

Regional Health Clinic
 Fee Schedule FY 2019-2020
 Effective:

CPT Code	DESCRIPTION OF SERVICES	CPT/HCPC Description	STD. / MIN. FEE \$20/Svc.
New Patient Office Visit			
99202	New Pt Office Visit Problem Focused	New Pt Office Visit Problem Focused - Office/Op Visit, New Pt, 20 Min	300.00
99203	New Pt Office Visit Expanded Problem	New Pt Office Visit Expanded Problem - Office/Op Visit, New Pt, 30 Min	325.00
99204	New Pt Office Visit Detailed	New Pt Office Visit Detailed - Office/Op Visit, New Pt, 45 Min	350.00
99205	New Pt Office Visit Comprehensive	New Pt Office Visit Comprehensive - Office/Op Visit, New Pt, 60 Min	394.00
G0438	Medicare Annual Wellness New Pt	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	329.00
99381	Physical, <1	Preventive visit, infant	158.00
99382	Physical, 1-4	Preventive visit, 1-4	165.00
99383	Physical, 5-11	Preventive visit, 5-11	172.44
99384	Physical, 12-17	Preventive visit, 12-17	195.00
99385	Physical, 18-39	Preventive visit, 18-39	189.00
99386	Physical, 40-64	Preventive visit, 40-64	219.00
99387	Preventive visit, 65 & over	Preventive visit, 65&over	238.00
G0402	Welcome to Medicare Physical	Welcome to Medicare Physical - Preventive, Initial	319.00
	Physical - Back To School/Sport		25.00

Established Office Visit Services			
97802	Medical nutrition, initial, 15 mins	Medical nutrition therapy, initial assessment and intervention, individual, face-to-face with patient, each 15 mins	72.00
97803	Medical nutrition, re-assess, 15 min	Medical nutrition therapy, re-assessment and intervention, individual, face-to-face with patient, each 15 mins	62.00
99211	99211 E/M Low Complexity	E/M Low Complexity - Office/Op Visit, Est Pt, 5 Min	295.00
99212	99212 E/M Problem Focused	E/M Problem Focused - Office/Op Visit, Est Pt, 10 Min	300.00
99213	99213 E/M Expanded Problem Focused	E/M Expanded Problem Focused - Office/Op Visit, Est Pt, 15 Min	310.00
99214	99214 E/M Detailed	E/M Detailed - Office/Op Visit, Est Pt, 25 Min	320.00
99215	99215 E/M Comprehensive	E/M Comprehensive - Office/Op Visit, Est Pt, 40 Min	330.00
99391	Physical, <1	Preventive visit, infant	143.00
99392	Physical, 1-4	Preventive visit, 1-4	152.00
99393	Physical, 5-11	Preventive visit, 5-11	152.00
99394	Physical, 12-17	Preventive visit, 12-17	167.00
99395	Physical, 18-39	Preventive visit, 18-39	170.00
99396	Physical, 40-64	Preventive visit, 40-64	182.00
G0439	Medicare Annual Wellness Est. Pt	Annual wellness visit; includes a personalized prevention plan of service (PPS), subsequent visit	222.00
99397	Preventive visit, 65 & over	Preventive visit, 65&over	195.00
G0108	Diabetes OP self-mgmt, individual	Diabetes outpatient self-management training services, individual, per 30 mins	107.00
G0109	Diabetes OP self-mgmt, group (2+)	Diabetes outpatient self-management training services, group (2+), per 30 mins	30.00

Mental Health Office Visit

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90853	BH Group Therapy	Group Psychotherapy	53.00
90832	BH Individual Therapy	Individual Psychotherapy 30 Min	133.00
90791	BH Initial Assessment	Psychiatric Dx Eval No Medical	271.00
90847	BH Intervention Family w/ Patient	Family Conjoint Psychotherapy W/Patient	302.00
90846	BH Intervention Family w/o Patient	Family Psychotherapy W/O Patient	222.00
G0443	Medicare Alcohol Counseling	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	213.00
99406	Medicare Tobacco Counseling <3-10 min.	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate <3 min. to 10 min	51.00
99407	Medicare Tobacco Counseling > 10 min.	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive > 10 min.	28.00
G0437	Medicare Tobacco Counseling > 10 min.	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive > 10 min.	55.00

Procedures			
10040	Comedone Extraction	Acne surgery	205.00
10060	Drainage of Skin Abscess, Single/Simple		225.00
10061	Drainage of Skin Abscess, Multiple		391.00
10120	Remove Foreign Body, Simple		288.00
10121	Remove Foreign Body, Complicated		515.00
10140	Drainage of Hematoma/fluid		317.00
10160	Puncture aspiration of abscess	Puncture drainage of lesion	247.00
11000	Debridement of infected skin >10%	Debridement Of Infected Skin, <10%	106.00
11043	Debridement of skin, subcutan tissue	Debridement: Skin,subcutaneous,muscle	436.00
11200	Removal Skin Tags		167.00
11201	Removal of added Skin Tags		36.00
11400	Excise lesion,trunk arm leg <=.5cm	Skin Lesion Removal, Trunk&Limbs, <0.5cm	234.00
11401	Excise lesion,trunk arm leg .6-1cm	Skin Lesion Removal, Trunk&Limbs, .6-1cm	285.00
11402	Excise lesion,trunk arm leg 1.1-2cm	Skin Lesion Removal, Trunk&Limb 1.1-2cm	316.00
11403	Excise lesion,limbs 2.1-Three cm	Skin Lesion Removal, Trunk&Limb 2.1-3cm	365.00
11404	Excise lesion,trunk arm leg 3.1-4cm	Skin Lesion Removal, Trunk&Limbs 3.1-4cm	412.00
11406	Excise lesion,trunk arm leg >4cm	Skin Lesion Removal, Trunk&Limbs >4cm	591.00
11420	Excise lesion, extremities, <=.5cm	Skin Lesion Removal, Extremities, <.5cm	236.00
11421	Excise lesion, extremities, .6-1 cm	Skin Lesion Removal, Extremities, .6-1cm	298.00
11422	Excise lesion, extremities, 1.1-2cm	Skin Lesion Removal, Extremities 1.1-2cm	335.00
11423	Excise lesion,extremity 2.1-ThreeCM	Skin Lesion Removal, Extremities 2.1-3cm	382.00
11424	Excise lesion, extremities, 3.1-4cm	Skin Lesion Removal, Extremities 3.1-4cm	442.00
11440	Excise lesion, face, <=.5cm	Skin Lesion Removal, Face <.5cm	260.00
11441	Excise lesion, face, .6-1cm	Skin Lesion Removal, Face, .6-1.0cm	320.00
11442	Excise lesion, face, 1.1-2cm	Skin Lesion Removal, Face, 1.1-2cm	257.00
11443	Excise lesion, face, 2.1-Three cm	Skin Lesion Removal, Face 2.1-3cm	425.00
11444	Excise lesion, face, 3.1-4cm	Skin Lesion Removal, Face, 3.1-4cm	532.00
11446	Excise lesion, face, 4.1cm+	Skin Lesion Removal, Face, >4.0cm	737.00
11719	Trim nails	Trimming of nails, any number	28.00

