| | | Family Size | | A B C D E F GROSS YEARLY INCOME - INGRESO ANNUAL | | | | | | | | |
|-------------------------|---|--|---|---|---|---|--|---|--|--|--|--|
| | Harmony Healthcare | 1 2 3 4 5 | \$15,060.00 \$20,440.00 \$25,820.00 \$31,200.00 \$36,580.00 | \$18,825.00 \$25,550.00 \$32,275.00 \$39,000.00 \$45,725.00 | \$22,590.00 \$30,660.00 \$38,730.00 \$46,800.00 \$54,870.00 | \$30,120.00 \$40,880.00 \$51,640.00 \$62,400.00 \$73,160.00 | to \$37,650.00 to \$51,100.00 to \$64,550.00 to \$78,000.00 to \$91,450.00 | \$37,65 \$51,10 \$64,55 \$78,00 | | | | |
| | (Federal Registry January 16, 2024) For families/Households with more than 8 persons Add \$5.380 each additional person | 5 6 7 8 | \$36,380.00 \$41,960.00 \$47,340.00 \$52,720.00 | \$45,725.00 \$52,450.00 \$59,175.00 \$65,900.00 | \$34,870.00 \$62,940.00 \$71,010.00 \$79,080.00 | \$73,180.00 \$83,920.00 \$94,680.00 \$105,440.00 | to \$91,450.00 to \$104,900.00 to \$118,350.00 to \$131,800.00 | \$91,451 \$104,901 \$118,351 \$131,801 | | | | |
| HCPCSCODE 10060 | CPT DESCRIPTION Drainage of skill abscess | PRICE \$271.00 | Slide A \$0.00 | \$85,900.00 Slide B \$110.00 | Slide C \$165.00 | \$103,440.00 Slide D \$215.00 | Slide E \$271.00 | \$131,801 Slide F \$271.00 | | | | |
| 11200 | Removal of skin tags | \$209.00 | \$0.00 | \$85.00 | \$125.00 | \$165.00 | \$209.00 | \$209.00 | | | | |
| 11421 | Exc h-f-nk-sp b9+marg 0.6-1 | \$321.00 | \$0.00 | \$130.00 | \$195.00 | \$255.00 | \$321.00 | \$321.00 | | | | |
| 11422 | Exc h-f-nk-sp b9+marg 1.1-2 | \$391.00 | \$0.00 | \$155.00 | \$235.00 | \$315.00 | \$391.00 | \$391.00 | | | | |
| 11750 | Removal of nail bed | \$498.00 | \$0.00 | \$200.00 | \$300.00 | \$400.00 | \$498.00 | \$498.00 | | | | |
| 17000 | Destroy benign/premlg lesion | \$165.00 | \$0.00 | \$65.00 | \$100.00 | \$130.00 | \$165.00 | \$165.00 | | | | |
| 20600 | Drain/inject joint/bursa | \$111.00 | \$0.00 | \$45.00 | \$65.00 | \$90.00 | \$111.00 | \$111.00 | | | | |
| 20605 | Drain/inject joint/bursa | \$117.00 | \$0.00 | \$45.00 | \$70.00 | \$95.00 | \$117.00 | \$117.00 | | | | |
| 20610 | Drain/inject joint/bursa | \$144.00 | \$0.00 | \$60.00 | \$85.00 | \$115.00 | \$144.00 | \$144.00 | | | | |
| 29450 | Application of leg cast | \$330.00 | \$0.00 | \$130.00 | \$200.00 | \$265.00 | \$330.00 | \$330.00 | | | | |
| 29580 | Application of paste boot | \$104.00 | \$0.00 | \$40.00 | \$60.00 | \$85.00 | \$104.00 | \$104.00 | | | | |
| 54050 | Destruction penis lesion(s) | \$311.00 | \$0.00 | \$125.00 | \$185.00 | \$250.00 | \$311.00 | \$311.00 | | | | |
| 54150 | Circumcision w/regionl block | \$289.00 | \$0.00 | \$115.00 | \$175.00 | \$230.00 | \$289.00 | \$289.00 | | | | |
| 56420 | Drainage of gland abscess | \$270.00 | \$0.00 | \$110.00 | \$160.00 | \$215.00 | \$270.00 | \$270.00 | | | | |
| 56501 | Destroy vulva lesions sim | \$339.00 | \$0.00 | \$135.00 | \$205.00 | \$270.00 | \$339.00 | \$339.00 | | | | |
| 57160 | Insert pessary/other device | \$137.00 | \$0.00 | \$55.00 | \$80.00 | \$110.00 | \$137.00 | \$137.00 | | | | |
| 57170 | Fitting of diaphragm/cap | \$138.00 | \$0.00 | \$55.00 | \$85.00 | \$110.00 | \$138.00 | \$138.00 | | | | |
