CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2020	Change from Current to Proposed	% of Change
0001F	0001F	HEART FAILURE COMPOSITE	\$0.00	\$0.00	Current fee	\$0.00	0.0%
0118G	0118G	Ortho Cyclen (Grant Funded)	\$0.00		Grant	\$0.00	0.0%
0130AG	0130AG	Tricyclen Lo (Grant Funded)	\$0.00	\$0.00		\$0.00	0.0%
0500F	0500F	INITIAL PRENATAL CARE VISIT	\$247.00		75th percentile	\$0.00	0.0%
0502F	0502F	SUBSEQUENT PRENATAL CARE	\$247.00		75th percentile	\$0.00	0.0%
0503F	0503F	POSTPARTUM CARE VISIT	\$298.00		75th percentile	\$142.00	47.7%
10060 11200	10060 11200	DRAINAGE OF SKIN ABSCESS REMOVAL OF SKIN TAGS	\$323.00 \$250.00		Current fee 75th percentile	\$0.00 \$0.00	0.0%
11422	11422	EXC H-F-NK-SP B9+MARG 1.1-2	\$230.00		75th percentile	\$2.00	0.0%
11976	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$350.00		Current fee	\$0.00	0.4%
11981	11981	INSERT DRUG IMPLANT DEVICE	\$405.00		75th percentile	\$0.00	0.0%
11982	11982	REMOVE DRUG IMPLANT DEVICE	\$444.00		75th percentile	\$11.00	2.5%
11983	11983	REMOVE/INSERT DRUG IMPLANT	\$624.00	\$624.00	Current fee	\$0.00	0.0%
17000	17000	DESTRUCT PREMALG LESION	\$190.00		75th percentile	\$0.00	0.0%
17110	17110	DESTRUCT B9 LESION, 1-14	\$255.00		75th percentile	\$0.00	0.0%
17111	17111	DESTRUCT LESION, 15 OR MORE	\$305.00		75th percentile	\$0.00	0.0%
17250 1750G	17250 1750G	Chemical cautery, tissue	\$178.00 \$0.00		75th percentile Grant	\$0.00 \$0.00	0.0%
32	C0032	Plan B (Grant Funded) Outreach	\$0.00	+	Grant	\$0.00	0.0%
33	C0032	Case Finding	\$20.00	+	Grant	\$0.00	0.0%
36415	36415	A-ROUTINE VENIPUNCTURE	\$0.00		Current fee	\$0.00	0.0%
36415	36415Q	A ROUTINE VENIPUNCTURE QUEST	\$0.00		Current fee	\$0.00	0.0%
41110	41110	EXCISION OF TONGUE LESION	\$700.00		75th percentile	(\$44.00)	-6.3%
46900	46900	DESTRUCTION, ANAL LESION(S)	\$787.00	\$687.00	75th percentile	(\$100.00)	-12.7%
46916	46916	CRYOSURGERY, ANAL LESION(S)	\$675.00		75th percentile	(\$175.00)	
46924	46924	DESTRUCTION, ANAL LESION(S)	\$1,883.00		75th percentile	(\$1,033.00)	
54050	54050	DESTRUCTION, PENIS LESION(S)	\$250.00		75th percentile	\$0.00	0.0%
54056 54065	54056 54065		\$418.00		75th percentile	\$8.00	1.9%
54065 56420	54065	DESTRUCTION, PENIS LESION(S)	\$650.00 \$491.00		75th percentile 75th percentile	\$0.00 \$123.00	0.0%
56501	56501	DESTROY, VULVA LESIONS, SIM	\$433.00		75th percentile	(\$23.00)	-5.3%
56515	56515	DESTROY VULVA LESION/S COMPL	\$725.00		75th percentile	\$38.00	5.2%
56605	56605	BIOPSY OF VULVA/PERINEUM	\$579.00		75th percentile	\$0.00	0.0%
57061	57061	DESTROY VAG LESIONS, SIMPLE	\$521.00		75th percentile	(\$136.00)	
57065	57065	DESTROY VAG LESIONS, COMPLEX	\$1,329.00	\$1,041.00	75th percentile	(\$288.00)	-21.7%
57452	57452	EXAM OF CERVIX W/SCOPE	\$469.00		75th percentile	(\$19.00)	
57454	57454	BX AND CURETT OF CERVIX W/SCOPE	\$641.00		75th percentile	\$0.00	0.0%
57455	57455		\$550.00		Current fee	\$0.00	0.0%
57456 57460	57456 57460	ENDOCERV CURETTAGE W/SCOPE	\$519.00		75th percentile 75th percentile	\$42.00	8.1% 9.9%
57460 57461	57461	Bx of cervix w/ scope, Leep CONZ OF CERVIX W/SCOPE, LEEP	\$2,330.00 \$1,177.00		75th percentile	\$231.00 \$0.00	9.9%
57500	57500	BIOPSY OF CERVIX	\$846.00		75th percentile	\$30.00	3.5%
57522	57522	CONIZATION OF CERVIX	\$1,700.00		Current fee	\$0.00	0.0%
58100	58100	BIOPSY OF UTERUS LINING	\$499.00		75th percentile	\$0.00	0.0%
58300	58300	INSERT INTRAUTERINE DEVICE	\$700.00		75th percentile	\$0.00	0.0%
58301	58301	REMOVE INTRAUTERINE DEVICE	\$431.00	\$457.00	75th percentile	\$26.00	6.0%
59025	59025	FETAL NON-STRESS TEST	\$254.00	+	75th percentile	\$12.00	4.7%
59430	59430	CARE AFTER DELIVERY	\$440.00		75th percentile	\$0.00	0.0%
69200	69200	CLEAR OUTER EAR CANAL	\$381.00		75th percentile	\$19.00	5.0%
69209 69210	69209 69210	Removal Impacted Cerumen Using Irrigation, Unilat REMOVE IMPACTED EAR WAX	\$115.00 \$150.00		75th percentile 75th percentile	\$0.00	0.0%
69210 69433	69433	CREATE EARDRUM OPENING	\$150.00		75th percentile	\$0.00 \$950.00	0.0% #DIV/0!
70150	70150	X-RAY EXAM OF FACIAL BONES	\$163.00		75th percentile	\$5.00	3.1%
70220	70220	X-RAY EXAM OF SINUSES	\$105.00		Current fee	\$0.00	0.0%
70328	70328	X-RAY EXAM OF JAW JOINT	\$137.00		75th percentile	(\$2.00)	-1.5%
70360	70360	X-RAY EXAM OF NECK	\$103.00		Current fee	\$0.00	0.0%
71045	71045	CHEST X-RAY - Single View Frontal	\$98.00		Current fee	\$0.00	0.0%
71046	71046	CHEST X-RAY-2 VIEWS Frontal And Lateral	\$150.00		Current fee	\$0.00	0.0%
71048	71048	CHEST X-RAY-4 OR MORE VIEWS	\$207.00		75th percentile	(\$3.00)	
71100	71100	X-RAY EXAM OF RIBS	\$133.00		75th percentile	(\$3.00)	
71101	71101	X-RAY EXAM OF RIBS/CHEST	\$160.00		75th percentile	\$0.00	0.0%
72040	72040	X-RAY EXAM OF NECK SPINE	\$120.00		75th percentile	\$0.00	0.0%
72050	72050	X-RAY EXAM OF NECK SPINE	\$231.00		75th percentile	\$9.00	3.9%
72052 72070	72052 72070	X-ray exam of neck spine X-RAY EXAM OF THORACIC SPINE	\$180.00 \$150.00		75th percentile 75th percentile	(\$2.00) \$0.00	-1.1%
72070	72072	X-RAY EXAM OF THORACIC SPINE	\$150.00		75th percentile	(\$20.00)	-11.4%
72072	72080	X-RAY EXAM OF TRUNK SPINE	\$175.00		Current fee	(\$20.00) \$0.00	-11.4%
72082	72082	X-Ray Exam Thrc Lmbr Crv SacSpine W/Skull 2 -3View	\$197.00		75th percentile	\$0.00	0.0%
72100	72100	X-RAY EXAM OF LOWER SPINE	\$150.00		75th percentile	\$0.00	0.0%

HCPCS			Current	Proposed	Rationale for	from Current to Proposed	% of Change
Code	SIM Code		Fee	Fee	FY2020 75th percentile	(\$7.00)	2.40/
72110 72120	72110 72120	X-RAY EXAM OF LOWER SPINE X-ray exam of lower spine	\$225.00 \$211.00		75th percentile	(\$7.00) \$0.00	-3.1% 0.0%
72170	72170	X-RAY EXAM OF PELVIS	\$109.00	+	75th percentile	(\$6.00)	-5.5%
72220	72220	X-RAY EXAM OF TAILBONE	\$132.00		75th percentile	(\$2.00)	-1.5%
73000	73000	X-RAY EXAM OF COLLAR BONE	\$117.00		75th percentile	(\$2.00)	-1.7%
73010	73010	X-RAY EXAM OF SHOULDER BLADE	\$101.00	\$101.00	Current fee	\$0.00	0.0%
73030	73030	X-RAY EXAM OF SHOULDER	\$130.00		75th percentile	(\$2.00)	-1.5%
73060	73060	X-RAY EXAM OF HUMERUS	\$126.00		75th percentile	(\$1.00)	-0.8%
73080	73080	X-RAY EXAM OF ELBOW	\$117.00	\$116.00	75th percentile	(\$1.00)	-0.9%
73090 73100	73090 73100		\$114.00		75th percentile	(\$1.00)	-0.9%
73110	73110	X-RAY EXAM OF WRIST X-RAY EXAM OF WRIST	\$110.00 \$117.00		75th percentile 75th percentile	\$0.00 (\$2.00)	0.0%
73130	73130	X-RAY EXAM OF HAND	\$121.00		75th percentile	(\$2.00)	-1.7%
73140	73140	X-RAY EXAM OF FINGER(S)	\$99.00		75th percentile	\$0.00	0.0%
73501	73501	X-Ray Exam Hip Unilat W/ Pelvis 1 View	\$94.00		75th percentile	\$0.00	0.0%
73502	73502	X-RAY EXAM, HIP, UNILAT, W/PELVIS 2-3 VIEWS	\$155.00		75th percentile	(\$10.00)	-6.5%
73503	73503	X-Ray Exam Hip Unilat W/Pelvis 4 Views	\$175.00		75th percentile	\$0.00	0.0%
73522	73522	X-Ray Exam Hip Bilateral W/Pelvis 3-4 Views	\$170.00	\$170.00	75th percentile	\$0.00	0.0%
73552	73552	X-RAY EXAM OF FEMUR, 2 VIEWS	\$103.00		75th percentile	\$0.00	0.0%
73560	73560	X-RAY EXAM OF KNEE, 1 OR 2 VIEWS	\$120.00		75th percentile	(\$5.00)	-4.2%
73562	73562	X-RAY EXAM OF KNEE, 3 VIEWS	\$130.00		75th percentile	(\$3.00)	-2.3%
73564 73590	73564 73590	X-RAY EXAM, KNEE, 4 OR MORE X-RAY EXAM OF LOWER LEG	\$154.00 \$114.00		75th percentile 75th percentile	(\$1.00) \$0.00	-0.6% 0.0%
73600	73600	X-RAY EXAM OF ANKLE - 2 Views	\$95.00		75th percentile	\$0.00	0.0%
