

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health and Dental Services
Effective Date of December 1, 2025

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2026	Change from Current to Proposed	% of Change
32	C0032	Outreach	\$30.00	\$30.00	SUPR rate	\$0.00	0.00%
33	C0033	Case Finding	\$30.00	\$30.00	SUPR rate	\$0.00	0.00%
35	C0035	Training	\$30.00	\$30.00	SUPR rate	\$0.00	0.00%
10060	10060	DRAINAGE OF SKIN ABSCESS	\$378.00	\$432.00	75th percentile	\$54.00	14.29%
11200	11200	REMOVAL OF SKIN TAGS	\$215.00	\$219.00	75th percentile	\$4.00	1.86%
11976	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$475.00	\$758.00	75th percentile	\$283.00	59.58%
11981	11981	INSERT DRUG IMPLANT DEVICE	\$421.00	\$419.00	75th percentile	-\$2.00	-0.48%
11982	11982	REMOVE DRUG IMPLANT DEVICE	\$469.00	\$480.00	75th percentile	\$11.00	2.35%
11983	11983	REMOVE/INSERT DRUG IMPLANT	\$723.00	\$754.00	75th percentile	\$31.00	4.29%
15853	15853	REMOVAL SUTR/STAPL NOT REQ ANES	\$38.00	\$40.00	75th percentile	\$2.00	5.26%
17110	17110	DESTRUCT B9 LESION, 1-14	\$258.00	\$263.00	75th percentile	\$5.00	1.94%
17111	17111	DESTRUCT LESION, 15 OR MORE	\$343.00	\$314.00	75th percentile	-\$29.00	-8.45%
17250	17250	CHEMICAL CAUTERY, TISSUE	\$215.00	\$201.00	75th percentile	-\$14.00	-6.51%
36415	36415	A-ROUTINE VENIPUNCTURE	\$0.00	\$0.00	Current fee	\$0.00	0.00%
46916	46916	CRYOSURGERY, ANAL LESION(S)	\$625.00	\$631.00	75th percentile	\$6.00	0.96%
54056	54056	CRYOSURGERY, PENIS LESION(S)	\$375.00	\$349.00	75th percentile	-\$26.00	-6.93%
54065	54065	DESTRUCTION, PENIS LESION(S)	\$933.00	\$610.00	75th percentile	-\$323.00	-34.62%
56420	56420	I & D Bartholins Gland Abscess	\$537.00	\$633.00	75th percentile	\$96.00	17.88%
56605	56605	BIOPSY OF VULVA/PERINEUM	\$691.00	\$567.00	75th percentile	-\$124.00	-17.95%
57061	57061	DESTROY VAG LESIONS, SIMPLE	\$517.00	\$513.00	75th percentile	-\$4.00	-0.77%
57100	57100	BIOPSY OF VAGINA	\$431.00	\$427.00	75th percentile	-\$4.00	-0.93%
57160	57160	INSERT PESSARY/OTHER DEVICE	\$289.00	\$296.00	75th percentile	\$7.00	2.42%
57452	57452	EXAM OF CERVIX W/SCOPE	\$466.00	\$425.00	75th percentile	-\$41.00	-8.80%
57454	57454	BX AND CURETT OF CERVIX W/SCOPE	\$627.00	\$641.00	75th percentile	\$14.00	2.23%
57455	57455	BIOPSY OF CERVIX W/SCOPE	\$554.00	\$588.00	75th percentile	\$34.00	6.14%
57456	57456	ENDOCERV CURETTAGE W/SCOPE	\$515.00	\$534.00	75th percentile	\$19.00	3.69%
57461	57461	CONZ OF CERVIX W/SCOPE, LEEP	\$1,672.00	\$897.00	75th percentile	-\$775.00	-46.35%
57500	57500	BIOPSY OF CERVIX	\$842.00	\$841.00	75th percentile	-\$1.00	-0.12%
57522	57522	CONIZATION OF CERVIX	\$1,381.00	\$1,910.00	75th percentile	\$529.00	38.31%
58100	58100	BIOPSY OF UTERUS LINING	\$423.00	\$412.00	75th percentile	-\$11.00	-2.60%
58110	58110	BX DONE W/COLPOSCOPY ADD-ON	\$199.00	\$591.00	75th percentile	\$392.00	196.98%
58300	58300	INSERT INTRAUTERINE DEVICE	\$376.00	\$382.00	75th percentile	\$6.00	1.60%
58301	58301	REMOVE INTRAUTERINE DEVICE	\$399.00	\$417.00	75th percentile	\$18.00	4.51%
59025	59025	FETAL NON-STRESS TEST	\$251.00	\$254.00	75th percentile	\$3.00	1.20%
59430	59430	CARE AFTER DELIVERY	\$850.00	\$661.00	75th percentile	-\$189.00	-22.24%
69200	69200	CLEAR OUTER EAR CANAL	\$450.00	\$403.00	75th percentile	-\$47.00	-10.44%
69209	69209	Removal Impacted Cerumen Using Irrigation, Unilat	\$116.00	\$118.00	75th percentile	\$2.00	1.72%
69210	69210	REMOVE IMPACTED EAR WAX	\$156.00	\$159.00	75th percentile	\$3.00	1.92%