| 57452 | Exam of cervix w/scope | \$266.00 | \$0.00 | \$105.00 | \$160.00 | \$215.00 | \$266.00 | \$266.00 | | | | |
| 57455 | Biopsy of cervix w/scope | \$321.00 | \$0.00 | \$130.00 | \$195.00 | \$255.00 | \$321.00 | \$321.00 | | | | |
| 57460 | Bx of cervix w/scope leep | \$475.00 | \$0.00 | \$190.00 | \$285.00 | \$380.00 | \$475.00 | \$475.00 | | | | |
| 57500 | Biopsy of cervix | \$221.00 | \$0.00 | \$90.00 | \$135.00 | \$175.00 | \$221.00 | \$221.00 | | | | |
| 57510 | Cauterization of cervix | \$337.00 | \$0.00 | \$135.00 | \$200.00 | \$270.00 | \$337.00 | \$337.00 | | | | |
| 58100 | Biopsy of uterus lining | \$255.00 | \$0.00 | \$100.00 | \$155.00 | \$205.00 | \$255.00 | \$255.00 | | | | |
| 58300 | Insertion IUD | \$240.00 | \$15.00 | \$95.00 | \$145.00 | \$190.00 | \$240.00 | \$240.00 | | | | |
| 58301 | Removal IUD | \$160.00 | \$15.00 | \$65.00 | \$95.00 | \$130.00 | \$160.00 | \$160.00 | | | | |
| 59025 | Fetal non-stress test | \$508.00 | \$0.00 | \$205.00 | \$305.00 | \$405.00 | \$508.00 | \$508.00 | | | | |
| 69210 | Remove impacted ear wax | \$93.00 | \$0.00 | \$35.00 | \$55.00 | \$75.00 | \$93.00 | \$93.00 | | | | |
| 87811 | COVID Binax Test | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | \$10.00 | | | | |
| 96372 | Injection Administration | \$35.00 | \$0.00 | \$15.00 | \$20.00 | \$30.00 | \$35.00 | \$35.00 | | | | |
| 90791 | Psychiatric Diagnostic Evaluation (In-person and telehealth) | \$340.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$340.00 | \$340.00 | | | | |
| 90832 | Psychotherapy, 16-37 minutes (In-person and telehealth) | \$230.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$230.00 | \$230.00 | | | | |
| 90834 | Psychotherapy, 38-52 minutes (In-person and telehealth) | \$270.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$270.00 | \$270.00 | | | | |
| 90837 | Psychotherapy, 53+ minutes (In-person and telehealth) | \$300.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$300.00 | \$300.00 | | | | |
| 90846 | Family psytx w/o patient | \$225.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$225.00 | \$225.00 | | | | |
| 90849 | Multiple family group psytx | \$83.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$83.00 | \$83.00 | | | | |
| 90853 | Group psychotherapy (In-person and telehealth) | \$83.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$83.00 | \$83.00 | | | | |
| 92002 | Eye Exam - New Patient, Intermediate | \$110.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$110.00 | \$110.00 | | | | |
| 92004 | Eye Exam - New Patient, Comprehensive | \$180.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$180.00 | \$180.00 | | | | |
| 92012 | Eye Exam - Established Patient, Intermediate | \$120.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$120.00 | \$120.00 | | | | |
| 92014 | Eye Exam - Established Patient, Comprehensive | \$155.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$155.00 | \$155.00 | | | | |
| 92083 | Visual Field Exam | \$104.00 | \$25.00 | \$30.00 | \$35.00 | \$40.00 | \$104.00 | \$104.00 | | | | |
| 93000 | Electrocardiogram complete | \$72.00 | \$0.00 | \$30.00 | \$45.00 | \$60.00 | \$72.00 | \$72.00 | | | | |
