

Self Updates: Services details

▼ **H80CS00816: OHIO HILLS HEALTH SERVICES, Barnesville, OH**

Grant Number: H80CS00910

BHCHMS ID: 050580

Project Period: 02/01/2022 - 01/31/2026

Required Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X		
Diagnostic Laboratory	X		
Diagnostic Radiology	X	X	X
Screenings	X	X	
Coverage for Emergencies During and After Hours	X		X
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		
Obstetrical Care			
Prenatal Care			
Intrapartum Care (Labor & Delivery)		X	X
Postpartum Care		X	X
Preventive Dental		X	X
Pharmaceutical Services	X		
Case Management	X	X	
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation	X		
Translation		X	X

Additional Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X		
Behavioral Health Services			
Substance Use Disorder Services	X		
Nutrition	X		

Specialty Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
No Specialty services to be displayed.			

Close Window

Self Updates: Site details

H00CS00816: OHIO HILLS HEALTH SERVICES, Barnesville, OH

Grant Number: H00CS00816
 Budget Period: 02/01/2024 - 01/31/2025

BHCNIS ID: 050580

Project Period: 02/01/2002 - 01/31/2026

Site Id: BPS-H00-032283

Site Status: Active

Site Information

Site Name	OHHC Belmont Career Center	Physical Site Address	68060 Hammond Road, St Clairsville, OH 43050
Site Type	Service Delivery Site	Site Phone Number	(740) 239-6447
Web URL	www.ohiohills.org		
Location Type	Permanent	Site Setting	School
Date Site was Added to Scope	02/03/2023	Site Operational Date	04/10/2023
FQHC Site Medicare Billing Number Status		Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)	3618591
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (When Patients will be Served per Week)	42.50
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for " migrant Voucher Screening" Site Type)		Number of Intermittent Sites (Required only for "Intermittent" Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By" field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor Information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 43077, 43833, 43951, 43718, 43885, 43050, 43760, 43719

Site Id: BPS-H00-004789

Site Status: Active

Site Information

Site Name	BARNESVILLE FAMILY HEALTH CENTER	Physical Site Address	101 E Main St, Barnesville, OH 43713
Site Type	Service Delivery Site	Site Phone Number	(740) 239-6447
Web URL	ohiohillshealthservices.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/03/1985	Site Operational Date	01/03/1985
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)	361859
FQHC Site National Provider Identification (NPI) Number (Optional field)	1326089129	Total Hours of Operation (When Patients will be Served per Week)	63.50
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for " migrant Voucher Screening" Site Type)		Number of Intermittent Sites (Required only for "Intermittent" Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By" field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor Information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 43950, 43780, 43773, 43802, 43718, 43736, 43988, 43755, 43778, 43713, 43877, 43725, 43718

Site Id: BPS-H00-038355

Site Status: Active

Site Information

Site Name	OHHC Barnesville Dental Center	Physical Site Address	101 East Main Street BLDG 3, Barnesville, OH 43713
Site Type	Service Delivery Site	Site Phone Number	(740) 239-6447
Web URL			

Location Type Permanent
Date Site was Added to Scope 02/23/2024
Site Setting All Other Clinic Types
Site Operational Date 02/26/2024
FQHC Site Medicare Billing Number Status
Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)
FQHC Site National Provider Identification (NPI) Number (Optional field)
Total Hours of Operation (when Patients will be Served per Week) 42.50
Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December
Number of Contract Service Delivery Locations (Required only for "Migrant Voucher Screening" Site Type)
Number of Intermittent Sites (Required only for "Intermittent" Site Type)
Site Operated by Health Center/Applicant
Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By" field)
Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN
 No Subrecipient or Contractor Information to be displayed
Service Area Zip Code (Include only those from which the majority of the patient population will come)
Saved Service Area Zip Code(s) 43738, 43778, 43850, 43885, 43902, 43718, 43760, 43755, 43723, 43719, 43773, 43713, 43977

Site Id: BPS-H80-03355 **Site Status:** Active
Site Information
Site Name CHHC Woodfield **Physical Site Address** 584 Lewisville Rd., Woodfield, OH 43783
Site Type Service Delivery Site **Site Phone Number** (740) 238-6447
Web URL
Location Type Permanent **Site Setting** All Other Clinic Types
Date Site was Added to Scope 11/12/2021 **Site Operational Date** 11/12/2021
FQHC Site Medicare Billing Number Status
Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.) 391829
FQHC Site National Provider Identification (NPI) Number (Optional field)
Total Hours of Operation (when Patients will be Served per Week) 57.50
Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December
Number of Contract Service Delivery Locations (Required only for "Migrant Voucher Screening" Site Type)
Number of Intermittent Sites (Required only for "Intermittent" Site Type)
Site Operated by Health Center/Applicant
Subrecipient or Contractor Information (Required only if "Subrecipient or Contractor" is selected in "Site Operated By" field)
Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN
 No Subrecipient or Contractor Information to be displayed
Service Area Zip Code (Include only those from which the majority of the patient population will come)
Saved Service Area Zip Code(s) 45787, 43933, 43747, 20041, 43703, 43724, 43757, 49734, 43946, 43788, 43931, 43942, 43754, 43768, 43914, 43915, 43716

Site Id: BPS-H80-002033 **Site Status:** Active
Site Information
Site Name OHIO HILLS HEALTH SERVICES **Physical Site Address** 101 E Main St, Barnesville, OH 43713
Site Type Administrative/Service Delivery Site **Site Phone Number** (740) 425-6165
Web URL ohiohillshealthservices.com
Location Type Permanent **Site Setting** All Other Clinic Types
Date Site was Added to Scope 01/10/1976 **Site Operational Date** 01/10/1976
FQHC Site Medicare Billing Number Status Health center does not will not bill under the FQHC Medicare system at this site **Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.)
FQHC Site National Provider Identification (NPI) Number (Optional field)
Total Hours of Operation (when Patients will be Served per Week) 42.50
Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December
Number of Contract Service Delivery Locations (Required only for "Migrant Voucher Screening" Site Type)
Number of Intermittent Sites (Required only for "Intermittent" Site Type)

(Required only for 'Migrant Voucher Screening' Site Type)

Site Operated by Health Center/Applicant

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN
No Subrecipient or Contractor Information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 43902, 43755, 43777, 43713, 43723, 43780, 43985, 43950, 43716, 43773, 43776, 43736

Site Id: BPS-H80-012751

Site Status: Active

Site Information

Site Name Quaker City Family Health Center Physical Site Address 119 W Main St, Quaker City, OH 43773