70150	70150	X-RAY EXAM OF FACIAL BONES	\$190.00	\$193.00	75th percentile	\$3.00	1.58%
70220	70220	X-RAY EXAM OF SINUSES	\$199.00	\$160.00	75th percentile	-\$39.00	-19.60%
70330	70330	X-RAY EXAM OF JAW JOINTS	\$214.00	\$220.00	75th percentile	\$6.00	2.80%
70360	70360	X-RAY EXAM OF NECK	\$241.00	\$257.00	75th percentile	\$16.00	6.64%
71045	71045	CHEST X-RAY - Single View Frontal	\$151.00	\$154.00	75th percentile	\$3.00	1.99%
71046	71046	CHEST X-RAY-2 VIEWS Frontal And Lateral	\$252.00	\$308.00	75th percentile	\$56.00	22.22%
71048	71048	CHEST X-RAY-4 OR MORE VIEWS	\$238.00	\$245.00	75th percentile	\$7.00	2.94%
71101	71101	X-RAY EXAM OF RIBS/CHEST	\$162.00	\$374.00	75th percentile	\$212.00	130.86%
71110	71110	X-RAY EXAM OF RIBS	\$176.00	\$182.00	75th percentile	\$6.00	3.41%
72040	72040	X-RAY EXAM OF NECK SPINE	\$135.00	\$138.00	75th percentile	\$3.00	2.22%
72050	72050	X-RAY EXAM OF NECK SPINE	\$218.00	\$221.00	75th percentile	\$3.00	1.38%
72052	72052	X-RAY EXAM OF NECK SPINE	\$288.00	\$293.00	75th percentile	\$5.00	1.74%
72070	72070	X-RAY EXAM OF THORACIC SPINE	\$153.00	\$157.00	75th percentile	\$4.00	2.61%
72072	72072	X-RAY EXAM OF THORACIC SPINE	\$200.00	\$205.00	75th percentile	\$5.00	2.50%
72080	72080	X-RAY EXAM OF TRUNK SPINE	\$146.00	\$173.00	75th percentile	\$27.00	18.49%
72082	72082	X-Ray Exam Thrc Lmbr Crv SacSpine W/Skull 2 -3View	\$291.00	\$294.00	75th percentile	\$3.00	1.03%
72100	72100	X-RAY EXAM OF LOWER SPINE	\$152.00	\$156.00	75th percentile	\$4.00	2.63%
72110	72110	X-RAY EXAM OF LOWER SPINE	\$242.00	\$260.00	75th percentile	\$18.00	7.44%
72120	72120	X-RAY EXAM OF LOWER SPINE	\$208.00	\$211.00	75th percentile	\$3.00	1.44%
72170	72170	X-RAY EXAM OF PELVIS	\$138.00	\$138.00	75th percentile	\$0.00	0.00%
73020	73020	X-RAY EXAM OF SHOULDER	\$121.00	\$124.00	75th percentile	\$3.00	2.48%
73030	73030	X-RAY EXAM OF SHOULDER	\$150.00	\$154.00	75th percentile	\$4.00	2.67%
73060	73060	X-RAY EXAM OF HUMERUS	\$135.00	\$142.00	75th percentile	\$7.00	5.19%
73080	73080	X-RAY EXAM OF ELBOW	\$135.00	\$137.00	75th percentile	\$2.00	1.48%
73090	73090	X-RAY EXAM OF FOREARM	\$120.00	\$123.00	75th percentile	\$3.00	2.50%
73100	73100	X-RAY EXAM OF WRIST	\$111.00	\$113.00	75th percentile	\$2.00	1.80%
73120	73120	X-RAY EXAM OF HAND	\$144.00	\$147.00	75th percentile	\$3.00	2.08%
73130	73130	X-RAY EXAM OF HAND	\$123.00	\$129.00	75th percentile	\$6.00	4.88%
73140	73140	X-RAY EXAM OF FINGER(S)	\$125.00	\$126.00	75th percentile	\$1.00	0.80%
73501	73501	X-Ray Exam Hip Unilat W/ Pelvis 1 View	\$125.00	\$127.00	75th percentile	\$2.00	1.60%
73502	73502	X-RAY EXAM, HIP, UNILAT, W/PELVIS 2-3 VIEWS	\$173.00	\$176.00	75th percentile	\$3.00	1.73%
73503	73503	X-Ray Exam Hip Unilat W/Pelvis 4 Views	\$216.00	\$219.00	75th percentile	\$3.00	1.39%
73521	73521	X-RAY EXAM, HIPS, BILAT,w/ PELVIS, 2 VIEWS	\$167.00	\$170.00	75th percentile	\$3.00	1.80%
73522	73522	X-Ray Exam Hip Bilateral W/Pelvis 3-4 Views	\$194.00	\$202.00	75th percentile	\$8.00	4.12%
73560	73560	X-RAY EXAM OF KNEE, 1 OR 2 VIEWS	\$133.00	\$124.00	75th percentile	-\$9.00	-6.77%
73562	73562	X-RAY EXAM OF KNEE, 3 VIEWS	\$138.00	\$140.00	75th percentile	\$2.00	1.45%
73564	73564	X-RAY EXAM, KNEE, 4 OR MORE	\$169.00	\$172.00	75th percentile	\$3.00	1.78%
73600	73600	X-RAY EXAM OF ANKLE - 2 Views	\$112.00	\$114.00	75th percentile	\$2.00	1.79%
73610	73610	X-RAY EXAM OF ANKLE - Complete, Minimum 3 Views	\$136.00	\$139.00	75th percentile	\$3.00	2.21%

