

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health, and Dental Services
Effective Date of December 1, 2016

CPT4	SIM Code	Code Description	Current fee	Proposed Fee	Rationale for FY2016	Change from Current to Proposed	% of Change
0500F	0500F	INITIAL PRENATAL CARE VISIT	\$234.00	\$239.00	75th	\$5	2.1%
0502F	0502F	SUBSEQUENT PRENATAL CARE	\$234.00	\$239.00	75th	\$5	2.1%
0503F	0503F	POSTPARTUM CARE VISIT	\$253.00	\$297.00	Blue Cross rate	\$44	17.4%
0521	0521	Medicare FQHC Revenue Code	\$136.37	\$136.37	Encounter Rate	\$0	0.0%
0900	0900	Medicare FQHC Mental Health	\$136.37	\$136.37	Encounter Rate	\$0	0.0%
10060	10060	DRAINAGE OF SKIN ABSCESS	\$252.00	\$260.00	75th	\$8	3.2%
10061	10061	DRAINAGE OF SKIN ABSCESS	\$504.00	\$521.00	75th	\$17	3.4%
10080	10080	DRAINAGE OF PILONIDAL CYST	\$392.00	\$405.00	75th	\$13	3.3%
10120	10120	REMOVE FOREIGN BODY	\$331.00	\$334.00	75th	\$3	0.9%
11200	11200	REMOVAL OF SKIN TAGS	\$212.00	\$232.00	75th	\$20	9.4%
11402	11402	EXC TR-EXT B9+MARG 1.1-2 CM	\$457.00	\$474.00	75th	\$17	3.7%
11422	11422	EXC H-F-NK-SP B9+MARG 1.1-2	\$485.00	\$503.00	75th	\$18	3.7%
11750	11750	REMOVAL OF NAIL BED	\$379.00	\$383.00	75th	\$4	1.1%
11760	11760	REPAIR OF NAIL BED	\$466.00	\$468.00	75th	\$2	0.4%
11976	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$333.00	\$337.00	75th	\$4	1.2%
11981	11981	INSERT DRUG IMPLANT DEVICE	\$333.00	\$337.00	75th	\$4	1.2%
11983	11983	REMOVE/INSERT DRUG IMPLANT	\$363.00	\$367.00	75th	\$4	1.1%
17000	17000	DESTRUCT PREMALG LESION	\$178.00	\$181.00	75th	\$3	1.7%
17003	17003	DESTRUCT PREMALG LES, 2-14	\$40.00	\$41.00	75th	\$1	2.5%
32	C0032	Outreach	\$20.00	\$20.00	Grant	\$0	0.0%
33	C0033	Case Finding	\$20.00	\$20.00	Grant	\$0	0.0%
46900	46900	DESTRUCTION, ANAL LESION(S)	\$707.00	\$502.00	75th	-\$205	-29.0%
46916	46916	CRYOSURGERY, ANAL LESION(S)	\$707.00	\$502.00	75th	-\$205	-29.0%
49320	49320	DIAG LAPARO SEPARATE PROC	\$1,453.00	\$1,790.00	75th	\$337	23.2%
49322	49322	LAPAROSCOPY, ASPIRATION	\$1,594.00	\$1,964.00	75th	\$370	23.2%
54050	54050	DESTRUCTION, PENIS LESION(S)	\$320.00	\$386.00	75th	\$66	20.6%
54056	54056	CRYOSURGERY, PENIS LESION(S)	\$421.00	\$508.00	75th	\$87	20.7%
54065	54065	DESTRUCTION, PENIS LESION(S)	\$1,817.00	\$2,196.00	75th	\$379	20.9%
54150	54150	CIRCUMCISION W/REGIONAL BLOCK	\$544.00	\$546.00	75th	\$2	0.4%
56420	56420	I & D Bartholins Gland Abscess	\$631.00	\$599.00	75th	-\$32	-5.1%
56501	56501	DESTROY, VULVA LESIONS, SIM	\$488.00	\$463.00	75th	-\$25	-5.1%
56515	56515	DESTROY VULVA LESION/S COMPL	\$1,664.00	\$1,579.00	75th	-\$85	-5.1%
56605	56605	BIOPSY OF VULVA/PERINEUM	\$445.00	\$422.00	75th	-\$23	-5.2%
57061	57061	DESTROY VAG LESIONS, SIMPLE	\$1,181.00	\$1,194.00	75th	\$13	1.1%
57065	57065	DESTROY VAG LESIONS, COMPLEX	\$2,363.00	\$2,387.00	75th	\$24	1.0%
57160	57160	INSERT PESSARY/OTHER DEVICE	\$276.00	\$278.00	75th	\$2	0.7%
57421	57421	EXAM/BIOPSY OF VAG W/SCOPE	\$614.00	\$584.00	75th	-\$30	-4.9%
57452	57452	EXAM OF CERVIX W/SCOPE	\$452.00	\$459.00	75th	\$7	1.5%
57454	57454	BX/CURETT OF CERVIX W/SCOPE	\$646.00	\$651.00	75th	\$5	0.8%
57455	57455	BIOPSY OF CERVIX W/SCOPE	\$590.00	\$601.00	75th	\$11	1.9%
57456	57456	ENDOCERV CURETTAGE W/SCOPE	\$522.00	\$532.00	75th	\$10	1.9%
57460	57460	BX OF CERVIX W/SCOPE, LEEP	\$1,628.00	\$1,091.00	75th	-\$537	-33.0%
57500	57500	BIOPSY OF CERVIX	\$631.00	\$715.00	75th	\$84	13.3%
57522	57522	CONIZATION OF CERVIX	\$1,525.00	\$1,727.00	75th	\$202	13.2%
58100	58100	BIOPSY OF UTERUS LINING	\$415.00	\$468.00	75th	\$53	12.8%
58110	58110	BX DONE W/COLPOSCOPY ADD-ON	\$415.00	\$264.00	75th	-\$151	-36.4%
58150	58150	TOTAL HYSTERECTOMY	\$4,843.00	\$5,018.00	75th	\$175	3.6%
58150	58150A	TOTAL HYSTERECTOMY	\$321.13	\$853.06	Surgical Assistant	\$532	165.6%
58180	58180	PARTIAL HYSTERECTOMY	\$4,690.00	\$4,860.00	75th	\$170	3.6%
58180	58180A	PARTIAL HYSTERECTOMY	\$307.36	\$826.20	Surgical Assistant	\$519	168.8%
58300	58300	INSERT INTRAUTERINE DEVICE	\$478.00	\$487.00	75th	\$9	1.9%
58301	58301	REMOVE INTRAUTERINE DEVICE	\$382.00	\$389.00	75th	\$7	1.8%
58558	58558	HYSTEROSCOPY, BIOPSY	\$1,897.00	\$1,857.00	75th	-\$40	-2.1%
58561	58561	HYSTEROSCOPY, REMOVE MYOMA	\$3,415.00	\$3,342.00	75th	-\$73	-2.1%
58563	58563	HYSTEROSCOPY, ABLATION	\$7,047.00	\$6,896.00	75th	-\$151	-2.1%
58565	58565	HYSTEROSCOPY, STERILIZATION	\$7,047.00	\$6,896.00	75th	-\$151	-2.1%
58605	58605	DIVISION OF FALLOPIAN TUBE	\$3,951.00	\$3,960.00	75th	\$9	0.2%
58611	58611	LIGATE OVIDUCT(S) ADD-ON	\$1,976.00	\$1,980.00	75th	\$4	0.2%
58661	58661	LAPAROSCOPY, REMOVE ADNEXA	\$6,146.00	\$6,160.00	75th	\$14	0.2%
58662	58662	LAPAROSCOPY, EXCISE LESIONS	\$7,024.00	\$7,040.00	75th	\$16	0.2%
58670	58670	LAPAROSCOPY, TUBAL CAUTERY	\$3,951.00	\$3,960.00	75th	\$9	0.2%
58671	58671	LAPAROSCOPY, TUBAL BLOCK	\$3,951.00	\$3,960.00	75th	\$9	0.2%
58925	58925A	REMOVAL OF OVARIAN CYST(S)	\$237.66	\$897.60	Surgical Assistant	\$660	277.7%
58925	58925	REMOVAL OF OVARIAN CYST(S)	\$5,268.00	\$5,280.00	75th	\$12	0.2%
59025	59025	FETAL NON-STRESS TEST	\$247.00	\$248.00	75th	\$1	0.4%
59151	59151	Laparoscopic Tmt Of Ectopic Preg With Salpingectomy	\$3,613.00	\$3,622.00	75th	\$9	0.2%
59300	59300	EPISIOTOMY OR VAGINAL REPAIR	\$928.00	\$930.00	75th	\$2	0.2%
59409	59409	OBSTETRICAL CARE	\$2,466.00	\$2,417.00	75th	-\$49	-2.0%
59414	59414	DELIVER PLACENTA	\$735.00	\$720.00	75th	-\$15	-2.0%
59430	59430	CARE AFTER DELIVERY	\$320.00	\$297.00	Blue Cross rate	-\$23	-7.2%
59514	59514A	CESAREAN DELIVERY ASSIST	\$294.27	\$477.00	Surgical Assistant	\$183	62.1%
59514	59514	CESAREAN DELIVERY ONLY	\$3,028.00	\$2,805.00	75th	-\$223	-7.4%
59812	59812	TREATMENT OF MISCARRIAGE	\$1,840.00	\$1,691.00	75th	-\$149	-8.1%
59820	59820	CARE OF MISCARRIAGE	\$1,908.00	\$1,753.00	75th	-\$155	-8.1%
59871	59871	REMOVE CERCLAGE SUTURE	\$0.00	\$548.00	75th	\$548	100.0%
59899	59899	Maternity Care And Delivery, Unlisted Procedure	\$1,988.00	\$1,988.00	Current fee	\$0	0.0%