Site Type Service Delivery Site Site Phone Number (740) 239-6447

Web URL ohiohhshealthservices.com

Location Type Permanent

Date Site was Added to Scope 07/23/2013 Site Setting All Other Clinic Types

FQHC Site Medicare Billing Number Status This site has a Medicare billing number Site Operational Date 12/11/2013

FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field.) 351033

FQHC Site National Provider Identification (NPI) Number (Optional field) 1245886254 Total Hours of Operation (when Patients will be Served per Week) 42.00

Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December

Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) Number of Intermittent Sites (Required only for 'Intermittent Site Type')

Site Operated by Health Center/Applicant

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN
No Subrecipient or Contractor Information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 43780, 43773, 43778, 43723, 43755, 43713, 43780, 43783, 43772, 43725, 43779, 43788

Site Id: BPS-H80-008516

Site Status: Active

Site Information

Site Name FREEPORT FAMILY HEALTH CENTER Physical Site Address 110 W Main St, Freeport, OH 43873

Site Type Service Delivery Site Site Phone Number (740) 239-8447

Web URL ohiohhshealthservices.com

Location Type Permanent

Date Site was Added to Scope 01/07/1977 Site Setting All Other Clinic Types

FQHC Site Medicare Billing Number Status This site has a Medicare billing number Site Operational Date 01/07/1977

FQHC Site Medicare Billing Number (Required if 'This site has a Medicare billing number' is selected in 'FQHC Site Medicare Billing Number Status' field.) 351920

FQHC Site National Provider Identification (NPI) Number (Optional field) 1275570484 Total Hours of Operation (when Patients will be Served per Week) 42.50

Saved Months of Operation January, February, March, April, May, June, July, August, September, October, November, December

Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) Number of Intermittent Sites (Required only for 'Intermittent Site Type')

Site Operated by Health Center/Applicant

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name Subrecipient/Contractor Organization Physical Site Address Subrecipient/Contractor EIN
No Subrecipient or Contractor Information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 43901, 43337, 43983, 43749, 44622, 43832, 43981, 44628, 43973, 44695, 44683, 43988, 44663, 44621, 44693, 43907, 43978, 43725, 43986, 44609

Site Id: BPS-H80-03066

Site Status: Active

Site Information

Site Name: Caldwell Family Health Center
 Site Type: Service Delivery Site
 Web URL: www.ohiohhs.org
 Location Type: Permanent
 Date Site was Added to Scope: 12/04/2010
 FOHC Site Medicare Billing Number Status
 FOHC Site National Provider Identification (NPI) Number (Optional field)
 Saved Months of Operation: January, February, March, April, May, June, July, August, September, October, November, December
 Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)
 Site Operated by: Health Center/Applicant

Physical Site Address: 44069 Mariotta Rd Ste 200, Caldwell, OH 43724
 Site Phone Number: (740) 238-6447
 Site Setting: All Other Clinic Types
 Site Operational Date: 12/04/2010
 Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FOHC Site Medicare Billing Number Status' field.): 721844
 Total Hours of Operation (When Patients will be Served per Week): 8.00
 Number of Intermittent Sites (Required only for 'Intermittent' Site Type)

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)
 Subrecipient/Contractor Organization Name: _____ Subrecipient/Contractor Organization Physical Site Address: _____ Subrecipient/Contractor EIN: _____
 No Subrecipient or Contractor information to be displayed
 Service Area Zip Code (Include only those from which the majority of the patient population will come)
 Saved Service Area Zip Code(s): 43711, 43789, 43717, 43773, 43788, 45744, 43724, 43779, 45745, 43788, 45746, 45727

