

Lake County Health Department and Community Health Center  
Proposed Fees for Medical, Behavioral Health and Dental Services  
Effective Date of December 1, 2020

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2021	Change from Current to Proposed	% of Change
10060	10060	DRAINAGE OF SKIN ABSCESS	\$323.00	\$323.00	Current fee	\$0.00	0.0%
11200	11200	REMOVAL OF SKIN TAGS	\$250.00	\$256.00	75th percentile	\$6.00	2.4%
11976	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$350.00	\$350.00	Current fee	\$0.00	0.0%
11981	11981	INSERT DRUG IMPLANT DEVICE	\$405.00	\$407.00	75th percentile	\$2.00	0.5%
11982	11982	REMOVE DRUG IMPLANT DEVICE	\$455.00	\$489.00	75th percentile	\$34.00	7.5%
11983	11983	REMOVE/INSERT DRUG IMPLANT	\$624.00	\$624.00	Current fee	\$0.00	0.0%
17110	17110	DESTRUCT B9 LESION, 1-14	\$255.00	\$255.00	75th percentile	\$0.00	0.0%
17111	17111	DESTRUCT LESION, 15 OR MORE	\$305.00	\$320.00	75th percentile	\$15.00	4.9%
17250	17250	CHEMICAL CAUTERY, TISSUE	\$178.00	\$178.00	Current fee	\$0.00	0.0%
32	C0032	Outreach	\$20.00	\$20.00	Grant	\$0.00	0.0%
33	C0033	Case Finding	\$20.00	\$20.00	Grant	\$0.00	0.0%
36415	36415	A-ROUTINE VENIPUNCTURE	\$0.00	\$0.00	Current fee	\$0.00	0.0%
36415	36415Q	A ROUTINE VENIPUNCTURE QUEST	\$0.00	\$0.00	Current fee	\$0.00	0.0%
46900	46900	DESTRUCTION, ANAL LESION(S)	\$687.00	\$693.00	75th percentile	\$6.00	0.9%
46924	46924	DESTRUCTION, ANAL LESION(S)	\$850.00	\$850.00	Current fee	\$0.00	0.0%
54050	54050	DESTRUCTION, PENIS LESION(S)	\$250.00	\$273.00	75th percentile	\$23.00	9.2%
54065	54065	DESTRUCTION, PENIS LESION(S)	\$650.00	\$650.00	75th percentile	\$0.00	0.0%
56420	56420	I & D Bartholins Gland Abscess	\$614.00	\$650.00	75th percentile	\$36.00	5.9%
56501	56501	DESTROY, VULVA LESIONS, SIM	\$410.00	\$433.00	75th percentile	\$23.00	5.6%
56515	56515	DESTROY VULVA LESION/S COMPL	\$763.00	\$763.00	Current fee	\$0.00	0.0%
56605	56605	BIOPSY OF VULVA/PERINEUM	\$579.00	\$510.00	75th percentile	(\$69.00)	-11.9%
57061	57061	DESTROY VAG LESIONS, SIMPLE	\$385.00	\$259.00	75th percentile	(\$126.00)	-32.7%
57065	57065	DESTROY VAG LESIONS, COMPLEX	\$1041.00	\$1,060.00	75th percentile	\$19.00	1.8%
57135	57135	REMOVE VAGINA LESION	\$785.00	\$1,158.00	75th percentile	\$373.00	47.5%
57452	57452	EXAM OF CERVIX W/SCOPE	\$450.00	\$430.00	75th percentile	(\$20.00)	-4.4%
57454	57454	BX AND CURETT OF CERVIX W/SCOPE	\$641.00	\$641.00	75th percentile	\$0.00	0.0%
57455	57455	BIOPSY OF CERVIX W/SCOPE	\$550.00	\$550.00	75th percentile	\$0.00	0.0%
57456	57456	ENDOCERV CURETTAGE W/SCOPE	\$561.00	\$561.00	75th percentile	\$0.00	0.0%
57460	57460	BX OF CERVIX W/SCOPE, LEEP	\$2561.00	\$2,754.00	75th percentile	\$193.00	7.5%
57461	57461	CONZ OF CERVIX W/SCOPE, LEEP	\$1177.00	\$1,200.00	75th percentile	\$23.00	2.0%
57500	57500	BIOPSY OF CERVIX	\$876.00	\$876.00	75th percentile	\$0.00	0.0%
57510	57510	CAUTERIZATION OF CERVIX	\$642.00	\$653.00	75th percentile	\$11.00	1.7%
57522	57522	CONIZATION OF CERVIX	\$1700.00	\$1,739.00	75th percentile	\$39.00	2.3%
58100	58100	BIOPSY OF UTERUS LINING	\$499.00	\$499.00	75th percentile	\$0.00	0.0%
58300	58300	INSERT INTRAUTERINE DEVICE	\$700.00	\$700.00	75th percentile	\$0.00	0.0%
58301	58301	REMOVE INTRAUTERINE DEVICE	\$457.00	\$457.00	75th percentile	\$0.00	0.0%
59025	59025	FETAL NON-STRESS TEST	\$266.00	\$263.00	75th percentile	(\$3.00)	-1.1%
59430	59430	CARE AFTER DELIVERY	\$440.00	\$482.00	75th percentile	\$42.00	9.5%
67875	67875	CLOSURE OF EYELID BY SUTURE	\$821.00	\$828.00	75th percentile	\$7.00	0.9%
69200	69200	CLEAR OUTER EAR CANAL	\$400.00	\$381.00	75th percentile	(\$19.00)	-4.8%
69209	69209	Removal Impacted Cerumen Using Irrigation, Unilat	\$115.00	\$115.00	75th percentile	\$0.00	0.0%
69210	69210	REMOVE IMPACTED EAR WAX	\$150.00	\$150.00	75th percentile	\$0.00	0.0%
70100	70100	X-RAY EXAM OF JAW	\$101.00	\$100.00	75th percentile	(\$1.00)	-1.0%
70210	70210	X-RAY EXAM OF SINUSES	\$100.00	\$99.00	75th percentile	(\$1.00)	-1.0%
70360	70360	X-RAY EXAM OF NECK	\$103.00	\$103.00	Current fee	\$0.00	0.0%
71045	71045	CHEST X-RAY - Single View Frontal	\$98.00	\$98.00	Current fee	\$0.00	0.0%
71046	71046	CHEST X-RAY-2 VIEWS Frontal And Lateral	\$150.00	\$160.00	75th percentile	\$10.00	6.7%
71048	71048	CHEST X-RAY-4 OR MORE VIEWS	\$204.00	\$202.00	75th percentile	(\$2.00)	-1.0%
71100	71100	X-RAY EXAM OF RIBS	\$130.00	\$120.00	75th percentile	(\$10.00)	-7.7%
71101	71101	X-RAY EXAM OF RIBS/CHEST	\$160.00	\$160.00	75th percentile	\$0.00	0.0%
72040	72040	X-RAY EXAM OF NECK SPINE	\$120.00	\$120.00	75th percentile	\$0.00	0.0%
72050	72050	X-RAY EXAM OF NECK SPINE	\$240.00	\$240.00	75th percentile	\$0.00	0.0%
72052	72052	X-RAY EXAM OF NECK SPINE	\$178.00	\$178.00	75th percentile	\$0.00	0.0%
72070	72070	X-RAY EXAM OF THORACIC SPINE	\$150.00	\$150.00	75th percentile	\$0.00	0.0%
72072	72072	X-RAY EXAM OF THORACIC SPINE	\$155.00	\$155.00	Current fee	\$0.00	0.0%
72080	72080	X-RAY EXAM OF TRUNK SPINE	\$100.00	\$100.00	75th percentile	\$0.00	0.0%
72082	72082	X-Ray Exam Thrc Lmbr Crv SacSpine W/Skull 2 -3View	\$197.00	\$197.00	75th percentile	\$0.00	0.0%
72100	72100	X-RAY EXAM OF LOWER SPINE	\$150.00	\$148.00	75th percentile	(\$2.00)	-1.3%
72110	72110	X-RAY EXAM OF LOWER SPINE	\$218.00	\$215.00	75th percentile	(\$3.00)	-1.4%
72120	72120	X-RAY EXAM OF LOWER SPINE	\$211.00	\$211.00	75th percentile	\$0.00	0.0%
72200	72200	X-RAY EXAM SACROILIAC JOINTS	\$75.00	\$111.00	75th percentile	\$36.00	48.0%
72220	72220	X-RAY EXAM OF TAILBONE	\$130.00	\$126.00	75th percentile	(\$4.00)	-3.1%
73000	73000	X-RAY EXAM OF COLLAR BONE	\$115.00	\$115.00	75th percentile	\$0.00	0.0%
73010	73010	X-RAY EXAM OF SHOULDER BLADE	\$101.00	\$95.00	75th percentile	(\$6.00)	-5.9%
73030	73030	X-RAY EXAM OF SHOULDER	\$128.00	\$91.00	75th percentile	(\$37.00)	-28.9%
73060	73060	X-RAY EXAM OF HUMERUS	\$125.00	\$92.00	75th percentile	(\$33.00)	-26.4%
73080	73080	X-RAY EXAM OF ELBOW	\$116.00	\$117.00	75th percentile	\$1.00	0.9%
73090	73090	X-RAY EXAM OF FOREARM	\$113.00	\$81.00	75th percentile	(\$32.00)	-28.3%
73100	73100	X-RAY EXAM OF WRIST	\$110.00	\$109.00	75th percentile	(\$1.00)	-0.9%
73110	73110	X-RAY EXAM OF WRIST	\$115.00	\$117.00	75th percentile	\$2.00	1.7%
73130	73130	X-RAY EXAM OF HAND	\$110.00	\$110.00	75th percentile	\$0.00	0.0%
73140	73140	X-RAY EXAM OF FINGER(S)	\$99.00	\$100.00	75th percentile	\$1.00	1.0%