73610	73610	X-RAY EXAM OF ANKLE - Complete, Minimum 3 Views	\$111.00		75th percentile	(\$8.00)	-7.2%
73620	73620	X-RAY EXAM OF FOOT	\$88.00		75th percentile	\$0.00	0.0%
73630	73630	X-RAY EXAM OF FOOT	\$93.00		75th percentile	\$0.00	0.0%
73650	73650	X-ray exam of heel	\$86.00	\$86.00	75th percentile	\$0.00	0.0%
74018	74018	X-RAY EXAM OF ABDOMEN	\$134.00		75th percentile	(\$60.00)	-44.8%
74019	74019	X-RAY EXAM OF ABDOMEN-2 VIEWS	\$165.00		75th percentile	(\$85.00)	-51.5%
74021	74021	X-RAY EXAM OF ABDOMEN-3 OR MORE VIEWS	\$193.00		75th percentile	(\$3.00)	-1.6%
76801	76801	OB US < 14 WKS, SINGLE FETUS	\$400.00		75th percentile	\$17.00	4.3%
76805 76811	76805 76811	OB US >/= 14 WKS, SNGL FETUS OB US, DETAILED, SNGL FETUS	\$450.00 \$529.00		75th percentile 75th percentile	\$0.00 \$0.00	0.0%
76817	76817	TRANSVAGINAL US, OBSTETRIC	\$345.00		75th percentile	\$5.00	1.4%
80048	80048	BASIC METABOLIC PANEL	\$61.00		Current fee	\$0.00	0.0%
80053	80053	COMPREHEN METABOLIC PANEL	\$109.00		75th percentile	\$2.00	1.8%
80061	80061	LIPID PANEL	\$128.00		75th percentile	\$0.00	0.0%
80074	80074	ACUTE HEPATITIS PANEL	\$377.00		Current fee	\$0.00	0.0%
80076	80076	HEPATIC FUNCTION PANEL	\$97.00		75th percentile	\$0.00	0.0%
80156	80156	ASSAY, CARBAMAZEPINE, TOTAL	\$125.00		75th percentile	\$0.00	0.0%
80162	80162	ASSAY OF DIGOXIN	\$94.00	\$94.00	Current fee	\$0.00	0.0%
80164	80164	ASSAY, DIPROPYLACETIC ACID	\$141.00	\$141.00	75th percentile	\$0.00	0.0%
80177 80178	80177 80178	ASSAY OF LITHIUM	\$124.00		75th percentile	\$0.00	0.0%
80183	80183	ASSAY OF DICHIDIM ASSAY OF OXCARBAZEPINE	\$60.00 \$163.00		Current fee 75th percentile	\$0.00 (\$83.00)	0.0%
80184	80184	ASSAY OF PHENOBARBITAL	\$109.00		75th percentile	\$0.00	0.0%
80185	80185	ASSAY OF PHENYTOIN, TOTAL	\$92.00		Current fee	\$0.00	0.0%
80186	80186	ASSAY OF PHENYTOIN, FREE	\$99.00		Current fee	\$0.00	0.0%
80201	80201	ASSAY OF TOPIRAMATE	\$157.00		75th percentile	(\$27.00)	-17.2%
80299	80299	Quantitative assay, drug	\$160.00	\$234.00	75th percentile	\$74.00	46.3%
80305	80305	Drug Test Presump Optical	\$65.00		Current fee	\$0.00	0.0%
80307	80307	Drug Test Presump Not Optical	\$450.00		75th percentile	(\$90.00)	-20.0%
80348	80348	Buprenorphine	\$200.00		75th percentile	\$0.00	0.0%
80362	80362	Opioids and Opiate analogs; 1 or 2 URINALYSIS, AUTO W/SCOPE	\$100.00		75th percentile	\$0.00	0.0%
81001 81002	81001 81002	URINALYSIS, AUTO W/SCOPE	\$75.00 \$21.00		Current fee 75th percentile	\$0.00 (\$1.00)	0.0%
81025	81025	URINE PREGNANCY TEST	\$35.00		Current fee	\$0.00	-4.8%
81025	81025P	Positive URINE PREGNANCY TEST	\$35.00		Current fee	\$0.00	0.0%
81220	81220	CFTR Gene Analysis, Common Variants	\$1,500.00		75th percentile	(\$600.00)	-40.0%
81327	81327	SEPT9 METHYLATION ANALYSIS	\$403.00		75th percentile	\$11.00	2.7%
81376	81376	HLA II TYPING 1 LOCUS LR	\$522.00	\$535.00	75th percentile	\$13.00	2.5%
81381	81381	HLA Class I Typing High Resolution 1 Allele/Grp	\$550.00		75th percentile	\$15.00	2.7%
81382	81382	HLA II TYPING 1 LOC HR	\$644.00		75th percentile	(\$480.00)	-74.5%
82040	82040	ASSAY OF SERUM ALBUMIN	\$68.00		75th percentile	(\$31.00)	-45.6%
82043	82043		\$118.00		75th percentile	\$0.00	0.0%
~~~==	82075	ASSAY OF BREATH ETHANOL	\$30.00	\$30.00	75th percentile	\$0.00	0.0%
82075 82085	82085	ASSAY OF ALDOLASE	\$77.00		Current fee	\$0.00	0.0%

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2020	Change from Current to Proposed	% of Change
82107	82107	ALPHA-FETOPROTEIN L3	\$367.00		75th percentile	\$9.00	2.5%
82140	82140	ASSAY OF AMMONIA	\$172.00		75th percentile	(\$38.00)	-22.1%
82150	82150	ASSAY OF AMYLASE	\$90.00		75th percentile	(\$30.00)	-33.3%
82164	82164	ANGIOTENSIN I ENZYME TEST	\$167.00	+	75th percentile	\$0.00	0.0%
82172	82172	ASSAY OF APOLIPOPROTEIN	\$111.00		75th percentile	(\$26.00)	-23.4%
82247	82247	BILIRUBIN, TOTAL	\$61.00		75th percentile	\$0.00	0.0%
82248 82272	82248 82272	BILIRUBIN, DIRECT OCCULT BLOOD, FECES, SINGLE	\$59.00 \$37.00		75th percentile Current fee	\$0.00 \$0.00	0.0%
82274	82274	ASSAY TEST FOR BLOOD, FECAL	\$75.00		75th percentile	\$0.00	0.0%
82306	82306	ASSAY OF VITAMIN D	\$172.00		75th percentile	\$0.00	0.0%
82310	82310	ASSAY OF CALCIUM	\$59.00	+	75th percentile	\$0.00	0.0%
82330	82330	ASSAY OF CALCIUM	\$122.00		75th percentile	\$0.00	0.0%
82340	82340	ASSAY OF CALCIUM IN URINE	\$71.00		75th percentile	\$0.00	0.0%
82365	82365	Calculus Spectroscopy	\$105.00		75th percentile	\$17.00	16.2%
82378	82378	CARCINOEMBRYONIC ANTIGEN	\$157.00		75th percentile	\$0.00	0.0%
82384	82384	Assay, three catecholamines	\$181.00		75th percentile	\$56.00	30.9%
82390 82397	82390 82397	ASSAY OF CERULOPLASMIN Chemiluminescent assav	\$119.00 \$200.00		75th percentile	(\$11.00)	-9.2% -36.5%
82465	82465	ASSAY, BLD/SERUM CHOLESTEROL	\$200.00		75th percentile 75th percentile	(\$73.00) \$0.00	-36.5%
82520	82520	ASSAY OF COCAINE	\$0.00		Current fee	\$0.00	0.0%
82530	82530	CORTISOL, FREE	\$99.00		75th percentile	\$4.00	4.0%
82533	82533	TOTAL CORTISOL	\$208.00		75th percentile	(\$32.00)	-15.4%
82542	82542	COLUMN CHROMOTOGRAPHY, QUANT	\$103.00		Lab cost	\$62.00	60.2%
82550	82550	ASSAY OF CK (CPK)	\$94.00		75th percentile	\$0.00	0.0%
82552	82552	ASSAY OF CPK IN BLOOD	\$247.00		75th percentile	(\$145.00)	-58.7%
82553	82553	CREATINE, MB FRACTION	\$219.00		75th percentile	\$0.00	0.0%
82565	82565		\$39.00		75th percentile	(\$1.00)	-2.6%
82570 82575	82570	ASSAY OF URINE CREATININE	\$98.00	+	75th percentile	\$0.00	0.0%
82607	82575 82607	Creatinine clearance test VITAMIN B-12	\$172.00 \$164.00		75th percentile Current fee	\$0.00 \$0.00	0.0%
82627	82627	DEHYDROEPIANDROSTERONE	\$133.00		75th percentile	\$2.00	1.5%
82652	82652	ASSAY OF DIHYDROXYVITAMIN D	\$204.00		75th percentile	\$0.00	0.0%
82668	82668	Assay of erythropoietin	\$150.00		75th percentile	\$25.00	16.7%
82670	82670	ASSAY OF ESTRADIOL	\$80.00		75th percentile	\$0.00	0.0%
82677	82677	ASSAY OF ESTRIOL	\$139.00	\$139.00	75th percentile	\$0.00	0.0%
82728	82728	ASSAY OF FERRITIN	\$180.00		75th percentile	\$0.00	0.0%
82746	82746	BLOOD FOLIC ACID SERUM	\$120.00		75th percentile	\$2.00	1.7%
82784	82784	ASSAY OF GAMMAGLOBULIN IGM	\$115.00		75th percentile	\$0.00	0.0%
82785 82947	82785 82947	ASSAY OF GAMMAGLOBULIN IGE ASSAY, GLUCOSE, BLOOD QUANT	\$125.00		75th percentile	\$10.00 \$0.00	8.0% 0.0%
82947 82950	82950	GLUCOSE TEST	\$34.00		75th percentile 75th percentile	\$0.00	0.0%
82951	82951	GLUCOSE TOLERANCE TEST (GTT)	\$105.00		75th percentile	(\$5.00)	-4.8%
82952	82952	GTT-ADDED SAMPLES	\$42.00		75th percentile	\$0.00	0.0%
82955	82955	ASSAY OF G6PD ENZYME	\$92.00		Current fee	\$0.00	0.0%
82962	82962	GLUCOSE BLOOD TEST	\$25.00		75th percentile	\$0.00	0.0%
82977	82977	ASSAY OF GGT	\$72.00	\$55.00	75th percentile	(\$17.00)	-23.6%
83001	83001	GONADOTROPIN (FSH)	\$90.00		75th percentile	\$0.00	0.0%
83002	83002	GONADOTROPIN (LH)	\$80.00		75th percentile	\$0.00	0.0%
83010	83010		\$164.00		75th percentile	\$0.00	0.0%
83021 83036	83021	HEMOGLOBIN CHROMOTOGRAPHY GLYCOSYLATED HEMOGLOBIN TEST	\$350.00		75th percentile	\$0.00	0.0%
83036 83037	83036 83037	GLYCOSYLATED HEMOGLOBIN TEST	\$80.00		75th percentile 75th percentile	\$0.00 \$0.00	0.0%
83516	83516	IMMUNOASSAY, NONANTIBODY	\$83.00		75th percentile	(\$36.00)	-43.4%
83519	83519	IMMUNOASSAY, NONANTIBODY	\$172.00		Current fee	\$0.00	0.0%
83525	83525	ASSAY OF INSULIN	\$111.00	· · ·	75th percentile	\$0.00	0.0%