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11720	Debridement of nail by any method	Debride Nail, 1-5	63.00
11730	Avulsion of nail plate, single	Removal of nail plate	208.00
11732	Avulsion of nail plate, each add'l	Removal of additional nail plate	63.00
11765	Wedge excision of skin of nail fold	Excision of nail fold, toe	322.00
12001	Repair Superficial Wounds <2.5 cm		168.00
17000	Destruct of premalig lesion, 1st	Destruction Benign/Premal Lesion: 1st	123.00
17003	Destruct of premalig lesion, 2-14	Destruction 2-14 Lesions	11.00
17004	Destruct of premalig lesion, 15+	Destruction 15 Or More Lesions	286.00
17110	Destruction, any method, up to 14	Destruction Of Warts, Etc <14 Lesions	208.00
20605	Intermediate joint or bursa	Drain/Inject Intermediate Joint/Bursa	96.00
20610	Major joint or bursa	Drain/Inject Major Joint/Bursa	113.00
21556	Excision tumor/soft tissue neck	Remove lesion neck/chest	995.00
28190	Remove foreign body, foot subcutane	Removal of foot foreign body	492.00
29105	App of long arm splint,shoulder-hand	Apply long arm splint	155.00
29125	Applic of static short arm splint	Apply forearm splint	121.00
29126	Applic of dynamic short arm splint	Apply forearm splint	145.00
29130	Application of static finger splint	Application of finger splint	78.00
29131	Application of dynamic finger splint	Application of finger splint	97.00
54050	Destruction of penis lesion	Destruction, penis lesion(s)	253.00
54060	Excision of penis lesion	Excision of penis lesion(s)	353.00
56501	Destruction of vulva lesion	Destruction, vulva lesion(s)	273.00
57061	Destruction of vaginal lesion	Destruction vagina lesion(s)	234.00
57500	Excision of cervical lesion	Biopsy of cervix	253.00
69210	Removal of impacted cerumen	Remove impacted ear wax	90.00
81002	Urine Dipstick	Urinalysis nonauto w/o scope	7.00
81003	Urinalysis, auto, w/o scope	Urinalysis, by dip stick automated, w/o microscopy	5.00
81025	Urine pregnancy test	Urine Pregnancy test, visual color comparison methods	17.00
87070	Wound Culture	Culture specimem, bacteria	19.00
87205	Cervical Culture	Smear, staim & interpret	9.00
88112	Cytopathology	Cytopathology	128.00
92551	Hearing test, pure tone, air only	Pure tone hearing test, air	16.00
93005	EKG without Interpretation	Electrocardiogram tracing	16.00
93010	EKG for initial prevent	Electrocardiogram report	16.00
93923	Extremity study		250.00
94760	Measure blood oxygen level		5.00
94761	Measure blood oxygen level		8.00
98925	OMT 1-2 Regions	Osteopathic manipulation	61.00
98926	OMT 3-4 Regions	Osteopathic manipulation	88.00
98927	OMT 5-6 Regions	Osteopathic manipulation	115.00
98928	OMT 7-8 Regions	Osteopathic manipulation	140.00
98929	OMT 9-10 Regions	Osteopathic manipulation	167.00

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G0102	Screen, Prostate Cancer	Screen, Prostrate Cancer	42.00
G0403	EKG Welcome to Medicare	Welcome to Medicare	32.00
Q0091	Screening pap smear, obtaining	Screening pap smear, obtaining	82.00

Injections			
20526	Injection, therapeutic,carpal tunnel	Injection, therapeutic, carpal tunnel	145.00
20550	Inject,single tendon sheath/ligamnt	Injection Tendon Sheath	101.00
20551	Injection, single tendon origin	Injection(s); Single Tendon Origin/Insertion	103.00
20552	Injection; single/multiple trigger point(s) 1 or 2 muscles		105.00
20553	Injection trigger pt 3> muscles	Injection trigger pt 3> muscles	121.00
20600	Arthrocentesis, aspiration/injection	Drain/Inject Small Joint/Bursa	92.00
36415	Lab Blood Draw	Lab Draw	6.00
64450	Inj of Anesth periph nerve or branch	Injection for nerve block	147.00
80162	Digoxin Therapeutic Drug Assay	Assay for digoxin	27.00
82626	Dehydroepiandrosterone (DHEA)	Dehydroepiandrosterone	51.00
82947	Glucose,blood (except reagent strip)	Assay quantitative, glucose	8.00
82948	Glucose, blood, reagent strip	Reagent strip/blood glucose	9.00
83001	Gonadotropin,foll stim hormone (FSH)	Gonadotropin (fsh)	37.00
83002	Gonadotropin,luteinizing hormone(LH)	Gonadotropin (lh)	37.00
85730	APTT-Thromboplastin time, partial	Thromboplastin time, partial	12.00
86580	Tb intradermal test	Tuberculosis, intradermal	15.00
86787	Varicella titer	Varicella-zoster immunization	26.00
90460	Vaccine admin-with counsel-1st comp	Immunization admin through 18yo via any route of admin, with counseling by physician or oth	32.00
90461	Vaccine admin-with counsel-each addl	Each additional vaccine/toxoid component (list separately in addition to code for primary procedure)	25.00
90471	Admin, Immunization	Immunization Admin	32.00
90472	Admin,Immunization each additional	each additional vaccine	25.00
90473	Admin, Immunization intranasal or oral	Immunization Admin, intranasal or oral	31.00
90474	Admin Immun intranasal/oral each add	Immunization Admin, intranasal or oral, each additional	24.00
90632	✓ Hepatitis A Vaccine, adult, intramuscula	Hepatitis A Vaccine, adult, intramuscular	145.00
90634	Hepatitis A Vaccine,pediatric/adolescent 3 Dose	Hepatitis A Vaccine,pediatric/adolescent 3 dose intramuscular	69.00
90648	Hib Vaccine, 4 Dose, Intramuscular	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule) for intramuscular use	22.00
90649	HPV4 Vaccine (Gardasil)	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	335.00
90650	HPV2 Vaccine (Cervarix)	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use	269.00
90651	✓ VFC - HPV9	HPV9 - types 6,11,16,18,31,33,45,52 & 58 nonavalent - 3 dose - intramuscular	477.00
90658	Flu Vaccine,trivalent, intramuscular	Flu Vaccine,trivalent, intramuscular	32.00
90662	Flu Vaccine, intramuscular	Flu Vaccine, intramuscular	102.00
90670	✓ Pneumococcal conjugate vaccine	Pneumococcal conjugate vaccine	377.00
90680	✓ Rotavirus vaccine, 3 Dose schedule	Rotavirus vaccine, 3 Dose schedule	176.00
90685	✓ Flu Vaccine, Quad, child 6-36 mos., preserve free	Flu Vaccine, Quad, child 6-36 mos., preserve free	36.00
90686	✓ Flu Vaccine, Quad, preserve free	Flu Vaccine, Quad, preserve free	34.00