*Note - Flu vaccines effective 7/1/2026

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73620	73620	X-RAY EXAM OF FOOT	\$109.00	\$112.00	75th percentile	\$3.00	2.75%
73630	73630	X-RAY EXAM OF FOOT	\$128.00	\$130.00	75th percentile	\$2.00	1.56%
74018	74018	X-RAY EXAM OF ABDOMEN	\$141.00	\$256.00	75th percentile	\$115.00	81.56%
74019	74019	X-RAY EXAM OF ABDOMEN-2 VIEWS	\$107.00	\$266.00	75th percentile	\$159.00	148.60%
74021	74021	X-RAY EXAM OF ABDOMEN-3 OR MORE VIEWS	\$222.00	\$228.00	75th percentile	\$6.00	2.70%
76801	76801	OB US < 14 WKS, SINGLE FETUS	\$465.00	\$475.00	75th percentile	\$10.00	2.15%
76805	76805	OB US >= 14 WKS, SNGL FETUS	\$466.00	\$476.00	75th percentile	\$10.00	2.15%
76830	76830	TRANSVAGINAL US, NON-OB	\$419.00	\$412.00	75th percentile	-\$7.00	-1.67%
76856	76856	US EXAM, PELVIC, COMPLETE	\$450.00	\$412.00	75th percentile	-\$38.00	-8.44%
77066	77066	Diagnostic Mammogram, Bilateral	\$728.00	\$533.00	75th percentile	-\$195.00	-26.79%
77067	77067	Screening Bilateral Mammogram	\$0.00	\$0.00	Current fee	\$0.00	0.00%
80053	80053	COMPREHEN METABOLIC PANEL	\$96.00	\$100.00	75th percentile	\$4.00	4.17%
80061	80061	LIPID PANEL	\$142.00	\$145.00	75th percentile	\$3.00	2.11%
80305	80305	Drug Test Presump Optical	\$100.00	\$103.00	75th percentile	\$3.00	3.00%
80307	80307	Drug Test Presump Not Optical	\$270.00	\$247.00	75th percentile	-\$23.00	-8.52%
80324	80324	DRUG SCREEN AMPHETAMINES 1/2	\$138.00	\$137.00	75th percentile	-\$1.00	-0.72%
80347	80347	BENZODIAZEPINES 13 OR MORE	\$126.00	\$124.00	75th percentile	-\$2.00	-1.59%
80348	80348	Buprenorphine	\$163.00	\$161.00	75th percentile	-\$2.00	-1.23%
80353	80353	DRUG SCREENING COCAINE	\$113.00	\$112.00	75th percentile	-\$1.00	-0.88%
80354	80354	Drug Screening Fentanyl	\$167.00	\$165.00	75th percentile	-\$2.00	-1.20%
80358	80358	DRUG SCREENING METHADONE	\$134.00	\$133.00	75th percentile	-\$1.00	-0.75%
80359	80359	METHYLENEDIAMPHETAMINES	\$158.00	\$157.00	75th percentile	-\$1.00	-0.63%
80361	80361	OPIATES 1 OR MORE	\$253.00	\$251.00	75th percentile	-\$2.00	-0.79%
80365	80365	DRUG SCREENING OXYCODONE	\$144.00	\$143.00	75th percentile	-\$1.00	-0.69%
80372	80372	DRUG SCREENING TAPENTADOL	\$136.00	\$135.00	75th percentile	-\$1.00	-0.74%
80373	80373	DRUG SCREENING TRAMADOL	\$138.00	\$137.00	75th percentile	-\$1.00	-0.72%
81002	81002	URINALYSIS NONAUTO W/O SCOPE	\$23.00	\$24.00	75th percentile	\$1.00	4.35%
81025	81025	URINE PREGNANCY TEST	\$45.00	\$45.00	75th percentile	\$0.00	0.00%
82043	82043	MICROALBUMIN, QUANTITATIVE	\$83.00	\$84.00	75th percentile	\$1.00	1.20%
82075	82075	ASSAY OF BREATH ETHANOL	\$45.00	\$46.00	75th percentile	\$1.00	2.22%
82274	82274	ASSAY TEST FOR BLOOD, FECAL	\$107.00	\$110.00	75th percentile	\$3.00	2.80%
82306	82306	ASSAY OF VITAMIN D	\$227.00	\$230.00	75th percentile	\$3.00	1.32%
82397	82397	CHEMILUMINESCENT ASSAY	\$177.00	\$75.00	75th percentile	-\$102.00	-57.63%
82570	82570	ASSAY OF URINE CREATININE	\$63.00	\$97.00	75th percentile	\$34.00	53.97%
82725	82725	ASSAY OF BLOOD FATTY ACIDS	\$98.00	\$84.00	75th percentile	-\$14.00	-14.29%
82962	82962	GLUCOSE BLOOD TEST	\$25.00	\$26.00	75th percentile	\$1.00	4.00%
83036	83036	GLYCOSYLATED HEMOGLOBIN TEST	\$82.00	\$70.00	75th percentile	-\$12.00	-14.63%
84443	84443	ASSAY THYROID STIM HORMONE	\$144.00	\$139.00	75th percentile	-\$5.00	-3.47%
85018	85018	HEMOGLOBIN	\$27.00	\$28.00	75th percentile	\$1.00	3.70%
85025	85025	COMPLETE CBC W/AUTO DIFF WBC	\$50.00	\$52.00	75th percentile	\$2.00	4.00%
85610	85610	PROTHROMBIN TIME	\$35.00	\$35.00	75th percentile	\$0.00	0.00%
86361	86361	T CELL, ABSOLUTE COUNT	\$341.00	\$218.00	75th percentile	-\$123.00	-36.07%
86480	86480	TB TEST, CELL IMMUN MEASURE	\$276.00	\$227.00	75th percentile	-\$49.00	-17.75%
86580	86580	TB INTRADERMAL TEST	\$35.00	\$36.00	75th percentile	\$1.00	2.86%
86592	86592	BLOOD SEROLOGY, QUALITATIVE	\$42.00	\$38.00	75th percentile	-\$4.00	-9.52%
86703	86703-92	HIV-1/HIV-2, SINGLE ASSAY	\$0.00	\$0.00	Current fee	\$0.00	0.00%
86704	86704	HEP B CORE ANTIBODY, TOTAL	\$90.00	\$90.00	75th percentile	\$0.00	0.00%
86706	86706	HEP B SURFACE ANTIBODY	\$77.00	\$78.00	75th percentile	\$1.00	1.30%
86735	86735	MUMPS ANTIBODY	\$116.00	\$101.00	75th percentile	-\$15.00	-12.93%
86762	86762	RUBELLA ANTIBODY	\$77.00	\$66.00	75th percentile	-\$11.00	-14.29%
86765	86765	RUBEOLA ANTIBODY	\$118.00	\$183.00	75th percentile	\$65.00	55.08%
86787	86787	VARICELLA-ZOSTER ANTIBODY	\$109.00	\$111.00	75th percentile	\$2.00	1.83%
86803	86803	HEPATITIS C AB TEST	\$147.00	\$123.00	75th percentile	-\$24.00	-16.33%
87086	87086	URINE CULTURE/COLONY COUNT	\$80.00	\$80.00	75th percentile	\$0.00	0.00%
87210	87210	SMEAR, WET MOUNT, SALINE/INK	\$31.00	\$36.00	75th percentile	\$5.00	16.13%
87340	87340	HEPATITIS B SURFACE AG, EIA	\$94.00	\$96.00	75th percentile	\$2.00	2.13%
87389	87389	HIV-1 Antigen With HIV 1&2 Antibodies, Single Res	\$109.00	\$113.00	75th percentile	\$4.00	3.67%
87491	87491	CHYLDM TRACH, DNA, AMP PROBE	\$159.00	\$162.00	75th percentile	\$3.00	1.89%
87535	87535	HIV-1, DNA, AMP PROBE	\$362.00	\$370.00	75th percentile	\$8.00	2.21%
87536	87536	HIV-1, DNA, QUANT	\$494.00	\$461.00	75th percentile	-\$33.00	-6.68%
87538	87538	HIV-2, DNA, AMP PROBE	\$369.00	\$355.00	75th percentile	-\$14.00	-3.79%
87563	87563	Bartonella Henselae And Quintana Amplified	\$72.00	\$73.00	75th percentile	\$1.00	1.39%
87591	87591	N.GONORRHOEAE, DNA, AMP PROB	\$159.00	\$162.00	75th percentile	\$3.00	1.89%
87624	87624	Iadna Human Papillomavirus (HPV) High Risk	\$146.00	\$149.00	75th percentile	\$3.00	2.05%
87661	87661	TRICHOMONAS VAGIN, AMPLIFIED PROBE	\$153.00	\$124.00	75th percentile	-\$29.00	-18.95%
87798	87798	DETECT AGENT NOS, DNA, AMP	\$106.00	\$108.00	75th percentile	\$2.00	1.89%
87801	87801	DETECT AGNT MULT, DNA, AMPLI	\$141.00	\$116.00	75th percentile	-\$25.00	-17.73%
87804	87804	INFLUENZA ASSAY W/OPTIC	\$55.00	\$51.00	75th percentile	-\$4.00	-7.27%
87811	87811	BinaxNOW COVID19 Ag	\$0.00	\$0.00	Current fee	\$0.00	0.00%
87880	87880	STREP A ASSAY W/OPTIC	\$50.00	\$54.00	75th percentile	\$4.00	8.00%
88112	88112	CYTOPATH, CELL ENHANCE TECH	\$213.00	\$308.00	75th percentile	\$95.00	44.60%
88142	88142	CYTOPATH, C/V, THIN LAYER	\$76.00	\$85.00	75th percentile	\$9.00	11.84%
88175	88175	CYTOPATH C/V AUTO FLUID REDO	\$113.00	\$107.00	75th percentile	-\$6.00	-5.31%
88305	88305	TISSUE EXAM BY PATHOLOGIST	\$405.00	\$412.00	75th percentile	\$7.00	1.73%
88307	88307	TISSUE EXAM BY PATHOLOGIST	\$722.00	\$738.00	75th percentile	\$16.00	2.22%
90380	90380	Respiratory Syncytial Virus 0.5mL Dose	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90380	90380A	Respiratory Syncytial Virus 0.5mL Dose	\$702.00	\$702.00	Current fee	\$0.00	0.00%