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73501	73501	X-Ray Exam Hip Unilat W/ Pelvis 1 View	\$94.00	\$94.00	75th percentile	\$0.00	0.0%
73502	73502	X-RAY EXAM, HIP, UNILAT, W/PELVIS 2-3 VIEWS	\$145.00	\$146.00	75th percentile	\$1.00	0.7%
73503	73503	X-Ray Exam Hip Unilat W/Pelvis 4 Views	\$175.00	\$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%
73523	73523	X-RAY EXAM HIPS, BILAT, WITH PELVIS, 5 VIEWS	\$190.00	\$190.00	Current fee	\$0.00	0.0%
73552	73552	X-RAY EXAM OF FEMUR, 2 VIEWS	\$103.00	\$103.00	75th percentile	\$0.00	0.0%
73560	73560	X-RAY EXAM OF KNEE, 1 OR 2 VIEWS	\$115.00	\$98.00	75th percentile	(\$17.00)	-14.8%
73562	73562	X-RAY EXAM OF KNEE, 3 VIEWS	\$127.00	\$138.00	75th percentile	\$11.00	8.7%
73564	73564	X-RAY EXAM, KNEE, 4 OR MORE	\$153.00	\$152.00	75th percentile	(\$1.00)	-0.7%
73590	73590	X-RAY EXAM OF LOWER LEG	\$114.00	\$114.00	75th percentile	\$0.00	0.0%
73600	73600	X-RAY EXAM OF ANKLE - 2 Views	\$95.00	\$95.00	75th percentile	\$0.00	0.0%
73610	73610	X-RAY EXAM OF ANKLE - Complete, Minimum 3 Views	\$103.00	\$99.00	75th percentile	(\$4.00)	-3.9%
73620	73620	X-RAY EXAM OF FOOT	\$88.00	\$88.00	75th percentile	\$0.00	0.0%
73630	73630	X-RAY EXAM OF FOOT	\$93.00	\$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	\$74.00	\$74.00	Current fee	\$0.00	0.0%
74019	74019	X-RAY EXAM OF ABDOMEN-2 VIEWS	\$80.00	\$80.00	Current fee	\$0.00	0.0%
74021	74021	X-RAY EXAM OF ABDOMEN-3 OR MORE VIEWS	\$190.00	\$188.00	75th percentile	(\$2.00)	-1.1%
76000	76000	FLUOROSCOPE EXAMINATION	\$315.00	\$192.00	75th percentile	(\$123.00)	-39.0%
80048	80048	BASIC METABOLIC PANEL	\$61.00	\$61.00	75th percentile	\$0.00	0.0%
80053	80053	COMPREHEN METABOLIC PANEL	\$111.00	\$77.00	75th percentile	(\$34.00)	-30.6%
80061	80061	LIPID PANEL	\$128.00	\$96.00	75th percentile	(\$32.00)	-25.0%
80074	80074	ACUTE HEPATITIS PANEL	\$377.00	\$377.00	75th percentile	\$0.00	0.0%
80076	80076	HEPATIC FUNCTION PANEL	\$97.00	\$68.00	75th percentile	(\$29.00)	-29.9%
80156	80156	ASSAY, CARBAMAZEPINE, TOTAL	\$125.00	\$92.00	75th percentile	(\$33.00)	-26.4%
80162	80162	ASSAY OF DIGOXIN	\$94.00	\$92.00	75th percentile	(\$2.00)	-2.1%
80164	80164	ASSAY, DIPROPYLACETIC ACID	\$141.00	\$98.00	75th percentile	(\$43.00)	-30.5%
80165	80165	DIPROPYLACETIC ACID FREE	\$124.00	\$114.00	75th percentile	(\$10.00)	-8.1%
80177	80177	Levetiracetam	\$124.00	\$124.00	75th percentile	\$0.00	0.0%
80178	80178	ASSAY OF LITHIUM	\$60.00	\$60.00	75th percentile	\$0.00	0.0%
80184	80184	ASSAY OF PHENOBARBITAL	\$109.00	\$92.00	75th percentile	(\$17.00)	-15.6%
80185	80185	ASSAY OF PHENYTOIN, TOTAL	\$92.00	\$92.00	75th percentile	\$0.00	0.0%
80299	80299	QUANTITATIVE ASSAY, DRUG	\$129.00	\$129.00	Current fee	\$0.00	0.0%
80305	80305	Drug Test Presump Optical	\$65.00	\$65.00	75th percentile	\$0.00	0.0%
80307	80307	Drug Test Presump Not Optical	\$360.00	\$279.00	75th percentile	(\$81.00)	-22.5%
80338	80338	ANTIDEPRESSANT NOT SPECIFIED	\$100.00	\$107.00	75th percentile	\$7.00	7.0%
80340	80340	ANTIEPILEPTICS NOS 4-6	\$129.00	\$60.00	75th percentile	(\$69.00)	-53.5%
80348	80348	Buprenorphine	\$200.00	\$200.00	75th percentile	\$0.00	0.0%
80362	80362	Opioids And Opiate Analogs; 1 Or 2	\$100.00	\$100.00	Current fee	\$0.00	0.0%
81001	81001	URINALYSIS, AUTO W/SCOPE	\$75.00	\$38.00	75th percentile	(\$37.00)	-49.3%
81002	81002	URINALYSIS NONAUTO W/O SCOPE	\$20.00	\$22.00	75th percentile	\$2.00	10.0%
81025	81025	URINE PREGNANCY TEST	\$35.00	\$35.00	Current fee	\$0.00	0.0%
81220	81220	CFTR Gene Analysis, Common Variants	\$900.00	\$900.00	75th percentile	\$0.00	0.0%
81596	81596	NFCT DS CHRNC HCV 6 ASSAYS	\$429.00	\$429.00	75th percentile	\$0.00	0.0%
82040	82040	ASSAY OF SERUM ALBUMIN	\$37.00	\$27.00	75th percentile	(\$10.00)	-27.0%
82043	82043	MICROALBUMIN, QUANTITATIVE	\$118.00	\$118.00	75th percentile	\$0.00	0.0%
82075	82075	ASSAY OF BREATH ETHANOL	\$30.00	\$31.00	75th percentile	\$1.00	3.3%
82085	82085	ASSAY OF ALDOLASE	\$77.00	\$77.00	75th percentile	\$0.00	0.0%
82105	82105	ALPHA-FETOPROTEIN, SERUM	\$213.00	\$174.00	75th percentile	(\$39.00)	-18.3%
82140	82140	ASSAY OF AMMONIA	\$134.00	\$100.00	75th percentile	(\$34.00)	-25.4%
82150	82150	ASSAY OF AMYLASE	\$60.00	\$50.00	75th percentile	(\$10.00)	-16.7%
82172	82172	ASSAY OF APOLIPOPROTEIN	\$85.00	\$30.00	75th percentile	(\$55.00)	-64.7%
82247	82247	BILIRUBIN, TOTAL	\$61.00	\$37.00	75th percentile	(\$24.00)	-39.3%
82248	82248	BILIRUBIN, DIRECT	\$59.00	\$48.00	75th percentile	(\$11.00)	-18.6%
82272	82272	OCCULT BLOOD, FECES, SINGLE	\$37.00	\$30.00	75th percentile	(\$7.00)	-18.9%
82274	82274	ASSAY TEST FOR BLOOD, FECAL	\$75.00	\$75.00	75th percentile	\$0.00	0.0%
82306	82306	ASSAY OF VITAMIN D	\$172.00	\$172.00	75th percentile	\$0.00	0.0%
82310	82310	ASSAY OF CALCIUM	\$59.00	\$35.00	75th percentile	(\$24.00)	-40.7%
82330	82330	ASSAY OF CALCIUM	\$122.00	\$98.00	75th percentile	(\$24.00)	-19.7%
82340	82340	ASSAY OF CALCIUM IN URINE	\$71.00	\$46.00	75th percentile	(\$25.00)	-35.2%
82365	82365	CALCULUS SPECTROSCOPY	\$122.00	\$105.00	75th percentile	(\$17.00)	-13.9%
82378	82378	CARCINOEMBRYONIC ANTIGEN	\$157.00	\$149.00	75th percentile	(\$8.00)	-5.1%
82384	82384	ASSAY, THREE CATECHOLAMINES	\$237.00	\$181.00	75th percentile	(\$56.00)	-23.6%
82390	82390	ASSAY OF CERULOPLASMIN	\$108.00	\$108.00	75th percentile	\$0.00	0.0%
82397	82397	CHEMILUMINESCENT ASSAY	\$399.00	\$399.00	Current fee	\$0.00	0.0%
82533	82533	TOTAL CORTISOL	\$176.00	\$135.00	75th percentile	(\$41.00)	-23.3%
82542	82542	COLUMN CHROMATOGRAPHY, QUANT	\$165.00	\$158.00	75th percentile	(\$7.00)	-4.2%
82550	82550	ASSAY OF CK (CPK)	\$94.00	\$64.00	75th percentile	(\$30.00)	-31.9%
82552	82552	ASSAY OF CPK IN BLOOD	\$102.00	\$94.00	75th percentile	(\$8.00)	-7.8%
82553	82553	CREATINE, MB FRACTION	\$219.00	\$74.00	75th percentile	(\$145.00)	-66.2%
82565	82565	ASSAY OF CREATININE	\$38.00	\$32.00	75th percentile	(\$6.00)	-15.8%
82570	82570	ASSAY OF URINE CREATININE	\$98.00	\$57.00	75th percentile	(\$41.00)	-41.8%