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90688	✓	Flu Vaccine, Quad, child >3, intramuscular	Flu Vaccine, Quad, child >3, intramuscular	32.00
90698	✓	Pentacel (DTaP-Hib-IPV)	diphtheria, tetanus, pertussis, Haemophilus influenzae type b, inactivated polio (DTaP-Hib-IPV) (Pentacel)	194.00
90707	✓	MMR titer	MMR virus immunization	161.00
90710	✓	ProQuad (MMRV), live, subcut	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	419.00
90713	✓	Poliomyelitis immunization	Poliomyelitis immunization	69.00
90714	✓	Td immunization, 7 years or older	Typhoid immunization	38.00
90715	✓	Tdap, 7 years or older & adult	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) 7 years or older	82.00
90716	✓	Varicella (chicken pox) vaccine, live	Chicken pox vaccine	284.00
90732	✓	Pneumococcal immunization	Pneumococcal immunization	214.00
90733	✓	Meningococcal immunization	Meningococcal immunization	252.00
90734	✓	Meningococcal Conjugate Vaccine, MCV4	Meningococcal Conjugate Vaccine, Serogroups A,C,Y & W-135	205.00
90736		Herpes Zoster (shingles), live, subcut	Herpes Zoster (shingles), live, subcut	323.00
90744	✓	Hepatitis B Vaccine, pediatric/adoles 3 d	Hepatitis B Vaccine, pediatric/adoles 3 dose, intramuscular	47.00
90746	✓	Hepatitis B Vaccine, adult 3 dose, intra	Hepatitis B Vaccine, adult 3 dose, intramuscular	122.00
G0008		Administration, Flu Vaccine	Administration of influenza virus vaccine	N/C
G0009		Admin, Pneumococcal Vaccine	Administration of Pneumococcal Vaccine	N/C
G0010		Administration, Hepatitis B Vaccine	Administration of hepatitis B vaccine	N/C
J0290		Injection, ampicillin 500mg	Injection, ampicillin	4.00
J0500		Injection, dicyclomine 20mg	Injection, dicyclomine	20.00
J0696		Injection, ceftriaxone sodium 250mg	Injection, ceftriaxone sodium	2.00
J0780		Injection, prochlorperazine 10mg	Injection, prochlorperazine	10.00
J1050		Depo-Provera Injection	Injection, medroxyprogesterone	1.00
J1670		Adult T-Dap Injection Code	Injection, tetanus immune globulin	1,113.00
J1940		Injection, furosemide 20mg	Injection, furosemide	2.00
J3250		Inject, trimethobenzamide hcl 200mg	Injection, trimethobenzamide hcl	70.00
J3420		Injection, vitamin B12 up to 1000mcg	Injection, vitamin b-12	2.00

Labs				
82043		Urine, microalbumin, quantitative	Microalbumin, quantitative	12.00
82044		Urine, microalbumin, semiquantitative	Microalbumin, semiquant	8.00
82270		Fecal occult blood, neoplasm screen	Blood Occult, Feces, 1-3 Times	9.00
82272		Fecal occult blood, non neoplasm scr	Blood occult, fecal, non colorectal neoplasm screening	9.00
82274		Fecal occult blood, by immunoassay	Blood occult, by fecal hemoglobin determination by immunosassy	32.00
82947		Assay quantitative, glucose	Glucose, quantitative, blood (except reagent strip)	8.00
82950		Glucose, post glucose dose	Glucose test	10.00
82951		Glucose tolerance (GTT) 3 specimens	Glucose tolerance test (gtt)	26.00
82952		GTT each over 3 - use with 381	Gtt-added samples	8.00
82977		Glutamyltransferase, gamma (GGT)	Assay of ggt	15.00
83020		Hemoglobin, electrophoresis	Assay hemoglobin	26.00
83036		Glycated Hemoglobin A1C	Glycated Hemoglobin A1C	20.00

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83037	Rapid A1C		20.00
85210	Clotting;fac II,prothrombin,specific	Blood clot factor ii test	26.00
85610	Prothrombin time	Prothrombin time	9.00
85611	Prothrombin time,subst,plasma fract	Prothrombin test	8.00
86003	Allergen specific IgE, each allergen	Allergen specific ige	11.00
86361	CD4 T-lymphocyte count	T cells; absolute CD4 count	54.00
86480	Quantifuron, TB blood test	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	124.00
86644	CMV IgG (cytomegalovirus)	Cmv antibody	29.00
86777	Toxoplasma IgG	Toxoplasma	29.00
86900	ABO Only	Blood typing, abo	6.00
86901	Rh (D)	Blood typing, rh (d)	6.00
86904	Antigen Screen	Blood typing, patient serum	26.00
87110	Chlamydia Culture	Culture, chlamydia	32.00
87536	HIV RNA level	Hiv- 1, Quantification	170.00
87590	Gonorrhea Culture	Neisseria Gonorrhoeae, Direct Probe	54.00
87880	Streptococcus A, Optical	Streptococcus, group A	33.00
88738	Non-Invasive Hemoglobin	Hemoglobin Hgb, quantitative, transcutaneous	10.00
99000	Urine Specimen	Specimen handling	6.00
	THC Drug Screen		

Treatments			
94640	Nebulizer Treatment		26.00

Education			
94664	Nebulizer Education		24.00
99406	Smoking Cessation Education 3- 10 min	Smoking and tobacco use cessation counseling visit >3 up to 10 mins	29.00
99407	Smoking Cessation Education > 10 min	Smoking and tobacco use cessation counseling intensive > 10 mins	55.00
99408	Drug and Alcohol Use Educat 15-30 mi	Alcohol and/or Substance Abuse structured screening 15-30 mins	55.00
99409	Drug and Alcohol Use Educat >30 min.	Alcohol and/or Substance Abuse structured screening >30 mins	106.00
	Educ - Pt dressing chgs/wound care		
	Educ -Heart Disease,daily weight/BP		
	Educ -Vaccination info sheet review		
	Educat- Depression follow-up plan		
	Education - Colorectal screening		
	Education - Diabetic daily care		
	Education - Hypertension		
	Education - Infection control		
	Education - Lipid therapy		
	Education - Medication training		
	Education - Nutrition		
	Education - Rescue meds/inhalers		

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	Education - Signs + Symptoms to rpt		
	Education - STD		
	Education on Exercise/Physical Activity		

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Effective:

MCR Rate 2020	FY 2018-2019
72.37	260.00
102.44	220.00
165.35	238.00
196.76	100.00
164.28	250.00
79.11*	25.00
82.62*	160.00
86.22*	165.00
97.58*	170.00
94.69*	200.00
109.50*	200.00
118.86*	200.00
159.51	250.00
N/C	25.00