| 93005 93040 94060 | Electrocardiogram tracing Rhythm ECG with report | \$106.00 \$66.00 \$41.00 | \$0.00 \$0.00 \$0.00 \$0.00 | \$40.00 \$25.00 \$15.00 | \$65.00 \$40.00 \$25.00 | \$85.00 \$55.00 \$35.00 | \$106.00 \$66.00 \$41.00 | \$12.00 \$106.00 \$66.00 \$41.00 | | | | |
| 94150 94640 | Evaluation of wheezing Vital capacity test Airway inhalation treatment | \$50.00 \$112.00 | \$0.00 \$0.00 | \$20.00 \$45.00 | \$30.00 \$65.00 | \$40.00 \$90.00 | \$50.00 \$112.00 | \$50.00 \$112.00 | | | | |
| 97762 | C/o for orthotic/prosth use | \$144.00 | \$0.00 | \$60.00 | \$85.00 | \$115.00 | \$144.00 | \$144.00 | | | | |
| 97802 | Medical nutrition indiv (In-person and telehealth) | \$85.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$85.00 | \$85.00 | | | | |
| 97803 | Med nutrition indiv subseq (In-person and telehealth) | \$74.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$74.00 | \$74.00 | | | | |
| 97804 | Medical nutrition group (In-person and telehealth) | \$40.00 | \$15.00 | \$25.00 | \$35.00 | \$40.00 | \$40.00 | \$40.00 | | | | |
| 98966 | Telephone assessment provided by a qualified nonphysician -5-10min | \$40.00 | \$15.00 | \$25.00 | \$35.00 | \$40.00 | \$40.00 | \$40.00 | | | | |
| 98967 | Telephone assessment provided by a qualified nonphysician -11-20min | \$50.00 | \$15.00 | \$25.00 | \$35.00 | \$40.00 | \$50.00 | \$50.00 | | | | |
| 98968 | Telephone assessment provided by a qualified nonphysician -21-30min | \$60.00 | \$15.00 | \$25.00 | \$35.00 | \$40.00 | \$60.00 | \$60.00 | | | | |
| 99202 | Office Visit Out/Pat New 15- 29min (In-person and telehealth) | \$200.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$200.00 | \$200.00 | | | | |
| 99203 | Office Visit Out/Pat New 30- 44min (In-person and telehealth) | \$250.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$250.00 | \$250.00 | | | | |
| 99204 | Office Visit Out/Pat New 45- 59min (In-person and telehealth) | \$360.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$360.00 | \$360.00 | | | | |
| 99205 | Office Visit Out/Pat New 60- 74min (In-person and telehealth) | \$450.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$450.00 | \$450.00 | | | | |
| 99211 | Office Visit O/P Estab 5 min (In-person and telehealth) | \$28.00 | \$15.00 | \$25.00 | \$28.00 | \$28.00 | \$28.00 | \$28.00 | | | | |
| 99212 | Office Visit O/P Estab 10-19min (In-person and telehealth) | \$150.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$150.00 | \$150.00 | | | | |
| 99213 | Office Visit O/P Estab 20-29min (In-person and telehealth) | \$200.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$200.00 | \$200.00 | | | | |
| 99214 | Office Visit O/P Estab 30-39min (In-person and telehealth) | \$250.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$250.00 | \$250.00 | | | | |
| 99215 | Office Visit O/P Estab 40-54min (In-person and telehealth) | \$325.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$325.00 | \$325.00 | | | | |
| 99381 | Prev Med Init Eval New age 1 Prev Med Init Eval New age 1-4 PrevMed Init Eval New age 5-11 | \$195.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$195.00 | \$195.00 | | | | |