Consolidation

D2949	RESTOR FOUNDATION FOR INDIR RESTOR	\$179.00	\$113.00	113.00		-	-	-	-	\$23.96	\$70.57	-	0	\$	-	\$	-	\$0.00
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN F	\$308.00		300.00	\$146.27	\$117.00	\$125.00	\$148.00	\$222.00	\$130.79	\$163.52	\$146.10	25	\$	7,650.00	\$	7,650.00	\$0.00
D2951	PIN RETENTION - PER TOOTH ADDITION RESTO	\$84.00	\$48.00	42.00	\$31.51	\$28.00	\$24.00	\$28.00	\$46.00	\$36.20	\$29.57		13	\$	1,092.00	\$	598.00	-\$494.00
D2954	PREFABRICATED POST AND CORE IN ADDITION	\$375.00		330.00	\$260.51	\$168.00	\$157.00	\$185.00	\$277.00	\$212.51	\$200.17	\$183.12	3	\$	1,125.00	\$	1,125.00	\$0.00
D2955	POST REMOVAL	\$301.00		275.00		\$131.00	-	-	-	\$128.83	\$159.68		0	\$	-	\$	-	\$0.00
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	\$695.00	\$926.00	720.00		\$288.00	\$926.00	\$926.00	\$926.00	\$338.66	\$540.72		0	\$	-	\$	-	\$0.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$1,066.00		977.00		\$478.00	\$1,350.00	\$1,350.00	\$1,350.00	\$511.54	\$564.82		0	\$	-	\$	-	\$0.00
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	\$1,232.00	\$1,755.00	1,350.00		\$584.00	\$1,755.00	\$1,755.00	\$1,755.00	\$699.49	\$673.09		0	\$	-	\$	-	\$0.00
D2970	#N/A	\$337.00	\$remove			-	-	-	-	-	-	-	0	\$	-	\$	-	\$0.00
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$92.00		60.00		\$37.00	\$132.00	\$132.00	\$132.00	\$31.53	\$46.07		4	\$	368.00	\$	368.00	\$0.00
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$91.00	\$147.00	63.00		\$35.00	\$147.00	\$147.00	\$147.00	\$31.53	\$39.04		0	\$	-	\$	-	\$0.00
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENT	\$214.00		201.00	\$121.81	\$82.00	\$86.00	\$97.00	\$142.00	\$117.76	\$110.35		1	\$	214.00	\$	214.00	\$0.00
D3221	PULP DEBRIDEMENT PRIMARY AND PERMANENT	\$242.00	\$155.00	145.00		\$45.00	\$82.00	\$99.00	\$155.00	\$116.82	\$124.85	\$131.87	2	\$	484.00	\$	310.00	-\$174.00
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$291.00	\$203.00	203.00	\$121.81	\$164.00	\$95.00	\$111.00	\$186.00	\$181.52	\$122.39		0	\$	-	\$	-	\$0.00
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$316.00	\$249.00	249.00		\$207.00	\$95.00	\$121.00	\$204.00	\$220.71	\$130.01		0	\$	-	\$	-	\$0.00
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	\$818.00	\$878.00	878.00	\$473.22	\$421.00	\$372.00	\$417.00	\$586.00	\$495.97	\$456.88	\$458.65	6	\$	4,896.00	\$	5,268.00	\$372.00
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	\$954.00	\$850.00	980.00	\$569.67	\$492.00	\$429.00	\$476.00	\$673.00	\$578.26	\$549.39	\$499.71	0	\$	-	\$	-	\$0.00
D3330	ENDODONTIC THERAPY MOLAR	\$1,125.00	\$1,228.00	1,228.00	\$724.31	\$658.00	\$567.00	\$612.00	\$815.00	\$780.75	\$723.58		0	\$	-	\$	-	\$0.00
D3345	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	\$946.00	\$1,150.00	1,150.00		\$508.00	\$440.00	\$489.00	\$720.00	\$536.01	\$614.26		0	\$	-	\$	-	\$0.00
D3347	RETREATMENT PREVIOUS RC THERAPY - PREMOLAR	\$1,064.00	\$1,247.00	1,247.00		\$573.00	\$535.00	\$545.00	\$867.00	\$614.84	\$717.05		0	\$	-	\$	-	\$0.00
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY	\$1,285.00	\$1,355.00	1,355.00		\$744.00	\$633.00	\$695.00	\$990.00	\$877.80	\$860.42		0	\$	-	\$	-	\$0.00
D3470	INTENTIONAL REIMPLANTATION W/NECESSARY	\$778.00	\$1,115.00	1,115.00		-	-	-	-	\$450.41	\$597.99		0	\$	-	\$	-	\$0.00
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND	\$313.00	\$271.00	271.00	\$227.03	\$182.00	\$117.00	\$127.00	\$284.00	\$181.61	\$163.32	\$135.75	0	\$	-	\$	-	\$0.00
D4212	GINGIVECT/PLSTY FOR ACCESS RESTORATION	\$221.00	\$252.24	30.00		\$55.00	-	-	-	\$252.24	\$152.09		0	\$	-	\$	-	\$0.00
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE	\$270.00	\$291.00	291.00	\$188.62	\$132.00	\$109.00	\$139.00	\$203.00	\$154.94	\$165.91	\$174.47	32	\$	8,640.00	\$	9,312.00	-\$672.00
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEE	\$199.00	\$213.00	213.00	\$127.73	\$84.00	\$67.00	\$82.00	\$145.00	\$68.17	\$87.49	\$117.86	0	\$	-	\$	-	\$0.00
D4346	SCALNG GNGIVAL INFLAMM FULL MOUTH AFT	\$194.00	\$137.00	137.00		\$55.00	\$45.00	\$52.00	\$68.00	\$78.83	\$89.51		0	\$	-	\$	-	\$0.00
D4355	FULL MOUTH DEBRID ENABLE COMP PERIO EV	\$194.00	\$197.00	197.00		\$68.00	\$80.00	\$93.00	\$135.00	\$78.83	\$105.38	\$94.75	8	\$	1,552.00	\$	1,576.00	\$24.00
D4910	PERIODONTAL MAINTENANCE	\$152.00		147.00	\$67.07	\$80.00	\$64.00	\$75.00	\$106.00	\$89.86	\$93.41		7	\$	1,064.00	\$	1,064.00	\$0.00
D4920	UNSCHEDULED DRESSING CHANGE	\$117.00		120.00		\$35.00	-	-	-	\$44.36	\$16.66		0	\$	-	\$	-	\$0.00