35.93	318.80
31.06	120.00
21.53	140.00
42.69	165.00
70.69	200.00
103.78	232.00
139.03	40.00
71.24*	110.00
76.14*	155.00
75.89*	155.00
83.25*	170.00
85.08*	170.00
90.77*	180.00
111.07	225.00
97.58*	170.00
53.52	170.00
14.78	180.00

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26.50	12.50
66.33	31.25
135.45	63.75
151.11	63.75
110.87	53.75
106.60	51.25
25.24	N/C
14.22	N/C
27.18	N/C

102.47	120.00
112.65	100.00
195.73	80.00
143.91	75.00
257.56	60.00
158.70	70.00
123.27	110.00
52.78	100.00
217.89	50.00
83.58	180.00
17.95	130.00
117.01	40.00
142.45	320.00
158.07	280.00
182.30	110.00
206.23	20.00
295.39	215.00
117.78	20.00
149.11	230.00
167.63	200.00
190.89	240.00
220.83	270.00
130.03	200.00
160.15	30.00
178.43	25.00
212.26	60.00
266.20	225.00
368.65	165.00
13.88	280.00

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31.68	370.00
103.85	565.00
31.33	270.00
160.79	210.00
84.10	300.00
61.50	365.00
5.22	465.00
143.05	665.00
103.96	325.00
48.12	300.00
56.61	210.00
497.43	165.00
245.80	505.00
77.36	235.00
60.71	335.00
72.63	150.00
38.85	270.00
48.60	1100.00
126.31	280.00
176.51	25.00
136.51	75.00
117.07	95.00
126.44	15.00
44.80	35.00
3.48*	50.00
2.49*	75.00
8.61*	100.00
9.57*	120.00
4.27*	150.00
64.17*	275.00
8.09	25.00
7.75	70.00
8.25	N/C
125.14	150.00
2.12	275.00
3.78	140.00
30.24	125.00
43.69	50.00
57.47	75.00
69.93	150.00
83.71	15.00

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21.17	25.00
16.00	20.00
41.04	180.00

72.49	25.00
50.45	50.00
51.31	50.00
52.56	30.00
60.58	92.00
46.08	70.00
3.00*	10.00
73.36	800.00
13.28*	N/C
25.27*	75.00
3.93*	N/C
4.31*	N/C
18.58*	N/C
18.52*	70.00
6.01*	40.00
7.75	60.00
12.88*	15.00
15.87	50.00
12.17	35.00
15.87	45.00
12.17	36.00
15.87	36.00
12.17	125.00
72.25**	60.00
34.17	110.00
10.61*	200.00
167.39*	225.00
134.40*	90.00
238.54**	406.00
16.14*	95.00
50.93*	5.00
188.26**	90.00
87.97**	10.00
18.08**	95.00
16.87*	90.00

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15.77**	5.00
97.01*	35.00
80.25*	250.00
209.38*	125.00
34.41*	40.00
18.89*	40.00
40.89*	85.00
141.72*	20.00
107.22*	200.00
126.08*	260.00
102.50*	325.00
161.63*	25.00
23.42**	75.00
61.11**	124.00
N/C	15.00
N/C	15.00
N/C	15.00
1.84*	10.00
9.87*	100.00
.79*	26.70
4.88*	25.00
.32*	165.00
556.40*	495.00
.67*	10.00
34.69*	52.00
1.05*	10.00

5.78*	12.00
3.95*	25.00
4.38*	35.00
4.23*	15.00
15.92	N/C
3.93*	N/C
4.75*	N/C
12.87*	N/C
3.92*	N/C
7.20*	N/C
12.87*	N/C
9.71*	25.00

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9.71*	35.00
12.98*	N/C
4.29*	N/C
3.94*	30.00
5.22*	N/C
26.78*	N/C
61.98*	N/C
14.39*	N/C
14.39*	N/C
2.99*	N/C
2.99*	N/C
12.94*	30.00
15.84*	N/C
85.10*	N/C
26.88*	40.00
16.32*	34.00
5.02*	N/C
2.97*	20.00

12.80*	26.00

11.81	95.00
14.22	30.00
27.18	35.00
27.26*	68.00
53.20*	130.00

Regional Health Clinic
Fee Schedule FY 2019-2020
Effective:

	25.00
	50.00
	25.00

Rev. Code / Type of Bill	CPT Code
900	
	90839BH
	90840BH
	H2011BH
900	90791BH
	90792BH
	H2019BH
	96150BH
	96151BH
	96156BH
	96158BH
	96159BH
510	
	99211BH
	99212BH
	99213BH
	99214BH
	99215BH
914/133	
	90832BH
	90833BH
	90834BH
	90836BH
	90837BH
	90838BH
	90785BH
916	90847BH
	90846BH
915	90853BH
131	H0010BH
131	H2034BH
906/132	90899BH
	H0038
	96130BH
	96131BH
	96136BH
	96137BH
	96138BH
	96139BH
	96146BH

	80305BH
	80307BH
	83718BH
	96372BH
	MRO Services ONLY
	H0004 HW
	H0004 HW U1
	H2035 HW
	H0005 HW
	T1016 HW
	H0031BH HW
	H0034BH HW
	H2014BH HW
	H2017 HW
	H2012 HW HB U1
762/131	
	99218BH
	99234BH
	99235BH
	99236BH
	99217BH
	510BH
	511BH
	99221BH
	99222BH
	99223BH
	99231BH
	99232BH
	99233BH
	99238BH
	99239BH
	direct bill
	T2003

	T2001
	A0425U3
	718BH
	719BH
	720BH
	721BH
	722BH
	723BH
	724BH
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	5155BH
	5156BH
	5181BH
	5453BH
	5454BH
	5495BH
	5496BH
	5785BH
	5500BH
	5501BH
	563BH
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	783
	784

	115
	801BH
	523BH
	526BH
	530BH
	531BH
	532BH
	583BH
	533BH
	534BH
	580BH
	535BH
	536BH
	537BH
	538BH
	539BH
	581BH

DESCRIPTIO

Crisis Intervention - (per :15 min)

Diagnostic Psych Assessment - no Medical Services
Diagnostic Psych Assessment - with Medical services by MD

Evaluation Management - Physician Services (per service)

Therapy - Behavioral Health (Mental Health and Substance Abuse)

Substance Abuse Rehab

Peer Recovery - (per hour)

Psych Testing

Drug Testing

Therapy -

Therapy - S

Case Management - (per :15 min)

ANSA/CANS Behavioral Health Level of Need Redetermination

Medication Training and Support - (per :15 min)

Skills Training and Development - (per :15 min)

Psychosocial Rehab Service (Clubhouse) - (per :15 min)

Partial Hospitalization

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Inpatient - Ob

Inpatient Intensive Observation (per hour)

Inpatient Psychiatric Room & Board - (per day)