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69209	69209	Removal impacted cerum	\$69.00	\$69.00	75th	\$0	0.0%
69210	69210	REMOVE IMPACTED EAR WAX	\$140.00	\$143.00	75th	\$3	2.1%
70150	70150	X-RAY EXAM OF FACIAL BONES	\$219.00	\$227.00	75th	\$8	3.7%
70220	70220	X-RAY EXAM OF SINUSES	\$251.00	\$261.00	75th	\$10	4.0%
70250	70250	X-RAY EXAM OF SKULL	\$0.00	\$184.00	75th	\$184	100.0%
71010	71010	CHEST X-RAY - Single View Frontal	\$137.00	\$138.00	75th	\$1	0.7%
71020	71020	CHEST X-RAY, 2 Views Frontal And Lateral	\$176.00	\$178.00	75th	\$2	1.1%
71030	71030	CHEST X-RAY - Complete Minimum 4 Views	\$237.00	\$239.00	75th	\$2	0.8%
71100	71100	X-RAY EXAM OF RIBS	\$173.00	\$175.00	75th	\$2	1.2%
71101	71101	X-RAY EXAM OF RIBS/CHEST	\$203.00	\$205.00	75th	\$2	1.0%
72050	72050	X-RAY EXAM OF NECK SPINE	\$238.00	\$217.00	75th	-\$21	-8.8%
72070	72070	X-RAY EXAM OF THORACIC SPINE	\$171.00	\$156.00	75th	-\$15	-8.8%
72072	72072	X-RAY EXAM OF THORACIC SPINE	\$196.00	\$179.00	75th	-\$17	-8.7%
72080	72080	X-RAY EXAM OF TRUNK SPINE	\$185.00	\$169.00	75th	-\$16	-8.6%
72090	72090	X-RAY EXAM OF TRUNK SPINE	\$221.00	\$221.00	Current fee	\$0	0.0%
72100	72100	X-RAY EXAM OF LOWER SPINE	\$174.00	\$158.00	75th	-\$16	-9.2%
72110	72110	X-RAY EXAM OF LOWER SPINE	\$252.00	\$230.00	75th	-\$22	-8.7%
72170	72170	X-RAY EXAM OF PELVIS	\$163.00	\$159.00	75th	-\$4	-2.5%
72220	72220	X-RAY EXAM OF TAILBONE	\$172.00	\$169.00	75th	-\$3	-1.7%
73000	73000	X-RAY EXAM OF COLLAR BONE	\$148.00	\$132.00	75th	-\$16	-10.8%
73020	73020	X-RAY EXAM OF SHOULDER	\$127.00	\$113.00	75th	-\$14	-11.0%
73030	73030	X-RAY EXAM OF SHOULDER	\$181.00	\$161.00	75th	-\$20	-11.0%
73060	73060	X-RAY EXAM OF HUMERUS	\$166.00	\$148.00	75th	-\$18	-10.8%
73080	73080	X-RAY EXAM OF ELBOW	\$160.00	\$142.00	75th	-\$18	-11.3%
73090	73090	X-RAY EXAM OF FOREARM	\$142.00	\$126.00	75th	-\$16	-11.3%
73100	73100	X-RAY EXAM OF WRIST	\$133.00	\$118.00	75th	-\$15	-11.3%
73110	73110	X-RAY EXAM OF WRIST	\$153.00	\$136.00	75th	-\$17	-11.1%
73130	73130	X-RAY EXAM OF HAND	\$151.00	\$134.00	75th	-\$17	-11.3%
73140	73140	X-RAY EXAM OF FINGER(S)	\$112.00	\$99.00	75th	-\$13	-11.6%
73510	73510	X-RAY EXAM OF HIP	\$164.00	\$164.00	Current fee	\$0	0.0%
73520	73520	X-RAY EXAM OF HIPS	\$198.00	\$198.00	Current fee	\$0	0.0%
73550	73550	X-RAY EXAM OF THIGH	\$153.00	\$153.00	Current fee	\$0	0.0%
73560	73560	X-RAY EXAM OF KNEE, 1 OR 2	\$139.00	\$128.00	75th	-\$11	-7.9%
73562	73562	X-RAY EXAM OF KNEE, 3	\$156.00	\$143.00	75th	-\$13	-8.3%
73564	73564	X-RAY EXAM, KNEE, 4 OR MORE	\$185.00	\$170.00	75th	-\$15	-8.1%
73590	73590	X-RAY EXAM OF LOWER LEG	\$137.00	\$126.00	75th	-\$11	-8.0%
73600	73600	X-RAY EXAM OF ANKLE - 2 Views	\$128.00	\$118.00	75th	-\$10	-7.8%
73610	73610	X-RAY EXAM OF ANKLE - Complete, Minimum 3 Views	\$145.00	\$134.00	75th	-\$11	-7.6%
73620	73620	X-RAY EXAM OF FOOT	\$127.00	\$117.00	75th	-\$10	-7.9%
73630	73630	X-RAY EXAM OF FOOT	\$143.00	\$131.00	75th	-\$12	-8.4%
74000	74000	X-RAY EXAM OF ABDOMEN	\$147.00	\$142.00	75th	-\$5	-3.4%
74020	74020	X-RAY EXAM OF ABDOMEN	\$180.00	\$174.00	75th	-\$6	-3.3%
76805	76805	OB US >= 14 WKS, SNGL FETUS	\$470.00	\$475.00	75th	\$5	1.1%
80048	80048	BASIC METABOLIC PANEL	\$91.00	\$76.00	75th	-\$15	-16.5%
80053	80053	COMPREHEN METABOLIC PANEL	\$106.00	\$89.00	75th	-\$17	-16.0%
80061	80061	LIPID PANEL	\$122.00	\$102.00	75th	-\$20	-16.4%
80074	80074	ACUTE HEPATITIS PANEL	\$342.00	\$286.00	75th	-\$56	-16.4%
80076	80076	HEPATIC FUNCTION PANEL	\$95.00	\$79.00	75th	-\$16	-16.8%
80100	W7254	DRUG SCREEN, QUALITATE/MULTI	\$41.00	\$41.00	Current fee	\$0	0.0%
80101	80101	DRUG SCREEN, SINGLE	\$35.00	\$35.00	Current fee	\$0	0.0%
80156	80156	ASSAY, CARBAMAZEPINE, TOTAL	\$112.00	\$89.00	75th	-\$23	-20.5%
80162	80162	ASSAY OF DIGOXIN	\$94.00	\$83.00	75th	-\$11	-11.7%
80164	80164	ASSAY, DIPROPYLACETIC ACID	\$98.00	\$87.00	75th	-\$11	-11.2%
80177	80177	Levetiracetam	\$29.00	\$37.00	Medicare * 200%	\$8	27.6%
80178	80178	ASSAY OF LITHIUM	\$62.00	\$55.00	75th	-\$7	-11.3%
80184	80184	ASSAY OF PHENOBARBITAL	\$83.00	\$74.00	75th	-\$9	-10.8%
80185	80185	ASSAY OF PHENYTOIN, TOTAL	\$94.00	\$83.00	75th	-\$11	-11.7%
80348	80348	Buprenorphine	\$217.56	\$138.00	75th	-\$80	-36.6%
80362	80362	Opioids and opiate analogs; 1 or 2	\$111.45	\$187.00	75th	\$76	67.8%
81000	81000	URINALYSIS, NONAUTO W/SCOPE	\$0.00	\$31.00	75th	\$31	100.0%
81001	81001	URINALYSIS, AUTO W/SCOPE	\$30.00	\$31.00	75th	\$1	3.3%
81002	81002	URINALYSIS NONAUTO W/O SCOPE	\$24.00	\$24.00	75th	\$0	0.0%
81003	81003	URINALYSIS, AUTO, W/O SCOPE	\$25.00	\$25.00	75th	\$0	0.0%
81025	81025	URINE PREGNANCY TEST	\$45.00	\$45.00	75th	\$0	0.0%
81220	81220	CFTR Gene Analysis, Common Variants	\$700.00	\$700.00	Current fee	\$0	0.0%
82043	82043	MICROALBUMIN, QUANTITATIVE	\$119.00	\$120.00	75th	\$1	0.8%
82055	82055	ASSAY OF ETHANOL	\$96.00	\$96.00	Current fee	\$0	0.0%
82105	82105	ALPHA-FETOPROTEIN, SERUM	\$160.00	\$161.00	75th	\$1	0.6%
82140	82140	ASSAY OF AMMONIA	\$85.00	\$86.00	75th	\$1	1.2%
82150	82150	ASSAY OF AMYLASE	\$45.00	\$41.00	75th	-\$4	-8.9%
82247	82247	BILIRUBIN, TOTAL	\$25.00	\$26.00	75th	\$1	4.0%
82248	82248	BILIRUBIN, DIRECT	\$25.00	\$26.00	75th	\$1	4.0%
82270	82270	OCCULT BLOOD, FECES	\$23.00	\$24.00	75th	\$1	4.3%
82272	82272	OCCULT BLOOD, FECES, SINGLE	\$21.00	\$22.00	75th	\$1	4.8%
82306	82306	ASSAY OF VITAMIN D	\$177.00	\$175.00	75th	-\$2	-1.1%
82310	82310	ASSAY OF CALCIUM	\$45.00	\$28.00	75th	-\$17	-37.8%

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82330	82330	ASSAY OF CALCIUM	\$78.00	\$77.00	75th	-\$1	-1.3%
82340	82340	ASSAY OF CALCIUM IN URINE	\$45.00	\$37.00	75th	-\$8	-17.8%
82365	82365	CALCULUS SPECTROSCOPY	\$85.00	\$84.00	75th	-\$1	-1.2%
82378	82378	CARCINOEMBRYONIC ANTIGEN	\$123.00	\$122.00	75th	-\$1	-0.8%
82384	82384	ASSAY, THREE CATECHOLAMINES	\$217.00	\$164.00	75th	-\$53	-24.4%
82397	82397	CHEMILUMINESCENT ASSAY	\$167.00	\$65.00	75th	-\$102	-61.1%
82465	82465	ASSAY, BLD/SERUM CHOLESTEROL	\$24.00	\$23.00	75th	-\$1	-4.2%
82530	82530	CORTISOL, FREE	\$223.00	\$221.00	75th	-\$2	-0.9%
82550	82550	ASSAY OF CK (CPK)	\$60.00	\$60.00	75th	\$0	0.0%
82565	82565	ASSAY OF CREATININE	\$46.00	\$46.00	75th	\$0	0.0%
82570	82570	ASSAY OF URINE CREATININE	\$78.00	\$74.00	75th	-\$4	-5.1%
82575	82575	CREATININE CLEARANCE TEST	\$135.00	\$133.00	75th	-\$2	-1.5%
82607	82607	VITAMIN B-12	\$186.00	\$184.00	75th	-\$2	-1.1%
82627	82627	DEHYDROEPIANDROSTERONE	\$178.00	\$180.00	75th	\$2	1.1%
82652	82652	ASSAY OF DIHYDROXYVITAMIN D	\$189.00	\$187.00	75th	-\$2	-1.1%
82670	82670	ASSAY OF ESTRADIOL	\$139.00	\$141.00	75th	\$2	1.4%
82705	82705	FATS/LIPIDS, FECES, QUAL	\$65.00	\$66.00	75th	\$1	1.5%
82728	82728	ASSAY OF FERRITIN	\$110.00	\$111.00	75th	\$1	0.9%
82746	82746	BLOOD FOLIC ACID SERUM	\$122.00	\$123.00	75th	\$1	0.8%
82784	82784	ASSAY OF GAMMAGLOBULIN IGM	\$86.00	\$81.00	75th	-\$5	-5.8%
82785	82785	ASSAY OF GAMMAGLOBULIN IGE	\$103.00	\$104.00	75th	\$1	1.0%
82947	82947	ASSAY, GLUCOSE, BLOOD QUANT	\$33.00	\$33.00	75th	\$0	0.0%
82950	82950	GLUCOSE TEST	\$43.00	\$43.00	75th	\$0	0.0%
82951	82951	GLUCOSE TOLERANCE TEST (GTT)	\$91.00	\$91.00	75th	\$0	0.0%
82952	82952	GTT-ADDED SAMPLES	\$28.00	\$28.00	75th	\$0	0.0%
82955	82955	ASSAY OF G6PD ENZYME	\$91.00	\$91.00	75th	\$0	0.0%
82962	82962	GLUCOSE BLOOD TEST	\$25.00	\$25.00	75th	\$0	0.0%
82977	82977	ASSAY OF GGT	\$28.00	\$28.00	75th	\$0	0.0%
83001	83001	GONADOTROPIN (FSH)	\$138.00	\$127.00	75th	-\$11	-8.0%
83002	83002	GONADOTROPIN (LH)	\$138.00	\$127.00	75th	-\$11	-8.0%
83010	83010	ASSAY OF HAPTOGLOBIN, QUANT	\$124.00	\$110.00	75th	-\$14	-11.3%
83021	83021	HEMOGLOBIN CHROMATOGRAPHY	\$150.00	\$134.00	75th	-\$16	-10.7%
83036	83036	GLYCOSYLATED HEMOGLOBIN TEST	\$90.00	\$80.00	75th	-\$10	-11.1%
83037	83037	GLYCOSYLATED HB, HOME DEVICE	\$80.00	\$71.00	75th	-\$9	-11.3%
83065	83065	ASSAY OF HEMOGLOBIN HEAT	\$0.00	\$59.00	75th	\$59	100.0%
83516	83516	IMMUNOASSAY, NONANTIBODY	\$111.00	\$122.00	75th	\$11	9.9%
83519	83519	IMMUNOASSAY, NONANTIBODY	\$167.00	\$184.00	75th	\$17	10.2%
83520	83520	IMMUNOASSAY, RIA	\$140.00	\$139.00	75th	-\$1	-0.7%
83525	83525	ASSAY OF INSULIN	\$141.00	\$155.00	75th	\$14	9.9%
83540	83540	ASSAY OF IRON	\$41.00	\$45.00	75th	\$4	9.8%
83550	83550	IRON BINDING TEST	\$63.00	\$69.00	75th	\$6	9.5%
83615	83615	LACTATE (LD) (LDH) ENZYME	\$46.00	\$45.00	75th	-\$1	-2.2%
83625	83625	ASSAY OF LDH ENZYMES	\$0.00	\$151.00	75th	\$151	100.0%
83655	83655	ASSAY OF LEAD	\$93.00	\$102.00	75th	\$9	9.7%
83690	83690	ASSAY OF LIPASE	\$82.00	\$90.00	75th	\$8	9.8%
83718	83718	ASSAY OF LIPOPROTEIN	\$71.00	\$78.00	75th	\$7	9.9%
83735	83735	ASSAY OF MAGNESIUM	\$54.00	\$55.00	75th	\$1	1.9%
83789	83789	MASS SPECTROMETRY QUANT	\$152.00	\$154.00	75th	\$2	1.3%
83874	83874	ASSAY OF MYOGLOBIN	\$123.00	\$123.00	75th	\$0	0.0%
83880	83880	NATRIURETIC PEPTIDE	\$202.00	\$205.00	75th	\$3	1.5%
83935	83935	ASSAY OF URINE OSMOLALITY	\$55.00	\$64.00	75th	\$9	16.4%
83945	83945	ASSAY OF OXALATE	\$66.00	\$76.00	75th	\$10	15.2%
83970	83970	ASSAY OF PARATHORMONE	\$200.00	\$231.00	75th	\$31	15.5%
83992	83992	ASSAY FOR PHENCYCLIDINE	\$0.00	\$127.00	75th	\$127	100.0%
84075	84075	ASSAY ALKALINE PHOSPHATASE	\$84.00	\$25.00	75th	-\$59	-70.2%
84080	84080	ASSAY ALKALINE PHOSPHATASES	\$95.00	\$109.00	75th	\$14	14.7%
84100	84100	ASSAY OF PHOSPHORUS	\$45.00	\$20.00	75th	-\$25	-55.6%
84132	84132	ASSAY OF SERUM POTASSIUM	\$20.00	\$23.00	75th	\$3	15.0%
84133	84133	ASSAY OF URINE POTASSIUM	\$28.00	\$33.00	75th	\$5	17.9%
84144	84144	ASSAY OF PROGESTERONE	\$153.00	\$127.00	75th	-\$26	-17.0%
84146	84146	ASSAY OF PROLACTIN	\$110.00	\$127.00	75th	\$17	15.5%
84153	84153	ASSAY OF PSA, TOTAL	\$106.00	\$122.00	75th	\$16	15.1%
84154	84154	ASSAY OF PSA, FREE	\$88.00	\$102.00	75th	\$14	15.9%
84155	84155	ASSAY OF PROTEIN, SERUM	\$24.00	\$28.00	75th	\$4	16.7%
84156	84156	ASSAY OF PROTEIN, URINE	\$31.00	\$36.00	75th	\$5	16.1%
84165	84165	PROTEIN E-PHORESIS, SERUM	\$79.00	\$91.00	75th	\$12	15.2%
84166	84166	PROTEIN E-PHORESIS/URINE/CSF	\$84.00	\$97.00	75th	\$13	15.5%
84270	84270	ASSAY OF SEX HORMONE GLOBUL	\$126.00	\$147.00	75th	\$21	16.7%
84300	84300	ASSAY OF URINE SODIUM	\$45.00	\$36.00	75th	-\$9	-20.0%
84402	84402	ASSAY OF TESTOSTERONE	\$202.00	\$203.00	75th	\$1	0.5%
84403	84403	ASSAY OF TOTAL TESTOSTERONE	\$173.00	\$163.00	75th	-\$10	-5.8%
84436	84436	ASSAY OF TOTAL THYROXINE	\$58.00	\$58.00	75th	\$0	0.0%
84439	84439	ASSAY OF FREE THYROXINE	\$101.00	\$58.00	75th	-\$43	-42.6%
84443	84443	ASSAY THYROID STIM HORMONE	\$144.00	\$145.00	75th	\$1	0.7%
84450	84450	TRANSFERASE (AST) (SGOT)	\$40.00	\$40.00	75th	\$0	0.0%
84460	84460	ALANINE AMINO (ALT) (SGPT)	\$40.00	\$40.00	75th	\$0	0.0%