D5110	COMPLETE DENTURE - MAXILLARY	\$1,769.00	\$1,209.00	1,209.00	\$764.40	\$835.00	\$697.00	\$832.00	\$1,218.00	\$972.92	\$887.83	\$1,007.72	34	\$	60,146.00	\$	41,106.00	-\$19,040.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,769.00	\$1,218.00	1,209.00	\$764.40	\$835.00	\$697.00	\$832.00	\$1,218.00	\$1,009.91	\$887.83	\$996.94	20	\$	35,380.00	\$	24,360.00	-\$11,020.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$1,878.00	\$1,359.00	1,359.00		\$870.00	\$765.00	\$890.00	\$1,300.00	\$1,056.22	\$862.10	\$863.14	0	\$	-	\$	-	\$0.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$1,878.00	\$1,354.00	1,354.00	\$764.40	\$870.00	\$765.00	\$890.00	\$1,300.00	\$1,058.94	\$862.10	\$864.43	0	\$	-	\$	-	\$0.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$1,443.00	\$1,118.00	750.00	\$391.76	\$605.00	\$533.00	\$628.00	\$1,118.00	\$817.45	\$748.81	\$708.67	2	\$	2,886.00	\$	2,236.00	-\$650.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$1,443.00	\$1,118.00	893.00	\$391.76	\$605.00	\$533.00	\$628.00	\$1,118.00	\$817.45	\$871.75	\$707.22	2	\$	2,886.00	\$	2,236.00	-\$650.00
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/R	\$1,929.00		1,600.00	\$1,032.42	\$1,069.00	\$792.00	\$924.00	\$1,333.00	\$1,074.54	\$978.57		23	\$	44,367.00	\$	44,367.00	\$0.00
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/R	\$1,929.00		1,643.00	\$1,032.42	\$1,069.00	\$792.00	\$924.00	\$1,333.00	\$1,074.92	\$978.57		32	\$	61,728.00	\$	61,728.00	\$0.00
D5221	IMMED MAXILLARY PARTIAL DENTURE RESIN B	\$428.00	\$1,157.00	999.00		\$605.00	\$585.00	\$645.00	\$1,157.00	\$866.48	\$734.30		6	\$	2,568.00	\$	6,942.00	\$4,374.00
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	\$1,635.00		1,309.00	\$650.00	\$722.00	\$708.00	\$761.00	\$1,175.00	\$961.67	\$835.36		13	\$	21,255.00	\$	21,255.00	\$0.00
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	\$1,635.00		1,479.00	\$650.00	\$722.00	\$708.00	\$761.00	\$1,175.00	\$961.67	\$910.02		3	\$	4,905.00	\$	4,905.00	\$0.00
D5282	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP T	\$1,232.00	\$850.00	850.00	nc	\$410.00	\$435.00	\$530.00	\$850.00	\$542.19	\$526.42		0	\$	-	\$	-	\$0.00
D5283	RMVBL UNIL PRTL DNTR CST MTL INCL CLSP T	\$1,232.00	\$850.00	850.00	nc	\$410.00	\$435.00	\$530.00	\$850.00	\$542.19	\$518.13		0	\$	-	\$	-	\$0.00
D5284	RMVABLE UNI PRTL DNTURE 1 PC FLEX BASE F	\$735.00	\$850.00	675.00		\$205.00	\$435.00	\$530.00	\$850.00	\$542.19	\$499.14		8	\$	5,880.00	\$	6,800.00	\$920.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$117.00	\$89.00	89.00		\$40.00	\$44.00	\$50.00	\$73.00	\$45.53	\$47.71	\$47.03	11	\$	1,287.00	\$	979.00	-\$308.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$117.00	\$73.00	72.00		\$40.00	\$44.00	\$50.00	\$73.00	\$45.53	\$47.83	\$50.79	14	\$	1,638.00	\$	1,022.00	-\$616.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$117.00	\$73.00	72.00		\$40.00	\$43.00	\$49.00	\$73.00	\$45.53	\$50.40	\$52.91	22	\$	2,574.00	\$	1,606.00	-\$968.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$117.00	\$73.00	79.00		\$40.00	\$43.00	\$49.00	\$73.00	\$45.53	\$50.01	\$52.17	24	\$	2,808.00	\$	1,752.00	-\$1,056.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, N	\$230.00	\$180.00	180.00	\$133.77		\$91.00	\$104.00	\$150.00	\$124.20	\$100.49	\$131.54	0	\$	-	\$	-	\$0.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, N	\$230.00	\$175.00	175.00	\$133.77		\$91.00	\$104.00	\$150.00	\$124.20	\$99.56	\$131.54	1	\$	230.00	\$	175.00	-\$55.00
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE	\$202.00	\$148.00	125.00	\$133.77	\$99.00	\$79.00	\$120.00	\$148.00	\$107.74	\$84.76		0	\$	-	\$	-	\$0.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MAND	\$214.00	\$147.00	125.00	\$133.77		\$91.00	\$104.00	\$147.00	\$113.95	\$106.53		1	\$	214.00	\$	147.00	-\$67.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXIL	\$214.00		185.00	\$133.77		\$91.00	\$104.00	\$147.00	\$113.95	\$103.82		1	\$	214.00	\$	214.00	\$0.00
D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	\$252.00	\$276.00	276.00	\$148.48	\$102.00	\$124.00	\$128.00	\$179.00	\$115.62	\$133.16		3	\$	756.00	\$	828.00	\$72.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$200.00		161.00	\$133.77	\$100.00	\$79.00	\$120.00	\$146.00	\$107.83	\$91.17		6	\$	1,200.00	\$	1,200.00	\$0.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$245.00		200.00	\$77.00	\$105.00	\$102.00	\$116.00	\$166.00	\$107.74	\$119.38	\$124.24	16	\$	3,920.00	\$	3,920.00	\$0.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PE	\$289.00	\$200.00	200.00	\$81.40	\$135.00	\$120.00	\$131.00	\$196.00	\$146.11	\$141.33	\$161.87	1	\$	289.00	\$	200.00	-\$89.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHA	\$383.00		270.00		\$168.00	\$161.00	\$180.00	\$312.00	\$206.52	\$197.92		2	\$	766.00	\$	766.00	\$0.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (C	\$383.00		302.00		\$168.00	\$161.00	\$180.00	\$312.00	\$206.52	\$194.47		2	\$	766.00	\$	766.00	\$0.00