83540	83540	ASSAY OF IRON	\$90.00		75th percentile	\$0.00	0.0%
83550	83550	IRON BINDING TEST	\$76.00		75th percentile	(\$2.00)	-2.6%
83615	83615	Lactate enzyme	\$48.00		75th percentile	\$0.00	0.0%
83655	83655	ASSAY OF LEAD	\$60.00		75th percentile	\$0.00	0.0%
83690	83690	ASSAY OF LIPASE	\$96.00	+	75th percentile	\$0.00	0.0%
83735	83735		\$60.00		75th percentile	(\$6.00)	-10.0%
83874 83880	83874 83880	ASSAY OF MYOGLOBIN NATRIURETIC PEPTIDE	\$173.00 \$216.00		75th percentile 75th percentile	\$0.00 \$0.00	0.0%
83880	83883	ASSAY, NEPHELOMETRY NOT SPEC	\$216.00	+	75th percentile	\$0.00	0.0%
83930	83930	Assay of blood osmolality	\$100.00		75th percentile	(\$38.00)	-38.0%
83935	83935	Assay of urine osmolality	\$100.00		Current fee	\$0.00	0.0%
83945	83945	Assay of oxalate	\$145.00		75th percentile	\$0.00	0.0%
83970	83970	ASSAY OF PARATHORMONE	\$330.00		75th percentile	\$0.00	0.0%
83986	83986	PH Body Fluids	\$25.00		Current fee	\$0.00	0.0%

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2020	Change from Current to Proposed	% of Change
84075	84075	ASSAY ALKALINE PHOSPHATASE	\$85.00		75th percentile	(\$55.00)	-64.7%
84080	84080	ASSAY ALKALINE PHOSPHATASES	\$123.00		75th percentile	\$7.00	5.7%
84100	84100	ASSAY OF PHOSPHORUS	\$52.00		75th percentile	(\$2.00)	-3.8%
84132	84132	ASSAY OF SERUM POTASSIUM	\$27.00	\$27.00	Current fee	\$0.00	0.0%
84133	84133	Assay of urine potassium	\$41.00		Current fee	\$0.00	0.0%
84144	84144	ASSAY OF PROGESTERONE	\$80.00		75th percentile	\$0.00	0.0%
84146	84146	ASSAY OF PROLACTIN	\$157.00		75th percentile	\$0.00	0.0%
84153	84153 84154	ASSAY OF PSA, TOTAL	\$92.00		75th percentile	(\$1.00)	-1.1%
84154 84155	84155	ASSAY OF PSA, FREE ASSAY OF PROTEIN, SERUM	\$141.00 \$30.00		75th percentile Current fee	\$0.00 \$0.00	0.0%
84156	84156	ASSAT OF PROTEIN, SERVIN	\$76.00		75th percentile	\$0.00	0.0%
84165	84165	PROTEIN E-PHORESIS, SERUM	\$79.00		75th percentile	\$0.00	0.0%
84166	84166	PROTEIN E-PHORESIS/URINE/CSF	\$140.00		75th percentile	\$0.00	0.0%
84295	84295	ASSAY OF SERUM SODIUM	\$35.00		75th percentile	(\$28.00)	-80.0%
84300	84300	Assay or urine sodium	\$61.00	\$61.00	75th percentile	\$0.00	0.0%
84402	84402	ASSAY OF TESTOSTERONE	\$175.00	\$109.00	75th percentile	(\$66.00)	-37.7%
84403	84403	ASSAY OF TOTAL TESTOSTERONE	\$203.00	\$147.00	75th percentile	(\$56.00)	-27.6%
84431	84431		\$107.00		75th percentile	\$3.00	2.8%
84436	84436		\$96.00		75th percentile	\$0.00	0.0%
84439 84443	84439 84443	ASSAY OF FREE THYROXINE ASSAY THYROID STIM HORMONE	\$128.00 \$140.00		75th percentile 75th percentile	\$2.00 (\$7.00)	<u>1.6%</u> -5.0%
84445	84445	ASSAT THTROD STIM HORMONE	\$140.00		75th percentile	(\$7.00)	-3.0%
84450	84450	TRANSFERASE (AST) (SGOT)	\$39.00		75th percentile	(\$3.00)	-10.3%
84460	84460	ALANINE AMINO (ALT) (SGPT)	\$39.00		75th percentile	(\$4.00)	-10.3%
84479	84479	ASSAY OF THYROID (T3 OR T4)	\$60.00		75th percentile	\$2.00	3.3%
84480	84480	ASSAY, TRIIODOTHYRONINE (T3)	\$154.00	\$154.00	Current fee	\$0.00	0.0%
84481	84481	FREE ASSAY (FT-3)	\$189.00		75th percentile	(\$10.00)	-5.3%
84550	84550	ASSAY OF BLOOD/URIC ACID	\$34.00		75th percentile	\$3.00	8.8%
84560	84560	Assay of Urine/uric acid	\$40.00		75th percentile	\$6.00	15.0%
84681	84681		\$202.00	\$219.00	75th percentile	\$17.00	8.4%
84702 84703	84702 84703	CHORIONIC GONADOTROPIN TEST CHORIONIC GONADOTROPIN ASSAY	\$88.00 \$61.00		75th percentile Current fee	\$5.00 \$0.00	<u>5.7%</u> 0.0%
85007	85007	BL SMEAR W/DIFF WBC COUNT	\$63.00		75th percentile	\$0.00	0.0%
85014	85014	HEMATOCRIT	\$35.00		75th percentile	\$0.00	0.0%
85018	85018	HEMOGLOBIN	\$22.00	\$23.00	75th percentile	\$1.00	4.5%
85025	85025	COMPLETE CBC W/AUTO DIFF WBC	\$56.00		Current fee	\$0.00	0.0%
85027	85027	COMPLETE CBC, AUTOMATED	\$58.00		75th percentile	\$0.00	0.0%
85041	85041	AUTOMATED RBC COUNT	\$40.00	\$24.00	75th percentile	(\$16.00)	-40.0%
85045	85045	AUTOMATED RETICULOCYTE COUNT	\$67.00	+	75th percentile	\$0.00	0.0%
85379	85379	FIBRIN DEGRADATION, QUANT	\$127.00	· · ·	75th percentile	\$0.00	0.0%
85610	85610		\$37.00		75th percentile	\$3.00	8.1%
85613 85652	85613 85652	RUSSELL VIPER VENOM, DILUTED RBC SED RATE, AUTOMATED	\$67.00 \$35.00	\$67.00	Current fee 75th percentile	\$0.00 \$1.00	0.0%
85660	85660	RBC SICKLE CELL TEST	\$35.00		75th percentile	\$1.00	0.0%
85730	85730	THROMBOPLASTIN TIME, PARTIAL	\$114.00		75th percentile	\$0.00	0.0%
86003	86003	ALLERGEN SPECIFIC IGE	\$30.00		Current fee	\$0.00	0.0%
86021	86021	WBC ANTIBODY IDENTIFICATION	\$108.00		Current fee	\$0.00	0.0%
86038	86038	ANTINUCLEAR ANTIBODIES	\$116.00	\$100.00	75th percentile	(\$16.00)	-13.8%
86060	86060	ANTISTREPTOLYSIN O, TITER	\$44.00		75th percentile	\$0.00	0.0%
86140	86140	C-REACTIVE PROTEIN	\$85.00		Current fee	\$0.00	0.0%
86160	86160	COMPLEMENT, ANTIGEN	\$218.00		75th percentile	(\$75.00)	-34.4%
86162	86162	COMPLEMENT, TOTAL (CH50)	\$217.00		75th percentile	\$0.00	0.0%
86200 86225	86200 86225	CCP ANTIBODY DNA ANTIBODY	\$178.00		75th percentile	(\$19.00)	-10.7%
86235	86235	NUCLEAR ANTIGEN ANTIBODY	\$141.00 \$139.00		75th percentile 75th percentile	\$9.00 \$0.00	<u>6.4%</u> 0.0%
86255	86255	FLUORESCENT ANTIBODY, SCREEN	\$139.00		Blue Cross rate	\$0.00	26.3%
86304	86304	IMMUNOASSAY, TUMOR, CA 125	\$150.00		75th percentile	(\$9.00)	-6.0%
86308	86308	HETEROPHILE ANTIBODIES	\$49.00		75th percentile	\$2.00	4.1%
86317	86317	IMMUNOASSAY, INFECTIOUS AGENT	\$108.00		Current fee	\$0.00	0.0%
86334	86334	IMMUNOFIX E-PHORESIS, SERUM	\$145.00		75th percentile	(\$38.00)	-26.2%
86335	86335	IMMUNFIX E-PHORSIS/URINE/CSF	\$420.00		75th percentile	\$0.00	0.0%
86336	86336	INHIBIN A	\$193.00		75th percentile	\$0.00	0.0%
86360	86360	T CELL, ABSOLUTE COUNT/RATIO	\$64.00		75th percentile	\$2.00	3.1%
86376	86376		\$148.00		75th percentile	\$0.00	0.0%
86431	86431		\$74.00		75th percentile	(\$13.00)	-17.6%
86480 86580	86480	TB TEST, CELL IMMUN MEASURE	\$230.00		75th percentile	(\$53.00)	-23.0%
86580 86592	86580 86592	TB INTRADERMAL TEST BLOOD SEROLOGY, QUALITATIVE	\$35.00		75th percentile	\$0.00	0.0%
00392	86592	CMV ANTIBODY	\$44.00		75th percentile 75th percentile	\$0.00 \$0.00	0.0%

CPT HCPCS	SIM Code	Code Description	Current	Proposed	Rationale for	Change from Current to Proposed	% of Change
Code 86664	SIM Code 86664	Code Description EPSTEIN-BARR ANTIBODY	Fee \$81.00	Fee \$81.00	FY2020 75th percentile	\$0.00	0.0%
86665	86665	EPSTEIN-BARR ANTIBODY	\$222.00		75th percentile	\$0.00	0.0%
86695	86695	HERPES SIMPLEX TEST	\$95.00		75th percentile	\$0.00	0.0%
86696	86696	HERPES SIMPLEX TYPE 2	\$113.00		75th percentile	\$0.00	0.0%
86703	86703	HIV-1/HIV-2, SINGLE ASSAY	\$70.00	*	75th percentile	\$5.00	7.1%
86703	86703-92	HIV-1/HIV-2, SINGLE ASSAY	\$0.00	\$0.00	Current fee	\$0.00	0.0%
86704	86704	HEP B CORE ANTIBODY, TOTAL	\$87.00	\$90.00	75th percentile	\$3.00	3.4%
86705	86705	HEP B CORE ANTIBODY, IGM	\$160.00	+	Current fee	\$0.00	0.0%
86706	86706	HEP B SURFACE ANTIBODY	\$102.00		75th percentile	\$0.00	0.0%
86708	86708	HEP A ANTIBODY, TOTAL	\$118.00	+	Current fee	\$0.00	0.0%
86735 86762	86735 86762	MUMPS ANTIBODY RUBELLA ANTIBODY	\$83.00 \$104.00		75th percentile 75th percentile	(\$8.00) (\$7.00)	-9.6% -6.7%
86765	86765	RUBEOLA ANTIBODY	\$93.00		75th percentile	(\$7.00)	-10.8%
86777	86777	TOXOPLASMA ANTIBODY	\$154.00		75th percentile	\$0.00	0.0%