| 99382 | | \$195.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$195.00 | \$195.00 | | | | |
| 99383 | | \$195.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$195.00 | \$195.00 | | | | |
| 99384 | PrevMed InitEval New age 12-17 | \$215.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$215.00 | \$215.00 | | | | |
| 99385 | PrevMed InitEval New age 18-39 | \$240.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$240.00 | \$240.00 | | | | |
| 99386 | PrevMed InitEval New age 40-64 | \$270.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$270.00 | \$270.00 | | | | |
| 99387 | PrevMed Init Eval New age 65+ | \$300.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$300.00 | \$300.00 | | | | |
| 99391 | Preventive Med Re-Eval < age1 | \$195.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$195.00 | \$195.00 | | | | |
| 99392 | Preventive Med Re-Eval age 1-4 | \$195.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$195.00 | \$195.00 | | | | |
| 99393 | Prevent Med Re-Eval age 5-11 | \$195.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$195.00 | \$195.00 | | | | |
| 99394 | Prevent Med Re-Eval age 12-17 | \$215.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$215.00 | \$215.00 | | | | |
| 99395 | Prevent Med Re-Eval age 18-39 | \$240.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$240.00 | \$240.00 | | | | |
| 99396 | Prevent Med Re-Eval age 40-64 | \$270.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$270.00 | \$270.00 | | | | |
| 99397 | Prevent Med Re-Eval age 65+ | \$300.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$300.00 | \$300.00 | | | | |
| 99441 | Telephone E/M service; 5-10 minutes of medical discussion | \$73.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$73.00 | \$73.00 | | | | |
| 99442 | Telephone E/M service; 11-20 minutes of medical discussion | \$116.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$116.00 | \$116.00 | | | | |
| 99443 | Telephone E/M service, 21-30 minutes of medical discussion | \$137.00 | \$15.00 | \$25.00 | \$35.00 | \$45.00 | \$137.00 | \$137.00 | | | | |
| D0120 | Periodic Oral Evaluation | \$70.00 | - | \$28.00 | \$42.00 | \$56.00 | \$70.00 | \$70.00 | | | | |
| D0140 | Limited Oral Evaluation | \$60.00 | | \$24.00 | \$36.00 | \$48.00 | \$60.00 | \$60.00 | | | | |
| D0145 | Infant/Toddler Oral Eval | \$50.00 | | \$20.00 | \$30.00 | \$40.00 | \$50.00 | \$50.00 | | | | |
| D0150 | Comprehensive Oral Evaluation | \$80.00 | - | \$32.00 | \$48.00 | \$64.00 | \$80.00 | \$80.00 | | | | |
| D0160 | Detailed and extensive oral eval - problem focused by report | \$90.00 | | \$42.00 | \$58.00 | \$74.00 | \$100.00 | \$100.00 | | | | |
| D0170 | Re-eval limited problem focused (est pt not post-op) | \$80.00 | - | \$32.00 | \$48.00 | \$64.00 | \$80.00 | \$80.00 | | | | |
| D0171 | Re-eval post op | \$50.00 | | \$20.00 | \$30.00 | \$40.00 | \$50.00 | \$50.00 | | | | |
| D0180 | Comp Perio eval new or est pt | \$90.00 | | \$42.00 | \$58.00 | \$74.00 | \$90.00 | \$90.00 | | | | |
| D0191 D0210 D0220 | Screening of a patient (state or federally mandated) Intraoral Complete series Intraoral Periapical 1st film | \$50.00 \$150.00 \$20.00 | Included in \$40 Rountine Fee | \$20.00 \$60.00 \$8.00 | \$30.00 \$90.00 \$8.00 | \$40.00 \$120.00 \$11.00 | \$50.00 \$150.00 \$20.00 | \$50.00 \$150.00 \$20.00 | | | | |