Lake County Health Department and Community Health Center
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CPT4	SIM Code	Code Description	Current fee	Proposed Fee	Rationale for FY2016	Change from Current to Proposed	% of Change
84479	84479	ASSAY OF THYROID (T3 OR T4)	\$65.00	\$65.00	75th	\$0	0.0%
84480	84480	ASSAY, TRIIODOTHYRONINE (T3)	\$144.00	\$145.00	75th	\$1	0.7%
84481	84481	FREE ASSAY (FT-3)	\$191.00	\$192.00	75th	\$1	0.5%
84520	84520	ASSAY OF UREA NITROGEN	\$30.00	\$30.00	75th	\$0	0.0%
84550	84550	ASSAY OF BLOOD/URIC ACID	\$30.00	\$30.00	75th	\$0	0.0%
84560	84560	ASSAY OF URINE/URIC ACID	\$44.00	\$44.00	75th	\$0	0.0%
84585	84585	ASSAY OF URINE VMA	\$124.00	\$124.00	75th	\$0	0.0%
84681	84681	ASSAY OF C-PEPTIDE	\$157.00	\$158.00	75th	\$1	0.6%
84702	84702	CHORIONIC GONADOTROPIN TEST	\$104.00	\$105.00	75th	\$1	1.0%
84703	84703	CHORIONIC GONADOTROPIN ASSAY	\$63.00	\$64.00	75th	\$1	1.6%
85014	85014	HEMATOCRIT	\$27.00	\$27.00	75th	\$0	0.0%
85018	85018	HEMOGLOBIN	\$27.00	\$27.00	75th	\$0	0.0%
85025	85025	COMPLETE CBC W/AUTO DIFF WBC	\$56.00	\$56.00	75th	\$0	0.0%
85041	85041	AUTOMATED RBC COUNT	\$36.00	\$36.00	75th	\$0	0.0%
85045	85045	AUTOMATED RETICULOCYTE COUNT	\$45.00	\$45.00	75th	\$0	0.0%
85049	85049	AUTOMATED PLATELET COUNT	\$36.00	\$36.00	75th	\$0	0.0%
85246	85246	BLOOD CLOT FACTOR VIII TEST	\$264.00	\$252.00	75th	-\$12	-4.5%
85300	85300	ANTITHROMBIN III TEST	\$175.00	\$167.00	75th	-\$8	-4.6%
85303	85303	BLOOD CLOT INHIBITOR TEST	\$205.00	\$195.00	75th	-\$10	-4.9%
85306	85306	BLOOD CLOT INHIBITOR TEST	\$215.00	\$204.00	75th	-\$11	-5.1%
85379	85379	FIBRIN DEGRADATION, QUANT	\$116.00	\$110.00	75th	-\$6	-5.2%
85610	85610	PROTHROMBIN TIME	\$40.00	\$38.00	75th	-\$2	-5.0%
85652	85652	RBC SED RATE, AUTOMATED	\$40.00	\$38.00	75th	-\$2	-5.0%
85660	85660	RBC SICKLE CELL TEST	\$51.00	\$49.00	75th	-\$2	-3.9%
85730	85730	THROMBOPLASTIN TIME, PARTIAL	\$56.00	\$53.00	75th	-\$3	-5.4%
86003	86003	ALLERGEN SPECIFIC IGE	\$44.00	\$35.00	75th	-\$9	-20.5%
86021	86021	WBC ANTIBODY IDENTIFICATION	\$239.00	\$191.00	75th	-\$48	-20.1%
86038	86038	ANTINUCLEAR ANTIBODIES	\$139.00	\$112.00	75th	-\$27	-19.4%
86060	86060	ANTISTREPTOLYSIN O, TITER	\$95.00	\$77.00	75th	-\$18	-18.9%
86140	86140	C-REACTIVE PROTEIN	\$73.00	\$68.00	75th	-\$5	-6.8%
86160	86160	COMPLEMENT, ANTIGEN	\$150.00	\$139.00	75th	-\$11	-7.3%
86161	86161	COMPLEMENT/FUNCTION ACTIVITY	\$168.00	\$156.00	75th	-\$12	-7.1%
86162	86162	COMPLEMENT, TOTAL (CH50)	\$227.00	\$210.00	75th	-\$17	-7.5%
86200	86200	CCP ANTIBODY	\$154.00	\$142.00	75th	-\$12	-7.8%
86225	86225	DNA ANTIBODY	\$157.00	\$146.00	75th	-\$11	-7.0%
86235	86235	NUCLEAR ANTIGEN ANTIBODY	\$139.00	\$129.00	75th	-\$10	-7.2%
86255	86255	FLUORESCENT ANTIBODY, SCREEN	\$157.00	\$119.00	75th	-\$38	-24.2%
86304	86304	IMMUNOASSAY, TUMOR, CA 125	\$152.00	\$151.00	75th	-\$1	-0.7%
86308	86308	HETEROEPHILE ANTIBODIES	\$55.00	\$54.00	75th	-\$1	-1.8%
86317	86317	IMMUNOASSAY,INFECTIOUS AGENT	\$129.00	\$72.00	75th	-\$57	-44.2%
86334	86334	IMMUNOFIX E-PHORESIS, SERUM	\$165.00	\$163.00	75th	-\$2	-1.2%
86335	86335	IMMUNIFIX E-PHORSIS/URINE/CSF	\$165.00	\$163.00	75th	-\$2	-1.2%
86336	86336	INHIBIN A	\$174.00	\$151.00	75th	-\$23	-13.2%
86360	86360	T CELL, ABSOLUTE COUNT/RATIO	\$183.00	\$181.00	75th	-\$2	-1.1%
86376	86376	MICROSOMAL ANTIBODY	\$116.00	\$122.00	75th	\$6	5.2%
86431	86431	RHEUMATOID FACTOR, QUANT	\$58.00	\$61.00	75th	\$3	5.2%
86480	86480	TB TEST, CELL IMMUN MEASURE	\$96.00	\$101.00	75th	\$5	5.2%
86580	86580	TB INTRADERMAL TEST	\$41.00	\$43.00	75th	\$2	4.9%
86592	86592	BLOOD SEROLOGY, QUALITATIVE	\$49.00	\$43.00	75th	-\$6	-12.2%
86617	86617	LYME DISEASE ANTIBODY	\$179.00	\$181.00	75th	\$2	1.1%
86618	86618	LYME DISEASE ANTIBODY	\$169.00	\$171.00	75th	\$2	1.2%
86644	86644	CMV ANTIBODY	\$155.00	\$157.00	75th	\$2	1.3%
86645	86645	CMV ANTIBODY, IGM	\$162.00	\$164.00	75th	\$2	1.2%
86664	86664	EPSTEIN-BARR ANTIBODY	\$155.00	\$157.00	75th	\$2	1.3%
86665	86665	EPSTEIN-BARR ANTIBODY	\$175.00	\$178.00	75th	\$3	1.7%
86677	86677	HELICOBACTER PYLORI	\$169.00	\$171.00	75th	\$2	1.2%
86695	86695	HERPES SIMPLEX TEST	\$148.00	\$151.00	75th	\$3	2.0%
86696	86696	HERPES SIMPLEX TYPE 2	\$148.00	\$151.00	75th	\$3	2.0%
86703	86703	HIV-1/HIV-2, SINGLE ASSAY	\$135.00	\$137.00	75th	\$2	1.5%
86703	86703-92	HIV-1/HIV-2, SINGLE ASSAY	\$0.00	\$0.00	Current fee	\$0	0.0%
86704	86704	HEP B CORE ANTIBODY, TOTAL	\$118.00	\$120.00	75th	\$2	1.7%
86706	86706	HEP B SURFACE ANTIBODY	\$105.00	\$106.00	75th	\$1	1.0%
86708	86708	HEP A ANTIBODY, TOTAL	\$125.00	\$127.00	75th	\$2	1.6%
86735	86735	MUMPS ANTIBODY	\$135.00	\$137.00	75th	\$2	1.5%
86762	86762	RUBELLA ANTIBODY	\$81.00	\$82.00	75th	\$1	1.2%
86765	86765	RUBEOLA ANTIBODY	\$142.00	\$144.00	75th	\$2	1.4%
86777	86777	TOXOPLASMA ANTIBODY	\$111.00	\$113.00	75th	\$2	1.8%
86787	86787	VARICELLA-ZOSTER ANTIBODY	\$138.00	\$140.00	75th	\$2	1.4%
86800	86800	THYROGLOBULIN ANTIBODY	\$145.00	\$147.00	75th	\$2	1.4%
86803	86803	HEPATITIS C AB TEST	\$165.00	\$168.00	75th	\$3	1.8%
86850	86850	RBC ANTIBODY SCREEN	\$91.00	\$78.00	75th	-\$13	-14.3%
86900	86900	BLOOD TYPING, ABO	\$47.00	\$41.00	75th	-\$6	-12.8%
86901	86901	BLOOD TYPING, RH (D)	\$47.00	\$41.00	75th	-\$6	-12.8%
87015	87015	SPECIMEN CONCENTRATION	\$71.00	\$77.00	75th	\$6	8.5%
87045	87045	FECES CULTURE, BACTERIA	\$94.00	\$103.00	75th	\$9	9.6%
87046	87046	STOOL CULTR, BACTERIA, EACH	\$94.00	\$103.00	75th	\$9	9.6%