86787	86787	VARICELLA-ZOSTER ANTIBODY	\$136.00		75th percentile	\$0.00	0.0%
86800	86800	THYROGLOBULIN ANTIBODY	\$114.00		75th percentile	(\$4.00)	-3.5%
86803	86803	HEPATITIS C AB TEST	\$153.00		75th percentile	(\$7.00)	-4.6%
86850	86850	RBC ANTIBODY SCREEN	\$49.00		75th percentile	\$3.00	6.1%
86900	86900	BLOOD TYPING, ABO	\$49.00		75th percentile	(\$2.00)	-4.1%
86901	86901	BLOOD TYPING, RH (D)	\$67.00		75th percentile	\$0.00	0.0%
87015	87015	SPECIMEN CONCENTRATION	\$58.00		75th percentile	(\$8.00)	-13.8%
87040	87040	BLOOD CULTURE FOR BACTERIA	\$244.00		75th percentile	(\$87.00)	-35.7%
87045	87045	FECES CULTURE, BACTERIA	\$196.00		75th percentile	\$0.00	0.0%
87046	87046	STOOL CULTR, BACTERIA, EACH	\$55.00		75th percentile	(\$6.00)	-10.9%
87070	87070	CULTURE, BACTERIA, OTHER	\$82.00		75th percentile	\$0.00	0.0%
87075	87075	CULTR BACTERIA, EXCEPT BLOOD	\$102.00		75th percentile	\$0.00	0.0%
87081	87081		\$88.00		75th percentile	\$0.00	0.0%
87086	87086	URINE CULTURE/COLONY COUNT	\$91.00		75th percentile	\$0.00	0.0%
87101 87102	87101		\$125.00	\$125.00	75th percentile	\$0.00	0.0%
87102	87102 87116	FUNGUS ISOLATION CULTURE MYCOBACTERIA CULTURE	\$153.00 \$214.00		75th percentile	(\$28.00) \$0.00	-18.3% 0.0%
87172	87172	PINWORM EXAM	\$43.00		75th percentile 75th percentile	\$0.00	0.0%
87172	87177	OVA AND PARASITES SMEARS	\$170.00		75th percentile	\$0.00	0.0%
87205	87205	SMEAR, GRAM STAIN	\$69.00		75th percentile	\$0.00	0.0%
87206	87206	SMEAR, FLUORESCENT/ACID STAI	\$81.00		75th percentile	\$0.00	0.0%
87209	87209	SMEAR, COMPLEX STAIN	\$113.00		75th percentile	\$0.00	0.0%
87210	87210	SMEAR, WET MOUNT, SALINE/INK	\$38.00		75th percentile	\$3.00	7.9%
87220	87220	TISSUE EXAM FOR FUNGI	\$31.00	\$31.00	Current fee	\$0.00	0.0%
87252	87252	VIRUS INOCULATION, TISSUE	\$284.00	\$200.00	75th percentile	(\$84.00)	-29.6%
87254	87254	VIRUS INOCULATION, SHELL VIA	\$138.00		75th percentile	(\$59.00)	-42.8%
87255	87255	GENET VIRUS ISOLATE, HSV	\$120.00	\$120.00	Current fee	\$0.00	0.0%
87272	87272	CRYPTOSPORIDIUM AG, IF	\$80.00		75th percentile	\$2.00	2.5%
87324	87324	CLOSTRIDIUM AG, EIA	\$56.00		75th percentile	\$0.00	0.0%
87329	87329	GIARDIA AG, EIA	\$114.00		75th percentile	\$0.00	0.0%
87338	87338	HPYLORI, STOOL, EIA	\$221.00	· · ·	Current fee	\$0.00	0.0%
87340 87389	87340 87389	HEPATITIS B SURFACE AG, EIA	\$78.00		75th percentile	\$0.00	0.0%
87427	87427	HIV-1 Antigen With HIV 1&2 Antibodies, Single Res	\$98.00	+	75th percentile	\$0.00	0.0%
87427 87430	87427	SHIGA-LIKE TOXIN AG, EIA STREP A AG, EIA	\$56.00 \$78.00		Current fee 75th percentile	\$0.00 \$0.00	0.0%
87430 87449	87449	AG DETECT NOS, EIA, MULT	\$45.00	<b>.</b>	Current fee	\$0.00	0.0%
87480	87480	CANDIDA, DNA, DIR PROBE	\$84.00		75th percentile	\$0.00	0.0%
87491	87491	CHYLMD TRACH, DNA, AMP PROBE	\$150.00		75th percentile	(\$25.00)	-16.7%
87510	87510	GARDNER VAG, DNA, DIR PROBE	\$84.00		75th percentile	\$0.00	0.0%
87517	87517	HEPATITIS B, DNA, QUANT	\$298.00	+	Lab cost	\$27.00	9.1%
87522	87522	HEPATITIS C, RNA, QUANT	\$304.00	· · · · ·	75th percentile	\$0.00	0.0%
87529	87529	HSV, DNA, AMP PROBE	\$252.00	\$252.00	Current fee	\$0.00	0.0%
87536	87536	HIV-1, DNA, QUANT	\$348.00		75th percentile	\$0.00	0.0%
87591	87591	N.GONORRHOEAE, DNA, AMP PROB	\$141.00		75th percentile	(\$16.00)	-11.3%
87624	87624	ladna Human Papillomavirus (HPV) High Risk	\$179.00		75th percentile	\$0.00	0.0%
87625	87625	HPV types 16 & 18 only	\$196.00		75th percentile	\$0.00	0.0%
87660	87660	TRICHOMONAS VAGIN, DIR PROBE	\$89.00		75th percentile	\$2.00	2.2%
87661	87661	TRICHOMONAS VAGIN, AMPLIFIED PROBE	\$261.00		75th percentile	\$11.00	4.2%
87798	87798		\$174.00	\$185.00	75th percentile	\$11.00	6.3%
87804	87804	INFLUENZA ASSAY W/OPTIC	\$59.00		75th percentile	(\$7.00)	-11.9%
87880	87880		\$52.00		75th percentile	\$0.00	0.0%
87900	87900 87901	PHENOTYPE, INFECT AGENT DRUG GENOTYPE, DNA, HIV REVERSE T	\$365.00 \$925.00		75th percentile 75th percentile	\$9.00	2.5%
	100 301	ULINUTIFE, DINA, HIV REVERSE I	φ9∠5.00	\$949.00	r sur percentile	\$24.00	2.6%
87901 87902	87902	GENOTYPE, DNA, HEPATITIS C	\$925.00	\$925.00	75th percentile	\$0.00	0.0%

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2020	Change from Current to Proposed	% of Change
88112	88112	CYTOPATH, CELL ENHANCE TECH	\$500.00		75th percentile	\$0.00	0.0%
88120	88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	\$1,661.00		75th percentile	\$0.00	0.0%
88142	88142	CYTOPATH, C/V, THIN LAYER	\$102.00	\$102.00	75th percentile	\$0.00	0.0%
88175	88175	CYTOPATH C/V AUTO FLUID REDO	\$102.00	\$102.00	75th percentile	\$0.00	0.0%
88300	88300	SURGICAL PATH, GROSS	\$66.00		Current fee	\$0.00	0.0%
88305	88305	TISSUE EXAM BY PATHOLOGIST	\$400.00		75th percentile	\$0.00	0.0%
88307	88307	TISSUE EXAM BY PATHOLOGIST LEUKOCYTE ASSESSMENT, FECAL	\$534.00		75th percentile	\$0.00	0.0%
89055 90460	89055 90460	IMMUNE ADMIN 1 INJ, < 18 YRS	\$47.00 \$60.00		75th percentile 75th percentile	\$1.00 \$3.00	2.1% 5.0%
90460	90461	IMMUNE ADMIN ADDL INJ, < 18 YRS	\$80.00		75th percentile	\$3.00	5.6%
90471	90471	IMMUNIZATION ADMIN	\$57.00		75th percentile	(\$15.00)	-26.3%
90472	90472	IMMUNIZATION ADMIN, EACH ADD	\$35.00		75th percentile	(\$3.00)	-8.6%
90620	90620	Meningococcal B, OMV	\$23.00		VFC rate	(\$23.00)	-100.0%
90620	9062A	Meningococcal B, OMV	\$209.00	\$209.00	75th percentile	\$0.00	0.0%
90632	90632	HEP A VACCINE, ADULT IM	\$0.00	\$0.00	State supplied	\$0.00	0.0%
90633	90633	HEP A VACC, PED/ADOL, 2 DOSE	\$23.00		VFC rate	(\$23.00)	-100.0%
90633	90633A	Hep A Vacc, Ped/Adol, 2 dose	\$100.00		75th percentile	\$0.00	0.0%
90647	90647A	HIB Vaccine, PRP-OMP, IM	\$104.00		75th percentile	\$0.00	0.0%
90648	90648		\$23.00		VFC rate	(\$23.00)	-100.0%
90648	90648A	HIB Vaccine, PRP-T, IM HPV9	\$95.00		75th percentile	\$2.00	2.1%
90651 90651	90651 90651MMC	Gardasil 9 (Grant Funded)	\$23.00 \$0.00		VFC rate Grant	(\$23.00) \$0.00	-100.0% 0.0%
90651	906A1	HPV9	\$381.00	•	75th percentile	(\$31.00)	-8.1%
90662*	90662	Influenza Split Pres Free/IM Use	\$60.00		75th percentile	\$0.00	0.0%
90670	90670	Pneumococcal Conj 13 Valent IM	\$23.00		VFC rate	(\$23.00)	-100.0%
90670	9A670	Pneumococcal Conj 13 Valent IM	\$270.00		75th percentile	\$10.00	3.7%
90672*	90672	Influenza 2-49yrs - 0.2ml Prefill Intranasal LAIV4	\$23.00	+	VFC rate	(\$23.00)	-100.0%
90672*	9067A	Influenza 2-49yrs - 0.2ml Prefill Intranasal LAIV4	\$60.00		75th percentile	(\$3.00)	-5.0%
90680	90680	ROTOVIRUS VACC 3 DOSE, ORAL	\$23.00		VFC rate	(\$23.00)	-100.0%
90680	90680A	ROTOVIRUS VACC 3 DOSE, ORAL	\$199.00	\$201.00	75th percentile	\$2.00	1.0%
90681	90681	ROTAVIRUS VACC 2 DOSE ORAL	\$23.00	\$0.00	VFC rate	(\$23.00)	-100.0%
90681	90681A	ROTAVIRUS VACC 2 DOSE ORAL	\$200.00		75th percentile	\$0.00	0.0%
90682*	90682A	Riv4 Vacc Recombinant DNA IM Adult	\$84.00		Medicare rate	(\$30.00)	-35.7%
90686*	90686	Influenza 3yrs And Older(0.5ml Single Dose Prefil) IIV4	\$23.00		VFC rate	(\$23.00)	-100.0%
90686*	9068A	Influenza 3yrs And Older Preservative Free IIV4	\$42.00		75th percentile	\$0.00	0.0%
90696	90696		\$23.00		VFC rate	(\$23.00)	-100.0%
90696 90698	90696A 90698	DTAP-IPV VACC 4-6 YR IM DTAP-HIB-IP VACCINE, IM	\$143.00 \$23.00		75th percentile VFC rate	\$7.00 (\$23.00)	4.9%
90698	90698A	DTAP-HIB-IP VACCINE, IM	\$23.00		75th percentile	\$30.00	17.1%
90700	90700	DTAP VACCINE, < 7 YRS, IM	\$23.00		VFC rate	(\$23.00)	-100.0%