| D0230 D0240 D0270 | Intraoral Periapical ea add'I Intraoral Occlusal film | \$15.00 \$30.00 \$20.00 | - | \$6.00 \$12.00 \$8.00 | \$6.00 \$18.00 | \$8.00 \$24.00 | \$15.00 \$30.00 \$20.00 | \$15.00 \$30.00 \$20.00 | | | | |
| D0272 D0273 | Bitewing single film Bitewings two films Bitewings three films | \$40.00 \$60.00 | - | \$16.00 \$24.00 | \$12.00 \$24.00 \$36.00 | \$16.00 \$32.00 \$48.00 | \$40.00 \$60.00 | \$40.00 \$60.00 | | | | |
| D0274 | Bitewings four films | \$80.00 | - | \$32.00 | \$32.00 | \$43.00 | \$80.00 | \$80.00 | | | | |
| D0277 | Veritical bitewings 7 to 8 films (not to constitute an FMS) | \$90.00 | | \$42.00 | \$58.00 | \$74.00 | \$100.00 | \$100.00 | | | | |
| D0330 | Panoramic film | \$100.00 | | \$40.00 | \$60.00 | \$80.00 | \$100.00 | \$100.00 | | | | |
| D0350 | Oral/Facial Photographic Images | \$20.00 | \$ 5.00 | \$8.00 | \$12.00 | \$16.00 | \$20.00 | \$20.00 | | | | |
| D0703 | 2-D oral/facial photo image obrained intraorally or extraorally - image | \$20.00 | \$5.00 | \$8.00 | \$12.00 | \$16.00 | \$20.00 | \$20.00 | | | | |
| D0431 | Adjunctive pre-diag test - oral cancer screening | \$50.00 | \$5.00 | \$10.00 | \$15.00 | \$20.00 | \$25.00 | \$25.00 | | | | |
| D0460 D0470 D1110 | Pulp Vitality Tests Diagnostic casts | \$30.00 \$80.00 | - | \$12.00 \$32.00 | \$18.00 \$48.00 \$48.00 | \$24.00 \$64.00 | \$30.00 \$80.00 \$80.00 | \$30.00 \$80.00 \$80.00 | | | | |
| D1120 D1206 | Prophylaxis-Adult Prophylaxis-Child Fluoride Topical | \$80.00 \$60.00 \$50.00 | - | \$32.00 \$24.00 \$20.00 | \$36.00 \$30.00 | \$64.00 \$48.00 \$40.00 | \$60.00 \$50.00 | \$60.00 \$50.00 | | | | |
| D1208 | Flouride Varnish | \$60.00 | - | \$24.00 | \$36.00 | \$48.00 | \$60.00 | \$60.00 | | | | |
| D1351 | Sealant - per tooth | \$50.00 | | \$20.00 | \$30.00 | \$40.00 | \$50.00 | \$50.00 | | | | |
| D1353 | Sealant repair - per tooth | \$30.00 | | \$12.00 | \$18.00 | \$24.00 | \$30.00 | \$30.00 | | | | |
| D1510 D1516 D1517 | Space maint - fixed, uni per quad Space maint - fixed, bilat - max Space maint - fixed, bilat - mand | \$300.00 \$400.00 \$400.00 | Included in \$40 Rountine Fee | \$220.00 \$125.00 \$125.00 | \$260.00 \$175.00 \$175.00 | \$270.00 \$225.00 \$225.00 | \$300.00 \$400.00 \$400.00 | \$300.00 \$400.00 \$400.00 | | | | |
| D1520 | Space maint - removable, uni per quad | \$300.00 | | \$220.00 | \$260.00 | \$270.00 | \$300.00 | \$300.00 | | | | |
| D1526 | Space maint - removable, bilat - max | \$350.00 | | \$100.00 | \$150.00 | \$200.00 | \$250.00 | \$250.00 | | | | |
| D1527 | Space maint - removable, bilat - mand | \$350.00 | - | \$100.00 | \$150.00 | \$200.00 | \$250.00 | \$250.00 | | | | |
| D1551 | Re-cement or re-bond bilat space maint - max | \$75.00 | | \$45.00 | \$50.00 | \$60.00 | \$75.00 | \$75.00 | | | | |
| D1552 | Re-cement or re-bond bilat space maint - mand | \$90.00 | | \$42.00 | \$58.00 | \$74.00 | \$90.00 | \$90.00 | | | | |
| D1553 | Re-cement or re-bond uni space maint - per quad | \$90.00 | | \$42.00 | \$58.00 | \$74.00 | \$90.00 | \$90.00 | | | | |