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82575	82575	CREATININE CLEARANCE TEST	\$172.00	\$110.00	75th percentile	(\$62.00)	-36.0%
82607	82607	VITAMIN B-12	\$164.00	\$115.00	75th percentile	(\$49.00)	-29.9%
82627	82627	DEHYDROEPIANDROSTERONE	\$135.00	\$132.00	75th percentile	(\$3.00)	-2.2%
82652	82652	ASSAY OF DIHYDROXYVITAMIN D	\$204.00	\$204.00	Current fee	\$0.00	0.0%
82668	82668	ASSAY OF ERYTHROPOIETIN	\$175.00	\$183.00	75th percentile	\$8.00	4.6%
82670	82670	ASSAY OF ESTRADIOL	\$80.00	\$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	\$109.00	75th percentile	(\$71.00)	-39.4%
82746	82746	BLOOD FOLIC ACID SERUM	\$122.00	\$99.00	75th percentile	(\$23.00)	-18.9%
82784	82784	ASSAY OF GAMMAGLOBULIN IGM	\$115.00	\$77.00	75th percentile	(\$38.00)	-33.0%
82785	82785	ASSAY OF GAMMAGLOBULIN IGE	\$135.00	\$135.00	75th percentile	\$0.00	0.0%
82947	82947	ASSAY, GLUCOSE, BLOOD QUANT	\$34.00	\$32.00	75th percentile	(\$2.00)	-5.9%
82950	82950	GLUCOSE TEST	\$45.00	\$47.00	75th percentile	\$2.00	4.4%
82951	82951	GLUCOSE TOLERANCE TEST (GTT)	\$100.00	\$90.00	75th percentile	(\$10.00)	-10.0%
82952	82952	GTT-ADDED SAMPLES	\$42.00	\$42.00	75th percentile	\$0.00	0.0%
82955	82955	ASSAY OF G6PD ENZYME	\$92.00	\$92.00	Current fee	\$0.00	0.0%
82962	82962	GLUCOSE BLOOD TEST	\$25.00	\$25.00	75th percentile	\$0.00	0.0%
82977	82977	ASSAY OF GGT	\$55.00	\$47.00	75th percentile	(\$8.00)	-14.5%
83001	83001	GONADOTROPIN (FSH)	\$90.00	\$80.00	75th percentile	(\$10.00)	-11.1%
83002	83002	GONADOTROPIN (LH)	\$80.00	\$80.00	75th percentile	\$0.00	0.0%
83010	83010	ASSAY OF HAPTOGLOBIN, QUANT	\$164.00	\$104.00	75th percentile	(\$60.00)	-36.6%
83021	83021	HEMOGLOBIN CHROMOTOGRAPHY	\$350.00	\$350.00	75th percentile	\$0.00	0.0%
83036	83036	GLYCOSYLATED HEMOGLOBIN TEST	\$80.00	\$69.00	75th percentile	(\$11.00)	-13.8%
83037	83037	GLYCOSYLATED HB, HOME DEVICE	\$72.00	\$72.00	75th percentile	\$0.00	0.0%
83516	83516	IMMUNOASSAY, NONANTIBODY	\$47.00	\$47.00	75th percentile	\$0.00	0.0%
83520	83520	IMMUNOASSAY, RIA	\$75.00	\$75.00	75th percentile	\$0.00	0.0%
83525	83525	ASSAY OF INSULIN	\$111.00	\$111.00	75th percentile	\$0.00	0.0%
83540	83540	ASSAY OF IRON	\$90.00	\$60.00	75th percentile	(\$30.00)	-33.3%
83550	83550	IRON BINDING TEST	\$74.00	\$50.00	75th percentile	(\$24.00)	-32.4%
83615	83615	LACTATE (LD) (LDH) ENZYME	\$48.00	\$48.00	75th percentile	\$0.00	0.0%
83655	83655	ASSAY OF LEAD	\$60.00	\$62.00	75th percentile	\$2.00	3.3%
83690	83690	ASSAY OF LIPASE	\$96.00	\$67.00	75th percentile	(\$29.00)	-30.2%
83700	83700	LIOPRO BLD, ELECTROPHORETIC	\$102.00	\$94.00	75th percentile	(\$8.00)	-7.8%
83735	83735	ASSAY OF MAGNESIUM	\$54.00	\$54.00	75th percentile	\$0.00	0.0%
83880	83880	NATRIURETIC PEPTIDE	\$216.00	\$216.00	75th percentile	\$0.00	0.0%
83883	83883	ASSAY, NEPHELOMETRY NOT SPEC	\$87.00	\$87.00	75th percentile	\$0.00	0.0%
83930	83930	ASSAY OF BLOOD OSMOLALITY	\$62.00	\$60.00	75th percentile	(\$2.00)	-3.2%
83935	83935	ASSAY OF URINE OSMOLALITY	\$92.00	\$83.00	75th percentile	(\$9.00)	-9.8%
83945	83945	ASSAY OF OXALATE	\$145.00	\$51.00	75th percentile	(\$94.00)	-64.8%
83970	83970	ASSAY OF PARATHORMONE	\$330.00	\$330.00	75th percentile	\$0.00	0.0%
83986	83986	PH Body Fluids	\$49.00	\$49.00	Current fee	\$0.00	0.0%
84075	84075	ASSAY ALKALINE PHOSPHATASE	\$30.00	\$30.00	75th percentile	\$0.00	0.0%
84080	84080	ASSAY ALKALINE PHOSPHATASES	\$130.00	\$101.00	75th percentile	(\$29.00)	-22.3%
84100	84100	ASSAY OF PHOSPHORUS	\$50.00	\$34.00	75th percentile	(\$16.00)	-32.0%
84132	84132	ASSAY OF SERUM POTASSIUM	\$27.00	\$27.00	75th percentile	\$0.00	0.0%
84133	84133	ASSAY OF URINE POTASSIUM	\$41.00	\$17.00	75th percentile	(\$24.00)	-58.5%
84144	84144	ASSAY OF PROGESTERONE	\$80.00	\$80.00	75th percentile	\$0.00	0.0%
84146	84146	ASSAY OF PROLACTIN	\$157.00	\$117.00	75th percentile	(\$40.00)	-25.5%
84153	84153	ASSAY OF PSA, TOTAL	\$91.00	\$91.00	Current fee	\$0.00	0.0%
84154	84154	ASSAY OF PSA, FREE	\$141.00	\$141.00	75th percentile	\$0.00	0.0%
84155	84155	ASSAY OF PROTEIN, SERUM	\$30.00	\$30.00	75th percentile	\$0.00	0.0%
84156	84156	ASSAY OF PROTEIN, URINE	\$76.00	\$50.00	75th percentile	(\$26.00)	-34.2%
84165	84165	PROTEIN E-PHORESIS, SERUM	\$79.00	\$83.00	75th percentile	\$4.00	5.1%
84166	84166	PROTEIN E-PHORESIS/URINE/CSF	\$140.00	\$140.00	75th percentile	\$0.00	0.0%
84300	84300	ASSAY OF URINE SODIUM	\$61.00	\$30.00	75th percentile	(\$31.00)	-50.8%
84402	84402	ASSAY OF TESTOSTERONE	\$109.00	\$109.00	75th percentile	\$0.00	0.0%
84403	84403	ASSAY OF TOTAL TESTOSTERONE	\$147.00	\$133.00	75th percentile	(\$14.00)	-9.5%
84431	84431	THROMBOXANE URINE	\$110.00	\$101.00	75th percentile	(\$9.00)	-8.2%
84436	84436	ASSAY OF TOTAL THYROXINE	\$96.00	\$49.00	75th percentile	(\$47.00)	-49.0%
84439	84439	ASSAY OF FREE THYROXINE	\$130.00	\$109.00	75th percentile	(\$21.00)	-16.2%
84443	84443	ASSAY THYROID STIM HORMONE	\$133.00	\$108.00	75th percentile	(\$25.00)	-18.8%
84445	84445	ASSAY OF TSI	\$330.00	\$347.00	75th percentile	\$17.00	5.2%
84450	84450	TRANSFERASE (AST) (SGOT)	\$35.00	\$30.00	75th percentile	(\$5.00)	-14.3%
84460	84460	ALANINE AMINO (ALT) (SGPT)	\$35.00	\$30.00	75th percentile	(\$5.00)	-14.3%
84479	84479	ASSAY OF THYROID (T3 OR T4)	\$62.00	\$48.00	75th percentile	(\$14.00)	-22.6%
84480	84480	ASSAY, TRIIODOTHYRONINE (T3)	\$154.00	\$154.00	75th percentile	\$0.00	0.0%
84481	84481	FREE ASSAY (FT-3)	\$179.00	\$188.00	75th percentile	\$9.00	5.0%
84550	84550	ASSAY OF BLOOD/URIC ACID	\$37.00	\$33.00	75th percentile	(\$4.00)	-10.8%
84560	84560	ASSAY OF URINE/URIC ACID	\$46.00	\$19.00	75th percentile	(\$27.00)	-58.7%
84681	84681	ASSAY OF C-PEPTIDE	\$219.00	\$219.00	75th percentile	\$0.00	0.0%
84702	84702	CHORIONIC GONADOTROPIN TEST	\$93.00	\$80.00	75th percentile	(\$13.00)	-14.0%
84703	84703	CHORIONIC GONADOTROPIN ASSAY	\$61.00	\$61.00	75th percentile	\$0.00	0.0%

Lake County Health Department and Community Health Center  
Proposed Fees for Medical, Behavioral Health and Dental Services  
Effective Date of December 1, 2020