90700	90700A	DTAP VACCINE, < 7 YRS, IM	\$84.00		75th percentile	\$2.00	2.4%
90702	90702	DT VACCINE < 7, IM	\$23.00		VFC rate	(\$23.00)	-100.0%
90702	90702A	DT VACCINE < 7, IM	\$56.00		75th percentile	(\$2.00)	-3.6%
90707	90707	MMR VACCINE, SC	\$23.00	\$0.00	VFC rate	(\$23.00)	-100.0%
90707	9070A	MMR VACCINE, SC	\$129.00	\$130.00	75th percentile	\$1.00	0.8%
90707G	90707G	MMR VACCINE, SC (Grant Funded)	\$0.00		Grant	\$0.00	0.0%
90710	90710	MMRV VACCINE, SC	\$23.00		VFC rate	(\$23.00)	-100.0%
90710	90710A	MMRV VACCINE, SC	\$428.00		75th percentile	\$26.00	6.1%
90713	90713	POLIOVIRUS, IPV, SC/IM	\$23.00		VFC rate	(\$23.00)	-100.0%
90713	907A3		\$79.00		75th percentile	\$0.00	0.0%
90714 90714	90714 9071A	TD VACCINE NO PRSRV >/= 7 IM Adult TD VACCINE NO PRSRV >/= 7 IM	\$23.00 \$73.00		VFC rate 75th percentile	(\$23.00)	-100.0%
90714 90715	9071A	TDAP VACCINE NO PRSRV >/= 7 IM	\$73.00		VFC rate	\$2.00 (\$23.00)	2.7% -100.0%
90715	907A5	TDAP VACCINE >7 IM	\$23.00		75th percentile	(\$23.00) \$1.00	1.2%
90715G	90715G	TDAP VACCINE>7 IM TDAP VACCINE>7 IM (Grant Funded)	\$0.00	\$0.00		\$0.00	0.0%
90716	90716	CHICKEN POX VACCINE, SC	\$23.00		VFC rate	(\$23.00)	-100.0%
90716	90716A	CHICKEN POX VACCINE, SC	\$205.00		75th percentile	\$0.00	0.0%
90723	90723	DTAP-HEP B-IPV VACCINE, IM	\$23.00		VFC rate	(\$23.00)	-100.0%
90732	90732	PNEUMOCOCCAL VACCINE	\$23.00		VFC rate	(\$23.00)	-100.0%
90732	907A2	PNEUMOCOCCAL VACCINE	\$119.00		Blue Cross rate	\$8.00	6.7%
90733	90733	MENINGOCOCCAL VACCINE, SC	\$0.00		Current fee	\$0.00	0.0%
90734	90734	MENINGOCOCCAL VACCINE, IM	\$23.00		VFC rate	(\$23.00)	-100.0%
90734	90734MMC	MENINGOCOCCAL VACCINE, IM (Grant Funded)	\$0.00		Grant	\$0.00	0.0%
90734	9073A	MENINGOCOCCAL VACCINE, IM	\$219.00		75th percentile	\$2.00	0.9%
90740	90740	HEPB VACC, ILL PAT 3 DOSE IM	\$0.00	\$0.00		\$0.00	0.0%
00741	90744	HEPB VACC PED/ADOL 3 DOSE IM	\$23.00	\$0.00	VFC rate	(\$23.00)	-100.0%
90744			<b>0</b> / 00 0 -	<b>#</b> 400.07	754	AA A-	0.0
90744 90744 90746	90744A 90746	HEPB VACC PED/ADOL 3 DOSE IM HEP B VACCINE, ADULT, IM	\$100.00 \$0.00		75th percentile State supplied	\$0.00 \$0.00	0.0%

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2020	Change from Current to Proposed	% of Change
90791	90791	Psychiatric Diagnostic Evaluation	\$250.00		75th percentile	\$0.00	0.0%
90791SPR	90791SPR	Psychiatric Diagnostic Evaluation - No Med	\$250.00	\$250.00	SUPR	\$0.00	0.0%
90792	90792	Psychiatric Diagnostic Eval With Medical Services	\$358.00		75th percentile	\$10.00	2.8%
90832	90832	Psychotherapy, 30 Min. W/Pt And/or Family Member	\$150.00		75th percentile	\$0.00	0.0%
90834	90834	Psychotherapy 45 Min. W/pt And/or Family Member	\$175.00		75th percentile	\$0.00	0.0%
90837	90837	Psychotherapy 60 Min W/Pt And/or Family Member	\$190.00		75th percentile	\$0.00	0.0%
90838 90839	90838 90839	Psychotherapy 60 Min W/Pt And/or Family With E & M Psychotherapy For Crisis, First 60 Minutes	\$225.00 \$225.00		Current fee Current fee	\$0.00 \$0.00	0.0%
90846	90846	FAMILY PSYTX W/O PATIENT	\$195.00		75th percentile	\$5.00	2.6%
90847	90847	FAMILY PSYTX W/PATIENT	\$185.00		75th percentile	(\$1.00)	-0.5%
90853	90853	GROUP PSYCHOTHERAPY	\$75.00		Current fee	\$0.00	0.0%
90882	90882	ENVIRONMENTAL MANIPULATION	\$115.00	\$72.00	75th percentile	(\$43.00)	-37.4%
92227	92227	REMOTE IMAG FOR DETECT OF RETINAL DS	\$43.00		Current fee	\$0.00	0.0%
92228	92228	REMOTE IMAG FOR MON AND MAN OF ACTIVE RET DS	\$135.00		75th percentile	(\$6.00)	-4.4%
93000	93000	ELECTROCARDIOGRAM, COMPLETE	\$87.00		75th percentile	\$0.00	0.0%
93005	93005		\$95.00		75th percentile	\$0.00	0.0%
93010	93010		\$35.00		75th percentile	\$1.00	2.9%
94150 94250	94150 94250	VITAL CAPACITY TEST (Peak Flow) EXPIRED GAS COLLECTION	\$69.00 \$0.00		Current fee 75th percentile	\$0.00 \$0.00	0.0%
94230	94640	AIRWAY INHALATION TREATMENT	\$0.00		75th percentile	\$0.00	1.2%
94760	94760	MEASURE BLOOD OXYGEN LEVEL	\$55.00		75th percentile	\$0.00	0.0%
94761	94761	MEASURE BLOOD OXYGEN LEVEL	\$81.00	1	75th percentile	\$0.00	0.0%
96110	96110	DEVELOPMENTAL TEST, LIM	\$50.00		75th percentile	\$0.00	0.0%
96127	96127	Brief Emotional/behavioral Assessment	\$35.00	\$35.00	75th percentile	\$0.00	0.0%
96150	96150	ASSESS HLTH/BEHAVE, INIT	\$60.00		75th percentile	\$0.00	0.0%
96372	96372	Admin Of Therapeutic/prophylactic Injection	\$71.00		75th percentile	\$3.00	4.2%
97802	97802	MEDICAL NUTRITION, INDIV, IN	\$0.00		Current fee	\$0.00	0.0%
97803	97803	MED NUTRITION, INDIV, SUBSEQ	\$0.00		Current fee	\$0.00	0.0%
98968 99000	98968 99000	HC PRO PHONE CALL 21-30 MIN A-SPECIMEN HANDLING	\$0.00 \$0.00		current fee 75th percentile	\$0.00 \$0.00	0.0%
99024	99024	POSTOP FOLLOW-UP VISIT	\$0.00		75th percentile	\$0.00	0.0%
99070	1161	Terazol 7 Cream	\$50.00		Current fee	\$0.00	0.0%
99070	1171	Metrogel	\$38.00		Blue Cross rate	\$12.00	31.6%
99070	1174	Diflucan	\$1.00		Current fee	\$0.00	0.0%
99070	1263	Zithromax	\$1.00		current fee	\$0.00	0.0%
99070	1291	Doxycycline	\$1.00	\$1.00	Current fee	\$0.00	0.0%
99070	1750	Plan B	\$26.00		Blue Cross rate	\$24.00	92.3%
99078	99078	GROUP HEALTH EDUCATION	\$0.00	+	Current fee	\$0.00	0.0%
99080	99080		\$25.00		Current fee	\$0.00	0.0%
99173 99201	99173 99201	VISUAL ACUITY SCREEN OFFICE/OUTPATIENT VISIT, NEW	\$17.00 \$104.00		Current fee 75th percentile	\$0.00 \$6.00	0.0%
99202	99202	OFFICE/OUTPATIENT VISIT, NEW	\$170.00	+	75th percentile	\$5.00	2.9%
99203	99203	OFFICE/OUTPATIENT VISIT, NEW	\$247.00		75th percentile	\$0.00	0.0%
99204	99204	OFFICE/OUTPATIENT VISIT, NEW	\$362.00		75th percentile	\$0.00	0.0%
99205	99205	OFFICE/OUTPATIENT VISIT, NEW	\$455.00		75th percentile	\$0.00	0.0%
99211	99211	OFFICE/OUTPATIENT VISIT, EST	\$60.00		75th percentile	\$0.00	0.0%
99212	99212	OFFICE/OUTPATIENT VISIT, EST	\$110.00		75th percentile	\$0.00	0.0%
99213	99213	OFFICE/OUTPATIENT VISIT, EST	\$163.00		75th percentile	\$5.00	3.1%
99214	99214		\$232.00		75th percentile	\$1.00	0.4%
99215	99215	OFFICE/OUTPATIENT VISIT, EST	\$314.00		75th percentile	\$0.00	0.0%
99241 99242	99241 99242	OFFICE CONSULTATION OFFICE CONSULTATION	\$200.00 \$230.00		75th percentile 75th percentile	(\$25.00) \$1.00	-12.5%
99242 99243	99242	OFFICE CONSULTATION OFFICE CONSULTATION	\$230.00		75th percentile	\$1.00	0.4%
99244	99244	OFFICE CONSULTATION	\$450.00		75th percentile	\$0.00	0.0%
99347	99347	HOME VISIT, EST PATIENT	\$75.00		75th percentile	\$0.00	0.0%
99348	99348	HOME VISIT, EST PATIENT	\$173.00		75th percentile	\$0.00	0.0%
99358	99358	PROLONGED SERV, W/O CONTACT	\$280.00		75th percentile	\$0.00	0.0%
99381	99381	INIT PM E/M, NEW PAT, INF	\$241.00		75th percentile	\$9.00	3.7%
99382	99382	INIT PM E/M, NEW PAT 1-4 YRS	\$248.00		75th percentile	\$1.00	0.4%
99383	99383	PREV VISIT, NEW, AGE 5-11	\$259.00		75th percentile	\$1.00	0.4%
99384	99384	PREV VISIT, NEW, AGE 12-17	\$293.00		75th percentile	\$0.00	0.0%
99385	99385	PREV VISIT, NEW, AGE 18-39	\$285.00		75th percentile	\$7.00	2.5%
99386 99387	99386 99387	PREV VISIT, NEW, AGE 40-64 INIT PM E/M, NEW PAT 65+ YRS	\$330.00 \$357.00		75th percentile 75th percentile	\$0.00 \$0.00	0.0%
99387 99391	99391	PER PM REEVAL, EST PAT, INF	\$357.00		75th percentile	\$0.00	0.0%
99392	99392	PREV VISIT, EST, AGE 1-4	\$214.00		75th percentile	\$0.00	0.0%
99393	99393	PREV VISIT, EST, AGE 5-11	\$229.00		75th percentile	\$0.00	0.0%