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CPT4	SIM Code	Code Description	Current fee	Proposed Fee	Rationale for FY2016	Change from Current to Proposed	% of Change
87070	87070	CULTURE, BACTERIA, OTHER	\$91.00	\$99.00	75th	\$8	8.8%
87075	87075	CULTR BACTERIA, EXCEPT BLOOD	\$101.00	\$110.00	75th	\$9	8.9%
87081	87081	CULTURE SCREEN ONLY	\$71.00	\$66.00	75th	-\$5	-7.0%
87086	87086	URINE CULTURE/COLONY COUNT	\$84.00	\$92.00	75th	\$8	9.5%
87101	87101	SKIN FUNGI CULTURE	\$84.00	\$92.00	75th	\$8	9.5%
87110	87110	CHLAMYDIA CULTURE	\$128.00	\$139.00	75th	\$11	8.6%
87116	87116	MYCOBACTERIA CULTURE	\$101.00	\$110.00	75th	\$9	8.9%
87140	87140	CULTURE TYPE IMMUNOFLUORESC	\$71.00	\$77.00	75th	\$6	8.5%
87177	87177	OVA AND PARASITES SMEARS	\$126.00	\$126.00	75th	\$0	0.0%
87205	87205	SMEAR, GRAM STAIN	\$70.00	\$70.00	75th	\$0	0.0%
87206	87206	SMEAR, FLUORESCENT/ACID STAI	\$84.00	\$84.00	75th	\$0	0.0%
87209	87209	SMEAR, COMPLEX STAIN	\$84.00	\$84.00	75th	\$0	0.0%
87210	87210	SMEAR, WET MOUNT, SALINE/INK	\$61.00	\$61.00	75th	\$0	0.0%
87220	87220	TISSUE EXAM FOR FUNGI	\$70.00	\$70.00	75th	\$0	0.0%
87230	87230	ASSAY, TOXIN OR ANTITOXIN	\$210.00	\$210.00	75th	\$0	0.0%
87254	87254	VIRUS INOCULATION, SHELL VIA	\$234.00	\$234.00	75th	\$0	0.0%
87255	87255	GENET VIRUS ISOLATE, HSV	\$234.00	\$234.00	75th	\$0	0.0%
87324	87324	CLOSTRIDIUM AG, EIA	\$56.00	\$56.00	75th	\$0	0.0%
87338	87338	HPYLORI, STOOL, EIA	\$56.00	\$56.00	75th	\$0	0.0%
87340	87340	HEPATITIS B SURFACE AG, EIA	\$56.00	\$56.00	75th	\$0	0.0%
87389	87389	HIV-1 Antigen With HIV 1&2 Antibodies, Single Res	\$66.00	\$100.00	75th	\$34	51.5%
87491	87491	CHYLM D TRACH, DNA, AMP PROBE	\$125.00	\$126.00	75th	\$1	0.8%
87517	87517	HEPATITIS B, DNA, QUANT	\$213.00	\$213.00	75th	\$0	0.0%
87522	87522	HEPATITIS C, RNA, QUANT	\$195.00	\$196.00	75th	\$1	0.5%
87529	87529	HSV, DNA, AMP PROBE	\$157.00	\$157.00	75th	\$0	0.0%
87536	87536	HIV-1, DNA, QUANT	\$362.00	\$245.00	75th	-\$117	-32.3%
87591	87591	N.GONORRHOEAE, DNA, AMP PROB	\$139.00	\$140.00	75th	\$1	0.7%
87624	87624	Iadna Human Papillomavirus (HPV) High Risk	\$139.00	\$140.00	75th	\$1	0.7%
87625	87625	Iadna Human Papillomavirus(HPV) Types 16 & 18 Only	\$139.00	\$140.00	75th	\$1	0.7%
87901	87901	GENOTYPE, DNA, HIV REVERSE T	\$774.00	\$777.00	75th	\$3	0.4%
87902	87902	GENOTYPE, DNA, HEPATITIS C	\$774.00	\$777.00	75th	\$3	0.4%
88104	88104	CYTOPATH FL NONGYN, SMEARS	\$325.00	\$292.00	75th	-\$33	-10.2%
88140	88140	SEX CHROMATIN IDENTIFICATION	\$0.00	\$74.00	75th	\$74	100.0%
88142	88142	CYTOPATH, C/V, THIN LAYER	\$100.00	\$90.00	75th	-\$10	-10.0%
88164	88164	CYTOPATH TBS, C/V, MANUAL	\$100.00	\$90.00	75th	-\$10	-10.0%
88300	88300	SURGICAL PATH, GROSS	\$186.00	\$189.00	75th	\$3	1.6%
88305	88305	TISSUE EXAM BY PATHOLOGIST	\$570.00	\$579.00	75th	\$9	1.6%
88307	88307	TISSUE EXAM BY PATHOLOGIST	\$930.00	\$945.00	75th	\$15	1.6%
89055	89055	LEUKOCYTE ASSESSMENT, FECAL	\$41.00	\$41.00	75th	\$0	0.0%
90281	90281	HUMAN IG, IM	\$0.00	\$0.00	Current fee	\$0	0.0%
90384	90384	RH IG, FULL-DOSE, IM	\$263.00	\$270.00	75th	\$7	2.7%
90460	90460	IMMUNE ADMIN 1 INJ, < 18 YRS	\$56.00	\$58.00	75th	\$2	3.6%
90461	90461	IMMUNE ADMIN ADDL INJ, < 18 YRS	\$34.00	\$35.00	75th	\$1	2.9%
90471	90471	IMMUNIZATION ADMIN	\$56.00	\$58.00	75th	\$2	3.6%
90472	90472	IMMUNIZATION ADMIN, EACH ADD	\$34.00	\$35.00	75th	\$1	2.9%
90620	90620	MENINGOCOCCAL B, OMV	\$0.00	\$23.00	VCP	\$23	100.0%
90621	90621	MENINGOCOCCAL B, RECOMBIANT	\$0.00	\$23.00	VCP	\$23	100.0%
90632	90632	HEP A VACCINE, ADULT IM	\$0.00	\$0.00	Current fee	\$0	0.0%
90633	90633	HEP A VACC, PED/ADOL, 2 DOSE	\$23.00	\$23.00	VCP	\$0	0.0%
90633	9P633	HEP A VACC, PED/ADOL, 2 DOSE	\$72.00	\$71.00	75th	-\$1	-1.4%
90647	90647	HIB VACCINE, PRP-OMP, IM	\$23.00	\$23.00	VCP	\$0	0.0%
90647	9P647	HIB VACCINE, PRP-OMP, IM	\$61.00	\$60.00	75th	-\$1	-1.6%
90648	90648	HIB VACCINE, PRP-T, IM	\$23.00	\$23.00	VCP	\$0	0.0%
90649	9064A	Adult H PAPILOMA VACC 3 DOSE IM	\$277.00	\$268.00	75th	-\$9	-3.2%
90649	9P649	H PAPILOMA VACC 3 DOSE IM	\$275.00	\$268.00	75th	-\$7	-2.5%
90649	90649	H PAPILOMA VACC 3 DOSE IM	\$23.00	\$23.00	VCP	\$0	0.0%
90651	90651	HPV9	\$23.00	\$23.00	VCP	\$0	0.0%
90651	906A1	HPV9	\$23.00	\$23.00	VCP	\$0	0.0%
*90656	*906A6	Influenza No Preserv 3 And Over IIV3	\$33.00	\$33.00	Current fee	\$0	0.0%
90657	90657	Influenza 6-35 Months IIV3	\$16.00	\$23.00	VCP	\$7	43.8%
*90658	*9065A	FLU VACCINE, 3 YRS > , ADULT	\$33.00	\$33.00	Current fee	\$0	0.0%
90658	90658	FLU VACCINE, 3 YRS > >	\$16.00	\$23.00	VCP	\$7	43.8%
90658	9P658	FLU VACCINE, 3 YRS > , IM	\$33.00	\$33.00	75th	\$0	0.0%
*90662	*90662	Influenza 65yrs And Older Prefilled Syringe	\$50.00	\$50.00	Current fee	\$0	0.0%
90670	90670	Pneumococcal Conj 13 Valent IM	\$23.00	\$23.00	VCP	\$0	0.0%
90670	9P670	Pneumococcal Conj 13 Valent IM	\$308.00	\$308.00	Current fee	\$0	0.0%
90672	90672	Influenza 2-49yrs - 0.2ml Prefill Intranasal LAIV4	\$16.00	\$23.00	VCP	\$7	43.8%
*90672	*9067A	Influenza 2-49yrs - 0.2ml Prefill Intranasal LAIV4	\$44.00	\$44.00	Current fee	\$0	0.0%
*90673	90673	Influenza 18-49yrs(0.5ml Single Does Vial)	\$50.00	\$50.00	Current fee	\$0	0.0%
*90673	*9A673	Influenza Recomb. Inj. Pres. Free 18-49yrs	\$50.00	\$50.00	Current fee	\$0	0.0%
90680	90680	ROTOVIRUS VACC 3 DOSE, ORAL	\$23.00	\$23.00	VCP	\$0	0.0%
90681	90681	ROTAVIRUS VACC 2 DOSE ORAL	\$23.00	\$23.00	VCP	\$0	0.0%
90685	90685	Influenza 6-35 Mo(0.25ml Single Dose Prefill) IIV4	\$16.00	\$23.00	VCP	\$7	43.8%
90686	90686	Influenza 3yrs And Older(0.5ml Single Dose Prefil) IIV4	\$16.00	\$23.00	VCP	\$7	43.8%
*90686	*9068A	Influenza 3yrs And Older Preservative Free IIV4	\$33.00	\$33.00	Current fee	\$0	0.0%
90696	90696	DTAP-IPV VACC 4-6 YR IM	\$23.00	\$23.00	VCP	\$0	0.0%