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90381	90381	Respiratory Syncytial Virus 1mL Dose	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90381	90381A	Respiratory Syncytial Virus 1mL Dose	\$847.00	\$847.00	Current fee	\$0.00	0.00%
90460	90460	IMMUNE ADMIN 1 INJ, < 18 YRS	\$51.00	\$49.00	75th percentile	-\$2.00	-3.92%
90461	90461	IMMUNE ADMIN ADDL INJ, < 18 YRS	\$42.00	\$42.00	75th percentile	\$0.00	0.00%
90471	90471	IMMUNIZATION ADMIN	\$65.00	\$67.00	75th percentile	\$2.00	3.08%
90472	90472	IMMUNIZATION ADMIN, EACH ADD	\$30.00	\$32.00	75th percentile	\$2.00	6.67%
90480	90480	Admin COVID-19 Vaccine	\$0.00	\$0.00	Current fee	\$0.00	0.00%
90611	90611	Smallpox And Monkeypox Vaccine	\$0.00	\$0.00	317	\$0.00	0.00%
90619	90619	Meningococcal,vaccine Serogroups A,C,W,Y Quad	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90619	90619A	MENACWY-TT VACCINE IM	\$253.00	\$258.00	75th percentile	\$5.00	1.98%
90619	90619MMC	MENACWY-TT VACCINE IM	\$0.00	\$0.00	Current fee	\$0.00	0.00%
90620	90620	Meningococcal B, OMV	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90620	9062A	Meningococcal B, OMV	\$303.00	\$323.00	75th percentile	\$20.00	6.60%
90632	90632MMC	HEPA VACCINE ADULT IM (Grant Funded)	\$0.00	\$0.00	Grant funded	\$0.00	0.00%
90633	90633	HEP A VACC, PED/ADOL, 2 DOSE	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90633	90633A	HEP A VACC, PED/ADOL, 2 DOSE	\$83.00	\$83.00	75th percentile	\$0.00	0.00%
90647	90647A	HIB VACCINE, PRP-OMP, IM	\$84.00	\$85.00	75th percentile	\$1.00	1.19%
90647	90647	HIB VACCINE, PRP-OMP, IM	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90651	90651MMC	Gardasil 9 (Grant Funded)	\$0.00	\$0.00	Grant funded	\$0.00	0.00%
90651	906A1	HPV9	\$483.00	\$499.00	75th percentile	\$16.00	3.31%
90651	90651	HPV9	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90656*	90656	Influenza Preserv Free 3 Years And Over IIV3	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90656*	906A6	Influenza No Preserv 3 And Over IIV3	\$25.00	\$45.00	75th percentile	\$20.00	80.00%
90662*	90662	Influenza 65yrs And Older Prefilled Syringe	\$140.00	\$144.00	75th percentile	\$4.00	2.86%
90673*	9A673	Influenza Recomb. Inj. Pres. Free 18-64yrs	\$88.00	\$129.00	75th percentile	\$41.00	46.59%
90677	90677	Pneumococcal 20 valent Conjugate IM	\$0.00	\$0.00	Current fee	\$0.00	0.00%
90677	90677A	Pneumococcal 20 valent Conjugate IM	\$478.00	\$563.00	75th percentile	\$85.00	17.78%
90677	90677MMC	Pneumococcal 20 valent Conjugate IM (Grant Funded)	\$0.00	\$0.00	Grant funded	\$0.00	0.00%
90678	90678	RSV VACC PREF BIVALENT IM	\$0.00	\$0.00	Current fee	\$0.00	0.00%
90681	90681A	ROTAVIRUS VACC 2 DOSE ORAL	\$224.00	\$264.00	75th percentile	\$40.00	17.86%
90681	90681	ROTAVIRUS VACC 2 DOSE ORAL	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90696	90696A	DTAP-IPV VACC 4-6 YR IM	\$108.00	\$110.00	75th percentile	\$2.00	1.85%
90696	90696	DTAP-IPV VACC 4-6 YR IM	\$0.00	\$0.00	Current fee	\$0.00	0.00%
90697	90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$0.00	\$0.00	VFC	\$0.00	0.00%
90697	90697A	DTAP-IPV-HIB-HEPB VACCINE IM	\$233.00	\$236.00	75th percentile	\$3.00	1.29%
90700	90700	DTAP VACCINE, < 7 YRS, IM	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90700	90700A	DTAP VACCINE, < 7 YRS, IM	\$75.00	\$72.00	75th percentile	-\$3.00	-4.00%
90707	9070A	MMR VACCINE, SC	\$163.00	\$167.00	75th percentile	\$4.00	2.45%
90707	90707	MMR VACCINE, SC	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90710	90710	MMRV VACCINE, SC	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90710	90710A	MMRV VACCINE, SC	\$456.00	\$459.00	75th percentile	\$3.00	0.68%
90713	90713	POLIOVIRUS, IPV, SC/IM	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90713	907A3	POLIOVIRUS, IPV, SC/IM	\$71.00	\$77.00	75th percentile	\$6.00	8.45%
90714	90714	TD VACCINE NO PRSRV >= 7 IM	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90714	9071A	TD VACCINE NO PRSRV >= 7 IM	\$66.00	\$68.00	75th percentile	\$2.00	3.03%
90715	90715	TDAP VACCINE >7 IM	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90715	907A5	TDAP VACCINE >7 IM	\$91.00	\$93.00	75th percentile	\$2.00	2.20%
90716	90716	CHICKEN POX VACCINE, SC	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90716	90716A	CHICKEN POX VACCINE, SC	\$251.00	\$259.00	75th percentile	\$8.00	3.19%
90744	90744A	HEPB VACC PED/ADOL 3 DOSE IM	\$100.00	\$101.00	75th percentile	\$1.00	1.00%
90744	90744	HEPB VACC PED/ADOL 3 DOSE IM	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
90746	90746MMC	HEP B VACCINE, ADULT, IM (Grant Funded)	\$0.00	\$0.00	Grant funded	\$0.00	0.00%
90750	90750	HZV VACC RECOMBINANT IM NJX	\$0.00	\$0.00	317	\$0.00	0.00%
90791	90791	Psychiatric Diagnostic Evaluation	\$325.00	\$325.00	Current fee	\$0.00	0.00%
90792	90792	Psychiatric Diagnostic Eval With Medical Services	\$451.00	\$455.00	75th percentile	\$4.00	0.89%
90832	90832	Psychotherapy, 30 Min. W/Pt And/or Family Member	\$145.00	\$153.00	75th percentile	\$8.00	5.52%
90834	90834	Psychotherapy 45 Min. W/pt And/or Family Member	\$198.00	\$202.00	75th percentile	\$4.00	2.02%
90837	90837	Psychotherapy 60 Min W/Pt And/or Family Member	\$200.00	\$205.00	75th percentile	\$5.00	2.50%
90839	90839	Psychotherapy For Crisis, First 60 Minutes	\$301.00	\$302.00	75th percentile	\$1.00	0.33%
90847	90847	FAMILY PSYTX W/PATIENT	\$196.00	\$201.00	75th percentile	\$5.00	2.55%
90853	90853	GROUP PSYCHOTHERAPY	\$121.00	\$103.00	75th percentile	-\$18.00	-14.88%
91321	91321	MODERNA COVID19 6MO- 11YRS 25MCG/0.25ML IM	\$0.00	\$0.00	VFC	\$0.00	0.00%
91322	91322	MODERNA COVID19 12YRS AND OLDER 50MCG/0.5ML IM	\$0.00	\$0.00	VFC/317	\$0.00	0.00%
92228	92228	REMOTE IMAG FOR MON AND MAN OF ACTIVE RET DS	\$88.00	\$359.00	75th percentile	\$271.00	307.95%
92250	92250	EYE EXAM WITH PHOTOS	\$72.00	\$154.00	75th percentile	\$82.00	113.89%
93000	93000	ELECTROCARDIOGRAM, COMPLETE	\$88.00	\$89.00	75th percentile	\$1.00	1.14%
93005	93005	ELECTROCARDIOGRAM, TRACING	\$96.00	\$98.00	75th percentile	\$2.00	2.08%
94150	94150	VITAL CAPACITY TEST (Peak Flow)	\$66.00	\$62.00	75th percentile	-\$4.00	-6.06%
94640	94640	AIRWAY INHALATION TREATMENT	\$75.00	\$77.00	75th percentile	\$2.00	2.67%
94760	94760	MEASURE BLOOD OXYGEN LEVEL	\$20.00	\$57.00	75th percentile	\$37.00	185.00%
96110	96110	DEVELOPMENTAL TEST, LIM	\$51.00	\$51.00	75th percentile	\$0.00	0.00%
96127	96127	Brief Emotional/behavioral Assessment	\$36.00	\$40.00	75th percentile	\$4.00	11.11%
96156	96156	Health Behavior Assessment Or Re-assessment	\$163.00	\$162.00	BC rate	-\$1.00	-0.61%
96160	96160	Health Risk Assessment Patient Focused	\$45.00	\$45.00	75th percentile	\$0.00	0.00%
96161	96161	Health Risk Assessment Caregiver Focused	\$30.00	\$31.00	75th percentile	\$1.00	3.33%
96372	96372	Admin Of Therapeutic/prophylactic Injection	\$71.00	\$80.00	75th percentile	\$9.00	12.68%
97802	97802	MEDICAL NUTRITION, INDIV, IN	\$0.00	\$0.00	Current fee	\$0.00	0.00%

