	0.00	0.00
99406	Smoking Tobacco Cessation Counseling 3 t....		NC	0.00	0.00	0.00	0.00
99406	Smoking Tobacco Cessation Counseling 3 t....			14.00	14.00	0.00	0.00
99407	Smoking Tobacco Cessation Counseling Gre....			27.00	27.00	0.00	0.00
99441	Telephone evaluation and management serv....			74.00	74.00	0.00	0.00
99442	Telephone evaluation and management serv....			102.00	102.00	0.00	0.00
99443	Telephone evaluation and management serv....			158.00	158.00	0.00	0.00
99473	Home BP Pt Education			10.00	10.00	0.00	0.00
99474	Self-measured blood pressure using a dev....			14.00	14.00	0.00	0.00
G0008	ADMIN INFLUENZA VIRUS VAC			19.00	19.00	0.00	0.00
G0009	ADMIN PNEUMOCOCCAL VACCINE			19.00	19.00	0.00	0.00
G0010	ADMIN HEPATITIS B VACCINE			26.00	26.00	0.00	0.00
G2012	Brief check in by md/ghp			16.00	16.00	0.00	0.00
J0561	PENICILLIN G BENZATHINE INJ			0.00	0.00	0.00	0.00
J0696	CEFTRIAXONE SODIUM INJECTION			2.00	2.00	0.00	0.00
J0702	BETAMETHASONE ACET&SOD PHOSP			6.00	6.00	0.00	0.00
J1050	MEDROXYPROGESTERONE ACETATE		FP	0.03	0.03	0.00	0.00
J1050	MEDROXYPROGESTERONE ACETATE			0.21	0.21	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
J1726	Injection, hydroxyprogesterone caproate,....			0.00	0.00	0.00	0.00
J2790	RHO D IMMUNE GLOBULIN INJ			95.00	95.00	0.00	0.00
J3490	Unclassified drugs			28.00	28.00	0.00	0.00
J7297	IUD Liletta LEVONORGESTREL IU 52MG 3 YR			93.19	93.19	0.00	0.00
J7298	IUD Mirena LEVONORGESTREL IU 52MG 5 YR			308.52	308.52	0.00	0.00
J7300	IUD Paragard INTRAUT COPPER CONTRACEPTI....			259.99	259.99	0.00	0.00
J7301	IUD Skyla LEVONORGESTREL IU 13.5 MG			440.24	440.24	0.00	0.00
J7303	Nuva Ring CONTRACEPTIVE VAGINAL RING			0.00	0.00	0.00	0.00
J7307	Nexplanon Device ETONOGESTREL IMPLANT S....			399.00	399.00	0.00	0.00
LU100	HIV PRE TEST COUNSELING AND TESTING			0.00	0.00	0.00	0.00
LU101	HIV POST TEST RESULTS AND COUNSELING			0.00	0.00	0.00	0.00
LU102	COMPLETION OF RECORD OF TB			8.00	8.00	0.00	0.00
LU114	PPD WITH STATE SUPPLIED VACCINE			0.00	0.00	0.00	0.00
LU117	PPD POSITIVE RESULT CONTACT REPORT ONLY			0.00	0.00	0.00	0.00
LU118	PPD NEGATIVE RESULT CONTACT REPORT ONLY			0.00	0.00	0.00	0.00
LU119	PPD POSITIVE RESULT LOW RISK REPORT ONLY			0.00	0.00	0.00	0.00
LU120	PPD NEGATIVE RESULT LOW RISK REPORT ONLY			0.00	0.00	0.00	0.00
LU121	TB DIRECTLY OBSERVED THERAPY DOT			0.00	0.00	0.00	0.00
LU122	TB DIRECTLY OBSERVED PREVENTATIVE DOPT			0.00	0.00	0.00	0.00
LU123	PPD NOT READ CONTACT REPORT ONLY			0.00	0.00	0.00	0.00
LU124	PPD NOT READ LOW RISK REPORT ONLY			0.00	0.00	0.00	0.00
LU125	READING PPD PLACED ELSEWHERE NOT A CONTA....			0.00	0.00	0.00	0.00
LU226	TB SUBSEQUENT VISIT			0.00	0.00	0.00	0.00
LU227	REFERRED FOR POSITIVE PPD REPORT ONLY			0.00	0.00	0.00	0.00
LU232	TEST LAB RESULTS ONLY VISIT REPORT ONLY			0.00	0.00	0.00	0.00
LU238	NON BILLABLE HEALTH EDUCATION CONTACT			0.00	0.00	0.00	0.00
LU240	NON BILLABLE TB LPN CONTACT REPORT ONLY			0.00	0.00	0.00	0.00
LU242	INTERVIEWING OR POSTING NURSE			0.00	0.00	0.00	0.00
LU259	NOT AT HOME VISIT			0.00	0.00	0.00	0.00
LU260	HOME VISIT CLIENT AT HOME			0.00	0.00	0.00	0.00
LU262	PPD POSITIVE RESULT HIGH RISK			0.00	0.00	0.00	0.00
LU263	PPD NEGATIVE RESULT HIGH RISK			0.00	0.00	0.00	0.00
LU264	PPD NOT READ HIGH RISK			0.00	0.00	0.00	0.00

CPT	Name	NDC	Modifier	Charges		Payments	
				Inpatient	Outpatient	Inpatient	Outpatient
LU265	TREATMENT OF LBTI INITIATED HIGH RISK			0.00	0.00	0.00	0.00
LU266	TREATMENT OF LBTI INITIATED LOW RISK			0.00	0.00	0.00	0.00
LU267	TREATMENT OF LBTI INITIATED CONTACT			0.00	0.00	0.00	0.00
LU268	TREATMENT OF LBTI COMPLETED HIGH RISK			0.00	0.00	0.00	0.00
LU269	TREATMENT OF LBTI COMPLETED LOW RISK			0.00	0.00	0.00	0.00
LU271	TREATMENT OF LBTI INCOMPLETE HIGH RISK			0.00	0.00	0.00	0.00
LU272	TREATMENT OF LBTI INCOMPLETE LOW RISK			0.00	0.00	0.00	0.00
LU273	Treatment of LBTI Incomplete Contact			0.00	0.00	0.00	0.00
LU274	PPD CONTACT			0.00	0.00	0.00	0.00
LU282	STD ENHANCED ROLE RN CONTACT REPORT ONLY			0.00	0.00	0.00	0.00
S0280	Medical Home, Initial Plan		NC	0.00	0.00	0.00	0.00
S0280	Medical Home, Initial Plan			74.00	74.00	0.00	0.00
S0281	Medical Home, Maintenance		NC	0.00	0.00	0.00	0.00
S0281	Medical Home, Maintenance			221.00	221.00	0.00	0.00
S4993	CONTRACEPTIVE PILLS FOR BC			3.48	3.48	0.00	0.00
S5000	PRESCRIPTION DRUG, GENERIC			0.00	0.00	0.00	0.00
S5001	PRESCRIPTION DRUG,BRAND NAME			0.00	0.00	0.00	0.00
S9442	BIRTHING CLASS			10.00	10.00	0.00	0.00
T1002	RN SERVICES UP TO 15 MINUTES			20.00	20.00	0.00	0.00