99394	99394	PREV VISIT, EST, AGE 12-17	\$250.00		75th percentile	\$0.00	0.0%
99395	99395	PREV VISIT, EST, AGE 18-39	\$255.00		75th percentile	\$0.00	0.0%

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2020	Change from Current to Proposed	% of Change
99396	99396	PREV VISIT, EST, AGE 40-64	\$273.00		75th percentile	\$0.00	0.0%
99397	99397	PER PM REEVAL EST PAT 65+ YR	\$296.00		75th percentile	\$0.00	0.0%
99401	BC2	Billable Counseling	\$0.00		Current fee	\$0.00	0.0%
99401	RC6	RC FAM	\$0.00		Current fee	\$0.00	0.0%
99401	RC10	RC HIV Education	\$0.00		Current fee	\$0.00	0.0%
99401	RC12	RC Encourage Parent/Guardian Involv. < 18	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401 99401	RC13 RC14	RC Relationship Safety < 18 RC Abstinence < 18	\$0.00 \$0.00		Current fee Current fee	\$0.00 \$0.00	0.0%
99401	RC2	RC Contraception	\$0.00		Current fee	\$0.00	0.0%
99401	RC4	RC Pregnancy Options	\$0.00	+	current fee	\$0.00	0.0%
99401	RC5	RC STD Education	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401	RC7	RC Preconception	\$0.00		Current fee	\$0.00	0.0%
99401	RC8	RC Other Medical	\$0.00		Current fee	\$0.00	0.0%
99404	BC1	Billable Counseling Indepth 1hr.	\$200.00		75th percentile	(\$40.00)	-20.0%
99407 99408	99407 99408	BEHAV CHNG SMOKING > 10 MIN AUDIT/DAST, 15-30 MIN	\$0.00 \$50.00		Current fee Current fee	\$0.00 \$0.00	0.0%
99999	99999	LEFT W/O BEING SEEN	\$0.00		Current fee	\$0.00	0.0%
A4206	A4206	1 CC sterile syringe&needle	\$0.00		75th percentile	\$0.00	0.0%
A4267	A4267	Male condom	\$0.00		Current fee	\$0.00	0.0%
A4550	A4550	Surgical trays	\$75.00	\$250.00	Blue Cross rate	\$175.00	233.3%
A4562	A4562	Pessary, non rubber,any type	\$111.00		75th percentile	\$4.00	3.6%
BC3	BC3	Billable Counseling	\$0.00		Current fee	\$0.00	0.0%
CBE CGHLA	Breast CGHLA	Clinical Breast Exam	\$0.00	\$0.00	Current fee current fee	\$0.00	0.0%
	CGMNA	Health Literacy Mini Nutritional Screening Assessment	\$0.00 \$0.00		current fee	\$0.00 \$0.00	0.0%
CGSMG	CGSMG	Self Management Goals	\$0.00	\$0.00	current fee	\$0.00	0.0%
CVO	CVO	Counselor Visit Only	\$0.00		Current fee	\$0.00	0.0%
D0120	D0120	Periodic oral evaluation	\$61.00		75th percentile	\$2.00	3.3%
D0140	D0140	Limited oral evaluation-problem focused	\$102.00		75th percentile	\$4.00	3.9%
D0150	D0150	Comprehensive oral evaluation-new or established P	\$107.00		75th percentile	\$5.00	4.7%
D0170	D0170	Re-evaluation Limited Problem Focused	\$72.00		75th percentile	\$3.00	4.2%
D0190 D0191	D0190 D0191	Screening Of A Patient Assessment Of A Patient	\$0.00 \$0.00		75th percentile 75th percentile	\$0.00 \$0.00	0.0%
D0191 D0210	D0191 D0210	Intraoral-complete series (including bitewings)	\$169.00		75th percentile	\$0.00	3.0%
D0220	D0220	Intraoral-periapical first film	\$34.00	\$35.00	75th percentile	\$1.00	2.9%
D0230	D0230	Intraoral-periapical each additional film	\$30.00		75th percentile	\$1.00	3.3%
D0270	D0270	Bitewing Single Film	\$34.00		75th percentile	\$1.00	2.9%
D0272	D0272	Bitewings-two films	\$55.00		75th percentile	\$2.00	3.6%
D0274	D0274	Bitewings-four films Panoramic film	\$77.00	\$79.00	75th percentile	\$2.00	2.6%
D0330 D0350	D0330 D0350	2D Oral/Facial Photographic Images	\$151.00 \$81.00	\$152.00 \$82.00	75th percentile 75th percentile	\$1.00 \$1.00	0.7%
D0530	D0601	Caries Risk Assessment, Low	\$0.00		75th percentile	\$0.00	0.0%
D0602	D0602	Caries Risk Assessment, Moderate	\$0.00		75th percentile	\$0.00	0.0%
D0603	D0603	Caries Risk Assessment, High	\$0.00		75th percentile	\$0.00	0.0%
D0999	D0999	Medicaid Dental Encounter Rate	\$109.09		Encounter rate	\$0.00	0.0%
D1110	D1110	Prophylaxis-adult	\$112.00		75th percentile	\$3.00	2.7%
D1120	D1120	Prophylaxis-child	\$77.00		75th percentile	\$2.00	2.6%
D1206 D1208	D1206 D1208	Top Fluoride Varnish;TX Appl Mod Topical Application Of Fluoride	\$63.00 \$42.00		75th percentile 75th percentile	\$0.00 \$0.00	0.0%
D1208	D1310	Nutrition Counseling For Control Of Dental Disease	\$0.00		75th percentile	\$0.00	0.0%
D1320	D1320	Tobacco Couns For Control/ Prev Of Oral Disease	\$0.00		75th percentile	\$0.00	0.0%
D1330	D1330	Oral Hygiene Instructions	\$0.00		75th percentile	\$0.00	0.0%
D1351	D1351	Sealant-per tooth	\$69.00	\$71.00	75th percentile	\$2.00	2.9%
D1510	D1510	Space maintainer-fixed-unilateral	\$400.00		75th percentile	\$2.00	0.5%
D1555	D1555	Removal Of Fixed Space Maintainer	\$83.00		75th percentile	\$1.00	1.2%
D2140 D2150	D2140 D2150	Amalgam-one surface, primary or permanent Amalgam-two surfaces, primary or permanent	\$180.00 \$232.00		75th percentile 75th percentile	\$10.00 \$14.00	5.6% 6.0%
D2150 D2160	D2150 D2160	Amalgam-two surfaces, primary or permanent Amalgam-three surfaces, primary or permanent	\$232.00		75th percentile	\$14.00	6.0% 5.7%
D2160	D2161	Amalgam-four or more surfaces, primary or permanent	\$342.00	\$362.00	75th percentile	\$20.00	5.8%
D2330	D2330	Resin-based composite - one surface, anterior	\$187.00	\$191.00	75th percentile	\$4.00	2.1%
D2331	D2331	Resin-based composite - two surfaces, anterior	\$239.00	\$243.00	75th percentile	\$4.00	1.7%
D2332	D2332	Resin-based composite - three surfaces, anterior	\$292.00		75th percentile	\$6.00	2.1%
D2335	D2335	Resin-based composite - four or more surfaces or I	\$346.00	\$352.00		\$6.00	1.7%
D2391	D2391	Resin Based Composite One Surface	\$219.00		75th percentile	\$4.00	1.8%
D2392 D2393	D2392 D2393	Resin-based composite - two surfaces, posterior Resin Based Composite 3 Surface	\$287.00 \$356.00	\$292.00 \$363.00	75th percentile 75th percentile	\$5.00 \$7.00	1.7%
D2393 D2394	D2393 D2394	Resin Based Composite 3 Surface	\$356.00		75th percentile	\$7.00	2.0%
D2920	D2920	Recement crown	\$128.00		75th percentile	\$9.00	3.1%
D2940	D2940	Sedative filling	\$134.00		75th percentile	\$3.00	2.2%

CPT HCPCS			Current	Proposed	Rationale for	Change from Current to Proposed	% of Change
Code	SIM Code	Code Description	Fee	Fee	FY2020		
D3110 D3120	D3110 D3120	Pulp cap-direct (excluding final restoration)	\$123.00 \$98.00	\$124.00	75th percentile	\$1.00	0.8%
D3120 D3220	D3120	Pulp Cap Indirect Excluding Final Rest. Therapeutic pulpotomy-(excluding final restoration	\$98.00	\$99.00 \$254.00	75th percentile 75th percentile	\$1.00 \$3.00	1.0%
D3220	D3310	Anterior (excluding final restoration)	\$910.00	\$935.00	75th percentile	\$25.00	2.7%
D3320	D3320	Bicuspid (excluding final restoration)	\$1,104.00	\$1,146.00	75th percentile	\$42.00	3.8%
D4341	D4341	Periodontal scaling and root planing-four or more	\$296.00		75th percentile	\$4.00	1.4%
D4342	D4342	Periodonatal Scaling	\$171.00		75th percentile	\$3.00	1.8%
D4355	D4355	Subgingival Plaque/Calculus	\$203.00		75th percentile	\$2.00	1.0%
D4910	D4910	Periodontal maintenance	\$182.00	\$185.00	75th percentile	\$3.00	1.6%
D500B D500D	D500B D500D	Occlusal Records - Wax Bite Denture Delivery	\$0.00 \$0.00	\$0.00 \$0.00	Current fee Current fee	\$0.00 \$0.00	0.0%
D500D	D500F	Final Impression	\$0.00	\$0.00	current fee	\$0.00	0.0%
D500I	D500I	Final Impression	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D500T	D500T	Wax Tryin	\$0.00		Current fee	\$0.00	0.0%
D5110	D5110	Complete denture-maxillary	\$1,923.00	\$1,949.00	75th percentile	\$26.00	1.4%
D1516	D1516	Space Maintainer - Fixed - Bilaterial Maxillary	\$0.00	\$563.00	75th percentile	\$563.00	#DIV/0!
D1517	D1517	Space Maintainer - Fixed - Bilaterial Mandibular	\$0.00	\$563.00	75th percentile	\$563.00	#DIV/0!