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2021	Change from Current to Proposed	% of Change
85007	85007	BL SMEAR W/DIFF WBC COUNT	\$63.00	\$63.00	75th percentile	\$0.00	0.0%
85014	85014	HEMATOCRIT	\$35.00	\$35.00	75th percentile	\$0.00	0.0%
85018	85018	HEMOGLOBIN	\$23.00	\$25.00	75th percentile	\$2.00	8.7%
85025	85025	COMPLETE CBC W/AUTO DIFF WBC	\$56.00	\$49.00	75th percentile	(\$7.00)	-12.5%
85027	85027	COMPLETE CBC, AUTOMATED	\$58.00	\$49.00	75th percentile	(\$9.00)	-15.5%
85041	85041	AUTOMATED RBC COUNT	\$24.00	\$25.00	75th percentile	\$1.00	4.2%
85045	85045	AUTOMATED RETICULOCYTE COUNT	\$67.00	\$67.00	75th percentile	\$0.00	0.0%
85379	85379	FIBRIN DEGRADATION, QUANT	\$127.00	\$127.00	75th percentile	\$0.00	0.0%
85610	85610	PROTHROMBIN TIME	\$40.00	\$34.00	75th percentile	(\$6.00)	-15.0%
85613	85613	RUSSELL VIPER VENOM, DILUTED	\$67.00	\$67.00	Current fee	\$0.00	0.0%
85652	85652	RBC SED RATE, AUTOMATED	\$36.00	\$33.00	75th percentile	(\$3.00)	-8.3%
85660	85660	RBC SICKLE CELL TEST	\$71.00	\$71.00	75th percentile	\$0.00	0.0%
85730	85730	THROMBOPLASTIN TIME, PARTIAL	\$114.00	\$66.00	75th percentile	(\$48.00)	-42.1%
86003	86003	ALLERGEN SPECIFIC IGE	\$30.00	\$30.00	Current fee	\$0.00	0.0%
86021	86021	WBC ANTIBODY IDENTIFICATION	\$108.00	\$28.00	75th percentile	(\$80.00)	-74.1%
86038	86038	ANTINUCLEAR ANTIBODIES	\$100.00	\$110.00	75th percentile	\$10.00	10.0%
86060	86060	ANTISTREPTOLYSIN O, TITER	\$44.00	\$44.00	75th percentile	\$0.00	0.0%
86140	86140	C-REACTIVE PROTEIN	\$85.00	\$56.00	75th percentile	(\$29.00)	-34.1%
86146	86146	GLYCOPROTEIN ANTIBODY	\$175.00	\$200.00	75th percentile	\$25.00	14.3%
86147	86147	CARDIOLIPIN ANTIBODY	\$77.00	\$35.00	75th percentile	(\$42.00)	-54.5%
86148	86148	PHOSPHOLIPID ANTIBODY	\$35.00	\$35.00	75th percentile	\$0.00	0.0%
86160	86160	COMPLEMENT, ANTIGEN	\$143.00	\$119.00	75th percentile	(\$24.00)	-16.8%
86162	86162	COMPLEMENT, TOTAL (CH50)	\$217.00	\$217.00	Current fee	\$0.00	0.0%
86200	86200	CCP ANTIBODY	\$159.00	\$58.00	75th percentile	(\$101.00)	-63.5%
86225	86225	DNA ANTIBODY	\$150.00	\$98.00	75th percentile	(\$52.00)	-34.7%
86235	86235	NUCLEAR ANTIGEN ANTIBODY	\$139.00	\$103.00	75th percentile	(\$36.00)	-25.9%
86255	86255	FLUORESCENT ANTIBODY, SCREEN	\$24.00	\$24.00	Current fee	\$0.00	0.0%
86304	86304	IMMUNOASSAY, TUMOR, CA 125	\$141.00	\$135.00	75th percentile	(\$6.00)	-4.3%
86308	86308	HETEROPHILE ANTIBODIES	\$51.00	\$44.00	75th percentile	(\$7.00)	-13.7%
86317	86317	IMMUNOASSAY,INFECTIOUS AGENT	\$108.00	\$45.00	75th percentile	(\$63.00)	-58.3%
86334	86334	IMMUNOFIX E-PHORESIS, SERUM	\$107.00	\$107.00	Current fee	\$0.00	0.0%
86335	86335	IMMUNIFIX E-PHORSIS/URINE/CSF	\$420.00	\$420.00	75th percentile	\$0.00	0.0%
86336	86336	INHIBIN A	\$193.00	\$193.00	75th percentile	\$0.00	0.0%
86355	86355	B CELLS, TOTAL COUNT	\$154.00	\$149.00	75th percentile	(\$5.00)	-3.2%
86360	86360	T CELL, ABSOLUTE COUNT/RATIO	\$66.00	\$66.00	75th percentile	\$0.00	0.0%
86376	86376	MICROSOMAL ANTIBODY	\$148.00	\$122.00	75th percentile	(\$26.00)	-17.6%
86431	86431	RHEUMATOID FACTOR, QUANT	\$61.00	\$57.00	75th percentile	(\$4.00)	-6.6%
86480	86480	TB TEST, CELL IMMUN MEASURE	\$177.00	\$177.00	Current fee	\$0.00	0.0%
86580	86580	TB INTRADERMAL TEST	\$35.00	\$35.00	75th percentile	\$0.00	0.0%
86592	86592	BLOOD SEROLOGY, QUALITATIVE	\$44.00	\$43.00	75th percentile	(\$1.00)	-2.3%
86644	86644	CMV ANTIBODY	\$234.00	\$118.00	75th percentile	(\$116.00)	-49.6%
86664	86664	EPSTEIN-BARR ANTIBODY	\$81.00	\$81.00	75th percentile	\$0.00	0.0%
86665	86665	EPSTEIN-BARR ANTIBODY	\$222.00	\$127.00	75th percentile	(\$95.00)	-42.8%
86695	86695	HERPES SIMPLEX TEST	\$95.00	\$92.00	75th percentile	(\$3.00)	-3.2%
86696	86696	HERPES SIMPLEX TYPE 2	\$113.00	\$108.00	75th percentile	(\$5.00)	-4.4%
86703	86703	HIV-1/HIV-2, SINGLE ASSAY	\$75.00	\$40.00	75th percentile	(\$35.00)	-46.7%
86704	86704	HEP B CORE ANTIBODY, TOTAL	\$90.00	\$86.00	75th percentile	(\$4.00)	-4.4%
86705	86705	HEP B CORE ANTIBODY, IGM	\$160.00	\$160.00	75th percentile	\$0.00	0.0%
86706	86706	HEP B SURFACE ANTIBODY	\$102.00	\$79.00	75th percentile	(\$23.00)	-22.5%
86708	86708	HEP A ANTIBODY, TOTAL	\$118.00	\$115.00	75th percentile	(\$3.00)	-2.5%
86735	86735	MUMPS ANTIBODY	\$75.00	\$75.00	Current fee	\$0.00	0.0%
86762	86762	RUBELLA ANTIBODY	\$97.00	\$97.00	75th percentile	\$0.00	0.0%
86765	86765	RUBEOLA ANTIBODY	\$83.00	\$83.00	Current fee	\$0.00	0.0%
86777	86777	TOXOPLASMA ANTIBODY	\$154.00	\$154.00	75th percentile	\$0.00	0.0%
86787	86787	VARICELLA-ZOSTER ANTIBODY	\$136.00	\$117.00	75th percentile	(\$19.00)	-14.0%
86800	86800	THYROGLOBULIN ANTIBODY	\$110.00	\$110.00	75th percentile	\$0.00	0.0%
86803	86803	HEPATITIS C AB TEST	\$146.00	\$120.00	75th percentile	(\$26.00)	-17.8%
86850	86850	RBC ANTIBODY SCREEN	\$52.00	\$49.00	75th percentile	(\$3.00)	-5.8%
86900	86900	BLOOD TYPING, ABO	\$47.00	\$42.00	75th percentile	(\$5.00)	-10.6%
86901	86901	BLOOD TYPING, RH (D)	\$67.00	\$33.00	75th percentile	(\$34.00)	-50.7%
87015	87015	SPECIMEN CONCENTRATION	\$50.00	\$49.00	75th percentile	(\$1.00)	-2.0%
87045	87045	FECEC CULTURE, BACTERIA	\$196.00	\$68.00	75th percentile	(\$128.00)	-65.3%
87046	87046	STOOL CULTR, BACTERIA, EACH	\$49.00	\$45.00	75th percentile	(\$4.00)	-8.2%
87070	87070	CULTURE, BACTERIA, OTHER	\$82.00	\$70.00	75th percentile	(\$12.00)	-14.6%
87075	87075	CULTR BACTERIA, EXCEPT BLOOD	\$102.00	\$102.00	75th percentile	\$0.00	0.0%
87081	87081	CULTURE SCREEN ONLY	\$88.00	\$51.00	75th percentile	(\$37.00)	-42.0%
87086	87086	URINE CULTURE/COLONY COUNT	\$91.00	\$91.00	75th percentile	\$0.00	0.0%
87116	87116	MYCOBACTERIA CULTURE	\$214.00	\$214.00	75th percentile	\$0.00	0.0%
87172	87172	PINWORM EXAM	\$43.00	\$43.00	Current fee	\$0.00	0.0%
87177	87177	OVA AND PARASITES SMEARS	\$170.00	\$73.00	75th percentile	(\$97.00)	-57.1%
87205	87205	SMEAR, GRAM STAIN	\$69.00	\$48.00	75th percentile	(\$21.00)	-30.4%
87206	87206	SMEAR, FLUORESCENT/ACID STAI	\$81.00	\$81.00	75th percentile	\$0.00	0.0%

\*Note - Flu vaccines effective 7/1/2021

Lake County Health Department and Community Health Center  
Proposed Fees for Medical, Behavioral Health and Dental Services  
Effective Date of December 1, 2020

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2021	Change from Current to Proposed	% of Change
87209	87209	SMEAR, COMPLEX STAIN	\$113.00	\$90.00	75th percentile	(\$23.00)	-20.4%
87210	87210	SMEAR, WET MOUNT, SALINE/INK	\$41.00	\$35.00	75th percentile	(\$6.00)	-14.6%
87255	87255	GENET VIRUS ISOLATE, HSV	\$120.00	\$120.00	Current fee	\$0.00	0.0%
87324	87324	CLOSTRIDIUM AG, EIA	\$56.00	\$56.00	75th percentile	\$0.00	0.0%
87329	87329	GIARDIA AG, EIA	\$114.00	\$114.00	75th percentile	\$0.00	0.0%
87338	87338	HPYLORI, STOOL, EIA	\$221.00	\$221.00	Current fee	\$0.00	0.0%
87340	87340	HEPATITIS B SURFACE AG, EIA	\$78.00	\$68.00	75th percentile	(\$10.00)	-12.8%
87380	87380	HEPATITIS DELTA AG, EIA	\$174.00	\$161.00	75th percentile	(\$13.00)	-7.5%
87389	87389	HIV-1 Antigen With HIV 1&2 Antibodies, Single Res	\$98.00	\$104.00	75th percentile	\$6.00	6.1%
87427	87427	SHIGA-LIKE TOXIN AG, EIA	\$56.00	\$58.00	75th percentile	\$2.00	3.6%
87449	87449	AG DETECT NOS, EIA, MULT	\$45.00	\$46.00	75th percentile	\$1.00	2.2%
87480	87480	CANDIDA, DNA, DIR PROBE	\$84.00	\$75.00	75th percentile	(\$9.00)	-10.7%
87491	87491	CHYLM D TRACH, DNA, AMP PROBE	\$125.00	\$125.00	Current fee	\$0.00	0.0%
87510	87510	GARDNER VAG, DNA, DIR PROBE	\$84.00	\$75.00	75th percentile	(\$9.00)	-10.7%
87517	87517	HEPATITIS B, DNA, QUANT	\$363.00	\$363.00	Current fee	\$0.00	0.0%
87522	87522	HEPATITIS C, RNA, QUANT	\$304.00	\$304.00	Current fee	\$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	\$339.00	75th percentile	(\$9.00)	-2.6%
87591	87591	N.GONORRHOEAE, DNA, AMP PROB	\$125.00	\$125.00	Current fee	\$0.00	0.0%
87624	87624	Iadna Human Papillomavirus (HPV) High Risk	\$179.00	\$179.00	75th percentile	\$0.00	0.0%
87625	87625	Iadna Human Papillomavirus(HPV) Types 16 & 18 Only	\$196.00	\$196.00	75th percentile	\$0.00	0.0%
87635	87635	Acute Respiratory Syndrome Coronavirus 2	\$150.00	\$150.00	Current fee	\$0.00	0.0%
87660	87660	TRICHOMONAS VAGIN, DIR PROBE	\$91.00	\$84.00	75th percentile	(\$7.00)	-7.7%
87661	87661	TRICHOMONAS VAGIN, AMPLIFIED PROBE	\$272.00	\$120.00	75th percentile	(\$152.00)	-55.9%
87798	87798	DETECT AGENT NOS, DNA, AMP	\$185.00	\$145.00	75th percentile	(\$40.00)	-21.6%
87804	87804	INFLUENZA ASSAY W/OPTIC	\$52.00	\$55.00	75th percentile	\$3.00	5.8%
87809	87809	ADENOVIRUS ASSAY W/OPTIC	\$35.00	\$35.00	75th percentile	\$0.00	0.0%
87880	87880	STREP A ASSAY W/OPTIC	\$52.00	\$52.00	75th percentile	\$0.00	0.0%
87901	87901	GENOTYPE, DNA, HIV REVERSE T	\$949.00	\$877.00	75th percentile	(\$72.00)	-7.6%
87902	87902	GENOTYPE, DNA, HEPATITIS C	\$925.00	\$980.00	75th percentile	\$55.00	5.9%
87906	87906	HIV-1 Integrase Genotype	\$984.00	\$909.00	75th percentile	(\$75.00)	-7.6%
88112	88112	CYTOPATH, CELL ENHANCE TECH	\$500.00	\$500.00	75th percentile	\$0.00	0.0%
88142	88142	CYTOPATH, C/V, THIN LAYER	\$102.00	\$33.00	75th percentile	(\$69.00)	-67.6%
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	\$66.00	Current fee	\$0.00	0.0%
88305	88305	TISSUE EXAM BY PATHOLOGIST	\$400.00	\$400.00	75th percentile	\$0.00	0.0%
88307	88307	TISSUE EXAM BY PATHOLOGIST	\$534.00	\$534.00	75th percentile	\$0.00	0.0%
89049	89049	CHCT FOR MAL HYPERTHERMIA	\$665.00	\$614.00	75th percentile	(\$51.00)	-7.7%
89055	89055	LEUKOCYTE ASSESSMENT, FECAL	\$48.00	\$51.00	75th percentile	\$3.00	6.3%
90378	90378	RSV IG, IM, 50MG	\$0.00	\$0.00	VFC	\$0.00	0.0%
90396	90396	VARICELLA-ZOSTER IG, IM	\$388.00	\$385.00	75th percentile	(\$3.00)	-0.8%
90460	90460	IMMUNE ADMIN 1 INJ, < 18 YRS	\$63.00	\$65.00	75th percentile	\$2.00	3.2%
90461	90461	IMMUNE ADMIN ADDL INJ, < 18 YRS	\$38.00	\$38.00	75th percentile	\$0.00	0.0%
90471	90471	IMMUNIZATION ADMIN	\$42.00	\$27.00	75th percentile	(\$15.00)	-35.7%
90472	90472	IMMUNIZATION ADMIN, EACH ADD	\$32.00	\$30.00	75th percentile	(\$2.00)	-6.3%
90620	90620	Meningococcal B, OMV	\$0.00	\$0.00	VFC	\$0.00	0.0%
90620	9062A	Meningococcal B, OMV	\$209.00	\$226.00	Blue Cross rate	\$17.00	8.1%
90632	90632	HEP A VACCINE, ADULT IM	\$0.00	\$0.00	State funded	\$0.00	0.0%
90633	90633	HEP A VACC, PED/ADOL, 2 DOSE	\$0.00	\$0.00	VFC	\$0.00	0.0%
90633	90633A	HEP A VACC, PED/ADOL, 2 DOSE	\$100.00	\$100.00	75th percentile	\$0.00	0.0%
90648	90648	HIB VACCINE, PRP-T, IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90651	90651	HPV9	\$0.00	\$0.00	VFC	\$0.00	0.0%
90651	90651MMC	Gardasil 9 (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
90651	906A1	HPV9	\$350.00	\$371.00	75th percentile	\$21.00	6.0%
90670	90670	Pneumococcal Conj 13 Valent IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90670	9A670	Pneumococcal Conj 13 Valent IM	\$280.00	\$280.00	Current fee	\$0.00	0.0%
90680	90680	ROTOVIRUS VACC 3 DOSE, ORAL	\$0.00	\$0.00	VFC	\$0.00	0.0%
90680	90680A	ROTOVIRUS VACC 3 DOSE, ORAL	\$201.00	\$205.00	75th percentile	\$4.00	2.0%
90682*	90682A	Riv4 Vacc Recombinant DNA IM Adult	\$84.00	\$84.00	Current fee	\$0.00	0.0%
90686*	90686	Influenza 6 Months And Older(0.5ml Single Dose Prefil) IIV4	\$0.00	\$0.00	VFC	\$0.00	0.0%
90686*	9068A	Influenza 6 Months And Older Preservative Free IIV4	\$42.00	\$41.00	75th percentile	(\$1.00)	-2.4%
90696	90696	DTAP-IPV VACC 4-6 YR IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90696	90696A	DTAP-IPV VACC 4-6 YR IM	\$150.00	\$160.00	75th percentile	\$10.00	6.7%
90698	90698	DTAP-HIB-IP VACCINE, IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90698	90698A	DTAP-HIB-IP VACCINE, IM	\$205.00	\$205.00	75th percentile	\$0.00	0.0%
90700	90700	DTAP VACCINE, < 7 YRS, IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90700	90700A	DTAP VACCINE, < 7 YRS, IM	\$86.00	\$92.00	75th percentile	\$6.00	7.0%
90707	90707	MMR VACCINE, SC	\$0.00	\$0.00	VFC	\$0.00	0.0%
90707	9070A	MMR VACCINE, SC	\$130.00	\$130.00	Current fee	\$0.00	0.0%
90707G	90707G	MMR VACCINE, SC (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
90710	90710	MMRV VACCINE, SC	\$0.00	\$0.00	VFC	\$0.00	0.0%
90710	90710A	MMRV VACCINE, SC	\$454.00	\$481.00	75th percentile	\$27.00	5.9%