D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$176.00	\$128.12	65.00		\$50.00	\$56.00	\$61.00	\$120.00	\$126.12	\$71.87	-	0	\$ -	\$ -	\$0.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$447.00	\$692.00	692.00		\$244.00	\$308.00	\$336.00	\$514.00	\$360.32	\$368.60	-	0	\$ -	\$ -	\$ -
D9974	INTERNAL BLEACHING - PER TOOTH	\$307.00	\$374.00	303.00		\$161.00	\$374.00	\$374.00	\$374.00	\$200.85	\$140.52	-	0	\$ -	\$ -	\$ -
D9975	EXTERNAL BLEACHING - PER ARCH (HOME)	\$214.00	\$1,119.04	346.00		\$98.00	\$288.00	\$300.00	\$310.00	\$140.62	\$1,119.04	-	0	\$ -	\$ -	\$ -
														\$ 2,074,461.00	\$ 2,148,257.60	\$ 73,796.60

increase based on forvis 50th percentile
 increase to highest allowed amount contracted payor
 decrease to forvis 50th percentile
 blank and gray indicate no change
 decrease to highest payor rate, forvis rate was lower

Fee Schedule Comparison

Under 50%
Over 75%

Red in payor column = lower than medicare allowed

CPT	Description	Current FS	2025 rate	50th percentile	Medicare	Health Plan	Cigna	Anthem	Aetna	2023 Units	2023 Charges	2025 Charges	Net Difference
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$199.00	248.43	233.00	120.29	248.43	185.52	96.40		6	\$1,194.00	\$1,490.58	\$296.58
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MUL	\$373.00	422.89	415.00	204.76	422.89	326.90	169.19		1	\$373.00	\$422.89	\$49.89
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIM	\$216.00	305.00	305.00	143.41	296.18	229.11	129.27		1	\$216.00	\$305.00	\$89.00
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COM	\$490.00	519.28	408.00	251.43	519.28	421.07	243.40		2	\$980.00	\$1,038.56	\$58.56
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	\$158.00	193.77	145.00	93.82	193.77	99.76	94.79		1	\$158.00	\$193.77	\$35.77
11200	RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	\$151.00	203.00	203.00	87.40	180.51	90.11	71.24		4	\$604.00	\$812.00	\$208.00
11201	RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	\$73.00	48.00	48.00	17.66	36.47	19.78	17.28		1	\$73.00	\$48.00	-\$25.00
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM	\$127.00	193.39	145.00	93.64	193.39	99.12	58.90		1	\$127.00	\$193.39	\$66.39
11442	EXC B9 LES MRGN XCP SK TG F/E/N/L/M 1.1-2.0CM	\$398.00		369.00	183.32	378.61	194.89	165.55		1	\$398.00	\$398.00	\$0.00
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	\$366.00	446.29	288.00	216.09	446.29	233.13	186.92		3	\$1,098.00	\$1,338.87	\$240.87
11981	INSERTION DRUG DELIVERY IMPLANT	\$425.00	225.00	225.00	96.11	198.50	162.86	124.58		5	\$2,125.00	\$1,125.00	-\$1,000.00
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPL	\$425.00		287.00	106.23	219.40	185.26	145.32		5	\$2,125.00	\$2,125.00	\$0.00
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IM	\$598.00		375.00	136.53	281.98	230.97	218.35		5	\$2,990.00	\$2,990.00	\$0.00
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM	\$298.00	184.35	135.00	89.26	184.35	93.14	140.65		2	\$596.00	\$368.70	-\$227.30
15853	REMOVAL SUTURES/STAPLES NOT REQUIRING ANEST	\$20.00	22.00	21.00	10.65	22.00		10.56		4	\$80.00	\$88.00	\$8.00
17000	DESTRUCTION PREMALIGNANT LESION 1ST	\$113.00	131.99	96.00	63.91	131.99	66.11	64.43		2	\$226.00	\$263.98	\$37.98
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$39.00	12.76	9.00	6.18	12.76	5.90	6.95		2	\$78.00	\$25.52	-\$52.48
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$160.00	219.69	162.00	106.37	219.69	111.01	88.67		11	\$1,760.00	\$2,416.59	\$656.59
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEURO	\$162.00		149.00	55.39	114.40	88.09	44.10		10	\$1,620.00	\$1,620.00	\$0.00
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	\$174.00	155.00	155.00	50.19	103.66	88.85	52.03		7	\$1,218.00	\$1,085.00	-\$133.00
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	\$220.00	326.00	326.00	57.78	119.33	101.36	58.29		10	\$2,200.00	\$3,260.00	\$1,060.00
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O U	\$162.00		135.00	52.72	108.88	83.92	56.66		6	\$972.00	\$972.00	\$0.00
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O U	\$207.00		190.00	62.31	128.69	99.84	70.22		33	\$6,831.00	\$6,831.00	\$0.00
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND ST	\$158.00		147.00	64.01	132.20	99.23	59.78		2	\$316.00	\$316.00	\$0.00
29130	APPLICATION FINGER SPLINT STATIC	\$106.00	94.00	94.00	40.66	83.98	66.57	36.37		3	\$318.00	\$282.00	-\$36.00
29280	STRAPPING HAND/FINGER	\$110.00	77.00	77.00	28.65	59.17	49.39	46.88		1	\$110.00	\$77.00	-\$33.00
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	\$21.00		15.00	6.43	6.43	2.38	6.50		6206	\$130,326.00	\$130,326.00	\$0.00
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	\$16.00	12.00	12.00			2.38	6.50		101	\$1,616.00	\$1,212.00	-\$404.00
64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	\$157.00	120.00	120.00	47.95	99.03	80.57	39.52		1	\$157.00	\$120.00	-\$37.00
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	\$250.00	198.00	198.00	76.11	157.19	123.15	119.35		4	\$1,000.00	\$792.00	-\$208.00
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNI	\$56.00	32.00	32.00	14.60	30.15	20.02	11.87		31	\$1,736.00	\$992.00	-\$744.00
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION U	\$103.00		96.00	45.80	94.59	74.36	19.92		2	\$206.00	\$206.00	\$0.00
											\$0.00		\$0.00
70150TC	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	\$172.00	75.26	75.26	31.88	72.57	38.75	39.75		2	\$344.00	\$150.52	-\$193.48
70220TC	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEW	\$155.00	60.72	60.72	24.91	56.70	30.28	38.11		1	\$155.00	\$60.72	-\$94.28
70360TC	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	\$121.00	46.90	46.90	20.66	47.03	25.62	23.99		1	\$121.00	\$46.90	-\$74.10
71045TC	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$73.00	39.69	39.69	15.81	35.99	19.68	19.02		3	\$219.00	\$119.07	-\$99.93
71046TC	RADIOLOGIC EXAM CHEST 2 VIEWS	\$113.00	252.78	252.78	21.27	48.41	26.04	29.03		149	\$16,837.00	\$37,664.22	\$20,827.22
71100TC	RADEX RIBS UNILATERAL 2 VIEWS	\$132.00	54.63	53.60	24.00	54.63	29.01	31.03		6	\$792.00	\$327.78	-\$464.22
71101TC	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEW	\$170.00	64.32	64.32	27.03	61.53	32.82	36.75		17	\$2,890.00	\$1,093.44	-\$1,796.56
71111TC	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	\$195.00	78.88	78.88	34.00	77.39	41.72	47.61		3	\$585.00	\$236.64	-\$348.36
72040TC	RADEX SPINE CERVICAL 2 OR 3 VIEWS	\$150.00	60.14	48.30	26.42	60.14	31.97	32.94		23	\$3,450.00	\$1,383.22	-\$2,066.78
72072TC	RADEX SPINE THORACIC 3 VIEWS	\$153.00	60.14	65.80	26.42	60.14	31.97	36.14		19	\$2,907.00	\$1,142.66	-\$1,764.34