D5120	D5120	Complete denture-mandibular	\$1,923.00		75th percentile	\$26.00	1.4%
D5130 D5211	D5130 D5211	Immediate denture-maxillary Maxillary partial denture-resin base (including an	\$2,097.00 \$1,623.00		75th percentile	\$28.00 \$22.00	1.3%
D5211 D5212	D5212	Mandibular partial denture-resin base (including an Mandibular partial denture-resin base (including)	\$1,823.00	\$1,645.00	75th percentile 75th percentile	\$22.00	1.4%
D5212	D5212	Maxillary partial denture-cast metal framework wit	\$2,125.00	\$2,154.00	75th percentile	\$29.00	1.4%
D5214	D5214	Mandibular partial denture-cast metal framework wi	\$2,125.00	\$2,154.00	75th percentile	\$29.00	1.4%
D5225	D5225	Maxillary Partial Denture - Flexible Base	\$1,623.00		75th percentile	\$22.00	1.4%
D5226	D5226	Mandibular Partial Denture- Flexible Base	\$1,866.00	\$1,912.00	75th percentile	\$46.00	2.5%
D5282	D5282	Removable Unilat Partial Denture Maxillary	\$1,239.00	\$1,256.00	75th percentile	\$17.00	1.4%
D5283	D5283	Removable Unilat Partial Denture Mandibular	\$1,239.00	\$1,256.00	75th percentile	\$17.00	1.4%
D5410	D510M	Adjust complete denture-maxillary made elsewhere	\$105.00	\$107.00	75th percentile	\$2.00	1.9%
D5410 D5411	D5410 D511M	Adjust complete denture-maxillary Adjust Complee Denture-Mandibular made elsewhere	\$0.00 \$105.00	\$0.00	75th percentile	\$0.00	0.0%
D5411	D5411	Adjust Complete Denture-Mandibular Made elsewhere	\$105.00	\$107.00 \$0.00	75th percentile 75th percentile	\$2.00 \$0.00	0.0%
D5421	D521M	Adjust Partial Denture-Maxillary made elsewhere	\$105.00		75th percentile	\$2.00	1.9%
D5421	D5421	Adjust Partial Denture-Maxillary	\$0.00		75th percentile	\$0.00	0.0%
D5422	D522M	Adjust Partial Denture-Mandibular made elsewhere	\$105.00	\$107.00	75th percentile	\$2.00	1.9%
D5422	D5422	Adjust Partial Denture-Mandibular	\$0.00	\$0.00	75th percentile	\$0.00	0.0%
D5511	D5511	Repair Broken Complete Denture Base, Mandibular	\$225.00	\$213.00	75th percentile	(\$12.00)	-5.3%
D5512	D5512	Repair Broken Complete Denture Base , Maxillary	\$211.00	\$213.00	75th percentile	\$2.00	0.9%
D5520 D5611	D5520 D5611	Replace missing or broken teeth-complete denture ( Repair Resin Partial Denture Base, Mandibular	\$175.00 \$228.00	\$178.00	75th percentile	\$3.00	1.7%
D5612	D5612	Repair Resin Partial Denture Base, Manubular	\$228.00	\$231.00 \$231.00	75th percentile 75th percentile	\$3.00 \$3.00	1.3%
D5621	D5621	Repair Cast Partial Framework, Mandibular	\$246.00	\$249.00	75th percentile	\$3.00	1.2%
D5622	D5622	Repair Cast Partial Framework, Maxillary	\$246.00	\$249.00	75th percentile	\$3.00	1.2%
D5630	D5630	Repair or replace broken clasp	\$298.00		75th percentile	\$4.00	1.3%
D5640	D5640	Replace broken teeth-per tooth	\$193.00	\$196.00	75th percentile	\$3.00	1.6%
D5650	D5650	Add tooth to existing partial denture	\$263.00	\$267.00	75th percentile	\$4.00	1.5%
D5660	D5660	Add clasp to existing partial denture	\$316.00	\$320.00	75th percentile	\$4.00	1.3%
D5750 D5751	D5750 D5751	Reline complete maxillary denture (laboratory)	\$588.00 \$588.00	\$596.00	75th percentile	\$8.00	1.4%
D5751 D5760	D5751 D5760	Reline Complete Mandibular Denture Reline maxillary partial denture (laboratory)	\$588.00	\$596.00 \$587.00	75th percentile 75th percentile	\$8.00 \$8.00	1.4%
D5761	D5761	Reline Mandibular Partial Denture	\$579.00	\$587.00	75th percentile	\$8.00	1.4%
D5820	D5820	Interim partial denture (maxillary)	\$750.00	\$729.00	75th percentile	(\$21.00)	-2.8%
D5821	D5821	Interim Partial Denture (Mand.)	\$763.00	\$774.00	75th percentile	\$11.00	1.4%
D5850	D5850	Tissue Conditioning, Maxillary, Per App	\$184.00	\$187.00	75th percentile	\$3.00	1.6%
D5899	D5899	Unspecified removable prosthodontic procedure,by R	\$100.00	\$100.00	Current fee	\$0.00	0.0%
D6930	D6930	Recement Bridge	\$193.00		75th percentile	\$14.00	7.3%
D7000	D7000	Dental Suture Removal Extraction, Coronal Remnants-Deciduous T	\$0.00		Current fee	\$0.00	0.0%
D7111 D7140	D7111 D7140	Extraction, Coronal Remnants-Deciduous 1 Extraction, erupted tooth or exposed root (elevati	\$174.00 \$231.00		75th percentile 75th percentile	\$9.00 \$12.00	5.2% 5.2%
D7140 D7210	D7140	Surgical removal of erupted tooth or exposed root (eleval	\$231.00	\$243.00	75th percentile	\$12.00	1.6%
D7250	D7250	Surgical removal of residual tooth roots (cutting	\$398.00	\$404.00	75th percentile	\$6.00	1.5%
D7311	D7311	Alveoplasty In Conjunction W/ Extraction 1-3 Teeth	\$371.00	\$377.00	75th percentile	\$6.00	1.6%
D7321	D7321	Alveolplasty Not Conj. W Ext 1-3 Teeth, Per Quad	\$584.00	\$592.00	75th percentile	\$8.00	1.4%
D7510	D7510	Incision and drainage of abscess-intraoral soft ti	\$456.00	\$463.00	75th percentile	\$7.00	1.5%
D9110	D9110	Palliative (emergency) treatment of dental pain-mi	\$152.00	\$154.00	75th percentile	\$2.00	1.3%
D9120	D9120	Fixed Partial Denture Sectioning	\$172.00	\$174.00	75th percentile	\$2.00	1.2%
D9310	D9310	Consultation (diagnostic service provided by denti	\$151.00	\$153.00	75th percentile	\$2.00	1.3%
D9430 D9930	D9430 D9930	Office Visit Observation - No Other Procedure	\$0.00		Current fee Current fee	\$0.00	0.0%
D9930 D9940	D9930 D9940	Treatment Of Complications (post Surgical) Occlusal Night Guard	\$0.00 \$630.00		Current fee	\$0.00 \$0.00	0.0%

CPT HCPCS			Current	Proposed	Rationale for	Change from Current to Proposed	% of Change
<b>Code</b> D9951	SIM Code D9951	Code Description Occlusal Adjustment-limited	Fee \$185.00	Fee	FY2020 75th percentile	\$4.00	2.2%
DSEAL	DSEAL	Dental Sealant Exclusion	\$185.00		Current fee	\$4.00	0.0%
DTXCP	DTXCP	Comp Tx Plan Completed	\$0.00	+	Current fee	\$0.00	0.0%
DTXIN	DTXIN	Comp Tx Plan Initiated	\$0.00	\$0.00	Current fee	\$0.00	0.0%
DTXIP	DTXIP	Comp Tx Plan In Process	\$0.00		Current fee	\$0.00	0.0%
G0008	G0008	Admin influenza virus vac	\$48.00	\$50.00	75th percentile	\$2.00	4.2%
G0009	G0009	Admin pneumococcal vaccine	\$50.00	\$51.00	75th percentile	\$1.00	2.0%
G0010	G0010	Admin hepatitis b vaccine	\$64.00	\$64.00	75th percentile	\$0.00	0.0%
G0101	G0101	CA screen;pelvic/breast exam	\$112.00		75th percentile	\$1.00	0.9%
G0101E	G0101E	CA screen;pelvic/breast exam, Est	\$112.00		75th percentile	\$1.00	0.9%
G0101N	G0101N	CA screen;pelvic/breast exam, New	\$112.00		75th percentile	\$1.00	0.9%
G0124	G0124	Screen c/v thin layer by MD	\$0.00		Current fee	\$0.00	0.0%
G0328 G0466	G0328 G0466	Fecal blood scrn immunoassay	\$51.00		75th percentile	\$4.00	7.8%
G0466 G0467	G0466 G0467	FQHC Visit, New Patient FQHC Visit, Established Patient	\$196.00 \$186.00		Medicare FQHC rate Medicare FQHC rate		6.6% -0.5%
G0467 G0469	G0469	FQHC Visit, Established Patient	\$188.00		Medicare FQHC rate	(. ,	-0.5%
G0409 G0470	G0409 G0470	FQHC Visit, Mental Health, Rev Patient	\$226.00		Medicare FQHC rate		-2.5%
G0480	G0480	Drug Test Def 1-7 Classes	\$347.73		75th percentile	\$52.30	15.0%
G9001	G9001	MCCD, initial rate	\$0.00		Current fee	\$0.00	0.0%
H0002DS	H0002DS	BH Screening For Admission To Treatment Program	\$48.00	\$48.00		\$0.00	0.0%
H0002IN	H0002IN	BH Screening For Admission To Treatment Program	\$48.00	\$48.00		\$0.00	0.0%
H0004	H0004	BH Counseling and Therapy, Per 15 Mins	\$23.00		SUPR	\$0.00	0.0%
H0004GHN	H0004GHN	Therapy/Counseling - Group	\$15.00	\$15.00	DMH	\$0.00	0.0%
H0004GHO	H0004GHO	Therapy/Counseling - Group	\$15.00	\$15.00	DMH	\$0.00	0.0%
H0004HN	H0004HN	Therapy/Counseling - Individual	\$23.00	\$23.00	DMH	\$0.00	0.0%
H0004HNHR	H0004HNHR	Therapy/Counseling - Family	\$23.00	\$23.00	DMH	\$0.00	0.0%
H0004HO	H0004HO	BH Counseling And Therapy, Ind, Per 15 Mins	\$28.00	\$30.00	DMH	\$2.00	7.1%
H0004HOHR	H0004HOHR	BH Counseling And Therapy, Fam, Per 15 Mins	\$28.00	\$30.00	DMH	\$2.00	7.1%
H0005	H0005	Ach/Drug services Group Counseling by Clinician	\$10.00	\$10.00		\$0.00	0.0%
H0010 H0020	H0010 H0020	Alcohol and/or drug services Ach/Drug Services Methadone Admin	\$350.00	\$350.00		\$0.00 \$2.00	0.0%
H0020 H0032HN	H0020 H0032HN	MH SVC Plan Dev By Non MD	\$73.00 \$27.00	\$75.00 \$27.00		\$2.00	2.7%
H0038	H0038	Self-help/peer svc per 15min	\$27.00	\$27.00		\$0.00	0.0%
H0039AF	H0039AF	Assertive Community Treatment - Individual	\$47.00	\$47.00	DMH	\$0.00	0.0%
H0039GHM	H0039GHM	Assertive Community Treatment - Group	\$13.00	\$13.00	DMH	\$0.00	0.0%
H0039GHN	H0039GHN	Assertive Community Treatment - Group	\$13.00	\$13.00	DMH	\$0.00	0.0%
H0039GHO	H0039GHO	Assertive Community Treatment - Group	\$13.00	\$13.00	DMH	\$0.00	0.0%
H0039HM	H0039HM	Assertive Community Treatment - Individual	\$47.00	\$47.00	DMH	\$0.00	0.0%
H0039HN	H0039HN	Assertive Community Treatment - Individual	\$47.00	\$47.00	DMH	\$0.00	0.0%
H0039HO	H0039HO	Assertive Community Treatment - Individual	\$47.00	\$47.00	DMH	\$0.00	0.0%
H0039TD	H0039TD	Assertive Community Treatment - Individual	\$47.00		DMH	\$0.00	0.0%
H0047	HCH47	WRS Children NOS	\$65.00		SUPR	\$0.00	0.0%
H0047ATP	H0047ATP	Alcohol/Drug Abuse Service NOS	\$200.00	\$200.00		\$0.00	0.0%
H0047WRS	H0047WRS	Alcohol/Drug Abuse Service NOS	\$200.00	\$200.00		\$0.00	0.0%