*Note - Flu vaccines effective 7/1/2026

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health and Dental Services
Effective Date of December 1, 2025

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2026	Change from Current to Proposed	% of Change
97803	97803	MED NUTRITION, INDIV, SUBSEQ	\$0.00	\$0.00	Current fee	\$0.00	0.00%
98966	98966	HC PRO PHONE CALL 5-10 MIN	\$0.00	\$0.00	Current fee	\$0.00	0.00%
98967	98967	HC PRO PHONE CALL 11-20 MIN	\$0.00	\$0.00	Current fee	\$0.00	0.00%
98968	98968	HC PRO PHONE CALL 21-30 MIN	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99000	99000	A-SPECIMEN HANDLING	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99024	99024	POSTOP FOLLOW-UP VISIT	\$101.00	\$103.00	75th percentile	\$2.00	1.98%
99070	1161	Terazol 7 Cream	\$50.00	\$50.00	Current fee	\$0.00	0.00%
99070	1174	Diflucan	\$1.00	\$1.00	Current fee	\$0.00	0.00%
99070	1171	Metrogel	\$50.00	\$50.00	Current fee	\$0.00	0.00%
99070	1291	Doxycycline	\$1.00	\$1.00	Current fee	\$0.00	0.00%
99070	1157	Vandazole Gel	\$50.00	\$50.00	Current fee	\$0.00	0.00%
99070	1204	Fluconazole	\$1.00	\$1.00	Current fee	\$0.00	0.00%
99070	1263	Zithromax	\$1.00	\$1.00	Current fee	\$0.00	0.00%
99070	1276	TCA	\$1.00	\$1.00	Current fee	\$0.00	0.00%
99070	1750	Plan B	\$50.00	\$50.00	Current fee	\$0.00	0.00%
99173	99173	VISUAL ACUITY SCREEN	\$30.00	\$31.00	75th percentile	\$1.00	3.33%
99202	99202	OFFICE/OUTPATIENT VISIT, NEW	\$190.00	\$193.00	75th percentile	\$3.00	1.58%
99203	99203	OFFICE/OUTPATIENT VISIT, NEW	\$258.00	\$297.00	75th percentile	\$39.00	15.12%
99204	99204	OFFICE/OUTPATIENT VISIT, NEW	\$402.00	\$411.00	75th percentile	\$9.00	2.24%
99205	99205	OFFICE/OUTPATIENT VISIT, NEW	\$598.00	\$615.00	75th percentile	\$17.00	2.84%
99211	99211	OFFICE/OUTPATIENT VISIT, EST	\$50.00	\$65.00	75th percentile	\$15.00	30.00%
99212	99212	OFFICE/OUTPATIENT VISIT, EST	\$137.00	\$150.00	75th percentile	\$13.00	9.49%
99213	99213	OFFICE/OUTPATIENT VISIT, EST	\$203.00	\$210.00	75th percentile	\$7.00	3.45%
99214	99214	OFFICE/OUTPATIENT VISIT, EST	\$282.00	\$287.00	75th percentile	\$5.00	1.77%
99215	99215	OFFICE/OUTPATIENT VISIT, EST	\$403.00	\$425.00	75th percentile	\$22.00	5.46%
99242	99242	OFFICE CONSULTATION	\$226.00	\$229.00	75th percentile	\$3.00	1.33%
99243	99243	OFFICE CONSULTATION	\$308.00	\$316.00	75th percentile	\$8.00	2.60%
99244	99244	OFFICE CONSULTATION	\$441.00	\$474.00	75th percentile	\$33.00	7.48%
99347	99347	HOME VISIT, EST PATIENT	\$111.00	\$113.00	75th percentile	\$2.00	1.80%
99348	99348	HOME VISIT, EST PATIENT	\$353.00	\$361.00	75th percentile	\$8.00	2.27%
99381	99381	INIT PM E/M, NEW PAT, INF	\$266.00	\$272.00	75th percentile	\$6.00	2.26%
99382	99382	INIT PM E/M, NEW PAT 1-4 YRS	\$258.00	\$277.00	75th percentile	\$19.00	7.36%
99383	99383	PREV VISIT, NEW, AGE 5-11	\$277.00	\$283.00	75th percentile	\$6.00	2.17%
99384	99384	PREV VISIT, NEW, AGE 12-17	\$304.00	\$309.00	75th percentile	\$5.00	1.64%
99385	99385	PREV VISIT, NEW, AGE 18-39	\$299.00	\$301.00	75th percentile	\$2.00	0.67%
99386	99386	PREV VISIT, NEW, AGE 40-64	\$351.00	\$360.00	75th percentile	\$9.00	2.56%
99387	99387	INIT PM E/M, NEW PAT 65+ YRS	\$402.00	\$410.00	75th percentile	\$8.00	1.99%
99391	99391	PER PM REEVAL, EST PAT, INF	\$239.00	\$241.00	75th percentile	\$2.00	0.84%
99392	99392	PREV VISIT, EST, AGE 1-4	\$256.00	\$259.00	75th percentile	\$3.00	1.17%
99393	99393	PREV VISIT, EST, AGE 5-11	\$257.00	\$261.00	75th percentile	\$4.00	1.56%
99394	99394	PREV VISIT, EST, AGE 12-17	\$259.00	\$277.00	75th percentile	\$18.00	6.95%
99395	99395	PREV VISIT, EST, AGE 18-39	\$265.00	\$281.00	75th percentile	\$16.00	6.04%
99396	99396	PREV VISIT, EST, AGE 40-64	\$304.00	\$309.00	75th percentile	\$5.00	1.64%
99397	99397	PER PM REEVAL EST PAT 65+ YR	\$327.00	\$324.00	75th percentile	-\$3.00	-0.92%
99401	RC2	RC Contraception	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99401	BC2	Counseling Reproductive Life Plan	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99401	RC10	RC HIV Education	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99401	RC5	RC STD Education	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99401	RC4	RC Pregnancy Options	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99401	RC7	RC Preconception	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99401	RC8	RC Other Medical	\$0.00	\$0.00	Current fee	\$0.00	0.00%
99455	99455	WORK RELATED DISABILITY EXAM	\$481.00	\$480.00	75th percentile	-\$1.00	-0.21%
99999	99999	LEFT W/O BEING SEEN	\$0.00	\$0.00	Current fee	\$0.00	0.00%
0176G	0176G	Norethindrone (Grant Funded)	\$0.00	\$0.00	Grant funded	\$0.00	0.00%
0500F	0500F	INITIAL PRENATAL CARE VISIT	\$258.00	\$297.00	75th percentile	\$39.00	15.12%
86780G	86780G	Syphilis -Treponema Pallidum (Grant Funded)	\$0.00	\$0.00	Grant funded	\$0.00	0.00%
99070FP	99070FP	Family Planning 340B Dispensing Fee	\$35.00	\$35.00	Current fee	\$0.00	0.00%
A4267	A4267	Male condom	\$0.00	\$0.00	Current fee	\$0.00	0.00%
AddVisit	AddVisit	AddVisit	\$130.00	\$130.00	Current fee	\$0.00	0.00%
BC3	BC3	Billable Counseling	\$0.00	\$0.00	Current fee	\$0.00	0.00%
C9037	C9037	Perseris 0.5mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.00%
CBE	Breast	Clinical Breast Exam	\$0.00	\$0.00	Current fee	\$0.00	0.00%
CVO	CVO	Counselor Visit Only	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D0120	D0120	Periodic oral evaluation	\$79.00	\$81.00	75th percentile	\$2.00	2.53%
D0140	D0140	Limited oral evaluation-problem focused	\$132.00	\$137.00	75th percentile	\$5.00	3.79%
D0150	D0150	Comprehensive oral evaluation-new or established P	\$139.00	\$144.00	75th percentile	\$5.00	3.60%
D0170	D0170	Re-evaluation Limited Problem Focused	\$92.00	\$96.00	75th percentile	\$4.00	4.35%
D0210	D0210	Intraoral-complete series (including bitewings)	\$217.00	\$225.00	75th percentile	\$8.00	3.69%
D0220	D0220	Intraoral-periapical first film	\$43.00	\$45.00	75th percentile	\$2.00	4.65%
D0230	D0230	Intraoral-periapical each additional film	\$39.00	\$40.00	75th percentile	\$1.00	2.56%
D0270	D0270	Bitewing Single Film	\$43.00	\$44.00	75th percentile	\$1.00	2.33%
D0272	D0272	Bitewings-two films	\$69.00	\$70.00	75th percentile	\$1.00	1.45%
D0274	D0274	Bitewings-four films	\$97.00	\$99.00	75th percentile	\$2.00	2.06%
D0330	D0330	Panoramic film	\$179.00	\$181.00	75th percentile	\$2.00	1.12%
D0350	D0350	2D Oral/Facial Photographic Images	\$96.00	\$97.00	75th percentile	\$1.00	1.04%
D0601	D0601	Caries Risk Assessment, Low	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D0602	D0602	Caries Risk Assessment, Moderate	\$0.00	\$0.00	Current fee	\$0.00	0.00%