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90698	90698	DTAP-HIB-IP VACCINE, IM	\$23.00	\$23.00	VCP	\$0	0.0%
90700	90700	DTAP VACCINE, < 7 YRS, IM	\$23.00	\$23.00	VCP	\$0	0.0%
90702	90702	DT VACCINE < 7, IM	\$23.00	\$23.00	VCP	\$0	0.0%
90707	9070A	Adult MMR VACCINE, SC	\$108.00	\$106.00	75th	-\$2	-1.9%
90707	9P707	MMR VACCINE, SC	\$108.00	\$106.00	75th	-\$2	-1.9%
90707	90707	MMR VACCINE, SC	\$23.00	\$23.00	VCP	\$0	0.0%
90710	90710	MMRV VACCINE, SC	\$23.00	\$23.00	VCP	\$0	0.0%
90713	90713	POLIOVIRUS, IPV, SC/IM	\$23.00	\$23.00	VCP	\$0	0.0%
90714	90714	TD VACCINE NO PRSRV >= 7 IM	\$23.00	\$23.00	VCP	\$0	0.0%
90714	9071A	Adult TD VACCINE NO PRSRV >= 7 IM	\$39.00	\$39.00	Current fee	\$0	0.0%
90715	90715	TDAP VACCINE >7 IM	\$23.00	\$23.00	VCP	\$0	0.0%
90715	907A5	Adult TDAP VACCINE >7 IM	\$54.00	\$48.00	75th	-\$6	-11.1%
90715	9P715	TDAP VACCINE >7 IM	\$49.00	\$48.00	75th	-\$1	-2.0%
90716	9P716	CHICKEN POX VACCINE, SC	\$159.00	\$155.00	75th	-\$4	-2.5%
90716	90716	CHICKEN POX VACCINE, SC	\$23.00	\$23.00	VCP	\$0	0.0%
90723	9P723	DTAP-HEP B-IPV VACCINE, IM	\$159.00	\$155.00	75th	-\$4	-2.5%
90723	90723	DTAP-HEP B-IPV VACCINE, IM	\$23.00	\$23.00	VCP	\$0	0.0%
90732	90732	PNEUMOCOCCAL VACCINE	\$23.00	\$23.00	VCP	\$0	0.0%
90732	907A2	PNEUMOCOCCAL VACCINE	\$98.00	\$100.00	Blue Cross rate	\$2	2.0%
90734	9073A	Adult MENINGOCOCCAL VACCINE, IM	\$206.00	\$201.00	75th	-\$5	-2.4%
90734	9P734	MENINGOCOCCAL VACCINE, IM	\$206.00	\$201.00	75th	-\$5	-2.4%
90734	90734	MENINGOCOCCAL VACCINE, IM	\$23.00	\$23.00	VCP	\$0	0.0%
90744	9P744	HEPB VACC PED/ADOL 3 DOSE IM	\$75.00	\$73.00	75th	-\$2	-2.7%
90744	90744	HEPB VACC PED/ADOL 3 DOSE IM	\$23.00	\$23.00	VCP	\$0	0.0%
90746	90746	HEP B VACCINE, ADULT, IM	\$0.00	\$0.00	Current fee	\$0	0.0%
90748	90748	HEP B/HIB VACCINE, IM	\$23.00	\$23.00	VCP	\$0	0.0%
90785	90785	Interactive Complexity	\$28.00	\$29.00	75th	\$1	3.6%
90791	90791	Psychiatric Diagnostic Evaluation	\$265.00	\$276.00	75th	\$11	4.2%
90791E	90791E	Psychiatric Diagnostic Eval No Med Srv,Est	\$265.00	\$276.00	75th	\$11	4.2%
90791N	90791N	Psychiatric Diagnostic Eval No Med Srv,New	\$265.00	\$276.00	75th	\$11	4.2%
90792	90792	Psychiatric Diagnostic Eval With Medical Services	\$279.00	\$291.00	75th	\$12	4.3%
90792E	90792E	Psychiatric Diag Eval With Med Srv, Est	\$279.00	\$291.00	75th	\$12	4.3%
90792N	90792N	Psychiatric Diag Eval With Med Srv, New	\$279.00	\$291.00	75th	\$12	4.3%
90832	90832	Psychotherapy, 30 Min. W/Pt And/or Family Member	\$110.00	\$111.00	75th	\$1	0.9%
90832E	90832E	Psychotherapy, 30 Min W/pt And/or Fam, Est	\$110.00	\$111.00	75th	\$1	0.9%
90833	90833	Psychotherapy 30 Min W/pt And/or Family With E & M	\$104.00	\$94.00	Blue Cross rate	-\$10	-9.6%
90834	90834	Psychotherapy 45 Min. W/pt And/or Family Member	\$153.00	\$153.00	75th	\$0	0.0%
90834E	90834E	Psychotherapy 45 Min, W/pt And/or Fam, Est	\$153.00	\$153.00	75th	\$0	0.0%
90836	90836	Psychotherapy 45 Min. W/Pt And/or Family And E & M	\$133.00	\$134.00	75th	\$1	0.8%
90837	90837	Psychotherapy 60 Min W/Pt And/or Family Member	\$227.00	\$227.00	75th	\$0	0.0%
90837E	90837E	Psychotherapy 60 Min, W/pt And/or Fam, Est	\$227.00	\$227.00	75th	\$0	0.0%
90838	90838	Psychotherapy 60 Min W/Pt And/or Family With E & M	\$214.00	\$215.00	75th	\$1	0.5%
90839	90839	Psychotherapy For Crisis, First 60 Minutes	\$190.00	\$190.00	Current fee	\$0	0.0%
90845	90845	PSYCHOANALYSIS	\$0.00	\$217.00	75th	\$217	100.0%
90846	90846	FAMILY PSYTX W/O PATIENT	\$175.00	\$178.00	75th	\$3	1.7%
90847	90847	FAMILY PSYTX W/PATIENT	\$186.00	\$189.00	75th	\$3	1.6%
90853	90853	GROUP PSYCHOTHERAPY	\$112.00	\$116.00	75th	\$4	3.6%
92227	92227	REMOTE IMAG FOR DETECT OF RETINAL DS	\$23.00	\$43.00	75th	\$20	87.0%
92228	92228	REMOTE IMAG FOR MON AND MAN OF ACTIVE RET DS	\$59.00	\$92.00	75th	\$33	55.9%
92504	92504	EAR MICROSCOPY EXAMINATION	\$0.00	\$106.00	75th	\$106	100.0%
93000	93000	ELECTROCARDIOGRAM, COMPLETE	\$90.00	\$89.00	75th	-\$1	-1.1%
93005	93005	ELECTROCARDIOGRAM, TRACING	\$60.00	\$58.00	75th	-\$2	-3.3%
93010	93010	ELECTROCARDIOGRAM REPORT	\$0.00	\$42.00	75th	\$42	100.0%
93272	93272	ECG/REVIEW, INTERPRET ONLY	\$43.00	\$153.00	75th	\$110	255.8%
93307	93307	ECHO EXAM OF HEART	\$217.00	\$661.00	75th	\$444	204.6%
94010	94010	Spirometry, Graphic Rec, Total Tmd, Flow Rate Meas	\$153.00	\$157.00	75th	\$4	2.6%
94150	94150	VITAL CAPACITY TEST (Peak Flow)	\$93.00	\$95.00	75th	\$2	2.2%
94640	94640	AIRWAY INHALATION TREATMENT	\$63.00	\$65.00	75th	\$2	3.2%
94760	94760	MEASURE BLOOD OXYGEN LEVEL	\$45.00	\$46.00	75th	\$1	2.2%
94761	94761	MEASURE BLOOD OXYGEN LEVEL	\$75.00	\$77.00	75th	\$2	2.7%
96110	96110	DEVELOPMENTAL TEST, LIM	\$68.00	\$68.00	75th	\$0	0.0%
96150	96150	ASSESS HLTH/BEHAVE, INIT	\$79.00	\$79.00	75th	\$0	0.0%
96151	96151	ASSESS HLTH/BEHAVE, SUBSEQ	\$39.00	\$40.00	75th	\$1	2.6%
96152	96152	INTERVENE HLTH/BEHAVE, INDIV	\$39.00	\$40.00	75th	\$1	2.6%
96372	96372	Admin Of Therapeutic/prophylactic Injection	\$64.00	\$68.00	75th	\$4	6.3%
97802	97802	MEDICAL NUTRITION, INDIV, IN	\$0.00	\$0.00	Current fee	\$0	0.0%
97803	97803	MED NUTRITION, INDIV, SUBSEQ	\$0.00	\$0.00	Current fee	\$0	0.0%
99024	99024	POSTOP FOLLOW-UP VISIT	\$0.00	\$0.00	Current fee	\$0	0.0%
99070	1171	Metrogel	\$38.00	\$38.00	Current fee	\$0	0.0%
99070	1174	Diflucan	\$1.00	\$1.00	Current fee	\$0	0.0%
99070	1263	Zithromax	\$1.00	\$1.00	Current fee	\$0	0.0%
99070	1262	Rocephin	\$1.00	\$1.00	Current fee	\$0	0.0%
99070	1299	Aldara	\$1.00	\$1.00	Current fee	\$0	0.0%
99070	1079	Condoms	\$0.00	\$0.00	Current fee	\$0	0.0%
99070	1161	Terazol 7 Cream	\$50.00	\$50.00	Current fee	\$0	0.0%
99070	1291	Doxycycline	\$1.00	\$1.00	Current fee	\$0	0.0%

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health, and Dental Services
Effective Date of December 1, 2016

CPT4	SIM Code	Code Description	Current fee	Proposed Fee	Rationale for FY2016	Change from Current to Proposed	% of Change
99070	1750	Plan B	\$26.00	\$26.00	Current fee	\$0	0.0%
99080	99080	Paper Processing Fee	\$25.00	\$25.00	Current fee	\$0	0.0%
99188	99188	Fluoride Varnish	\$0.00	\$0.00	Current fee	\$0	0.0%
99201	99201	OFFICE/OUTPATIENT VISIT, NEW	\$144.00	\$147.00	75th	\$3	2.1%
99201F	99201F	OFFICE/OUTPATIENT VISIT, NEW	\$144.00	\$147.00	75th	\$3	2.1%
99202	99202	OFFICE/OUTPATIENT VISIT, NEW	\$180.00	\$183.00	75th	\$3	1.7%
99202F	99202F	OFFICE/OUTPATIENT VISIT, NEW	\$180.00	\$183.00	75th	\$3	1.7%
99203	99203	OFFICE/OUTPATIENT VISIT, NEW	\$234.00	\$239.00	75th	\$5	2.1%
99203F	99203F	OFFICE/OUTPATIENT VISIT, NEW	\$234.00	\$239.00	75th	\$5	2.1%
99204	99204S	OFFICE/OUTPATIENT VISIT, NEW	\$334.00	\$341.00	75th	\$7	2.1%
99204	99204	OFFICE/OUTPATIENT VISIT, NEW	\$334.00	\$341.00	75th	\$7	2.1%
99205	99205	OFFICE/OUTPATIENT VISIT, NEW	\$451.00	\$461.00	75th	\$10	2.2%
99211	99211	OFFICE/OUTPATIENT VISIT, EST	\$84.00	\$88.00	75th	\$4	4.8%
99211	99211T	OFFICE/OUTPATIENT VISIT, EST	\$84.00	\$88.00	75th	\$4	4.8%
99211F	99211F	OFFICE/OUTPATIENT VISIT, EST	\$84.00	\$88.00	75th	\$4	4.8%
99212	99212	OFFICE/OUTPATIENT VISIT, EST	\$119.00	\$125.00	75th	\$6	5.0%
99212F	99212F	OFFICE/OUTPATIENT VISIT, EST	\$119.00	\$125.00	75th	\$6	5.0%
99213	99213	OFFICE/OUTPATIENT VISIT, EST	\$152.00	\$160.00	75th	\$8	5.3%
99213F	99213F	OFFICE/OUTPATIENT VISIT, EST	\$152.00	\$160.00	75th	\$8	5.3%
99214	99214	OFFICE/OUTPATIENT VISIT, EST	\$220.00	\$231.00	75th	\$11	5.0%
99214F	99214F	OFFICE/OUTPATIENT VISIT, EST	\$220.00	\$231.00	75th	\$11	5.0%
99215	99215	OFFICE/OUTPATIENT VISIT, EST	\$353.00	\$370.00	75th	\$17	4.8%
99218	99218	OBSERVATION CARE	\$234.00	\$242.00	75th	\$8	3.4%
99219	99219	OBSERVATION CARE	\$318.00	\$329.00	75th	\$11	3.5%
99221	99221	INITIAL HOSPITAL CARE	\$261.00	\$264.00	75th	\$3	1.1%
99222	99222	INITIAL HOSPITAL CARE	\$351.00	\$356.00	75th	\$5	1.4%
99223	99223	INITIAL HOSPITAL CARE	\$431.00	\$436.00	75th	\$5	1.2%
99231	99231	SUBSEQUENT HOSPITAL CARE	\$119.00	\$118.00	75th	-\$1	-0.8%
99232	99232	SUBSEQUENT HOSPITAL CARE	\$168.00	\$167.00	75th	-\$1	-0.6%
99234	99234	OBSERV/HOSP SAME DATE	\$334.00	\$352.00	75th	\$18	5.4%
99235	99235	OBSERV/HOSP SAME DATE	\$453.00	\$478.00	75th	\$25	5.5%
99238	99238	HOSPITAL DISCHARGE DAY	\$183.00	\$185.00	75th	\$2	1.1%
99241	99241	OFFICE CONSULTATION	\$205.00	\$205.00	75th	\$0	0.0%
99242	99242	OFFICE CONSULTATION	\$261.00	\$262.00	75th	\$1	0.4%
99243	99243	OFFICE CONSULTATION	\$333.00	\$334.00	75th	\$1	0.3%
99244	99244	OFFICE CONSULTATION	\$435.00	\$436.00	75th	\$1	0.2%
99252	99252	INPATIENT CONSULTATION	\$268.00	\$269.00	75th	\$1	0.4%
99253	99253	INPATIENT CONSULTATION	\$330.00	\$331.00	75th	\$1	0.3%
99254	99254	INPATIENT CONSULTATION	\$412.00	\$413.00	75th	\$1	0.2%
99381	99381	INIT PM E/M, NEW PAT, INF	\$183.00	\$195.00	75th	\$12	6.6%
99382	99382	INIT PM E/M, NEW PAT 1-4 YRS	\$197.00	\$210.00	75th	\$13	6.6%
99383	99383	PREV VISIT, NEW, AGE 5-11	\$211.00	\$225.00	75th	\$14	6.6%
99384	99384	PREV VISIT, NEW, AGE 12-17	\$225.00	\$240.00	75th	\$15	6.7%
99384F	99384F	PREV VISIT, NEW, AGE 12-17	\$225.00	\$240.00	75th	\$15	6.7%
99385	99385	PREV VISIT, NEW, AGE 18-39	\$305.00	\$325.00	75th	\$20	6.6%
99385F	99385F	PREV VISIT, NEW, AGE 18-39	\$305.00	\$325.00	75th	\$20	6.6%
99386	99386	PREV VISIT, NEW, AGE 40-64	\$333.00	\$355.00	75th	\$22	6.6%
99386F	99386F	PREV VISIT, NEW, AGE 40-64	\$333.00	\$355.00	75th	\$22	6.6%
99387	99387	INIT PM E/M, NEW PAT 65+ YRS	\$376.00	\$401.00	75th	\$25	6.6%
99391	99391	PER PM REEVAL, EST PAT, INF	\$150.00	\$160.00	75th	\$10	6.7%
99392	99392	PREV VISIT, EST, AGE 1-4	\$160.00	\$170.00	75th	\$10	6.3%
99393	99393	PREV VISIT, EST, AGE 5-11	\$174.00	\$185.00	75th	\$11	6.3%
99394	99394	PREV VISIT, EST, AGE 12-17	\$188.00	\$200.00	75th	\$12	6.4%
99395	99395F	PREV VISIT, EST, AGE 18-39	\$253.00	\$270.00	75th	\$17	6.7%
99395	99395	PREV VISIT, EST, AGE 18-39	\$253.00	\$270.00	75th	\$17	6.7%
99395	99395F	PREV VISIT, EST, AGE 18-39	\$253.00	\$270.00	75th	\$17	6.7%
99396	99396	PREV VISIT, EST, AGE 40-64	\$277.00	\$295.00	75th	\$18	6.5%
99396F	99396F	PREV VISIT, EST, AGE 40-64	\$277.00	\$295.00	75th	\$18	6.5%
99397	99397	PER PM REEVAL EST PAT 65+ YR	\$314.00	\$335.00	75th	\$21	6.7%
99401	NUTRI	Nutrition Visit Initial	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC14	RC Abstinence < 18	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC15	RC Emergency Contraceptive Counseling	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC2	RC Contraception	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC8	RC Other Medical	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC10	RC HIV Education	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC9	RC Other Social Services	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC5	RC STD Education	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC6	RC FAM	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC13	RC Relationship Safety < 18	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC7	RC Preconception	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC1	RC Sterilization	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC11	RC Abnormal PAP	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC3	RC Infertility	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC12	RC Encourage Parent/Guardian Involv. < 18	\$0.00	\$0.00	Current fee	\$0	0.0%
99401	RC4	RC Pregnancy Options	\$0.00	\$0.00	Current fee	\$0	0.0%
99404	BC1	Billable Counseling Indepth 1hr.	\$305.00	\$305.00	Current fee	\$0	0.0%