Inpatient - Initial Hospit

Inpatient - Subseque

Inpatient - Discharge Day Ma

Transportation Services

Vocational Rehabilitation Services

Title IVB Services

CMHI / CMHW Services

CAF Circle Around Families

Administrative Services

DESCRIPTION OF SERVICES	STD. / MIN. FEE \$20/Serv.
First 60 minutes	\$422.80
each Additional 30 Minutes	\$140.00
MRO (per :15 minutes)	\$40.00
	\$422.80
	\$422.80
Psych Assessment and Intervention - MRO (per :15 minutes)	\$35.00
Initial Assessment Health Behavior	\$50.00
Subsequent Assessment Health Behavior	\$50.00
Re-Assessment Health Behavior	\$175.00
Health Behavior Intervention (first :30 minutes)	\$120.00
each Additional :15 Minutes	\$41.00
Low Complexity - Nurse Visit	\$222.80
Problem Focused	\$232.80
Expanded Problem Focused	\$322.80
Detailed	\$352.80
Comprehensive	\$374.80
Individual	
Psych Therapy with Patient 30 minutes	\$272.80
Psych Therapy with Patient with EM 30 minutes	\$140.00
Psych Therapy with Patient 45 minutes	\$312.80
Psych Therapy with Patient with EM 45 minutes	\$180.00
Psych Therapy with Patient 60 minutes	\$412.80
Psych Therapy with Patient with EM 60 minutes	\$240.00
Psych Therapy - interactive add-on	\$160.00
Family / Couple	\$374.80
Family Therapy w/o Patient 50 minutes	\$242.80
Group	\$202.80
Substance Abuse Rehabilitation 3.5	\$722.00
Substance Abuse Rehabilitation 3.1 (Stark ONLY)	\$322.00
Addictions IOT (90 minutes)	\$500.00
	\$72.00
Testing - Psychological - (first hour)	\$240.00
Each additional hour	\$180.00
Psychological administration and scoring (first 30 minutes) - physician or QBHP	\$100.00
Each additional 30 minutes	\$90.00
Psychological administration and scoring (first 30 minutes) - technician	\$80.00
Each additional 30 minutes	\$80.00
Automated Test Administration	\$20.00

Presump Drug screen	\$30.00
Breathalyzer	\$20.00
Assay of Lipoprotein	\$35.00
Injection	\$36.00
- Mental Health	
BH Counseling and Therapy - (per :15 min)	\$42.00
BH Family / Group / Couple - (per :15 min)	\$35.00
Substance Abuse	
Individual / Family - (per hour)	\$120.00
Family / Group	\$35.00
	\$25.00
	\$160.00
	\$50.00
	\$50.00
	\$16.00
AIRS / CAIRS	\$40.00
Observation- MD/DO	
Initial Observation	\$190.00
Low Complexity	\$298.00
Moderate Complexity	\$380.00
High Complexity	\$490.00
Observation Discharge	\$166.00
	\$80.00
	\$1,100.00
Intensive Care - (per service) - MD/DO	
Low Complexity	\$225.00
Moderate Complexity	\$308.00
High Complexity	\$450.00
Intensive Care/Rounds - MD/DO	
Low Complexity	\$90.00
Moderate Complexity	\$164.00
High Complexity	\$234.00
Management - (per event) - MD/DO,NP	
30 Min or less	\$165.00
31 Min or more	\$250.00
Ambulance Service	invoice
Transportation, initial passenger	\$10.00

Transportation, multiple passenger	\$5.00
Mileage - per mile, per one way trip	\$1.25
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Uniform Special Clothing	\$150.00
Discovery Vocational Testing	\$42.00
Discovery Job Shadow	\$42.00
Discovery Situational Assessment	\$42.00
Discovery Work Experience Development	\$42.00
Discovery Work Experience 1-5 hours per week	\$200.00
Discovery Work Experience 6- 10 hours per week	\$325.00
Discovery Work Experience 11+ hours per week	\$450.00
Discovery Other Activities	\$42.00
Employment Services Job Readiness Training	\$42.00
Job Search Assistance/ Job Placement Assistance	\$42.00
Employment Services Outcome Milestone 1 Job Placement and Development	\$1,300.00
VR, Travel	.36 per mile
Employment Services Outcome Milestone 2 Support and Short Term Retention	\$2,000.00
Employment Services Outcome Milestone 3 Retention	\$1,300.00
On the Job Supports - Short Term	\$42.00
Supported Employment Level 1, 1-5 Hours per Month	\$176.00
Supported Employment Level 2, 6-10 Hours per Month	\$352.00
Supported Employment Level 3, 11-15 Hours per Month	\$528.00
Supported Employment Level 4, 16-20 Hours per Month	\$720.00
Supported Employment Level 5, 21-25 Hours per Month	\$920.00
Supported Employment Level 6, 26-30 Hours per Month	\$1,120.00
SE Hourly	\$42.00
<hr/>	
IVB/CMHI Court Services	\$210.00
Parenting Assessment	\$22.03
CIA (per :15 min)	\$25.00
Substance Assessment (per :15 min)	\$25.00
Supervised Visitation	\$21.00
Visitation Facilitation	\$15.00
Homemaker Parent Aid Referral	\$14.52
CFTM Productivity	\$0.00
Team Meeting	\$26.26
Reports	\$25.00
<hr/>	
CMHI Wrap Around	\$850.00
CMHW Wrap Around	\$965.49
<hr/>	
Room & Board per day	\$27.50
<hr/>	
Disability Form 251A	\$35.00
Social Security Disability Form AT-100	\$40.00
SSI Evaluation	\$80.00
Returned Check Fee	\$25.00

	\$500.00
	\$50.00
The Residence Supervised Group Living - HUD	\$70.00
Fredericks House Daily Charge	\$70.00
Tommy Todd Apts Semi-Independent Living (SILP)	\$45.00
Whiting Apts	\$45.00
Todd Apts	\$45.00
Schaddt Apts	\$45.00
Kennedy Apts	\$45.00
Bell Tower North	\$45.00
Bell Tower South	\$45.00
628 Shelby Apts	\$45.00
635 Shelby Apts	\$45.00
Watertower South	\$45.00
Watertower East	\$45.00
Watertower West	\$45.00
Permanent Supported Housing	\$45.00