72100TC	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	\$143.00	60.84	49.70	26.73	60.84	31.97	34.85		59	\$8,437.00	\$3,589.56	-\$4,847.44
72110TC	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	\$202.00	120.45	120.45	36.13	82.24	42.14	48.14		1	\$202.00	\$120.45	-\$81.55
72170TC	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	\$119.00	43.47	43.47	17.93	40.81	23.50	25.25		1	\$119.00	\$43.47	-\$75.53
73000TC	RADEX CLAVICLE COMPLETE	\$111.00	51.17	50.37	22.48	51.17	27.31	25.38		1	\$111.00	\$51.17	-\$59.83
73030TC	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	\$139.00	53.92	53.25	23.69	53.92	28.16	28.58		43	\$5,977.00	\$2,318.56	-\$3,658.44
73060TC	RADEX HUMERUS MINIMUM 2 VIEWS	\$116.00	50.49	45.36	22.18	50.49	27.13	28.15		3	\$345.00	\$151.47	-\$193.53
73070TC	RADEX ELBOW 2 VIEWS	\$99.00	49.00	49.00	19.45	44.27	23.92	24.95		4	\$396.00	\$196.00	-\$200.00
73080TC	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	\$116.00	51.17	49.70	22.48	51.17	26.46	29.74		11	\$1,276.00	\$562.87	-\$713.13
73090TC	RADEX FOREARM 2 VIEWS	\$113.00	44.95	44.10	19.75	44.95	24.35	25.38		10	\$1,130.00	\$449.50	-\$680.50
73100TC	RADEX WRIST 2 VIEWS	\$119.00	53.92	49.58	23.69	53.92	29.01	25.06		4	\$476.00	\$215.68	-\$260.32
73110TC	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	\$124.00	68.42	67.76	30.06	68.42	35.79	28.13		22	\$2,728.00	\$1,505.24	-\$1,222.76
73130TC	RADEX HAND MINIMUM 3 VIEWS	\$125.00	60.14	58.46	26.42	60.14	31.12	27.17		24	\$3,000.00	\$1,443.36	-\$1,556.64
73140TC	RADEX FINGR MINIMUM 2 VIEWS	\$102.00	65.67	65.60	28.85	65.67	34.09	22.84		6	\$612.00	\$394.02	-\$217.98
73502TC	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$162.00	83.81	57.40	36.82	83.81	40.45	38.85		33	\$5,346.00	\$2,765.73	-\$2,580.27
73521TC	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	\$137.00	69.47	63.19	30.52	69.47	34.09	37.54		3	\$411.00	\$208.41	-\$202.59
73522TC	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$185.00	90.59	56.80	39.80	90.59	44.26	45.99		7	\$1,295.00	\$634.13	-\$660.87
73552TC	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	\$129.00	55.99	54.72	24.60	55.99	24.77	30.51		4	\$516.00	\$223.96	-\$292.04
73560TC	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	\$116.00	56.00	56.00	24.00	54.63	29.85	26.54		1	\$116.00	\$56.00	-\$60.00
73562TC	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	\$137.00	72.80	72.80	29.15	66.35	35.36	29.85		43	\$5,891.00	\$3,130.40	-\$2,760.60
73564TC	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	\$160.00	90.52	90.52	33.09	75.32	38.75	34.22		31	\$4,960.00	\$2,806.12	-\$2,153.88
73590TC	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	\$165.00	49.78	47.60	21.87	49.78	26.89	26.22		6	\$990.00	\$298.68	-\$691.32
73600TC	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	\$102.00	51.17	44.80	22.48	51.17	27.73	24.75		5	\$510.00	\$255.85	-\$254.15
73610TC	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	\$123.00	58.77	51.12	25.82	58.77	31.12	27.49		17	\$2,091.00	\$999.09	-\$1,091.91
73620TC	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	\$105.00	46.08	46.08	19.45	44.27	23.92	24.75		4	\$420.00	\$184.32	-\$235.68
73630TC	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	\$124.00	54.63	51.10	24.00	54.63	29.01	27.17		35	\$4,340.00	\$1,912.05	-\$2,427.95
73660TC	RADEX TOE MINIMUM 2 VIEWS	\$97.00	47.71	46.36	20.96	47.71	25.62	22.52		2	\$194.00	\$95.42	-\$98.58
74018TC	RADIOLOGIC EXAM ABDOMEN 1 VIEW	\$108.00	44.95	40.80	19.75	44.95	23.92	25.96		18	\$1,944.00	\$809.10	-\$1,134.90
74019TC	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	\$133.00	71.69	71.69	23.69	53.92	29.01	31.70		2	\$266.00	\$143.38	-\$122.62
76977TC	US BONE DENSITY MEAS & INTERP PERIPH ANY METHC	\$170.00	33.60	33.60	4.29	9.76	5.28	14.20		4	\$680.00	\$134.40	-\$545.60
											\$0.00		\$0.00
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DA	\$16.00	27.00	27.00	10.10	14.86	10.82	8.83		296	\$4,736.00	\$7,992.00	\$3,256.00
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCO	\$22.00	8.00	8.00	1.66	2.44	2.16	1.06		1730	\$38,060.00	\$13,840.00	-\$24,220.00
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN ME	\$32.00	19.00	19.00	6.46	9.50	7.42	8.21		148	\$4,736.00	\$2,812.00	-\$1,924.00
82044	URINE ALBUMIN SEMIQUANTITATIVE	\$31.00	15.00	15.00	4.67	6.87	5.26	2.60		648	\$20,088.00	\$9,720.00	-\$10,368.00
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DE	\$27.00	15.00	15.00	3.29	4.84	3.72	3.28		11	\$297.00	\$165.00	-\$132.00
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 S	\$27.00	30.00	30.00	3.17	4.66	3.72	1.63		12	\$324.00	\$360.00	\$36.00
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-	\$27.00	45.00	45.00	11.94	17.56	15.16	7.86		15	\$0.00	\$675.00	\$675.00
82570	CREATININE OTHER SOURCE	\$37.00	13.00	13.00	3.89	5.72	4.94	2.45		148	\$5,476.00	\$1,924.00	-\$3,552.00
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOM	\$23.00	7.00	7.00	2.46	3.62	2.78	3.27		987	\$22,701.00	\$6,909.00	-\$15,792.00
83036	HEMOGLOBIN GLYCOSYLATED A1C	\$52.00	22.00	22.00	7.28	10.71	9.28	9.00		1495	\$77,740.00	\$32,890.00	-\$44,850.00
83655	ASSAY OF LEAD	\$37.00	30.00	30.00	9.08	13.35	11.44	7.00		56	\$0.00	\$1,680.00	\$1,680.00
85018	BLOOD COUNT HEMOGLOBIN	\$19.00	10.00	10.00	1.78	2.62	2.16	2.98		29	\$551.00	\$551.00	\$0.00
85610	PROTHROMBIN TIME	\$33.00	25.00	25.00	3.22	4.74	3.72	5.13		374	\$12,342.00	\$12,342.00	\$0.00
86308	HETEROPHILE ANTIBODIES SCREEN	\$42.00	15.00	15.00	3.89	5.72	4.94	2.45		17	\$714.00	\$255.00	-\$459.00
86318	IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP ME	\$62.00	23.00	23.00	13.57	19.96	15.46	6.12		17	\$1,054.00	\$391.00	-\$663.00
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	\$19.00	19.00	19.00	5.72	8.41	8.18	11.05		49	\$0.00	\$931.00	\$931.00
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	\$105.00	105.00	105.00	9.04	13.30	11.44	5.95		1	\$0.00	\$105.00	\$105.00
86706	HEPATITIS B SURF ANTIBODY HBSAB	\$300.00	60.00	60.00	8.06	11.85	10.20	5.30		5	\$0.00	\$300.00	\$300.00
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-	\$247.84	61.96	60.00	42.13	61.96		16.85		4	\$0.00	\$247.84	\$247.84
86803	HEPATITIS C ANTIBODY	\$280.00	35.00	35.00	10.70	15.74	13.60	6.23		8	\$0.00	\$280.00	\$280.00