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health, and Dental Services
Effective Date of December 1, 2016

CPT4	SIM Code	Code Description	Current fee	Proposed Fee	Rationale for FY2016	Change from Current to Proposed	% of Change
99420	99420	HEALTH RISK ASSESSMENT TEST	\$30.00	\$41.00	75th	\$11	36.7%
99607	99607	MTMS BY PHARM, ADDL 15 MIN	\$0.00	\$0.00	Current fee	\$0	0.0%
99999	99999	LEFT W/O BEING SEEN	\$0.00	\$0.00	Current fee	\$0	0.0%
A4550	A4550	Surgical trays	\$68.00	\$68.00	Current fee	\$0	0.0%
A4562	A4562	Pessary, non rubber,any type	\$100.00	\$100.00	Current fee	\$0	0.0%
BC3	BC3	Billable Counseling	\$0.00	\$0.00	Current fee	\$0	0.0%
CBE	Breast	Clinical Breast Exam	\$0.00	\$0.00	Current fee	\$0	0.0%
CVO	CVO	Counselor Visit Only	\$0.00	\$0.00	Current fee	\$0	0.0%
D0120	D0120	Periodic oral evaluation	\$57.00	\$59.00	75th	\$2	3.5%
D0140	D0140	Limited oral evaluation-problem focused	\$95.00	\$98.00	75th	\$3	3.2%
D0150	D0150	Comprehensive oral evaluation-new or established P	\$100.00	\$103.00	75th	\$3	3.0%
D0170	D0170	Re-evaluation Limited Problem Focused	\$67.00	\$69.00	75th	\$2	3.0%
D0210	D0210	Intraoral-complete series (including bitewings)	\$152.00	\$159.00	75th	\$7	4.6%
D0220	D0220	Intraoral-periapical first film	\$30.00	\$32.00	75th	\$2	6.7%
D0230	D0230	Intraoral-periapical each additional film	\$27.00	\$29.00	75th	\$2	7.4%
D0270	D0270	Bitewing Single Film	\$32.00	\$33.00	75th	\$1	3.1%
D0272	D0272	Bitewings-two films	\$51.00	\$52.00	75th	\$1	2.0%
D0274	D0274	Bitewings-four films	\$71.00	\$74.00	75th	\$3	4.2%
D0330	D0330	Panoramic film	\$137.00	\$143.00	75th	\$6	4.4%
D0999	D0999	Medicaid Dental Encounter Rate	\$104.74	\$105.00	Encounter Rate	\$0	0.2%
D1110	D1110	Prophylaxis-adult	\$105.00	\$107.00	75th	\$2	1.9%
D1120	D1120	Prophylaxis-child	\$72.00	\$74.00	75th	\$2	2.8%
D1206	D1206	Top Fluoride Varnish;TX Appl Mod	\$61.00	\$62.00	75th	\$1	1.6%
D1208	D1208	Topical Application Of Fluoride	\$41.00	\$41.00	75th	\$0	0.0%
D1351	D1351	Sealant-per tooth	\$63.00	\$67.00	75th	\$4	6.3%
D1510	D1510	Space maintainer-fixed-unilateral	\$373.00	\$374.00	75th	\$1	0.3%
D2140	D2140	Amalgam-one surface, primary or permanent	\$161.00	\$173.00	75th	\$12	7.5%
D2150	D2150	Amalgam-two surfaces, primary or permanent	\$208.00	\$223.00	75th	\$15	7.2%
D2160	D2160	Amalgam-three surfaces, primary or permanent	\$252.00	\$270.00	75th	\$18	7.1%
D2161	D2161	Amalgam-four or more surfaces, primary or permanen	\$307.00	\$329.00	75th	\$22	7.2%
D2330	D2330	Resin-based composite - one surface, anterior	\$175.00	\$180.00	75th	\$5	2.9%
D2331	D2331	Resin-based composite - two surfaces, anterior	\$223.00	\$173.00	75th	-\$50	-22.4%
D2332	D2332	Resin-based composite - three surfaces, anterior	\$273.00	\$281.00	75th	\$8	2.9%
D2335	D2335	Resin-based composite - four or more surfaces or l	\$323.00	\$332.00	75th	\$9	2.8%
D2391	D2391	Resin Based Composite One Surface	\$205.00	\$211.00	75th	\$6	2.9%
D2392	D2392	Resin-based composite - two surfaces, posterior	\$268.00	\$276.00	75th	\$8	3.0%
D2393	D2393	Resin Based Composite 3 Surface	\$333.00	\$343.00	75th	\$10	3.0%
D2394	D2394	Resin Based Composite 4 Surface	\$408.00	\$420.00	75th	\$12	2.9%
D2740	D2740	Crown - Porcelain/Ceramic	\$1,321.00	\$1,364.00	75th	\$43	3.3%
D2751	D2751	Crown-porcelain Fused To Predominately Base Metal	\$1,213.00	\$1,253.00	75th	\$40	3.3%
D2752	D2752	Crown-porcelain Fused To Noble Metal	\$1,243.00	\$1,284.00	75th	\$41	3.3%
D2791	D2791	Crown Full Cast Base Metal	\$1,191.00	\$1,231.00	75th	\$40	3.4%
D2920	D2920	Recent crown	\$120.00	\$124.00	75th	\$4	3.3%
D2930	D2930	Prefabricated stainless steel crown-primary tooth	\$327.00	\$338.00	75th	\$11	3.4%
D2940	D2940	Sedative filling	\$125.00	\$129.00	75th	\$4	3.2%
D2950	D2950	Core buildup, including any pins	\$312.00	\$323.00	75th	\$11	3.5%
D2954	D2954	Prefabricated post and core in addition to crown	\$394.00	\$408.00	75th	\$14	3.6%
D2970	D2970	Temporary Crown	\$296.00	\$296.00	Current fee	\$0	0.0%
D3110	D3110	Pulp cap-direct (excluding final restoration)	\$114.00	\$119.00	75th	\$5	4.4%
D3120	D3120	Pulp Cap Indirect Excluding Final Rest.	\$91.00	\$95.00	75th	\$4	4.4%
D3220	D3220	Therapeutic pulpotomy-(excluding final restoration	\$234.00	\$244.00	75th	\$10	4.3%
D3221	D3221	Pulpal debridement, primary and permanent teeth	\$256.00	\$267.00	75th	\$11	4.3%
D3310	D3310	Anterior (excluding final restoration)	\$863.00	\$883.00	75th	\$20	2.3%
D3320	D3320	Bicuspid (excluding final restoration)	\$1,057.00	\$1,082.00	75th	\$25	2.4%
D3999	D3999	Unspecified Endodontic Procedure	\$0.00	\$0.00	Current fee	\$0	0.0%
D4341	D4341	Periodontal scaling and root planing-four or more	\$268.00	\$279.00	75th	\$11	4.1%
D4342	D4342	Periodonatal Scaling	\$155.00	\$161.00	75th	\$6	3.9%
D4355	D4355	Subgingival Plaque/Calculus	\$183.00	\$191.00	75th	\$8	4.4%
D4910	D4910	Periodontal maintenance	\$165.00	\$172.00	75th	\$7	4.2%
D500B	D500B	Occlusal Records - Wax Bite	\$0.00	\$0.00	Current fee	\$0	0.0%
D500C	D500C	Crown Cementation	\$0.00	\$0.00	Current fee	\$0	0.0%
D500D	D500D	Denture Delivery	\$0.00	\$0.00	Current fee	\$0	0.0%
D500I	D500I	Final Impression	\$0.00	\$0.00	Current fee	\$0	0.0%
D500T	D500T	Wax Tryin	\$0.00	\$0.00	Current fee	\$0	0.0%
D5110	D5110	Complete denture-maxillary	\$1,806.00	\$1,855.00	75th	\$49	2.7%
D5120	D5120	Complete denture-mandibular	\$1,806.00	\$1,855.00	75th	\$49	2.7%
D5211	D5211	Maxillary partial denture-resin base (including an	\$1,524.00	\$1,565.00	75th	\$41	2.7%
D5212	D5212	Mandibular partial denture-resin base (including)	\$1,771.00	\$1,819.00	75th	\$48	2.7%
D5213	D5213	Maxillary partial denture-cast metal framework wit	\$1,995.00	\$2,049.00	75th	\$54	2.7%
D5214	D5214	Mandibular partial denture-cast metal framework wi	\$1,995.00	\$2,049.00	75th	\$54	2.7%
D5410	D510M	Adjust complete denture-maxillary made elsewhere	\$99.00	\$102.00	75th	\$3	3.0%
D5411	D511M	Adjust Complete Denture-Mandibular made elsewhere	\$99.00	\$102.00	75th	\$3	3.0%
D5421	D521M	Adjust Partial Denture-Maxillary made elsewhere	\$99.00	\$102.00	75th	\$3	3.0%
D5422	D522M	Adjust Partial Denture-Mandibular made elsewhere	\$99.00	\$102.00	75th	\$3	3.0%
D5510	D5510	Repair broken complete denture base	\$198.00	\$203.00	75th	\$5	2.5%
D5520	D5520	Replace missing or broken teeth-complete denture (\$165.00	\$169.00	75th	\$4	2.4%