H1000 H2000AH	H1000 H2000AH	Prenatal care atrisk assessm IATP: Psychological Assessment	\$100.00 \$48.00	\$100.00	Current fee DMH	\$0.00 \$0.00	0.0%
H2000AH H2000HN	H2000AH	Integrated Assessment & Treatment Planning	\$48.00	\$48.00		\$0.00	0.0%
H2000HNHE	H2000HN H2000HNHE	IATP: LOCUS Assessment	\$48.00	\$48.00		\$0.00	0.0%
		IATP: Review & Update					
H2000HNSF H2000HO	H2000HNSF H2000HO		\$48.00	\$48.00		\$0.00	0.0%
		Integrated Assessment & Treatment Planning	\$48.00	\$48.00 \$48.00		\$0.00	
H2000HOSF	H2000HOSF	IATP: Review & Update	\$48.00		DMH	\$0.00	0.0%
H2000HP	H2000HP	IATP: Psychological Assessment	\$48.00		DMH	\$0.00	0.0%
H2000TF	H2000TF	IATP: Clinical Assessment Tool	\$48.00	\$48.00		\$0.00	0.0%
H2010	H2010	Comprehensive Medication Service Per 15min	\$46.00		Current fee	\$0.00	0.0%
H201052	H201052	Medication Monitoring	\$46.00		DMH	\$0.00	0.0%
H2010AF	H2010AF	Medication Monitoring	\$46.00	\$46.00		\$0.00	0.0%
H2010SA	H2010SA	Medication Monitoring	\$46.00	\$46.00		\$0.00	0.0%
H2011	H2011	Crisis interven svc, 15 min	\$50.00	\$50.00	DMH	\$0.00	0.0%
H2011HN	H2011HN	Crisis Intervention	\$50.00	\$50.00	DMH	\$0.00	0.0%
H2015GHM	H2015GHM	Community Support - Group	\$19.00	\$19.00	DMH	\$0.00	0.0%
H2015GHN	H2015GHN	Community Support - Group	\$19.00	\$19.00	DMH	\$0.00	0.0%
H2015GHO	H2015GHO	Community Support - Group	\$19.00	\$19.00	DMH	\$0.00	0.0%
H2015HM	H2015HM	Comprehensive Community Support Ind, Per 15 Mins	\$29.00	\$29.00	DMH	\$0.00	0.0%
H2015HN	H2015HN	Comprehensive Community Ind, Per 15 Mins	\$29.00	\$29.00		\$0.00	0.0%
H2015HNHK	H2015HNHK	Comp Community Support Service Ind 15 min Resid	\$29.00	\$29.00	DMH	\$0.00	0.0%
		Comprehensive Community Support Ind,Per 15 Mins	\$29.00	\$29.00	DMH		
H2015HO	H2015HO	Complemensive Community Support ind, Fel 13 Mills			UNNH	\$0.00	0.0%

CPT HCPCS	SIM Code	Code Description	Current	Proposed	Rationale for	Change from Current to Proposed	% of Change
Code J0456	SIM Code J0456	Code Description	Fee \$100.00	Fee \$100.00	FY2020 Current fee	\$0.00	0.0%
J0456G	J0456G	Azithromycin (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
J0570	J0570	Penicillin g benzathine inj (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J0696	J0696	Ceftriaxone sodium injection, 250 Mg (Office Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J0696	J0696A	Ceftriaxone sodium injection, 250 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J0696G	J0696G	Ceftriaxone Sodium, 250mg (Grant Funded)	\$0.00	\$0.00	current fee	\$0.00	0.0%
J0897A	J0897A	Injection, Denosumab, 1mg (Patient Supplied)	\$0.00	\$0.00	current fee	\$0.00	0.0%
J1050	J1050	Depo Provera, 1mg (Office Supplied)	\$0.28	\$0.28	Current fee	\$0.00	0.0%
J1050	J1050A	Depo Provera (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J1631A	J1631A	Haldol Deconoate 50 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J1726	J1726	Hydroxprogesterone Caproate (Makena) 10mg	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J1815	J1815	Insulin injection	\$3.00	\$3.00	Current fee	\$0.00	0.0%
J1950	J1950A	Leuprolide acetate /3.75 MG (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J2315	J2315A	Vivitrol Injection, 1 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J2426A	J2426A	Invega Sustenna 1 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J2426A2	J2426A2	Invega Trinza 1 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J2675	J2675	Inj progesterone per 50 MG	\$40.00	\$40.00	Current fee	\$0.00	0.0%
J2680	J2680	Fluphenazine decanoate 25 MG	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J2680A	J2680A	Prolixin Deconoate 25 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J2790	J2790	Rho d immune globulin inj	\$225.00	\$225.00	Current fee	\$0.00	0.0%
J2790A	J2790A	Rho d immune globulin inj (Patient Supplied)	\$0.00	\$0.00	current fee	\$0.00	0.0%
J2794A	J2794A	Risperidone 0.5 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J3420	J3420	Vitamin b12 injection	\$19.00	\$18.00	75th percentile	(\$1.00)	-5.3%
J3490A1	J3490A1	Aristada 441 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J3490A2	J3490A2	Aristada 662 Mg (Patient Supplied)	\$0.00	\$0.00	current fee	\$0.00	0.0%
J3490A3	J3490A3	Aristada 882 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J3490CG	J3490CG	Clotrimazole Cream 1% (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
J3490MEG	J3490MEG	Metroonidazole Vaginal Gel 0.75% (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
J3490MIG	J3490MIG	Miconazole Vaginal Cream 2% (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
J7297	J7297	LILETTA Levonorgestrel IU 52mg 3 Yr	\$1,200.00	\$1,200.00	Current fee	\$0.00	0.0%
J7297M	J7297M	LILETTA Levonorgestrel IU 52mg 3 Yr	\$85.00	\$85.00	340B pricing	\$0.00	0.0%
J7298	J7298	MIRENA Levonorgestrel IU 52mg 5 Yr	\$1,400.00	\$1,400.00	Current fee	\$0.00	0.0%
J7298M	J7298M	MIRENA Levonorgestrel IU 52mg 5 Yr	\$336.93	\$336.93	340B pricing	\$0.00	0.0%
J7300	J7300	Intraut copper contraceptive	\$1,111.00	\$1,111.00	Current fee	\$0.00	0.0%
J7300M	J7300M	Paraguard Intraut copper contraceptive	\$268.02	\$268.02	340B pricing	\$0.00	0.0%
J7303	J7303	Contraceptive vaginal ring	\$150.00	\$150.00	Current fee	\$0.00	0.0%
J7307	J7307	Etonogestrel implant system	\$1,318.00	\$1,318.00	Current fee	\$0.00	0.0%
J7307M	J7307M	Nexplanon Etonogestrel implant system	\$426.02	\$426.02	340B pricing	\$0.00	0.0%
J7611	J7611	Albuterol non-comp con	\$5.00		Current fee	\$0.00	0.0%
J7613	J7613	Albuterol non-comp unit, 1 Mg	\$10.00		Current fee	\$0.00	0.0%
J7620 J8499G	J7620 J8499G	Albuterol ipratrop non-comp Fluconazole Tabs (Grant Funded)	\$10.00	\$10.00	Current fee	\$0.00	0.0%
J8499G J8499MG			\$0.00	\$0.00	Current fee	\$0.00	0.0%
LOZ2	J8499MG	Metronidazole Tab 500mg (Grant Funded)	\$0.00	\$0.00	current fee	\$0.00	0.0%
LOZZ	LOZ2	Lozenges 2mg	\$27.00	\$27.00	current fee	\$0.00	0.0%
NVO	LOZ4 NVO	Lozenges 4mg Nurse Visit Only	\$27.00 \$0.00	\$27.00 \$0.00	current fee Current fee	\$0.00	0.0%
Q0091						\$0.00	0.0%
Q0091 Q0144	Q0091 Q0144	Obtaining screen pap smear Azithromycin dihydrate, oral	\$98.00 \$45.00	\$100.00 \$45.00	75th percentile Current fee	\$2.00	2.0%
Q30144 Q3014	Q3014	Telehealth Originating Site Facility Fee	\$50.00	\$45.00	Current fee	\$0.00 \$0.00	0.0%
S0630	S0630	REMOVAL OF SUTURES	\$133.00	\$134.00	Blue Cross rate	\$0.00	0.0%
S4991	NRT14	Nicotine patch nonlegend 14mg Step 2	\$21.00	\$21.00	current fee	\$1.00	0.8%
S4991	NRT21	Nicotine patch nonlegend 14mg Step 2	\$21.00	\$21.00	Current fee	\$0.00	0.0%
S4991	NRT7	Nicotine patch nonlegend 7mg Step 3	\$21.00	\$21.00	Current fee	\$0.00	0.0%
S4993	0118A	Ortho Cyclen	\$45.00	\$45.00	75th percentile	\$0.00	0.0%
S4993	0121A	Micronor	\$45.00	\$45.00	75th percentile	\$0.00	0.0%
S4993	0130A	Tricyclen Lo	\$45.00	\$45.00	75th percentile	\$0.00	0.0%
S4993	0139A	Kelnor	\$45.00	\$45.00	75th percentile	\$0.00	0.0%
S4993	0172A	Trinessa Lo	\$46.00	\$45.00	75th percentile	(\$1.00)	-2.2%
S4993	0174A	Sprintec	\$46.00	\$45.00	75th percentile	(\$1.00)	-2.2%
S4993	0175A	Norgestimate Ethinyl Estradiol	\$45.00	\$45.00	75th percentile	\$0.00	0.0%
S4993	0176A	Norethindrone	\$46.00	\$45.00	75th percentile	(\$1.00)	-2.2%
			÷.5.50	÷ 10.00	r our percentile	(ψι.00)	-2.2/0

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2020	Change from Current to Proposed	% of Change
S4995	GUM2	Smoking cessation gum 2mg	\$24.00	\$24.00	current fee	\$0.00	0.0%
S4995	GUM4	Smoking cessation gum 4mg	\$24.00	\$24.00	Current fee	\$0.00	0.0%
S9484HN	S9484HN	Mobile Crisis Response	\$150.00	\$275.00	DMH	\$125.00	83.3%
S9986	W00S2	Peer Support Services	\$0.00	\$0.00	Current fee	\$0.00	0.0%
S9986	W00S3	Crisis Intervention - UnReg	\$0.00	\$0.00	Current fee	\$0.00	0.0%
T1015	T1015	Clinic service	\$142.04	\$142.04	Encounter rate	\$0.00	0.0%
T1015	T1015AH	Clinic service	\$54.02	\$54.02	Encounter rate	\$0.00	0.0%
T1015	T1015AJ	Clinic service	\$54.02	\$54.02	Encounter rate	\$0.00	0.0%
T1015	T1015HO	Clinic service	\$54.02	\$54.02	Encounter rate	\$0.00	0.0%
T1016	T1016	Case Management Per 15min	\$25.00	\$25.00	DMH	\$0.00	0.0%
T1016HM	T1016HM	Case Management - Mental Health	\$25.00	\$25.00	DMH	\$0.00	0.0%
T1016HMHS	T1016HMHS	Case Management - Client Centered Consultation	\$25.00	\$25.00	DMH	\$0.00	0.0%
T1016HN	T1016HN	Case Management, Per 15 Mins	\$25.00	\$25.00	DMH	\$0.00	0.0%
T1016HNHS	T1016HNHS	Case Management - Client Centered Consultation	\$25.00	\$25.00	DMH	\$0.00	0.0%
T1016HNTS	T1016HNTS	Case Management - Transition Linkage & Aftercare	\$25.00	\$25.00	DMH	\$0.00	0.0%
T1016HOTS	T1016HOTS	Case Management - Transition Linkage & Aftercare	\$28.00	\$28.00	DMH	\$0.00	0.0%
T1019HN	T1019HN	Crisis Stabilization	\$55.00	\$55.00	DMH	\$0.00	0.0%
T1029	T1029	Dwelling lead investigation	\$42.00	\$42.00	current fee	\$0.00	0.0%
T1502SA	T1502SA	Medication Admin Visit	\$22.00	\$22.00	DMH	\$0.00	0.0%
T1502TE	T1502TE	Medication Administration	\$22.00	\$22.00	DMH	\$0.00	0.0%
T1999	T1999	NOC retail items and supplies	\$0.00	\$0.00	current fee	\$0.00	0.0%