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Lake County Health Department and Community Health Center
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CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2026	Change from Current to Proposed	% of Change
D0603	D0603	Caries Risk Assessment, High	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D0999	D0999	Medicaid Dental Encounter Rate	\$153.02	\$153.02	Encounter rate	\$0.00	0.00%
D1110	D1110	Prophylaxis-adult	\$140.00	\$145.00	75th percentile	\$5.00	3.57%
D1120	D1120	Prophylaxis-child	\$96.00	\$100.00	75th percentile	\$4.00	4.17%
D1206	D1206	Top Fluoride Varnish;TX Appl Mod	\$71.00	\$75.00	75th percentile	\$4.00	5.63%
D1208	D1208	Topical Application Of Fluoride	\$47.00	\$50.00	75th percentile	\$3.00	6.38%
D1310	D1310	Nutrition Counseling For Control Of Dental Disease	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D1320	D1320	Tobacco Couns For Control/ Prev Of Oral Disease	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D1330	D1330	Oral Hygiene Instructions	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D1351	D1351	Sealant-per tooth	\$86.00	\$87.00	75th percentile	\$1.00	1.16%
D1354	D1354	Interim Caries arresting medicament application	\$86.00	\$87.00	75th percentile	\$1.00	1.16%
D1510	D1510	Space maintainer-fixed-unilateral	\$493.00	\$504.00	75th percentile	\$11.00	2.23%
D1516	D1516	Space Maintainer-Fixed-bilateral, Maxillary	\$691.00	\$706.00	75th percentile	\$15.00	2.17%
D1517	D1517	Space Maintainer- Fixed- Bilateral, Mandibular	\$691.00	\$706.00	75th percentile	\$15.00	2.17%
D1556	D1556	Removal Fixed Unilat Space Maintainer Per Quadrant	\$69.00	\$71.00	75th percentile	\$2.00	2.90%
D1557	D1557	Removal Fixed Bilat Space Maintainer MAXILLARY	\$102.00	\$105.00	75th percentile	\$3.00	2.94%
D1558	D1558	Removal Fixed Bilat Space Maintainer MANDIBULAR	\$103.00	\$105.00	75th percentile	\$2.00	1.94%
D2140	D2140	Amalgam-one surface, primary or permanent	\$218.00	\$226.00	75th percentile	\$8.00	3.67%
D2150	D2150	Amalgam-two surfaces, primary or permanent	\$282.00	\$292.00	75th percentile	\$10.00	3.55%
D2160	D2160	Amalgam-three surfaces, primary or permanent	\$341.00	\$353.00	75th percentile	\$12.00	3.52%
D2161	D2161	Amalgam-four or more surfaces, primary or permanent	\$415.00	\$431.00	75th percentile	\$16.00	3.86%
D2330	D2330	Resin-based composite - one surface, anterior	\$228.00	\$234.00	75th percentile	\$6.00	2.63%
D2331	D2331	Resin-based composite - two surfaces, anterior	\$291.00	\$299.00	75th percentile	\$8.00	2.75%
D2332	D2332	Resin-based composite - three surfaces, anterior	\$356.00	\$366.00	75th percentile	\$10.00	2.81%
D2335	D2335	Resin-based composite - four or more surfaces or I	\$422.00	\$433.00	75th percentile	\$11.00	2.61%
D2391	D2391	Resin Based Composite One Surface	\$267.00	\$275.00	75th percentile	\$8.00	3.00%
D2392	D2392	Resin-based composite - two surfaces, posterior	\$350.00	\$359.00	75th percentile	\$9.00	2.57%
D2393	D2393	Resin Based Composite 3 Surface	\$435.00	\$446.00	75th percentile	\$11.00	2.53%
D2394	D2394	Resin Based Composite 4 Surface	\$532.00	\$547.00	75th percentile	\$15.00	2.82%
D2920	D2920	Recement crown	\$155.00	\$160.00	75th percentile	\$5.00	3.23%
D2940	D2940	Sedative filling	\$162.00	\$167.00	75th percentile	\$5.00	3.09%
D2950	D2950	Core buildup, including any pins	\$404.00	\$417.00	75th percentile	\$13.00	3.22%
D3110	D3110	Pulp cap-direct (excluding final restoration)	\$156.00	\$159.00	75th percentile	\$3.00	1.92%
D3120	D3120	Pulp Cap Indirect Excluding Final Rest.	\$125.00	\$127.00	75th percentile	\$2.00	1.60%
D3220	D3220	Therapeutic pulpotomy-(excluding final restoration)	\$321.00	\$326.00	75th percentile	\$5.00	1.56%
D4341	D4341	Periodontal scaling and root planing-four or more	\$367.00	\$383.00	75th percentile	\$16.00	4.36%
D4342	D4342	Periodontal Scaling	\$212.00	\$222.00	75th percentile	\$10.00	4.72%
D4355	D4355	Subgingival Plaque/Calculus	\$251.00	\$262.00	75th percentile	\$11.00	4.38%
D4910	D4910	Periodontal maintenance	\$226.00	\$236.00	75th percentile	\$10.00	4.42%
D500B	D500B	Occlusal Records - Wax Bite	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D500D	D500D	Denture Delivery	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D500F	D500F	Final Impression	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D500I	D500I	Initial Impression	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D500T	D500T	Wax Tryin	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D5110	D5110	Complete denture-maxillary	\$2,364.00	\$2,401.00	75th percentile	\$37.00	1.57%
D5120	D5120	Complete denture-mandibular	\$2,364.00	\$2,401.00	75th percentile	\$37.00	1.57%
D5211	D5211	Maxillary partial denture-resin base (including an	\$1,995.00	\$2,026.00	75th percentile	\$31.00	1.55%
D5212	D5212	Mandibular partial denture-resin base (including)	\$2,318.00	\$2,355.00	75th percentile	\$37.00	1.60%
D5213	D5213	Maxillary partial denture-cast metal framework wit	\$2,612.00	\$2,653.00	75th percentile	\$41.00	1.57%
D5214	D5214	Mandibular partial denture-cast metal framework wi	\$2,612.00	\$2,653.00	75th percentile	\$41.00	1.57%
D5225	D5225	Maxillary Partial Denture - Flexible Base	\$2,009.00	\$2,026.00	75th percentile	\$17.00	0.85%
D5226	D5226	Mandibular Partial Denture- Flexible Base	\$2,334.00	\$2,355.00	75th percentile	\$21.00	0.90%
D5410	D510M	Adjust complete denture-maxillary made elsewhere	\$130.00	\$131.00	75th percentile	\$1.00	0.77%
D5410	D5410	Adjust complete denture-maxillary	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D5411	D5411	Adjust Complete Denture-Mandibular	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D5411	D511M	Adjust Complete Denture-Mandibular made elsewhere	\$130.00	\$131.00	75th percentile	\$1.00	0.77%
D5421	D5421	Adjust Partial Denture-Maxillary	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D5421	D521M	Adjust Partial Denture-Maxillary made elsewhere	\$130.00	\$131.00	75th percentile	\$1.00	0.77%
D5422	D5422	Adjust Partial Denture-Mandibular	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D5422	D522M	Adjust Partial Denture-Mandibular made elsewhere	\$130.00	\$131.00	75th percentile	\$1.00	0.77%
D5511	D5511	Repair Broken Complete Denture Base, Mandibular	\$259.00	\$329.00	75th percentile	\$70.00	27.03%
D5512	D5512	Repair Broken Complete Denture Base , Maxillary	\$259.00	\$329.00	75th percentile	\$70.00	27.03%
D5520	D5520	Replace missing or broken teeth-complete denture	\$216.00	\$319.00	75th percentile	\$103.00	47.69%
D5611	D5611	Repair Resin Partial Denture Base, Mandibular	\$280.00	\$319.00	75th percentile	\$39.00	13.93%
D5612	D5612	Repair Resin Partial Denture Base, Maxillary	\$280.00	\$319.00	75th percentile	\$39.00	13.93%
D5621	D5621	Repair Cast Partial Framework, Mandibular	\$304.00	\$307.00	75th percentile	\$3.00	0.99%
D5622	D5622	Repair Cast Partial Framework, Maxillary	\$304.00	\$307.00	75th percentile	\$3.00	0.99%
D5630	D5630	Repair or replace broken clasp	\$369.00	\$372.00	75th percentile	\$3.00	0.81%
D5640	D5640	Replace broken teeth-per tooth	\$237.00	\$300.00	75th percentile	\$63.00	26.58%
D5650	D5650	Add tooth to existing partial denture	\$323.00	\$329.00	75th percentile	\$6.00	1.86%
D5660	D5660	Add clasp to existing partial denture	\$388.00	\$394.00	75th percentile	\$6.00	1.55%
D5750	D5750	Reline complete maxillary denture (laboratory)	\$722.00	\$734.00	75th percentile	\$12.00	1.66%
D5751	D5751	Reline Complete Mandibular Denture	\$722.00	\$734.00	75th percentile	\$12.00	1.66%
D5760	D5760	Reline maxillary partial denture (laboratory)	\$712.00	\$723.00	75th percentile	\$11.00	1.54%
D5761	D5761	Reline Mandibular Partial Denture	\$717.00	\$723.00	75th percentile	\$6.00	0.84%
D5820	D5820	Interim partial denture (maxillary)	\$884.00	\$898.00	75th percentile	\$14.00	1.58%
D5821	D5821	Interim Partial Denture (Mand.)	\$945.00	\$953.00	75th percentile	\$8.00	0.85%