Regional Dental

CPT Code*	SERVICE CODE
D0120	Periodic Oral Evaluation- Est Pt
D0140	Limited Oral Evaluation-Problem Focused
D0145	Oral Eval, Patient < 3 Years of age And Counseling
D0150	Comprehensive Oral Eval-New Or Established Patient
D0160	Detailed And Extensive Oral Eval-Prob Focused, BR
D0170	Re-Evaluation-Limited, Problem Focused
D0191	Assessment Of A Patient
D0210	Intraoral-Complete Series Of Radiographic Images
D0220	Intraoral-Periapical First Radiographic Image
D0230	Intraoral-Periapical Each Addl Radiographic Image
D0240	Intraoral-Occlusal Radiographic Image
D0250	Extra-Oral-2D Projection Radiographic Image
D0251	Extra-Oral Posterior Dental Radiographic Image
D0270	Bitewing-Single Radiographic Image
D0272	Bitewings-Two Radiographic Images
D0273	Bitewings-Three Radiographic Images
D0274	Bitewings-Four Radiographic Images
D0277	Vertical Bitewings-7 To 8 Radiographic Images
D0310	Sialography
D0320	TMJ Arthrogram, Including Injection
D0330	Panoramic Radiographic Image
D0340	2D Cephalometric Radiographic Image
D0602	Caries risk assessment & documentation, mod risk
D0603	Caries risk assessment & documentation, high risk
D1110	Prophylaxis-Adult
D1120	Prophylaxis-Child
D1206	Topical Application Of Fluoride Varnish
D1208	Topical Application Of Fluoride
D1310	Nutritional Counseling For Control Of Dental Dis
D1330	Oral Hygiene Instructions
D1351	Sealant-Per Tooth
D1352	PRR in a mod to high caries risk pt-perm tooth
D1510	Space Maintainer-Fixed-Unilateral
D1520	Space Maintainer-Removable-Unilateral
D1999	Unspecified preventive procedure, by report
D2140	Amalgam-One Surface, Primary Or Permanent
D2150	Amalgam-Two Surfaces, Primary Or Permanent
D2160	Amalgam-Three Surfaces, Primary Or Permanent
D2161	Amalgam-Four Or More Surfaces, Prim Or Perm
D2330	Resin-Based Composite-One Surface, Anterior
D2331	Resin-Based Composite-Two Surfaces, Anterior
D2332	Resin-Based Composite-Three Surfaces, Anterior
D2335	Resin-Based Comp-4+ Surfs Or Invlvng Incisal Angle

Regional Dental

Fee Schedule

D2390	Resin-Based Composite Crown, Anterior
D2391	Resin-Based Composite-One Surface, Posterior
D2392	Resin-Based Composite-Two Surfaces, Posterior
D2393	Resin-Based Composite-Three Surfaces, Posterior
D2394	Resin-Based Comp-Four Or More Surfaces, Posterior
D2740	Crown-Porcelain/Ceramic Substrate
D2751	Crown-Porcelain Fused To Predominantly Base Metal
D2910	Recement Inlay/Onlay, Or Partl Covg Restoration
D2920	Recement Crown
D2921	Reattachment of tth fragment, incisal edge or cusp
D2930	Prefabricated Stainless Steel Crown-Primary Tooth
D2931	Prefabricated Stainless Steel Crown-Perm Tooth
D2932	Prefabricated Resin Crown
D2933	Prefabricated Stainless Steel Crown W/Resin Window
D2934	Prefab Esthetic Coated Stainless Stl Crwn-Prim Tth
D2940	Protective Restoration
D2941	Interim therapeutic restoration-primary dentition
D2949	Restorative foundation for an indirect restoration
D2950	Core Buildup, Including Any Pins
D2951	Pin Retention-Per Tth, In Addition To Restoration
D2980	Crwn Repr Necess By Restorative Material Failure
D2990	Resin Infiltration Incipient Smooth Surface Lesion
D3110	Pulp Cap-Direct (Excluding Final Restoration)
D3120	Pulp Cap-Indirect (Excluding Final Restoration)
D3220	Therapeutic Plptmy(Excl Fnl Restoration)-Rmvl Pulp
D3221	Pulpal Debridement, Primary And Permanent Teeth
D3222	Prtl plptmy apexogenesis-perm tth w/incmplt root
D3230	Pulpal Therapy (Resorbable Filling)-Ant, Prim Tth
D3240	Pulpal Therapy (Resorbable Filling)-Post, Prim Tth
D3320	Bicuspid (Excluding Final Restoration)
D3330	Molar (Excluding Final Restoration)
D3346	Retreatment Of Previous Root Canal Therapy-Ant
D3347	Retreatment Of Previous Root Canal Therapy-Bicuspid
D3348	Retreatment Of Previous Root Canal Therapy-Molar
D3351	Apexfctn/Recalc-Initial Vis(Apcl Clsr/Calcific Rpr
D3352	Apexification/Recalc-Interim Med Replacement
D3353	Apexification/Recalc-Final Visit (Incl Cmplt RCT)
D3410	Apicoectomy/Periradicular Surgery-Anterior
D3421	Apicoectomy/Periradicular Surg-Bicuspid (1st Root)
D3950	Canal Prep&Fitting Of Preformed Dowel Or Post
D4320	Provisional Splinting-Intracoronal
D4341	Periodontal Scaling&Root Planing-4+ tth/quad
D4342	Periodontal Scaling&Root Planing-1-3 tth/quad
D4346	Generalized Moderate-Severe Gingival Inflammation
D4355	Full Mouth Debridement To Enable Comp Eval&Diag

Regional Dental

Fee Schedule

FY 2019-2020

D4910	Periodontal Maintenance
D5110	Complete Denture-Maxillary
D5120	Complete Denture-Mandibular
D5130	Immediate Denture-Maxillary
D5140	Immediate Denture-Mandibular
D5211	Max Prtl Denture-Resin Base(Incl clasp, rest, tth)
D5212	Mand Prtl Denture-Resin Base-Incl clasp, rest, tth
D5213	Max Prtl Dentr-Cast Metal Framewrk w/Resin Dent
D5214	Mand Prtl Dentr-Cast Metal Framewrk w/Resin Dent
D5225	Max Prtl Dentr-Flex Base (Incl clasps, rests, tth)
D5226	Mand Prtl Dentr-Flex Base (Incl clasps, rests, tth)
D5410	Adjust Complete Denture-Maxillary
D5411	Adjust Complete Denture-Mandibular
D5422	Adjust Partial Denture-Mandibular
D5520	Repl Missing/Broken Teeth-Comp Denture (Ea Tth)
D5640	Replace Broken Teeth-Per Tooth
D5650	Add Tooth To Existing Partial Denture
D5730	Reline Complete Maxillary Denture (Chairside)
D5731	Reline Complete Mandibular Denture (Chairside)
D5750	Reline Complete Maxillary Denture (Laboratory)
D5751	Reline Complete Mandibular Denture (Laboratory)
D5760	Reline Maxillary Partial Denture (Laboratory)
D5761	Reline Mandibular Partial Denture (Laboratory)
D5820F	Denture Interm Part Maxill Flipper
D5820S	Denture Interm Part Maxill Stay Plate
D5821F	Denture Interm Part Mandbl Flipper
D5821S	Denture Intrm Part Mandbl Stayplate
D6241	Pontic-Porcelain Fused To Predominantly Base Metal
D6251	Pontic-Resin With Predominantly Base Metal
D6930	Recement Fixed Partial Denture
D7111	Extraction, Coronal Remnants-Deciduous Tooth
D7140	Ext, Erupt Tth/Expsd Root-Elev &/Or Forceps Remvl
D7210	Surg Remvl Erupt Tth Rq Elev Of Mucoperiosteal flp
D7220	Removal Of Impacted Tooth-Soft Tissue
D7230	Removal Of Impacted Tooth-Partially Bony
D7240	Removal Of Impacted Tooth-Completely Bony
D7241	Remvl Imp Tth-Complt Bony w/Unusual Surg Compll
D7250	Surg Remvl Residual Tth Roots (Cutting Proc)
D7260	Oroantral Fistula Closure
D7270	Tth Reimpltn &/Or Stabilztn Accidentally Evulsed
D7310	Alveoloplasty In Conjunction W/Exts-4+ Teeth
D7311	Alveoloplasty In Conjunction W/Exts-1-3 Teeth
D7510	I&D Of Abscess-Intraoral Soft Tissue
D7520	I&D Of Abscess-Extraoral Soft Tissue
D7560	Max Sinusotomy Removal Tth Frag/Foreign Body