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Proposed Fees for Medical, Behavioral Health and Dental Services  
Effective Date of December 1, 2020

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2021	Change from Current to Proposed	% of Change
90713	90713	POLIOVIRUS, IPV, SC/IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90713	907A3	ADULT POLIOVIRUS, IPV, SC/IM	\$79.00	\$84.00	75th percentile	\$5.00	6.3%
90714	90714	TD VACCINE NO PRSRV >= 7 IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90714	9071A	TD VACCINE NO PRSRV >= 7 IM	\$75.00	\$73.00	75th percentile	(\$2.00)	-2.7%
90715	90715	TDAP VACCINE >7 IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90715	907A5	TDAP VACCINE >7 IM	\$82.00	\$78.00	75th percentile	(\$4.00)	-4.9%
90715G	90715G	TDAP VACCINE>7 IM (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
90716	90716	CHICKEN POX VACCINE, SC	\$0.00	\$0.00	VFC	\$0.00	0.0%
90716	90716A	CHICKEN POX VACCINE, SC	\$205.00	\$209.00	75th percentile	\$4.00	2.0%
90732	90732	PNEUMOCOCCAL VACCINE	\$0.00	\$0.00	VFC	\$0.00	0.0%
90734	90734	MENINGOCOCCAL VACCINE, IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90734	90734MMC	MENINGOCOCCAL VACCINE, IM (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
90734	9073A	MENINGOCOCCAL VACCINE, IM	\$221.00	\$240.00	75th percentile	\$19.00	8.6%
90740	90740	HEPB VACC, ILL PAT 3 DOSE IM	\$0.00	\$0.00	Grant	\$0.00	0.0%
90744	90744	HEPB VACC PED/ADOL 3 DOSE IM	\$0.00	\$0.00	VFC	\$0.00	0.0%
90744	90744A	HEPB VACC PED/ADOL 3 DOSE IM	\$100.00	\$100.00	75th percentile	\$0.00	0.0%
90746	90746	HEP B VACCINE, ADULT, IM	\$0.00	\$0.00	State funded	\$0.00	0.0%
90750	90750	HZV VACC RECOMBINANT IM NJX	\$0.00	\$0.00	State funded	\$0.00	0.0%
90791	90791	Psychiatric Diagnostic Evaluation	\$250.00	\$250.00	75th percentile	\$0.00	0.0%
90791SPR	90791SPR	Psychiatric Diagnostic Evaluation - No Med	\$250.00	\$250.00	SUPR	\$0.00	0.0%
90791TH	90791TH	Psychiatric Diagnostic Eval - No Med TELEHEALTH	\$250.00	\$250.00	75th percentile	\$0.00	0.0%
90792	90792	Psychiatric Diagnostic Eval With Medical Services	\$368.00	\$368.00	75th percentile	\$0.00	0.0%
90792TH	90792TH	Psychiatric Diagnostic Eval W/ Med Svcs TELEHEALTH	\$368.00	\$368.00	75th percentile	\$0.00	0.0%
90832	90832	Psychotherapy, 30 Min. W/Pt And/or Family Member	\$150.00	\$150.00	75th percentile	\$0.00	0.0%
90832TH	90832TH	Psychotherapy 30 Min W/Pt And/or Family TELEHEALTH	\$150.00	\$150.00	75th percentile	\$0.00	0.0%
90834	90834	Psychotherapy 45 Min. W/pt And/or Family Member	\$175.00	\$175.00	75th percentile	\$0.00	0.0%
90834TH	90834TH	Psychotherapy 45 Min W/Pt And/or Family TELEHEALTH	\$175.00	\$175.00	75th percentile	\$0.00	0.0%
90837	90837	Psychotherapy 60 Min W/Pt And/or Family Member	\$190.00	\$190.00	75th percentile	\$0.00	0.0%
90837TH	90837TH	Psychotherapy 60 Min W/Pt And/or Family TELEHEALTH	\$190.00	\$190.00	75th percentile	\$0.00	0.0%
90839	90839	Psychotherapy For Crisis First 60 Min TELEHEALTH	\$225.00	\$260.00	75th percentile	\$35.00	15.6%
90839TH	90839TH	Psychotherapy For Crisis First 60 Min TELEHEALTH	\$225.00	\$260.00	75th percentile	\$35.00	15.6%
90840	90840	Psychotherapy For Crisis, Ea. Additional 30 Min.	\$175.00	\$175.00	75th percentile	\$0.00	0.0%
90840TH	90840TH	Psychotherapy For Crisis Ea. Add 30 Min TELEHEALTH	\$175.00	\$175.00	75th percentile	\$0.00	0.0%
90846	90846	FAMILY PSYTX W/O PATIENT	\$200.00	\$200.00	75th percentile	\$0.00	0.0%
90846TH	90846TH	FAMILY PSYTX W/O PATIENT TELEHEALTH	\$200.00	\$200.00	75th percentile	\$0.00	0.0%
90847	90847	FAMILY PSYTX W/PATIENT	\$184.00	\$180.00	75th percentile	(\$4.00)	-2.2%
90853	90853	GROUP PSYCHOTHERAPY	\$75.00	\$75.00	Current fee	\$0.00	0.0%
90853TH	90853TH	GROUP PSYCHOTHERAPY TELEHEALTH	\$75.00	\$75.00	Current fee	\$0.00	0.0%
90882	90882	ENVIRONMENTAL MANIPULATION	\$72.00	\$115.00	Blue Cross rate	\$43.00	59.7%
92227	92227	REMOTE IMAG FOR DETECT OF RETINAL DS	\$63.00	\$63.00	Current fee	\$0.00	0.0%
92228	92228	REMOTE IMAG FOR MON AND MAN OF ACTIVE RET DS	\$129.00	\$128.00	75th percentile	(\$1.00)	-0.8%
93000	93000	ELECTROCARDIOGRAM, COMPLETE	\$87.00	\$87.00	75th percentile	\$0.00	0.0%
93005	93005	ELECTROCARDIOGRAM, TRACING	\$95.00	\$95.00	75th percentile	\$0.00	0.0%
93010	93010	ELECTROCARDIOGRAM REPORT	\$36.00	\$35.00	75th percentile	(\$1.00)	-2.8%
94150	94150	VITAL CAPACITY TEST (Peak Flow)	\$69.00	\$69.00	Current fee	\$0.00	0.0%
94250	94250	EXPIRED GAS COLLECTION	\$0.00	\$0.00	Current fee	\$0.00	0.0%
94640	94640	AIRWAY INHALATION TREATMENT	\$84.00	\$76.00	75th percentile	(\$8.00)	-9.5%
94760	94760	MEASURE BLOOD OXYGEN LEVEL	\$55.00	\$55.00	75th percentile	\$0.00	0.0%
94761	94761	MEASURE BLOOD OXYGEN LEVEL	\$81.00	\$81.00	75th percentile	\$0.00	0.0%
96110	96110	DEVELOPMENTAL TEST, LIM	\$50.00	\$50.00	75th percentile	\$0.00	0.0%
96127	96127	Brief Emotional/behavioral Assessment	\$35.00	\$35.00	75th percentile	\$0.00	0.0%
96156	96156	Health Behavior Assessment Or Re-assessment	\$98.00	\$339.00	75th percentile	\$241.00	245.9%
96156TH	96156TH	Health Behavior Assessment Or Re-assess TELEHEALTH	\$98.00	\$339.00	75th percentile	\$241.00	245.9%
96158	96158	Health Behavior Intervention, Ind Face To Face 30m	\$69.00	\$241.00	75th percentile	\$172.00	249.3%
96159	96159	Health Behavior Intervention Ind Each Add 15min	\$22.00	\$94.00	75th percentile	\$72.00	327.3%
96164	96164	Health Behavior Intervention, Group(2 Or More) 30m	\$35.00	\$45.00	75th percentile	\$10.00	28.6%
96165	96165	Health Behavior Group( 2 Or More) Each 15min	\$18.00	\$22.00	75th percentile	\$4.00	22.2%
96167	96167	Health Behavior Intervention, Family W/Patient 30m	\$71.00	\$257.00	75th percentile	\$186.00	262.0%
96168	96168	Health Behav Intervention Family W/Pt 15m Add	\$36.00	\$102.00	75th percentile	\$66.00	183.3%
96170	96170	Health Behavior Intv Family W/O Patient 30min	\$56.00	\$288.00	75th percentile	\$232.00	414.3%
96171	96171	Health Behavior Intv Family W/O Pt Each 15min	\$56.00	\$118.00	75th percentile	\$62.00	110.7%
96372	96372	Admin Of Therapeutic/prophylactic Injection	\$74.00	\$79.00	75th percentile	\$5.00	6.8%
97802	97802	MEDICAL NUTRITION, INDIV, IN	\$0.00	\$0.00	Current fee	\$0.00	0.0%
97803	97803	MED NUTRITION, INDIV, SUBSEQ	\$0.00	\$0.00	Current fee	\$0.00	0.0%
98967	98967	HC PRO PHONE CALL 11-20 MIN	\$0.00	\$0.00	Current fee	\$0.00	0.0%
98968	98968	HC PRO PHONE CALL 21-30 MIN	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99000	99000	A-SPECIMEN HANDLING	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99024	99024	POSTOP FOLLOW-UP VISIT	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99070	1161	Terazol 7 Cream	\$50.00	\$50.00	Current fee	\$0.00	0.0%
99070	1171	Metrogel	\$50.00	\$50.00	Current fee	\$0.00	0.0%
99070	1174	Diffucan	\$1.00	\$1.00	Current fee	\$0.00	0.0%
99070	1263	Zithromax	\$1.00	\$1.00	Current fee	\$0.00	0.0%