*Note - Flu vaccines effective 7/1/2026

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health and Dental Services
Effective Date of December 1, 2025

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2026	Change from Current to Proposed	% of Change
D5850	D5850	Tissue Conditioning, Maxillary, Per App	\$226.00	\$230.00	75th percentile	\$4.00	1.77%
D5899	D5899	Unspecified removable prosthodontic procedure,by R	\$100.00	\$100.00	Current fee	\$0.00	0.00%
D6930	D6930	Recement Bridge	\$248.00	\$255.00	75th percentile	\$7.00	2.82%
D7000	D7000	Dental Suture Removal	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D7140	D7140	Extraction, erupted tooth or exposed root (elevati	\$297.00	\$303.00	75th percentile	\$6.00	2.02%
D7210	D7210	Surgical removal of erupted tooth requiring elevat	\$448.00	\$455.00	75th percentile	\$7.00	1.56%
D7250	D7250	Surgical removal of residual tooth roots (cutting	\$473.00	\$481.00	75th percentile	\$8.00	1.69%
D7311	D7311	Alveoplasty In Conjunction W/ Extraction 1-3 Teeth	\$442.00	\$451.00	75th percentile	\$9.00	2.04%
D7321	D7321	Alveoplasty Not Conj. W Ext 1-3 Teeth, Per Quad	\$695.00	\$708.00	75th percentile	\$13.00	1.87%
D7510	D7510	Incision and drainage of abscess-intraoral soft ti	\$549.00	\$554.00	75th percentile	\$5.00	0.91%
D9110	D9110	Palliative (emergency) treatment of dental pain-mi	\$189.00	\$195.00	75th percentile	\$6.00	3.17%
D9120	D9120	Fixed Partial Denture Sectioning	\$214.00	\$220.00	75th percentile	\$6.00	2.80%
D9310	D9310	Consultation (diagnostic service provided by denti	\$199.00	\$214.00	75th percentile	\$15.00	7.54%
D9430	D9430	Office Visit Observation - No Other Procedure	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D9930	D9930	Treatment Of Complications (post Surgical)	\$0.00	\$0.00	Current fee	\$0.00	0.00%
D9940	D9940	Occlusal Night Guard	\$630.00	\$630.00	Current fee	\$0.00	0.00%
D9951	D9951	Occlusal Adjustment-limited	\$214.00	\$221.00	75th percentile	\$7.00	3.27%
DSEAL	DSEAL	Dental Sealant Exclusion	\$0.00	\$0.00	Current fee	\$0.00	0.00%
DTXCP	DTXCP	Comp Tx Plan Completed	\$0.00	\$0.00	Current fee	\$0.00	0.00%
DTXIN	DTXIN	Comp Tx Plan Initiated	\$0.00	\$0.00	Current fee	\$0.00	0.00%
DTXIP	DTXIP	Comp Tx Plan In Process	\$0.00	\$0.00	Current fee	\$0.00	0.00%
G0008	G0008	Admin influenza virus vac	\$60.00	\$65.00	75th percentile	\$5.00	8.33%
G0009	G0009	Admin pneumococcal vaccine	\$62.00	\$69.00	75th percentile	\$7.00	11.29%
G0101	G0101	CA screen;pelvic/breast exam	\$133.00	\$139.00	75th percentile	\$6.00	4.51%
G0466	G0466	FQHC Visit, New Patient	\$369.00	\$424.00	Medicare FQHC rate	\$55.00	14.91%
G0467	G0467	FQHC Visit, Established Patient	\$267.00	\$264.00	Medicare FQHC rate	-\$3.00	-1.12%
G0469	G0469	FQHC Visit, Mental Health, New Patient	\$392.00	\$412.00	Medicare FQHC rate	\$20.00	5.10%
G0470	G0470	FQHC Visit, Mental Health, Est. Patient	\$198.00	\$188.00	Medicare FQHC rate	-\$10.00	-5.05%
G2025	G2025	FQHC Distant SiteTelehealth Service	\$94.45	\$94.45	Current fee	\$0.00	0.00%
G2067	G2067	Med Assist Tx Meth Weekly	\$300.00	\$300.00	Current fee	\$0.00	0.00%
G2074	G2074	Med Assist Tx No Drug	\$239.00	\$248.00	75th percentile	\$9.00	3.77%
G2077	G2077	Periodic Assessment	\$160.00	\$160.00	Current fee	\$0.00	0.00%
G2078	G2078	Take-Home Methadone	\$50.00	\$50.00	Current fee	\$0.00	0.00%
G8431	G8431	POS DEP SCREEN F/U PLAN DOCUMENTED	\$35.00	\$35.00	Current fee	\$0.00	0.00%
G8510	G8510	NEG DEP SCREEN NO F/U REQ	\$35.00	\$35.00	Current fee	\$0.00	0.00%
G9001	G9001	CCS-Tier 1, High Fidelity Wraparound	\$1,700.00	\$1,700.00	DMH	\$0.00	0.00%
G9002	G9002	CCS-Tier 2, Intensive Care Coordination	\$1,000.00	\$1,000.00	DMH	\$0.00	0.00%
H0002DS	H0002DS	BH Screening For Discharge From Treatment Program	\$48.00	\$48.00	SUPR rate	\$0.00	0.00%
H0002IN	H0002IN	BH Screening For Admission To Treatment Program	\$48.00	\$48.00	SUPR rate	\$0.00	0.00%
H0004	H0004	Therapy/Counseling - Individual	\$30.00	\$40.00	SUPR rate	\$10.00	33.33%
H0004	H0004GT	Methadone Group Counseling and Therapy	\$0.00	\$0.00	SUPR rate	\$0.00	0.00%