Regional Dental
Fee Schedule
FY 2019-2020

D7970	Excision Of Hyperplastic Tissue-Per Arch
D9110	Palliative (Emergency) Treatment Of Dental Pain
D9215	Local Anesthesia
D9230	Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide
D9910	Application Of Desensitizing Medicament
D9930	Txmt Of Complictns/Post-Surg/Unusual Circmstncs
D9944	NIGHT GUARD HARD/SOFT
D9999	Unspecified Adjunctive Procedure, By Report
DEL	DELIVERY
DNEW	New Dental Patient

Regional Dental

CPT/HCPC Description	STD. / MIN. FEE \$20/Svc.	MCD Rate 2020	FY 2018-2019
Periodic Oral Evaluation-Established Patient	45.00	22.58	200.00
Limited Oral Evaluation-Problem Focused	74.00	37.08	75.00
Oral Eval, Patient < 3 Years of age And Counseling	71.00	33.50	80.00
Comprehensive Oral Eval-New Or Established Patient	71.00	35.50	150.00
Detailed And Extensive Oral Eval-Prob Focused, BR	100.00	50.00	130.00
Re-Evaluation-Limited, Problem Focused	40.00	20.00	68.00
Assessment Of A Patient	20.00	N/C	N/C
Intraoral-Complete Series Of Radiographic Images	145.00	72.25	165.00
Intraoral-Periapical First Radiographic Image	27.00	13.25	195.00
Intraoral-Periapical Each Addl Radiographic Image	20.00	10.00	225.00
Intraoral-Occlusal Radiographic Image	37.00	18.50	38.00
Extra-Oral-2D Projection Radiographic Image	36.00	17.75	42.00
Extra-Oral Posterior Dental Radiographic Image	140.00	70.00	48.00
Bitewing-Single Radiographic Image	35.00	17.29	30.00
Bitewings-Two Radiographic Images	50.00	24.81	65.00
Bitewings-Three Radiographic Images	56.00	27.75	N/C
Bitewings-Four Radiographic Images	70.00	35.17	100.00
Vertical Bitewings-7 To 8 Radiographic Images	101.00	50.59	102.00
Sialography	124.00	61.75	N/C
TMJ Arthrogram, Including Injection	20.00	N/C	N/C
Panoramic Radiographic Image	129.00	64.52	75.00
2D Cephalometric Radiographic Image	69.00	34.25	70.00
Caries risk assessment & documentation, mod risk	10.00	N/C	N/C
Caries risk assessment & documentation, high risk	10.00	N/C	N/C
Prophylaxis-Adult	96.00	47.75	75.00
Prophylaxis-Child	69.00	34.50	1450.00
Topical Application Of Fluoride Varnish	45.00	22.25	46.00
Topical Application Of Fluoride	45.00	22.39	30.00
Nutritional Counseling For Control Of Dental Dis	20.00	N/C	N/C
Oral Hygiene Instructions	20.00	N/C	30.00
Sealant-Per Tooth	59.00	29.35	885.00
PRR in a mod to high caries risk pt-perm tooth	71.00	35.45	36.00
Space Maintainer-Fixed-Unilateral	389.00	194.34	389.00
Space Maintainer-Removable-Unilateral	310.00	154.75	386.00
Unspecified preventive procedure, by report	61.00	30.24	N/C
Amalgam-One Surface, Primary Or Permanent	124.00	61.90	200.00
Amalgam-Two Surfaces, Primary Or Permanent	162.00	81.14	165.00
Amalgam-Three Surfaces, Primary Or Permanent	193.00	96.47	100.00
Amalgam-Four Or More Surfaces, Prim Or Perm	233.00	116.27	52.00
Resin-Based Composite-One Surface, Anterior	158.00	79.18	150.00
Resin-Based Composite-Two Surfaces, Anterior	193.00	96.47	55.00
Resin-Based Composite-Three Surfaces, Anterior	223.00	111.58	388.00
Resin-Based Comp-4+ Surfs Or Invlvng Incisal Angle	309.00	154.74	155.00