\*Note - Flu vaccines effective 7/1/2021

Lake County Health Department and Community Health Center  
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99070	1750	Plan B	\$50.00	\$50.00	Current fee	\$0.00	0.0%
99078	99078	GROUP HEALTH EDUCATION	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99080	99080	Paper Processing Fee	\$25.00	\$25.00	Current fee	\$0.00	0.0%
99173	99173	VISUAL ACUITY SCREEN	\$17.00	\$17.00	Current fee	\$0.00	0.0%
99201	99201	OFFICE/OUTPATIENT VISIT, NEW	\$110.00	\$110.00	Current fee	\$0.00	0.0%
99201TH	99201TH	OFFICE/OUTPT VISIT, NEW TELEHEALTH	\$110.00	\$110.00	Current fee	\$0.00	0.0%
99202	99202	OFFICE/OUTPATIENT VISIT, NEW	\$175.00	\$182.00	75th percentile	\$7.00	4.0%
99202TH	99202TH	OFFICE/OUTPAT VISIT, NEW TELEHEALTH	\$175.00	\$182.00	75th percentile	\$7.00	4.0%
99203	99203	OFFICE/OUTPATIENT VISIT, NEW	\$247.00	\$252.00	75th percentile	\$5.00	2.0%
99203TH	99203TH	OFFICE/OUTPT VISIT, NEW TELEHEALTH	\$247.00	\$252.00	75th percentile	\$5.00	2.0%
99204	99204	OFFICE/OUTPATIENT VISIT, NEW	\$362.00	\$377.00	75th percentile	\$15.00	4.1%
99204TH	99204TH	OFFICE/OUTPAT VISIT, NEW TELEHEALTH	\$362.00	\$377.00	75th percentile	\$15.00	4.1%
99205	99205	OFFICE/OUTPATIENT VISIT, NEW	\$455.00	\$465.00	75th percentile	\$10.00	2.2%
99205TH	99205TH	OFFICE/OUTPT VISIT, NEW TELEHEALTH	\$455.00	\$465.00	75th percentile	\$10.00	2.2%
99211	99211	OFFICE/OUTPATIENT VISIT, EST	\$60.00	\$63.00	75th percentile	\$3.00	5.0%
99212	99212	OFFICE/OUTPATIENT VISIT, EST	\$110.00	\$110.00	75th percentile	\$0.00	0.0%
99212TH	99212TH	OFFICE/OUTPT VISIT, EST TELEHEALTH	\$110.00	\$110.00	75th percentile	\$0.00	0.0%
99213	99213	OFFICE/OUTPATIENT VISIT, EST	\$168.00	\$175.00	75th percentile	\$7.00	4.2%
99213TH	99213TH	OFFICE/OUTPT VISIT, EST TELEHEALTH	\$168.00	\$175.00	75th percentile	\$7.00	4.2%
99214	99214	OFFICE/OUTPATIENT VISIT, EST	\$233.00	\$240.00	75th percentile	\$7.00	3.0%
99214TH	99214TH	OFFICE/OUTPT VISIT, EST TELEHEALTH	\$233.00	\$240.00	75th percentile	\$7.00	3.0%
99215	99215	OFFICE/OUTPATIENT VISIT, EST	\$314.00	\$316.00	75th percentile	\$2.00	0.6%
99215TH	99215TH	OFFICE/OUTPT VISIT, EST TELEHEALTH	\$314.00	\$316.00	75th percentile	\$2.00	0.6%
99241	99241	OFFICE CONSULTATION	\$175.00	\$175.00	Current fee	\$0.00	0.0%
99242	99242	OFFICE CONSULTATION	\$231.00	\$239.00	75th percentile	\$8.00	3.5%
99243	99243	OFFICE CONSULTATION	\$307.00	\$309.00	75th percentile	\$2.00	0.7%
99244	99244	OFFICE CONSULTATION	\$450.00	\$440.00	75th percentile	(\$10.00)	-2.2%
99347	99347	HOME VISIT, EST PATIENT	\$75.00	\$75.00	Current fee	\$0.00	0.0%
99348	99348	HOME VISIT, EST PATIENT	\$173.00	\$173.00	75th percentile	\$0.00	0.0%
99358	99358	PROLONGED SERV, W/O CONTACT	\$280.00	\$280.00	75th percentile	\$0.00	0.0%
99381	99381	INIT PM E/M, NEW PAT, INF	\$250.00	\$255.00	75th percentile	\$5.00	2.0%
99382	99382	INIT PM E/M, NEW PAT 1-4 YRS	\$249.00	\$251.00	75th percentile	\$2.00	0.8%
99383	99383	PREV VISIT, NEW, AGE 5-11	\$260.00	\$260.00	75th percentile	\$0.00	0.0%
99384	99384	PREV VISIT, NEW, AGE 12-17	\$293.00	\$294.00	75th percentile	\$1.00	0.3%
99385	99385	PREV VISIT, NEW, AGE 18-39	\$292.00	\$285.00	75th percentile	(\$7.00)	-2.4%
99386	99386	PREV VISIT, NEW, AGE 40-64	\$330.00	\$331.00	75th percentile	\$1.00	0.3%
99387	99387	INIT PM E/M, NEW PAT 65+ YRS	\$357.00	\$359.00	75th percentile	\$2.00	0.6%
99391	99391	PER PM REEVAL, EST PAT, INF	\$214.00	\$215.00	75th percentile	\$1.00	0.5%
99392	99392	PREV VISIT, EST, AGE 1-4	\$229.00	\$230.00	75th percentile	\$1.00	0.4%
99393	99393	PREV VISIT, EST, AGE 5-11	\$228.00	\$230.00	75th percentile	\$2.00	0.9%
99394	99394	PREV VISIT, EST, AGE 12-17	\$250.00	\$251.00	75th percentile	\$1.00	0.4%
99395	99395	PREV VISIT, EST, AGE 18-39	\$255.00	\$256.00	75th percentile	\$1.00	0.4%
99396	99396	PREV VISIT, EST, AGE 40-64	\$273.00	\$273.00	75th percentile	\$0.00	0.0%
99397	99397	PER PM REEVAL EST PAT 65+ YR	\$296.00	\$296.00	75th percentile	\$0.00	0.0%
99401	BC2	Billable Counseling	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401	RC10	RC HIV Education	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401	RC2	RC Contraception	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401	RC4	RC Pregnancy Options	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401	RC5	RC STD Education	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401	RC6	RC FAM	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401	RC7	RC Preconception	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99401	RC8	RC Other Medical	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99407	99407	BEHAV CHNG SMOKING > 10 MIN	\$0.00	\$0.00	Current fee	\$0.00	0.0%
99408	99408	AUDIT/DAST, 15-30 MIN	\$50.00	\$50.00	Current fee	\$0.00	0.0%
99441	99441	PHONE E/M BY PHYS 5-10 MIN	\$45.00	\$45.00	75th percentile	\$0.00	0.0%
99442	99442	PHONE E/M BY PHYS 11-20 MIN	\$104.00	\$80.00	75th percentile	(\$24.00)	-23.1%
99443	99443	PHONE E/M BY PHYS 21-30 MIN	\$180.00	\$180.00	75th percentile	\$0.00	0.0%
99999	99999	LEFT W/O BEING SEEN	\$0.00	\$0.00	Current fee	\$0.00	0.0%
0118G	0118G	Ortho Cyclen (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
0130AG	0130AG	Tricyclen Lo (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
0500F	0500F	INITIAL PRENATAL CARE VISIT	\$247.00	\$252.00	75th percentile	\$5.00	2.0%
0502F	0502F	SUBSEQUENT PRENATAL CARE	\$247.00	\$252.00	75th percentile	\$5.00	2.0%
0502FTH	0502FTH	SUBSEQUENT PRENATAL CARE	\$247.00	\$252.00	75th percentile	\$5.00	2.0%
0503F	0503F	POSTPARTUM CARE VISIT	\$440.00	\$482.00	75th percentile	\$42.00	9.5%
1171G	1171G	Metrogel (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
1750G	1750G	Plan B (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
A4206	A4206	1 CC sterile syringe&needle	\$0.00	\$0.00	Current fee	\$0.00	0.0%
A4267	A4267	Male condom	\$0.00	\$0.00	Current fee	\$0.00	0.0%
A4550	A4550	Surgical trays	\$250.00	\$250.00	Current fee	\$0.00	0.0%
A6448	A6448	Lt compres band <3/yd"	\$0.00	\$0.00	Current fee	\$0.00	0.0%
BC3	BC3	Billable Counseling	\$0.00	\$0.00	Current fee	\$0.00	0.0%
CBE	Breast	Clinical Breast Exam	\$0.00	\$0.00	Current fee	\$0.00	0.0%