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health, and Dental Services
Effective Date of December 1, 2016

CPT4	SIM Code	Code Description	Current fee	Proposed Fee	Rationale for FY2016	Change from Current to Proposed	% of Change
D5610	D5610	Repair resin denture base	\$214.00	\$220.00	75th	\$6	2.8%
D5630	D5630	Repair or replace broken clasp	\$280.00	\$288.00	75th	\$8	2.9%
D5640	D5640	Replace broken teeth-per tooth	\$181.00	\$186.00	75th	\$5	2.8%
D5650	D5650	Add tooth to existing partial denture	\$247.00	\$254.00	75th	\$7	2.8%
D5660	D5660	Add clasp to existing partial denture	\$297.00	\$305.00	75th	\$8	2.7%
D5750	D5750	Reline complete maxillary denture (laboratory)	\$552.00	\$567.00	75th	\$15	2.7%
D5751	D5751	Reline Complete Mandibular Denture	\$552.00	\$567.00	75th	\$15	2.7%
D5760	D5760	Reline maxillary partial denture (laboratory)	\$544.00	\$558.00	75th	\$14	2.6%
D5820	D5820	Interim partial denture (maxillary)	\$675.00	\$694.00	75th	\$19	2.8%
D5899	D5899	Unspecified removable prosthodontic procedure,by R	\$96.00	\$96.00	Current fee	\$0	0.0%
D6930	D6930	Recement Bridge	\$176.00	\$182.00	75th	\$6	3.4%
D7140	D7140	Extraction, erupted tooth or exposed root (elevati	\$206.00	\$215.00	75th	\$9	4.4%
D7210	D7210	Surgical removal of erupted tooth requiring elevat	\$345.00	\$358.00	75th	\$13	3.8%
D7220	D7220	Removal of impacted tooth-soft tissue	\$433.00	\$449.00	75th	\$16	3.7%
D7321	D7321	Alveoloplasty Not Conj. W Ext 1-3 Teeth, Per Quad	\$561.00	\$538.00	75th	-\$23	-4.1%
D7411	D7411	Excision Benign Lesion Soft Tissue > 1.25cm	\$1,938.00	\$1,858.00	75th	-\$80	-4.1%
D7510	D7510	Incision and drainage of abscess-intraoral soft ti	\$439.00	\$420.00	75th	-\$19	-4.3%
D9110	D9110	Palliative (emergency) treatment of dental pain-mi	\$140.00	\$142.00	75th	\$2	1.4%
D9310	D9310	Consultation (diagnostic service provided by denti	\$135.00	\$151.00	75th	\$16	11.9%
D9930	D9930	Treatment Of Complications (post Surgical)	\$0.00	\$0.00	Current fee	\$0	0.0%
D9940	D9940	Occlusal Night Guard	\$594.00	\$601.00	75th	\$7	1.2%
D9951	D9951	Occlusal Adjustment-limited	\$174.00	\$176.00	75th	\$2	1.1%
DEPO1	DEPO1	Prescription DEPO (Pt Supplied)	\$0.00	\$0.00	Current fee	\$0	0.0%
DTXCP	DTXCP	Comp Tx Plan Completed	\$0.00	\$0.00	Current fee	\$0	0.0%
G0003	G0003	Non DUI Assessment	\$40.00	\$40.00	Current fee	\$0	0.0%
G0008	G0008	Admin influenza virus vac	\$30.00	\$30.00	Current fee	\$0	0.0%
G0009	G0009	Admin pneumococcal vaccine	\$50.00	\$50.00	Current fee	\$0	0.0%
G0010	G0010	Admin hepatitis b vaccine	\$50.00	\$50.00	Current fee	\$0	0.0%
G0434	G0434	Drug Screen (Urine)	\$0.00	\$0.00	Current fee	\$0	0.0%
G0438	G0438	Ppps, Initial Visit	\$304.00	\$318.00	Medicare FQHC	\$14	4.6%
G0466	G0466	FQHC Visit, New Patient	\$273.60	\$202.00	Medicare FQHC	-\$72	-26.2%
G0467	G0467	FQHC Visit, Established Patient	\$172.04	\$182.00	Medicare FQHC	\$10	5.8%
G0468	G0468	IPPE/ AWW	\$224.00	\$318.00	Medicare FQHC	\$94	42.0%
G0469	G0469	FQHC Visit, Mental Health, New Patient	\$279.00	\$290.00	Medicare FQHC	\$11	3.9%
G0470	G0470	FQHC Visit, Mental Health, Est. Patient	\$219.46	\$207.00	Medicare FQHC	-\$12	-5.7%
H0002	H000212	LOCUS Assessment	\$72.00	\$72.00	DMH	\$0	0.0%
H0002	H000211	LOCUS Assessment	\$72.00	\$72.00	DMH	\$0	0.0%
H0002	H0031IN99	MH Health Assess by Non-MD, Per 15 Mins	\$48.00	\$48.00	DASA Billing	\$0	0.0%
H0002	H000299	LOCUS Assessment	\$72.00	\$72.00	DMH	\$0	0.0%
H0002	H0031DS	MH Health Discharge Assess by Non-MD Per 15 Mins	\$48.00	\$48.00	DASA Billing	\$0	0.0%
H0002	H0031IN	MH Health Assess by Non-MD, Per 15 Mins	\$48.00	\$48.00	DASA Billing	\$0	0.0%
H0004	H0004	BH Counseling and Therapy,Fam, Per 15 Mins	\$23.00	\$23.00	DASA Billing	\$0	0.0%
H0004	H000411F	Behavioral Health Counseling and Therapy, Fam, per 15 M	\$23.00	\$23.00	DMH	\$0	0.0%
H0004	H000411FM	Behavioral Health Counseling and Therapy,Fam, per 15 M	\$28.00	\$28.00	DMH	\$0	0.0%
H0004	H000411G	Behavioral Health Counseling and Therapy, Grp, per 15 M	\$15.00	\$15.00	DMH	\$0	0.0%
H0004	H000411M	Behavioral Health Counseling and Therapy, Ind, per 15 M	\$28.00	\$28.00	DMH	\$0	0.0%
H0004	H000499G	Behavioral Health Counseling and Therapy, Grp, per 15 M	\$15.00	\$15.00	DMH	\$0	0.0%
H0004	H000499GM	Behavioral Health Counseling and Therapy, Grp, per 15 M	\$15.00	\$15.00	DMH	\$0	0.0%
H0004	H000499M	Behavioral Health Counseling and Therapy, Ind, per 15 M	\$28.00	\$28.00	DMH	\$0	0.0%
H0004	H000412	BH Counseling and Therapy, Per 15 Mins	\$23.00	\$23.00	DMH	\$0	0.0%
H0004	H000412FM	BH Counseling and Therapy,Fam, Per 15 Mins	\$28.00	\$28.00	DMH	\$0	0.0%
H0004	H000499F	Behavioral Health Counseling and Therapy, Fam, per 15 M	\$23.00	\$23.00	DMH	\$0	0.0%
H0004	H000411	Behavioral Health Counseling and Therapy Ind, per 15 M	\$23.00	\$23.00	DMH	\$0	0.0%
H0004	H000411GM	Behavioral Health Counseling and Therapy,Grp, per 15 M	\$15.00	\$15.00	DMH	\$0	0.0%
H0004	H000499	Behavioral Health Counseling and Therapy, per 15 M	\$23.00	\$23.00	DMH	\$0	0.0%
H0004	H000411M	Behavioral Health Counseling and Therapy, Ind, per 15 M	\$28.00	\$28.00	DMH	\$0	0.0%
H0004	H000412M	BH Counseling and Therapy,Ind, Per 15 Mins	\$28.00	\$28.00	DMH	\$0	0.0%
H0004	H000499FM	Behavioral Health Counseling and Therapy, Fam, per 15 M	\$28.00	\$28.00	DMH	\$0	0.0%
H0004	H0004Z	Methadone Individual Counseling and Therapy, per 15 M	\$0.00	\$0.00	Current fee	\$0	0.0%
H0004	H000412F	BH Counseling and Therapy, FAM, Per 15 Mins	\$23.00	\$23.00	DMH	\$0	0.0%
H0004	H0004GZ	Methadone Group Counseling and Therapy, per 15 M	\$0.00	\$0.00	Current fee	\$0	0.0%
H0004	H0004GZ	Methadone Group Counseling and Therapy, per 15 M	\$0.00	\$0.00	Current fee	\$0	0.0%
H0005	H0005	Ach/Drug services Group Counseling by Clinician	\$10.00	\$10.00	DASA Billing	\$0	0.0%
H0005	H0004HQ	BH Counseling And Therapy, Grp, Per 15 Mins	\$15.00	\$15.00	DASA Billing	\$0	0.0%
H0010	H0010	Alcohol and/or drug services	\$350.00	\$350.00	DASA Billing	\$0	0.0%
H0031	H003112B	MH Health Assess by Non-MD, Per 15 Mins	\$48.00	\$48.00	DMH	\$0	0.0%
H0031	H003199B	MH Health Assess by Non-MD, Per 15 Mins	\$48.00	\$48.00	DMH	\$0	0.0%
H0031	H003112M	MH Health Assess by Non-MD, Per 15 Mins	\$48.00	\$48.00	DMH	\$0	0.0%
H0031	H003111	MH Health Assess by Non-MD, Per 15 Mins	\$48.00	\$48.00	DMH	\$0	0.0%
H0031	H003111M	MH Health Assess by Non-MD, Per 15 Min	\$48.00	\$48.00	DMH	\$0	0.0%
H0031	H0031	MH Health Assess by Non-MD	\$48.00	\$48.00	DASA Billing	\$0	0.0%
H0031	H003111B	MH Health Assess by Non-MD Per 15 Mins	\$48.00	\$48.00	DMH	\$0	0.0%
H0031	H003199M	MH Health Assess by Non-MD, Per 15 Mins	\$48.00	\$48.00	DMH	\$0	0.0%
H0032	H003212M	MH Service Plan Develop by Non-MD	\$32.00	\$32.00	DMH	\$0	0.0%
H0032	H0032	MH svc plan dev by non-md	\$32.00	\$32.00	DMH	\$0	0.0%
H0032	H003299M	MH svc plan dev by non-md	\$32.00	\$32.00	DMH	\$0	0.0%