H0004	H0004T	Methadone Individual Counseling and Therapy	\$0.00	\$0.00	SUPR rate	\$0.00	0.00%
H0004GHN	H0004GHN	Therapy/Counseling - Group	\$15.00	\$15.00	DMH	\$0.00	0.00%
H0004GHO	H0004GHO	Therapy/Counseling - Group	\$15.00	\$15.00	DMH	\$0.00	0.00%
H0004HNN	H0004HNN	Therapy/Counseling - Individual	\$40.00	\$40.00	DMH	\$0.00	0.00%
H0004HNHR	H0004HNHR	Therapy/Counseling - Family	\$45.00	\$45.00	DMH	\$0.00	0.00%
H0004HO	H0004HO	Therapy/Counseling - Individual	\$40.00	\$40.00	DMH	\$0.00	0.00%
H0004HOHR	H0004HOHR	Therapy/Counseling - Family	\$45.00	\$45.00	DMH	\$0.00	0.00%
H0004TP	H0004TP	BH Counseling and Treatment Plan	\$30.00	\$40.00	SUPR rate	\$10.00	33.33%
H0005	H0005	Ach/Drug services Group Counseling by Clinician	\$15.00	\$15.00	SUPR rate	\$0.00	0.00%
H0010	H0010	Alcohol and/or drug services	\$575.00	\$575.00	SUPR rate	\$0.00	0.00%
H0020	H0020	Ach/Drug Services Methadone Admin	\$125.00	\$125.00	SUPR rate	\$0.00	0.00%
H0039GHN	H0039GHN	Assertive Community Treatment - Group	\$13.00	\$13.00	DMH	\$0.00	0.00%
H0039GHO	H0039GHO	Assertive Community Treatment - Group	\$13.00	\$13.00	DMH	\$0.00	0.00%
H0039GTF	H0039GTF	Assertive Community Treatment - Group	\$13.00	\$13.00	DMH	\$0.00	0.00%
H0039HN	H0039HN	Assertive Community Treatment - Individual	\$60.00	\$60.00	DMH	\$0.00	0.00%
H0039HO	H0039HO	Assertive Community Treatment - Individual	\$60.00	\$60.00	DMH	\$0.00	0.00%
H0039TD	H0039TD	Assertive Community Treatment - Individual	\$60.00	\$60.00	DMH	\$0.00	0.00%
H0039TF	H0039TF	Assertive Community Treatment - Individual	\$60.00	\$60.00	DMH	\$0.00	0.00%
H0046	H0046	Therapeutic Support Services	\$0.00	\$0.00	DMH	\$0.00	0.00%
H0047	HCH47	WRS Children NOS	\$80.00	\$80.00	SUPR rate	\$0.00	0.00%
H0047ATP	H0047ATP	Alcohol/Drug Abuse Service NOS	\$375.00	\$375.00	SUPR rate	\$0.00	0.00%
H0047HA	H0047HA	Alcohol/Drug Abuse Service NOS (age 20 Or Under)	\$525.00	\$525.00	SUPR rate	\$0.00	0.00%
H0047WRS	H0047WRS	Alcohol/Drug Abuse Service NOS	\$375.00	\$375.00	SUPR rate	\$0.00	0.00%
H2000HN	H2000HN	Integrated Assessment & Treatment Planning	\$48.00	\$48.00	DMH	\$0.00	0.00%
H2000HNHE	H2000HNHE	IATP: LOCUS Assessment	\$48.00	\$48.00	DMH	\$0.00	0.00%
H2000HNSF	H2000HNSF	IATP: Review & Update	\$48.00	\$48.00	DMH	\$0.00	0.00%
H2000HO	H2000HO	Integrated Assessment & Treatment Planning	\$48.00	\$48.00	DMH	\$0.00	0.00%
H2000HOSF	H2000HOSF	IATP: Review & Update	\$48.00	\$48.00	DMH	\$0.00	0.00%
H2000SC	H2000SC	IATP: LPHA Review	\$48.00	\$48.00	DMH	\$0.00	0.00%
H2010	H2010	Medication Monitoring	\$46.00	\$65.00	SUPR rate	\$19.00	41.30%
H2010AF	H2010AF	Medication Monitoring	\$65.00	\$65.00	DMH	\$0.00	0.00%
H2011HN	H2011HN	Crisis Intervention	\$60.00	\$60.00	DMH	\$0.00	0.00%
H2014	H2014	Skills train and dev, 15 min	\$30.00	\$30.00	SUPR rate	\$0.00	0.00%
H2015GHM	H2015GHM	Community Support - Group	\$19.00	\$19.00	DMH	\$0.00	0.00%
H2015GHN	H2015GHN	Community Support - Group	\$19.00	\$19.00	DMH	\$0.00	0.00%
H2015GHO	H2015GHO	Community Support - Group	\$19.00	\$19.00	DMH	\$0.00	0.00%

*Note - Flu vaccines effective 7/1/2026

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health and Dental Services
Effective Date of December 1, 2025

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2026	Change from Current to Proposed	% of Change
T1040	T1040AHGT	Comm BH Clinic Service, Per Diam Telehealth	\$75.78	\$75.78	Encounter rate	\$0.00	0.00%
T1040	T1040HOGT	Comm BH Clinic Service, Per Diam Telehealth	\$75.78	\$75.78	Encounter rate	\$0.00	0.00%
T1040	T1040HO	Comm BH Clinic Service, Per Diam	\$75.78	\$75.78	Encounter rate	\$0.00	0.00%
T1040	T1040AJ	Comm BH Clinic Service, Per Diam	\$75.78	\$75.78	Encounter rate	\$0.00	0.00%
T1040	T1040AJGT	Comm BH Clinic Service, Per Diam Telehealth	\$75.78	\$75.78	Encounter rate	\$0.00	0.00%
T1040	T1040AH	Comm BH Clinic Service, Per Diam	\$75.78	\$75.78	Encounter rate	\$0.00	0.00%
T1502TE	T1502TE	Medication Administration	\$35.00	\$35.00	DMH	\$0.00	0.00%
T1999	T1999	Individual Support Services	\$0.00	\$0.00	DMH	\$0.00	0.00%