Regional Dental
Fee Schedule

Resin-Based Composite Crown, Anterior FY 2019-2020	280.00	140.00	148.00
Resin-Based Composite-One Surface, Posterior	110.00	55.00	455.00
Resin-Based Composite-Two Surfaces, Posterior	146.00	72.75	310.00
Resin-Based Composite-Three Surfaces, Posterior	173.00	86.50	165.00
Resin-Based Comp-Four Or More Surfaces, Posterior	209.00	104.25	200.00
Crown-Porcelain/Ceramic Substrate	1564.00	N/C	31.00
Crown-Porcelain Fused To Predominantly Base Metal	1320.00	N/C	27.00
Recement Inlay/Onlay, Or Partl Covg Restoration	112.00	56.00	102.00
Recement Crown	117.00	58.27	200.00
Reattachment of tth fragment, incisal edge or cusp	342.00	170.82	50.00
Prefabricated Stainless Steel Crown-Primary Tooth	312.00	155.86	318.00
Prefabricated Stainless Steel Crown-Perm Tooth	371.00	185.69	344.00
Prefabricated Resin Crown	278.00	138.75	362.00
Prefabricated Stainless Steel Crown W/Resin Window	324.00	161.75	362.00
Prefab Esthetic Coated Stainless Stl Crwn-Prim Tth	312.00	155.86	362.00
Protective Restoration	122.00	60.78	790.00
Interim therapeutic restoration-primary dentition	342.00	170.82	72.00
Restorative foundation for an indirect restoration	342.00	170.82	942.00
Core Buildup, Including Any Pins	296.00	N/C	785.00
Pin Retention-Per Tth, In Addition To Restoration	52.00		145.00
Crwn Repr Necess By Restorative Material Failure	321.00	160.25	258.00
Resin Infiltration Incipient Smooth Surface Lesion	354.00	177.03	N/C
Pulp Cap-Direct (Excluding Final Restoration)	80.00	N/C	30.00
Pulp Cap-Indirect (Excluding Final Restoration)	60.00	N/C	20.00
Therapeutic Plptmy(Excl Fnl Restoration)-Rmvl Pulp	210.00	105.11	75.00
Pulpal Debridement, Primary And Permanent Teeth	220.00	N/C	N/C
Prtl plptmy apexogenesis-perm tth w/incmpltd root	210.00	105.11	216.00
Pulpal Therapy (Resorbable Filling)-Ant, Prim Tth	272.00	136.06	32.00
Pulpal Therapy (Resorbable Filling)-Post, Prim Tth	231.00	115.50	1780.00
Bicuspid (Excluding Final Restoration)	929.00	464.23	930.00
Molar (Excluding Final Restoration)	1140.00	569.32	30.00
Retreatment Of Previous Root Canal Therapy-Ant	1129.00	564.50	1168.00
Retreatment Of Previous Root Canal Therapy-Bicusp	1278.00	639.00	1348.00
Retreatment Of Previous Root Canal Therapy-Molar	1584.00	792.00	1632.00
Apexfctn/Recalc-Initial Vis(Apcl Clsr/Calcific Rpr	481.00	240.00	268.48
Apexification/Recalc-Interim Med Replacement	99.00	49.50	180.00
Apexification/Recalc-Final Visit (Incl Cmpltd RCT)	99.00	49.50	628.00
Apicoectomy/Periradicular Surgery-Anterior	704.00	352.00	818.00
Apicoectomy/Periradicular Surg-Bicuspid (1st Root)	1057.00	528.00	992.00
Canal Prep&Fitting Of Preformed Dowel Or Post	140.00	N/C	150.00
Provisional Splinting-Intracoronal	600.00	N/C	130.00
Periodontal Scaling&Root Planing-4+ tth/quad	309.00	154.74	800.00
Periodontal Scaling&Root Planing- 1-3 tth/quad	104.00	52.03	800.00
Generalized Moderate-Severe Gingival Inflammation	408.00	204.00	120.00
Full Mouth Debridement To Enable Comp Eval&Diag	196.00	98.14	105.00

Regional Dental
Fee Schedule

Periodontal Maintenance	FY 2019-2020	306.00	153.00	310.00
Complete Denture-Maxillary		872.00	782.50	50.00
Complete Denture-Mandibular		879.00	788.25	100.00
Immediate Denture-Maxillary		783.00	391.25	60.00
Immediate Denture-Mandibular		788.00	394.13	790.00
Max Prtl Denture-Resin Base(Incl clasp, rest, tth)		731.00	656.00	1312.00
Mand Prtl Denture-Resin Base-Incl clasp, rest, tth		743.00	788.25	1576.00
Max Prtl Dentr-Cast Metal Framewrk w/Resin Dent		656.00	656.00	100.00
Mand Prtl Dentr-Cast Metal Framewrk w/Resin Dent		666.00	788.25	70.00
Max Prtl Dentr-Flex Base (Incl clasps, rests, tth)		656.00	328.00	NA
Mand Prtl Dentr-Flex Base (Incl clasps, rests, tth)		666.00	333.00	NA
Adjust Complete Denture-Maxillary		50.00	N/C	200.00
Adjust Complete Denture-Mandibular		76.00	N/C	200.00
Adjust Partial Denture-Mandibular		76.00	N/C	200.00
Repl Missing/Broken Teeth-Comp Denture (Ea Tth)		167.00	83.25	NA
Replace Broken Teeth-Per Tooth		167.00	83.25	NA
Add Tooth To Existing Partial Denture		222.00	111.00	294.00
Reline Complete Maxillary Denture (Chairside)		389.00	194.25	450.00
Reline Complete Mandibular Denture (Chairside)		389.00	194.25	400.00
Reline Complete Maxillary Denture (Laboratory)		500.00	249.75	45.00
Reline Complete Mandibular Denture (Laboratory)		500.00	249.75	45.00
Reline Maxillary Partial Denture (Laboratory)		400.00	200.00	40.00
Reline Mandibular Partial Denture (Laboratory)		289.00	144.50	275.00
Denture Interm Part Maxill Flipper		602.00	N/C	NA
Denture Interm Part Maxill Stay Plate		602.00	N/C	NA
Denture Interm Part Mandbl Flipper		602.00	N/C	NA
Denture Intrm Part Mandbl Stayplate		602.00	N/C	NA
Pontic-Porcelain Fused To Predominantly Base Metal		1228.00	N/C	235.00
Pontic-Resin With Predominantly Base Metal		1206.00	N/C	120.00
Recement Fixed Partial Denture		150.00	75.00	75.00
Extraction, Coronal Remnants-Deciduous Tooth		145.00	72.25	144.50
Ext, Erupt Tth/Expsd Root-Elev &/Or Forceps Remvl		154.00	0.24	290.00
Surg Remvl Erupt Tth Rq Elev Of Mucoperiosteal flp		308.00	154.20	400.00
Removal Of Impacted Tooth-Soft Tissue		371.00	185.69	378.00
Removal Of Impacted Tooth-Partially Bony		495.00	247.59	435.00
Removal Of Impacted Tooth-Completely Bony		644.00	321.76	425.00
Remvl Imp Tth-Complt Bony w/Unusual Surg Compll		436.00	333.00	NA
Surg Remvl Residual Tth Roots (Cutting Proc)		371.00	185.69	500.00
Oroantral Fistula Closure		712.00	355.75	N/C
Tth Reimplttn &/Or Stabilztn Accidentally Evulsed		433.00	216.25	500.00
Alveoloplasty In Conjunction W/Exts-4+ Teeth		290.00	185.69	NA
Alveoloplasty In Conjunction W/Exts-1-3 Teeth		316.00	157.89	316.00
I&D Of Abscess-Intraoral Soft Tissue		175.00	87.50	175.00
I&D Of Abscess-Extraoral Soft Tissue		193.00	96.25	192.50
Max Sinusotomy Removal Tth Frag/Foreign Body		307.00	153.50	310.00

Regional Dental
 Fee Schedule
 FY 2019-2020

Excision Of Hyperplastic Tissue-Per Arch	330.00	N/C	160.00
Palliative (Emergency) Treatment Of Dental Pain	92.00	N/C	195.00
Local Anesthesia	20.00	N/C	225.00
Analgesia, Anxiolysis, Inhalation Of Nitrous Oxide	62.00	30.95	110.00
Application Of Desensitizing Medicament	40.00	N/C	140.00
Txmt Of Complictns/Post-Surg/Unusual Circmstncs	82.00	N/C	165.00
NIGHT GUARD HARD-SOFT	496.00	N/C	350.00
Unspecified Adjunctive Procedure, By Report	N/C	N/C	N/C
DELIVERY	N/C		N/C
New Dental Patient	N/C		N/C