87340	IAAD IA HEPATITIS B SURFACE ANTIGEN		25.00	25.00	7.75	11.40	9.90	5.10		9	\$0.00	\$225.00	\$225.00
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS		35.33	34.00	35.33	51.96		14.13		1084	\$0.00	\$38,297.72	\$38,297.72
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ		154.00	154.00	51.31	75.47	51.31	20.52		100	\$0.00	\$15,400.00	\$15,400.00
87804	IAADIADOO INFLUENZA	\$53.00	35.00	35.00	12.41	18.25	14.20	16.00		1309	\$69,377.00	\$45,815.00	-\$23,562.00
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	\$66.00	49.00	49.00	9.83	14.46	11.44	11.00		142	\$9,372.00	\$6,958.00	-\$2,414.00
87880	IAADIADOO STREPTOCOCCUS GROUP A	\$54.00		37.00	12.40	18.24	14.22	11.39		941	\$50,814.00	\$50,814.00	\$0.00
88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHY		65.00	65.00	19.96	29.36	12.68	15.01		74	\$0.00	\$4,810.00	\$4,810.00
											\$0.00		\$0.00
90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/T		45.00	45.00	21.72	21.72	12.85	22.37		980	\$20,825.00	\$44,100.00	\$23,275.00
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	\$21.25		25.00	8.46	8.46	11.57	11.60		2	\$42.50	\$42.50	\$0.00
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$21.25	40.00	40.00	19.35	19.35	12.85	23.95		304	\$6,460.00	\$12,160.00	\$5,700.00
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	\$21.25		41.00	13.83	13.83	11.57	11.60		2	\$42.50	\$42.50	\$0.00
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR I	\$155.00	319.00	319.00	150.13	227.54		170.32		39	\$6,045.00	\$12,441.00	\$6,396.00
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VA	\$182.00	422.00	422.00	171.20	259.47		228.23		5	\$910.00	\$2,110.00	\$1,200.00
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM	\$44.00	115.47	78.00	76.85	116.47		38.49		118	\$5,192.00	\$13,743.46	\$8,551.46
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	\$34.00	45.00	45.00	28.11	42.60		12.29		29	\$986.00	\$1,305.00	\$319.00
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	\$259.00	465.08	433.00	306.86	465.08		290.49		136	\$35,224.00	\$63,250.88	\$28,026.88
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE		475.00	475.00	257.99	391.01		232.19		113	\$13,447.00	\$53,675.00	\$40,228.00
90671	PCV15 VACCINE FOR INTRAMUSCULAR USE		537.00	534.00	253.56	384.30		228.20		7	\$1,169.00	\$3,759.00	\$2,590.00
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	\$102.00	177.00	177.00				97.88		21	\$2,142.00	\$3,717.00	\$1,575.00
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	\$135.00	200.00	200.00				141.51		34	\$4,590.00	\$6,800.00	\$2,210.00
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	\$45.00	125.00	125.00				62.30		33	\$1,485.00	\$4,125.00	\$2,640.00
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	\$101.00	203.00	203.00				153.87		66	\$6,666.00	\$13,398.00	\$6,732.00
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	\$95.00	290.00	290.00	85.33	129.33		116.81		30	\$2,850.00	\$8,700.00	\$5,850.00
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR I	\$48.00	65.00	65.00				29.38		48	\$2,304.00	\$3,120.00	\$816.00
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUB	\$95.00	142.09	139.00	93.75	142.09		94.34		1	\$95.00	\$142.09	\$47.09
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SU	\$259.00	420.62	373.00	277.53	420.62		275.55		83	\$21,497.00	\$34,911.46	\$13,414.46
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	\$50.00	58.00	58.00				43.49		8	\$400.00	\$464.00	\$64.00
90715	TDAP VACCINE 7 YRS/> IM	\$63.00	77.00	77.00	38.29	58.03		48.34		153	\$9,639.00	\$11,781.00	\$2,142.00
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	\$78.00	145.00	145.00				99.93		7	\$546.00	\$1,015.00	\$469.00
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE		270.00	270.00	115.88	175.63		120.12		3	\$0.00	\$810.00	\$810.00
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY	\$78.00	222.00	222.00	115.88	175.63		160.50		100	\$7,800.00	\$22,200.00	\$14,400.00
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	\$37.00		70.00		33.85		27.69		16	\$592.00	\$592.00	\$0.00
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	\$23.00	21.76	15.00	14.36	21.76	16.20	12.44		111	\$2,553.00	\$2,415.36	-\$137.64
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$250.00	198.00	198.00	168.56	186.08	151.59	144.27		110	\$27,500.00	\$21,780.00	-\$5,720.00
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	\$114.00	116.31	95.00	76.74	116.31	74.38	61.96		15	\$1,710.00	\$1,744.65	\$34.65
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	\$150.00		125.00	101.21	153.39	98.95	93.21		44	\$6,600.00	\$6,600.00	\$0.00
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	\$218.00	226.17	150.00	149.23	226.17	147.95	139.14		1022	\$222,796.00	\$231,145.74	\$8,349.74
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 M	\$198.00	150.00	150.00	96.57	146.36	109.59	90.41		2	\$396.00	\$300.00	-\$96.00
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MIN	\$214.00	153.29	150.00	101.14	153.29	113.45	110.45		1	\$214.00	\$153.29	-\$60.71
91301	SARSCOV2 VACCINE 100 MCG/0.5 ML IM USE	\$0.00									\$0.00		\$0.00
91306	SARSCOV2 VACCINE 50 MCG/0.25 ML IM USE	\$0.00									\$0.00		\$0.00
91313	SARSCOV2 VACCINE BIVALENT 50 MCG/0.5 ML IM USE	\$0.00									\$0.00		\$0.00
92551	SCREENING TEST PURE TONE AIR ONLY	\$0.00	22.00	22.00	6.99	10.59	12.11	20.76		1	\$0.00	\$22.00	\$22.00
92567	TYMPANOMETRY		36.00	36.00	16.49	24.99	17.66	21.32		1	\$0.00	\$36.00	\$36.00
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$84.00	47.00	47.00	13.62	20.64	31.21	23.07		170	\$14,280.00	\$7,990.00	-\$6,290.00
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O	\$54.00	15.02	14.00	5.80	8.79	14.75	15.02		130	\$7,020.00	\$1,952.60	-\$5,067.40
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	\$48.00	25.00	25.00	7.82	11.85	16.46	8.92		13	\$624.00	\$325.00	-\$299.00
94010	SPMTRY W/V C EXPIRATORY FLO W/WO MXML VOL VN	\$99.00		88.00	25.45	38.57	37.86	34.16		6	\$594.00	\$594.00	\$0.00
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREAT	\$68.00	35.00	35.00	7.32	11.09	18.41	13.20		20	\$1,160.00	\$700.00	-\$460.00