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CGSMG	CGSMG	Self Management Goals	\$0.00	\$0.00	Current fee	\$0.00	0.0%
CVO	CVO	Counselor Visit Only	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D0120	D0120	Periodic oral evaluation	\$63.00	\$66.00	75th percentile	\$3.00	4.8%
D0140	D0140	Limited oral evaluation-problem focused	\$106.00	\$110.00	75th percentile	\$4.00	3.8%
D0150	D0150	Comprehensive oral evaluation-new or established P	\$112.00	\$116.00	75th percentile	\$4.00	3.6%
D0210	D0210	Intraoral-complete series (including bitewings)	\$174.00	\$180.00	75th percentile	\$6.00	3.4%
D0220	D0220	Intraoral-periapical first film	\$35.00	\$36.00	75th percentile	\$1.00	2.9%
D0230	D0230	Intraoral-periapical each additional film	\$31.00	\$32.00	75th percentile	\$1.00	3.2%
D0270	D0270	Bitewing Single Film	\$35.00	\$37.00	75th percentile	\$2.00	5.7%
D0272	D0272	Bitewings-two films	\$57.00	\$59.00	75th percentile	\$2.00	3.5%
D0274	D0274	Bitewings-four films	\$79.00	\$82.00	75th percentile	\$3.00	3.8%
D0330	D0330	Panoramic film	\$152.00	\$155.00	75th percentile	\$3.00	2.0%
D0350	D0350	2D Oral/Facial Photographic Images	\$82.00	\$84.00	75th percentile	\$2.00	2.4%
D0601	D0601	Caries Risk Assessment, Low	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D0602	D0602	Caries Risk Assessment, Moderate	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D0603	D0603	Caries Risk Assessment, High	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D0999	D0999	Medicaid Dental Encounter Rate	\$111.16	\$111.16	Encounter rate	\$0.00	0.0%
D1110	D1110	Prophylaxis-adult	\$115.00	\$119.00	75th percentile	\$4.00	3.5%
D1120	D1120	Prophylaxis-child	\$79.00	\$82.00	75th percentile	\$3.00	3.8%
D1206	D1206	Top Fluoride Varnish;TX Appl Mod	\$63.00	\$64.00	75th percentile	\$1.00	1.6%
D1208	D1208	Topical Application Of Fluoride	\$42.00	\$43.00	75th percentile	\$1.00	2.4%
D1310	D1310	Nutrition Counseling For Control Of Dental Disease	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D1320	D1320	Tobacco Couns For Control/ Prev Of Oral Disease	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D1330	D1330	Oral Hygiene Instructions	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D1351	D1351	Sealant-per tooth	\$71.00	\$73.00	75th percentile	\$2.00	2.8%
D1354	D1354	Interim Caries arresting medicament application	\$71.00	\$73.00	75th percentile	\$2.00	2.8%
D1510	D1510	Space maintainer-fixed-unilateral	\$402.00	\$411.00	75th percentile	\$9.00	2.2%
D2140	D2140	Amalgam-one surface, primary or permanent	\$190.00	\$195.00	75th percentile	\$5.00	2.6%
D2150	D2150	Amalgam-two surfaces, primary or permanent	\$246.00	\$252.00	75th percentile	\$6.00	2.4%
D2160	D2160	Amalgam-three surfaces, primary or permanent	\$297.00	\$305.00	75th percentile	\$8.00	2.7%
D2161	D2161	Amalgam-four or more surfaces, primary or permanen	\$362.00	\$371.00	75th percentile	\$9.00	2.5%
D2330	D2330	Resin-based composite - one surface, anterior	\$191.00	\$198.00	75th percentile	\$7.00	3.7%
D2331	D2331	Resin-based composite - two surfaces, anterior	\$243.00	\$252.00	75th percentile	\$9.00	3.7%
D2332	D2332	Resin-based composite - three surfaces, anterior	\$298.00	\$308.00	75th percentile	\$10.00	3.4%
D2335	D2335	Resin-based composite - four or more surfaces or l	\$352.00	\$365.00	75th percentile	\$13.00	3.7%
D2391	D2391	Resin Based Composite One Surface	\$223.00	\$231.00	75th percentile	\$8.00	3.6%
D2392	D2392	Resin-based composite - two surfaces, posterior	\$292.00	\$303.00	75th percentile	\$11.00	3.8%
D2393	D2393	Resin Based Composite 3 Surface	\$363.00	\$376.00	75th percentile	\$13.00	3.6%
D2394	D2394	Resin Based Composite 4 Surface	\$445.00	\$461.00	75th percentile	\$16.00	3.6%
D2920	D2920	Recement crown	\$132.00	\$136.00	75th percentile	\$4.00	3.0%
D2940	D2940	Sedative filling	\$137.00	\$142.00	75th percentile	\$5.00	3.6%
D2950	D2950	Core buildup, including any pins	\$343.00	\$355.00	75th percentile	\$12.00	3.5%
D3110	D3110	Pulp cap-direct (excluding final restoration)	\$124.00	\$130.00	75th percentile	\$6.00	4.8%
D3120	D3120	Pulp Cap Indirect Excluding Final Rest.	\$99.00	\$104.00	75th percentile	\$5.00	5.1%
D3220	D3220	Therapeutic pulpotomy-(excluding final restoration	\$254.00	\$267.00	75th percentile	\$13.00	5.1%
D3330	D3330	Molar (excluding final restoration)	\$1,421.00	\$1,468.00	75th percentile	\$47.00	3.3%
D4341	D4341	Periodontal scaling and root planing-four or more	\$300.00	\$311.00	75th percentile	\$11.00	3.7%
D4342	D4342	Periodonatal Scaling	\$174.00	\$180.00	75th percentile	\$6.00	3.4%
D4355	D4355	Subgingival Plaque/Calculus	\$205.00	\$213.00	75th percentile	\$8.00	3.9%
D4910	D4910	Periodontal maintenance	\$185.00	\$191.00	75th percentile	\$6.00	3.2%
D500B	D500B	Occlusal Records - Wax Bite	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D500D	D500D	Denture Delivery	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D500F	D500F	Final Impression	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D500I	D500I	Initial Impression	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D500T	D500T	Wax Tryin	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D5110	D5110	Complete denture-maxillary	\$1949.00	\$2,034.00	75th percentile	\$85.00	4.4%
D5120	D5120	Complete denture-mandibular	\$1949.00	\$2,034.00	75th percentile	\$85.00	4.4%
D5211	D5211	Maxillary partial denture-resin base (including an	\$1645.00	\$1,717.00	75th percentile	\$72.00	4.4%
D5212	D5212	Mandibular partial denture-resin base (including)	\$1912.00	\$1,995.00	75th percentile	\$83.00	4.3%
D5213	D5213	Maxillary partial denture-cast metal framework wit	\$2154.00	\$2,248.00	75th percentile	\$94.00	4.4%
D5214	D5214	Mandibular partial denture-cast metal framework wi	\$2154.00	\$2,248.00	75th percentile	\$94.00	4.4%
D5225	D5225	Maxillary Partial Denture - Flexible Base	\$1645.00	\$1,717.00	75th percentile	\$72.00	4.4%
D5282	D5282	Removable Unilat Partial Denture Maxillary	\$1256.00	\$1,311.00	75th percentile	\$55.00	4.4%
D5283	D5283	Removable Unilat Partial Denture Mandibular	\$1256.00	\$1,311.00	75th percentile	\$55.00	4.4%
D5410	D5410	Adjust complete denture-maxillary	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D5411	D5411	Adjust Complete Denture-Mandibular	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D5421	D5421	Adjust Partial Denture-Maxillary	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D5422	D5422	Adjust Partial Denture-Mandibular	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D5511	D5511	Repair Broken Complete Denture Base, Mandibular	\$225.00	\$223.00	75th percentile	(\$2.00)	-0.9%
D5512	D5512	Repair Broken Complete Denture Base , Maxillary	\$213.00	\$223.00	75th percentile	\$10.00	4.7%
D5520	D5520	Replace missing or broken teeth-complete denture (	\$178.00	\$186.00	75th percentile	\$8.00	4.5%
D5611	D5611	Repair Resin Partial Denture Base, Mandibular	\$231.00	\$241.00	75th percentile	\$10.00	4.3%

\*Note - Flu vaccines effective 7/1/2021

Lake County Health Department and Community Health Center  
Proposed Fees for Medical, Behavioral Health and Dental Services  
Effective Date of December 1, 2020