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health, and Dental Services
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CPT4	SIM Code	Code Description	Current fee	Proposed Fee	Rationale for FY2016	Change from Current to Proposed	% of Change
H0032	H003211M	MH Service Plan Develop by Non-MD	\$32.00	\$32.00	DMH	\$0	0.0%
H0032	H003211B	MH svc plan dev by non-md	\$27.00	\$27.00	DMH	\$0	0.0%
H0032	H003212B	MH Service Plan Develop by Non-MD	\$27.00	\$27.00	DMH	\$0	0.0%
H0032	H003299B	MH svc plan dev by non-md	\$27.00	\$27.00	DMH	\$0	0.0%
H0032HN	H0032HN	MH SVC Plan Dev By Non MD	\$27.00	\$27.00	DASA Billing	\$0	0.0%
H0034	H003411	Med training & Support Per 15 min	\$32.00	\$32.00	DMH	\$0	0.0%
H0034	H003499	Med training & Support Per 15 min	\$32.00	\$32.00	DMH	\$0	0.0%
H0039	H003912G	Assertive Community Tx Face-Face, Grp, Per 15min	\$13.00	\$13.00	DMH	\$0	0.0%
H0039	H003911	Assert Com Tx Face-Face, Ind, 15 Min	\$47.00	\$47.00	DMH	\$0	0.0%
H0039	H003912	Assertive Community Tx Face-Face, Ind, Per 15min	\$47.00	\$47.00	DMH	\$0	0.0%
H0039	H003999	Assert Com Tx Face-Face, Ind 15 Min	\$47.00	\$47.00	DMH	\$0	0.0%
H0039	H003999G	Assert Com Tx Face-Face, Grp, 15 Min	\$13.00	\$13.00	DMH	\$0	0.0%
H0039	H003911G	Assert Com Tx Face-Face Grp, 15 Min	\$13.00	\$13.00	DMH	\$0	0.0%
H0039	H0039	Assert Com Tx Face-Face 15 Min	\$47.00	\$47.00	DMH	\$0	0.0%
H0047	H0047	Alcohol/drug abuse svc nos	\$200.00	\$200.00	DASA Billing	\$0	0.0%
H0047	HAT47W	Alcohol/Drug Abuse Service NOS	\$225.00	\$225.00	DASA Billing	\$0	0.0%
H0047	HAT47	Alcohol/Drug Abuse Service NOS	\$200.00	\$200.00	DASA Billing	\$0	0.0%
H0047	HCH47	WRS Children NOS	\$65.00	\$65.00	DASA Billing	\$0	0.0%
H1000	H1000	Prenatal care atrisk assessm	\$100.00	\$100.00	Current fee	\$0	0.0%
H2010	H2010	Comprehensive Medication Service Per 15min	\$105.00	\$105.00	Current fee	\$0	0.0%
H2011	H201111	Crisis interven svc, Ind, 15 min	\$50.00	\$50.00	DMH	\$0	0.0%
H2011	H201112	Crisis Intervention Service, Ind, Per 15 min	\$50.00	\$50.00	DMH	\$0	0.0%
H2011	H2011	Crisis interven svc, 15 min	\$50.00	\$50.00	DMH	\$0	0.0%
H2011	H201199	Crisis interven svc, Ind 15 min	\$50.00	\$50.00	DMH	\$0	0.0%
H2015	H201511L	Comp Comm Supp Svc, Ind, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201599L	Comp Comm Supp Svc, Ind, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201599M	Comp Comm Supp Svc, Ind, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201599B	Comp Comm Supp Svc, Ind, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201512M	Comprehensive Community Support Services, Ind,15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201511M	Comp Comm Supp Svc, Ind, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201512B	Comprehensive Community Support Services, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201511B	Comp Comm Supp Svc, Ind,15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201511PL	Comp Comm Supp Svc, Ind, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201511PB	Comp Comm Supp Svc, Ind, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015	H201511PM	Comp Comm Supp Svc, Ind, 15 min	\$29.00	\$29.00	DMH	\$0	0.0%
H2015G11	H2015G11BB	Comprehensive Community Support Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G11	H2015G11	Comprehensive Community Support Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G11	H2015G11MM	Comprehensive Community Support Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G11	H2015G11PMM	Comprehensive Community Support Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G11	H2015G11PBB	Comprehensive Community Support Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G11	H2015G11PLL	Comprehensive Community Support Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G12	H2015G12BB	Comprehensive Community Support, Grp 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G99	H2015G99BB	Comprehensive Community Support, Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G99	H2015G999	Comprehensive Community Support, Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015G99	H2015G99MM	Comprehensive Community Support, Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015QEO	H2015QEO	Comprehensive Community Support, Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
H2015QHN	H2015QHN	Comprehensive Community Support, Grp, 15 Mins	\$19.00	\$19.00	DMH	\$0	0.0%
J0456	J0456	Azithromycin	\$75.00	\$75.00	Current fee	\$0	0.0%
J1050	J1050	Depo Provera, 1mg (Office Supplied)	\$0.28	\$0.28	Current fee	\$0	0.0%
J1050	J1050A	Depo Provera (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0	0.0%
J1051	J1051	Medroxyprogesterone inj	\$0.00	\$0.00	Current fee	\$0	0.0%
J1055	J1055	Medxyprogester acetate inj	\$65.00	\$65.00	Current fee	\$0	0.0%
J1815	J1815	Insulin injection	\$10.00	\$10.00	Current fee	\$0	0.0%
J2675	J2675	Inj progesterone per 50 MG	\$39.00	\$39.00	Current fee	\$0	0.0%
J2788	J2788	Rho d immune globulin 50 mcg	\$0.00	\$0.00	Current fee	\$0	0.0%
J3420	J3420	Vitamin b12 injection	\$18.00	\$18.00	Current fee	\$0	0.0%
J7300	J7300	Intraut copper contraceptive	\$740.00	\$999.88	75th	\$260	35.1%
J7300M	J7300M	Paraguard Intraut copper contraceptive	\$263.35	\$260.75	340B pricing	-\$3	-1.0%
J7302	J7302	Levonorgestrel iu contracept	\$811.00	\$811.00	Current fee	\$0	0.0%
J7302M	J7302M	MIRENA Levonorgestrel iu contracept	\$332.46	\$332.46	340B pricing	\$0	0.0%
J7307	J7307	Etonogestrel implant system	\$773.00	\$773.00	Current fee	\$0	0.0%
J7307M	J7307M	Nexplanon Etonogestrel implant system	\$391.72	\$391.72	340B pricing	\$0	0.0%
J7611	J7611	Albuterol non-comp con	\$2.00	\$2.00	Current fee	\$0	0.0%
J7613	J7613	Albuterol non-comp unit, 1 Mg	\$10.00	\$10.00	Current fee	\$0	0.0%
J7620	J7620	Albuterol ipratrop non-comp	\$13.00	\$13.00	Current fee	\$0	0.0%
L0000	L0000	Lab Group	\$0.01	\$0.01	Current fee	\$0	0.0%
LND	LND	Lab Not Drawn	\$0.00	\$0.00	Current fee	\$0	0.0%
LOZ4	LOZ4	Lozenges 4mg	\$0.00	\$27.00	Vendor cost	\$27	100.0%
Meth-23	Meth-23	Meth Medication Visits 2-3x Week	\$80.00	\$80.00	Current fee	\$0	0.0%
Meth-456	Meth-456	Meth Medication Visits 4 To 6x Week	\$95.00	\$95.00	Current fee	\$0	0.0%
Meth-MT1	Meth-MT1	Meth Medication Visits 1x Week or 1x Month	\$70.00	\$70.00	Current fee	\$0	0.0%
NVO	NVO	Nurse Visit Only	\$0.00	\$0.00	Current fee	\$0	0.0%
Q0111	Q0111	Wet mounts/ w preparations	\$0.00	\$5.00	Blue Cross rate	\$5	100.0%
Q0144	Q0144	Azithromycin dihydrate, oral	\$50.00	\$50.00	Current fee	\$0	0.0%
Q2036	Q2A36	FLULAVAL VACC, 19 YRS & OLDER, IM IIV3	\$30.00	\$30.00	Current fee	\$0	0.0%
Q2037	Q2037	FLUVIRIN VACC, 4-18 YRS, IM IIV3	\$16.00	\$23.00	VCP	\$7	43.8%

Lake County Health Department and Community Health Center
Proposed Fees for Medical, Behavioral Health, and Dental Services
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CPT4	SIM Code	Code Description	Current fee	Proposed Fee	Rationale for FY2016	Change from Current to Proposed	% of Change
Q2037	Q2A37	FLUVIRIN VACC, 19 YRS & OLDER, IM	\$33.00	\$33.00	Current fee	\$0	0.0%
Q2038	Q2A38	FLUZONEVACC, 19 YRS & OLDER, IM IIV3	\$33.00	\$33.00	Current fee	\$0	0.0%
S0109	S0109	Methadone oral 5mg	\$5.00	\$5.00	Current fee	\$0	0.0%
S0630	S0630	REMOVAL OF SUTURES	\$132.00	\$132.00	Current fee	\$0	0.0%
S4991	NRT14	Nicotine patch nonlegend 14mg Step 2	\$0.00	\$21.00	Vendor cost	\$21	100.0%
S4991	NRT21	Nicotine patch nonlegend 21mg Step 1	\$0.00	\$21.00	Vendor cost	\$21	100.0%
S4991	NRT7	Nicotine patch nonlegend 7mg Step 1	\$0.00	\$21.00	Vendor cost	\$21	100.0%
S4993	0139A	Kelnor	\$46.00	\$46.00	Current fee	\$0	0.0%
S4993	0118A	Ortho Cyclen	\$46.00	\$46.00	Current fee	\$0	0.0%
S4993	0121A	Micronor	\$46.00	\$46.00	Current fee	\$0	0.0%
S4993	0130A	Tricyclen Lo	\$46.00	\$46.00	Current fee	\$0	0.0%
S4995	GUM2	Smoking cessation gum 2mg	\$0.00	\$24.00	Vendor cost	\$24	100.0%
S4995	GUM4	Smoking cessation gum 4mg	\$0.00	\$24.00	Vendor cost	\$24	100.0%
S9986	W00R4	Residential Serv Prgm 830 Group Home	\$1.00	\$1.00	DMH	\$0	0.0%
S9986	W00R1	Residential Serv Prgm 620 CILA	\$1.00	\$1.00	DMH	\$0	0.0%
S9986	W00S3	Crisis Intervention - UnReg	\$0.00	\$0.00	Current fee	\$0	0.0%
S9986	W00A2	Transitional Subsidies-Rent	\$0.00	\$0.00	Current fee	\$0	0.0%
S9986	W00R2	Residential Serv Prgm 820 Scat Apts	\$1.00	\$1.00	DMH	\$0	0.0%
S9986	W00R2	Residential Serv Prgm 820 Scat Apts	\$1.00	\$1.00	DMH	\$0	0.0%
S9986	W00R5	Residential Serv Prgm 860 Crisis Respite	\$1.00	\$1.00	DMH	\$0	0.0%
T1013	T1013	Sign Lang/Oral Interpreter	\$30.00	\$30.00	DMH	\$0	0.0%
T1015	T1015AJ	Clinic service	\$51.87	\$51.87	Encounter Rate	\$0	0.0%
T1015	T1015	Clinic service	\$136.37	\$136.37	Encounter Rate	\$0	0.0%
T1015	T1015HO	Clinic service	\$51.87	\$51.87	Encounter Rate	\$0	0.0%
T1015	T1015AH	Clinic service	\$51.87	\$51.87	Encounter Rate	\$0	0.0%
T1016	T101611I	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101612I	Case Management Per 15min	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101612XB	Case Management Per 15min	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101699M	Case management	\$28.00	\$28.00	DMH	\$0	0.0%
T1016	T101699XB	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101611	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101611X	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101611XB	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101612	Case Management Per 15min	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101699	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101611B	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101611M	Case management	\$28.00	\$28.00	DMH	\$0	0.0%
T1016	T101699B	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T101612M	Case Management Per 15min	\$28.00	\$28.00	DMH	\$0	0.0%
T1016	T101699I	Case management	\$25.00	\$25.00	DMH	\$0	0.0%
T1016	T1016	Case Management Per 15min	\$25.00	\$25.00	DASA Billing	\$0	0.0%
T1023	T1023	Program Intake Assessment	\$348.00	\$348.00	DMH	\$0	0.0%
T1023	T102399	Program Intake Assessment	\$348.00	\$348.00	DMH	\$0	0.0%
T1023	T102312	Program Intake Assessment	\$348.00	\$348.00	DMH	\$0	0.0%
T1023	T102311	Program Intake Assessment	\$348.00	\$348.00	DMH	\$0	0.0%
T1029	T1029	Dwelling lead investigation	\$42.00	\$42.00	Current fee	\$0	0.0%
T1502	T150211	Medication Admin Visit	\$22.00	\$22.00	DMH	\$0	0.0%
T1502	T1502	Medication Admin Visit	\$22.00	\$22.00	DMH	\$0	0.0%
T1502	T150211SA	Medication Admin Visit	\$22.00	\$22.00	DMH	\$0	0.0%