95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 N	\$30.00	25.00	25.00	9.44	14.31	8.18	15.32		105	\$3,150.00	\$2,625.00	-\$525.00
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJX	\$39.00		37.00	11.26	17.07	9.42	19.42		734	\$28,626.00	\$28,626.00	\$0.00
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/INJ	\$21.25	45.00	45.00	13.58	20.58	14.33	26.69		608	\$12,920.00	\$27,360.00	\$14,440.00
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	\$68.00		63.00	34.66	52.53	38.31	20.78		173	\$11,764.00	\$11,764.00	\$0.00
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	\$57.00	50.00	50.00	30.18	45.74	33.23	18.20		88	\$5,016.00	\$4,400.00	-\$616.00
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	\$71.00	72.00	72.00	29.99	45.45	32.45	27.84		22	\$1,562.00	\$1,584.00	\$22.00
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	\$97.00	80.00	80.00	43.20	65.47	47.36	38.58		23	\$2,231.00	\$1,840.00	-\$391.00
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	\$123.00	104.00	104.00	56.42	85.51	61.65	49.74		2	\$246.00	\$208.00	-\$38.00
											\$0.00		\$0.00
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LA	\$0.00	17.00	17.00		17.00	5.72	10.00		73	\$0.00	\$1,241.00	\$1,241.00
99202	OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	\$130.00		120.00	68.89	104.41	77.31	69.27		99	\$12,870.00	\$12,870.00	\$0.00
99203	OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	\$182.00	189.00	189.00	106.98	162.14	110.07	104.10		502	\$91,364.00	\$94,878.00	\$3,514.00
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUT	\$266.00	308.00	308.00	160.91	243.88	169.96	141.00		264	\$70,224.00	\$81,312.00	\$11,088.00
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	\$58.00	45.00	45.00	21.88	33.16	22.66	21.69		122	\$7,076.00	\$5,490.00	-\$1,586.00
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	\$87.00		81.00	53.87	81.65	45.76	39.76		211	\$18,357.00	\$18,357.00	\$0.00
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	\$119.00	155.00	155.00	87.04	131.92	76.39	67.26		10586	\$1,259,734.00	\$1,640,830.00	\$381,096.00
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	\$173.00	225.00	225.00	123.01	186.43	111.21	83.22		6548	\$1,132,804.00	\$1,473,300.00	\$340,496.00
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	\$244.00	263.03	322.00	173.55	263.03	149.93	125.00		32	\$7,808.00	\$8,416.96	\$608.96
99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	\$139.00	148.00	148.00	77.37	117.26	95.10	63.48		5	\$695.00	\$740.00	\$45.00
99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUT	\$184.00	248.00	248.00	128.49	194.74	135.73	84.42		5	\$920.00	\$1,240.00	\$320.00
99306	INITIAL NURSING FACILITY CARE HI MDM 50 MINUTES	\$226.00	310.00	310.00	175.66	266.23	175.63	103.82		184	\$41,584.00	\$57,040.00	\$15,456.00
99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	\$73.00	85.00	85.00	38.67	58.61	45.99	33.06		953	\$69,569.00	\$81,005.00	\$11,436.00
99308	SBSQ NURSING FACILITY CARE LOW MDM 20 MINUTE	\$110.00	125.00	125.00	71.54	108.43	72.14	54.71		497	\$54,670.00	\$62,125.00	\$7,455.00
99309	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTE	\$147.00	170.00	170.00	103.56	156.96	94.97	76.81		15	\$2,205.00	\$2,550.00	\$345.00
99318	E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 M	\$147.00									\$0.00		\$0.00
99347	HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	\$94.00	90.00	90.00	43.81	66.40	57.24	43.78		10	\$940.00	\$900.00	-\$40.00
99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	\$137.00	153.00	153.00	73.91	112.02	88.40	69.18		3	\$411.00	\$459.00	\$48.00
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	\$174.00	187.00	187.00	67.62	102.48	113.52	141.39		49	\$8,526.00	\$9,163.00	\$637.00
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	\$184.00	250.00	250.00	72.98	110.61	119.19	141.39		37	\$6,808.00	\$9,250.00	\$2,442.00
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	\$192.00	250.00	250.00	71.94	109.03	124.53	141.39		52	\$9,984.00	\$13,000.00	\$3,016.00
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	\$213.00	273.00	273.00	78.10	118.37	141.53	141.39		42	\$8,946.00	\$11,466.00	\$2,520.00
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	\$230.00	260.00	260.00	78.10	118.37	136.96	141.39		53	\$12,190.00	\$13,780.00	\$1,590.00
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YR	\$267.00	290.00	290.00	95.26	144.38	159.20	148.59		46	\$12,282.00	\$13,340.00	\$1,058.00
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&	\$284.00	300.00	300.00	103.49	156.85	173.17	161.43		1	\$284.00	\$300.00	\$16.00
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1	\$151.00	215.00	215.00	54.48	82.57	102.88	84.35		154	\$23,254.00	\$33,110.00	\$9,856.00
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	\$166.00	217.00	217.00	60.64	91.91	109.55	87.93		195	\$32,370.00	\$42,315.00	\$9,945.00
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	\$161.00	224.00	224.00	59.67	90.44	109.22	86.85		182	\$29,302.00	\$40,768.00	\$11,466.00
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	\$171.00	244.00	244.00	66.81	101.26	120.55	96.02		201	\$34,371.00	\$49,044.00	\$14,673.00
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	\$195.00	215.00	215.00	64.82	98.24	123.48	97.10		212	\$41,340.00	\$45,580.00	\$4,240.00
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	\$217.00	228.00	228.00	70.44	106.76	131.89	107.38		348	\$75,516.00	\$79,344.00	\$3,828.00
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLD	\$233.00	246.00	246.00	75.74	114.79	141.53	118.41		64	\$14,912.00	\$15,744.00	\$832.00
99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL M	\$77.94	95.00	95.00	60.26	91.33	42.84	41.01		48	\$3,741.12	\$4,560.00	\$818.88
											\$0.00		\$0.00
G0008	ADMIN INFLUENZA VIRUS VAC	\$21.95		36.00				23.95		274	\$5,822.50	\$5,822.50	\$0.00
G0101	CA SCREEN;PELVIC/BREAST EXAM	\$190.00	88.00	88.00	37.40			32.65		16	\$3,040.00	\$1,408.00	-\$1,632.00
G0438	PPPS, INITIAL VISIT	\$246.00	390.00	390.00	159.11			137.81		2	\$492.00	\$780.00	\$288.00
G0439	PPPS, SUBSEQ VISIT	\$210.00	225.00	225.00	124.79			109.91		105	\$22,050.00	\$23,625.00	\$1,575.00
J0561	PENICILLIN G BENZATHINE INJ		26.00	26.00	23.97	23.97		23.97		405	\$1,620.00	\$10,530.00	\$8,910.00
J0696	CEFTRIAZONE SODIUM INJECTION	\$7.00	21.00	21.00	0.46	0.46		0.46		26	\$182.00	\$546.00	\$364.00
J0897	DENOSUMAB INJECTION		40.00	40.00	26.75	26.75		26.75		16	\$0.00	\$640.00	\$640.00