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2021	Change from Current to Proposed	% of Change
D5612	D5612	Repair Resin Partial Denture Base, Maxillary	\$231.00	\$241.00	75th percentile	\$10.00	4.3%
D5621	D5621	Repair Cast Partial Framework, Mandibular	\$249.00	\$260.00	75th percentile	\$11.00	4.4%
D5622	D5622	Repair Cast Partial Framework, Maxillary	\$249.00	\$260.00	75th percentile	\$11.00	4.4%
D5630	D5630	Repair or replace broken clasp	\$302.00	\$316.00	75th percentile	\$14.00	4.6%
D5640	D5640	Replace broken teeth-per tooth	\$196.00	\$204.00	75th percentile	\$8.00	4.1%
D5650	D5650	Add tooth to existing partial denture	\$267.00	\$278.00	75th percentile	\$11.00	4.1%
D5660	D5660	Add clasp to existing partial denture	\$320.00	\$334.00	75th percentile	\$14.00	4.4%
D5750	D5750	Reline complete maxillary denture (laboratory)	\$596.00	\$622.00	75th percentile	\$26.00	4.4%
D5751	D5751	Reline Complete Mandibular Denture	\$596.00	\$622.00	75th percentile	\$26.00	4.4%
D5760	D5760	Reline maxillary partial denture (laboratory)	\$587.00	\$613.00	75th percentile	\$26.00	4.4%
D5761	D5761	Reline Mandibular Partial Denture	\$587.00	\$613.00	75th percentile	\$26.00	4.4%
D5820	D5820	Interim partial denture (maxillary)	\$750.00	\$761.00	75th percentile	\$11.00	1.5%
D5899	D5899	Unspecified removable prosthodontic procedure,by R	\$100.00	\$100.00	Current fee	\$0.00	0.0%
D6930	D6930	Recement Bridge	\$207.00	\$209.00	75th percentile	\$2.00	1.0%
D7000	D7000	Dental Suture Removal	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D7140	D7140	Extraction, erupted tooth or exposed root (elevati	\$243.00	\$251.00	75th percentile	\$8.00	3.3%
D7210	D7210	Surgical removal of erupted tooth requiring elevat	\$382.00	\$395.00	75th percentile	\$13.00	3.4%
D7311	D7311	Alveoplasty In Conjunction W/ Extraction 1-3 Teeth	\$377.00	\$407.00	75th percentile	\$30.00	8.0%
D7510	D7510	Incision and drainage of abscess-intraoral soft ti	\$463.00	\$500.00	75th percentile	\$37.00	8.0%
D9110	D9110	Palliative (emergency) treatment of dental pain-mi	\$154.00	\$164.00	75th percentile	\$10.00	6.5%
D9120	D9120	Fixed Partial Denture Sectioning	\$174.00	\$185.00	75th percentile	\$11.00	6.3%
D9310	D9310	Consultation (diagnostic service provided by denti	\$153.00	\$154.00	75th percentile	\$1.00	0.7%
D9430	D9430	Office Visit Observation - No Other Procedure	\$0.00	\$0.00	Current fee	\$0.00	0.0%
D9940	D9940	Occlusal Night Guard	\$630.00	\$630.00	Current fee	\$0.00	0.0%
D9995	D9995	Teledentistry- Synchronous; Real Time	\$356.00	\$352.00	75th percentile	(\$4.00)	-1.1%
D9996	D9996	Teledentistry- Asynchronous; Info Fwd Dentist	\$267.00	\$264.00	75th percentile	(\$3.00)	-1.1%
DSEAL	DSEAL	Dental Sealant Exclusion	\$0.00	\$0.00	Current fee	\$0.00	0.0%
DTXCP	DTXCP	Comp Tx Plan Completed	\$0.00	\$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	\$0.00	Current fee	\$0.00	0.0%
G0008	G0008	Admin influenza virus vac	\$50.00	\$42.00	75th percentile	(\$8.00)	-16.0%
G0010	G0010	Admin hepatitis b vaccine	\$64.00	\$47.00	75th percentile	(\$17.00)	-26.6%
G0071	G0071	Comm Svcs By RHC/FQHC 5 Mins	\$28.00	\$26.00	Medicare FQHC rate	(\$2.00)	-7.1%
G0101	G0101	CA screen;pelvic/breast exam	\$113.00	\$100.00	75th percentile	(\$13.00)	-11.5%
G0177	G0177	OPPS/PHP; train & educ serv	\$0.00	\$0.00	Current fee	\$0.00	0.0%
G0328	G0328	Fecal blood scrn immunoassay	\$55.00	\$45.00	75th percentile	(\$10.00)	-18.2%
G0466	G0466	FQHC Visit, New Patient	\$209.00	\$227.00	Medicare FQHC rate	\$18.00	8.6%
G0467	G0467	FQHC Visit, Established Patient	\$185.00	\$192.00	Medicare FQHC rate	\$7.00	3.8%
G0469	G0469	FQHC Visit, Mental Health, New Patient	\$349.00	\$356.00	Medicare FQHC rate	\$7.00	2.0%
G0470	G0470	FQHC Visit, Mental Health, Est. Patient	\$201.00	\$205.00	Medicare FQHC rate	\$4.00	2.0%
G2010	G2010	Remote Image Submit By Pt	\$26.00	\$40.00	75th percentile	\$14.00	53.8%
G2012	G2012	Brief Check In By MD/QHP	\$31.00	\$50.00	75th percentile	\$19.00	61.3%
G2025	G2025	FQHC Distant SiteTelehealth Service	\$92.03	\$92.03	Medicare FQHC rate	\$0.00	0.0%
H0002DS	H0002DS	BH Screening For Admission To Treatment Program	\$48.00	\$48.00	SUPR	\$0.00	0.0%
H0002IN	H0002IN	BH Screening For Admission To Treatment Program	\$48.00	\$48.00	SUPR	\$0.00	0.0%
H0004	H0004	BH Counseling and Therapy, Per 15 Mins	\$23.00	\$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%
H0004HNN	H0004HNN	Therapy/Counseling - Individual	\$30.00	\$30.00	DMH	\$0.00	0.0%
H0004HNHR	H0004HNHR	Therapy/Counseling - Family	\$30.00	\$30.00	DMH	\$0.00	0.0%
H0004HO	H0004HO	BH Counseling And Therapy, Ind, Per 15 Mins	\$40.00	\$40.00	DMH	\$0.00	0.0%
H0004HOHR	H0004HOHR	BH Counseling And Therapy, Fam, Per 15 Mins	\$30.00	\$30.00	DMH	\$0.00	0.0%
H0005	H0005	Ach/Drug services Group Counseling by Clinician	\$10.00	\$10.00	SUPR	\$0.00	0.0%
H0010	H0010	Alcohol and/or drug services	\$450.00	\$450.00	SUPR	\$0.00	0.0%
H0020	H0020	Ach/Drug Services Methadone Admin	\$90.00	\$90.00	SUPR	\$0.00	0.0%
H0038	H0038	Self-help/peer svc per 15min	\$0.00	\$0.00	Current fee	\$0.00	0.0%
H0039AF	H0039AF	Assertive Community Treatment - Individual	\$60.00	\$60.00	DMH	\$0.00	0.0%
H0039GHO	H0039GHO	Assertive Community Treatment - Group	\$13.00	\$13.00	DMH	\$0.00	0.0%
H0039HNN	H0039HNN	Assertive Community Treatment - Individual	\$60.00	\$60.00	DMH	\$0.00	0.0%
H0039HO	H0039HO	Assertive Community Treatment - Individual	\$60.00	\$60.00	DMH	\$0.00	0.0%
H0039TD	H0039TD	Assertive Community Treatment - Individual	\$60.00	\$60.00	DMH	\$0.00	0.0%
H0047	HCH47	WRS Children NOS	\$65.00	\$65.00	SUPR	\$0.00	0.0%
H0047ATP	H0047ATP	Alcohol/Drug Abuse Service NOS	\$300.00	\$300.00	SUPR	\$0.00	0.0%
H0047WRS	H0047WRS	Alcohol/Drug Abuse Service NOS	\$300.00	\$300.00	SUPR	\$0.00	0.0%
H1000	H1000	Prenatal care atrisk assessm	\$100.00	\$100.00	Current fee	\$0.00	0.0%
H2000HN	H2000HN	Integrated Assessment & Treatment Planning	\$48.00	\$48.00	DMH	\$0.00	0.0%
H2000HNHE	H2000HNHE	IATP: LOCUS Assessment	\$48.00	\$48.00	DMH	\$0.00	0.0%
H2000HNSF	H2000HNSF	IATP: Review & Update	\$48.00	\$48.00	DMH	\$0.00	0.0%
H2000HO	H2000HO	Integrated Assessment & Treatment Planning	\$48.00	\$48.00	DMH	\$0.00	0.0%
H2000HOSF	H2000HOSF	IATP: Review & Update	\$48.00	\$48.00	DMH	\$0.00	0.0%
H2010	H2010	Comprehensive Medication Service Per 15min	\$46.00	\$46.00	SUPR	\$0.00	0.0%
H201052	H201052	Medication Monitoring	\$46.00	\$46.00	DMH	\$0.00	0.0%

\*Note - Flu vaccines effective 7/1/2021

Lake County Health Department and Community Health Center  
Proposed Fees for Medical, Behavioral Health and Dental Services  
Effective Date of December 1, 2020

CPT HCPCS Code	SIM Code	Code Description	Current Fee	Proposed Fee	Rationale for FY2021	Change from Current to Proposed	% of Change
H2010AF	H2010AF	Medication Monitoring	\$46.00	\$46.00	DMH	\$0.00	0.0%
H2011HN	H2011HN	Crisis Intervention	\$60.00	\$60.00	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	DMH	\$0.00	0.0%
H2015HNHK	H2015HNHK	Comp Community Support Service Ind 15 min Resid	\$29.00	\$29.00	DMH	\$0.00	0.0%
H2015HO	H2015HO	Comprehensive Community Support Ind,Per 15 Mins	\$29.00	\$29.00	DMH	\$0.00	0.0%
H2034	H2034	A/D halfway house, per diem	\$165.00	\$165.00	SUPR	\$0.00	0.0%
J0401A	J0401A	Abilify Maintena 1 Mg (Patient Supplied)	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J0456	J0456	Azithromycin	\$100.00	\$100.00	Current fee	\$0.00	0.0%
J0456G	J0456G	Azithromycin (Grant Funded)	\$0.00	\$0.00	Grant	\$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	Grant	\$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 Deconate 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%
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%
J2680	J2680	Fluphenazine decanoate 25 MG	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J2680A	J2680A	Prolixin Deconate 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	\$18.00	\$18.00	Current fee	\$0.00	0.0%
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	\$1200.00	\$1,200.00	Current fee	\$0.00	0.0%
J7297G	J7297G	LILETTA (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
J7297M	J7297M	LILETTA Levonorgestrel IU 52mg 3 Yr	\$135.00	\$135.00	340B pricing	\$0.00	0.0%
J7298	J7298	MIRENA Levonorgestrel IU 52mg 5 Yr	\$1400.00	\$1,400.00	Current fee	\$0.00	0.0%
J7298G	J7298G	MIRENA (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
J7300	J7300	Intraut copper contraceptive	\$1111.00	\$1,111.00	Current fee	\$0.00	0.0%
J7300G	J7300G	Intraut Copper Contraceptive (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
J7300M	J7300M	Paraguard Intraut copper contraceptive	\$291.42	\$291.42	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	\$1318.00	\$1,318.00	Current fee	\$0.00	0.0%
J7307G	J7307G	Etonogestrel Implant (Grant Funded)	\$0.00	\$0.00	Grant	\$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	\$5.00	Current fee	\$0.00	0.0%
J7613	J7613	Albuterol non-comp unit, 1 Mg	\$10.00	\$10.00	Current fee	\$0.00	0.0%
J7699	J7699	Inhalation solution for DME	\$0.00	\$0.00	Current fee	\$0.00	0.0%
J8499G	J8499G	Fluconazole Tabs (Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
J8499MG	J8499MG	Metronidazole Tab 500mg ( Grant Funded)	\$0.00	\$0.00	Grant	\$0.00	0.0%
LOZ2	LOZ2	Lozenges 2mg	\$27.00	\$27.00	Current fee	\$0.00	0.0%
LOZ4	LOZ4	Lozenges 4mg	\$27.00	\$27.00	Current fee	\$0.00	0.0%
NVO	NVO	Nurse Visit Only	\$0.00	\$0.00	Current fee	\$0.00	0.0%
Q0091	Q0091	Obtaining screen pap smear	\$100.00	\$78.00	75th percentile	(\$22.00)	-22.0%
Q0144	Q0144	Azithromycin dihydrate, oral	\$45.00	\$35.00	75th percentile	(\$10.00)	-22.2%
Q3014	Q3014	Telehealth Originating Site Facility Fee	\$50.00	\$42.00	75th percentile	(\$8.00)	-16.0%
S0630	S0630	REMOVAL OF SUTURES	\$134.00	\$138.00	Blue Cross rate	\$4.00	3.0%
S4991	NRT14	Nicotine patch nonlegend 14mg Step 2	\$21.00	\$21.00	Current fee	\$0.00	0.0%
S4991	NRT21	Nicotine patch nonlegend 21mg Step 1	\$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	Current fee	\$0.00	0.0%
S4993	0121A	Micronor	\$45.00	\$45.00	Current fee	\$0.00	0.0%
S4993	0130A	Tricyclen Lo	\$45.00	\$45.00	Current fee	\$0.00	0.0%
S4993	0139A	Kelnor	\$45.00	\$45.00	Current fee	\$0.00	0.0%
S4993	0172A	Trinessa Lo	\$45.00	\$45.00	Current fee	\$0.00	0.0%
S4993	0174A	Sprintec	\$45.00	\$45.00	Current fee	\$0.00	0.0%
S4993	0176A	Norethindrone	\$45.00	\$45.00	Current fee	\$0.00	0.0%
S4993	0177A	Tri-Lo Sprintec	\$45.00	\$45.00	Current fee	\$0.00	0.0%

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