| D1556 | Removal of fixed uni space maint - per quad | \$100.00 | | \$40.00 | \$60.00 | \$80.00 | \$100.00 | \$100.00 | | | | |
| D1557 | Removal of fixed bilat space maint - max | \$200.00 | | \$110.00 | \$130.00 | \$160.00 | \$200.00 | \$200.00 | | | | |
| D1558 | Removal of fixed bilat space maint - mand | \$200.00 | 1 | \$110.00 | \$130.00 | \$160.00 | \$200.00 | \$200.00 | | | | |
| D2140 | Amalgam - 1 surface | \$80.00 | | \$32.00 | \$48.00 | \$64.00 | \$80.00 | \$80.00 | | | | |
| D2150 D2160 D2161 | Amalgam - 2 surface Amalgam - 3 surface Amalgam - 4 or more surface | \$110.00 \$150.00 \$170.00 | Included in \$40 Routine Fee | \$44.00 \$90.00 \$95.00 | \$66.00 \$100.00 \$120.00 | \$88.00 \$120.00 \$130.00 | \$110.00 \$150.00 \$170.00 | \$110.00 \$150.00 \$170.00 | | | | |
| D2330 | Resin-1 surface, anterior | \$110.00 | | \$44.00 | \$66.00 | \$88.00 | \$110.00 | \$110.00 | | | | |
| D2331 | Resin-2 surface, anterior | \$150.00 | | \$90.00 | \$100.00 | \$120.00 | \$150.00 | \$150.00 | | | | |
| D2332 | Resin-3 surface, anterior | \$180.00 | | \$95.00 | \$120.00 | \$144.00 | \$180.00 | \$180.00 | | | | |
| D2335 D2390 D2391 | Resin-base Composite crown ant Resin-base Composite crown ant | \$200.00 \$250.00 \$150.00 | \$85 Adv Rehab | \$110.00 \$100.00 \$60.00 | \$130.00 \$150.00 \$90.00 | \$160.00 \$200.00 \$120.00 | \$200.00 \$250.00 \$150.00 | \$200.00 \$250.00 \$150.00 | | | | |
| D2392 | Resin-base Comp 2 surf post | \$180.00 | Included in \$40 | \$90.00 | \$120.00 | \$160.00 | \$180.00 | \$180.00 | | | | |
| D2393 | Resin-base Comp 3 surf post | \$200.00 | Routine Fee | \$110.00 | \$130.00 | \$160.00 | \$200.00 | \$200.00 | | | | |
| D2394 | Resin-base Comp 4 surf or more | \$250.00 | CPE Adv Datate | \$100.00 | \$150.00 | \$200.00 | \$250.00 | \$250.00 | | | | |
| D2740 | Crown - Porcelain/Ceramic | \$1,200.00 | | \$700.00 | \$750.00 | \$960.00 | \$1,200.00 | \$1,200.00 | | | | |
| D2750 | Crown - porc fuse high noble metal | \$1,200.00 | | \$650.00 | \$750.00 | \$850.00 | \$1,000.00 | \$1,000.00 | | | | |
| D2751 D2752 D2790 | Crown - porcelain Fused to Base Metal Crown - porc fuse to noble metal Crown - full cast high noble metal | \$1,000.00 \$1,000.00 \$1,200.00 | \$85 Adv Rehab (Plus additional lab fee) | \$600.00 \$600.00 \$600.00 | \$700.00 \$700.00 \$700.00 | \$800.00 \$800.00 \$800.00 | \$1,000.00 \$850.00 \$1,000.00 | \$1,000.00 \$850.00 \$1,000.00 | | | | |
| D2792 | Crown - full cast noble metal | \$1,100.00 | | \$600.00 | \$700.00 | \$800.00 | \$950.00 | \$950.00 | | | | |
| D2799 | Crown- Provisional | \$250.00 | | \$100.00 | \$150.00 | \$200.00 | \$250.00 | \$250.00 | | | | |
| D2920 | Recement crown Prefab stainless steel crown Protective Restoration | \$75.00 | \$ 40 Routine | \$45.00 | \$50.00 | \$60.00 | \$75.00 | \$75.00 | | | | |
| D2930 | | \$200.00 | \$ 85 Adv Rehab | \$95.00 | \$120.00 | \$160.00 | \$200.00 | \$200.00 | | | | |
| D2940 | | \$75.00 | \$ 40 Routine | \$45.00 | \$50.00 | \$60.00 | \$75.00 | \$75.00 | | | | |
| D2950 | Crown Build/Up - Including pins | \$250.00 | | \$100.00 | \$150.00 | \$200.00 | \$250.00 | \$250.00 | | | | |
| D2951 | Pin retention in add to restoration | \$250.00 | | \$100.00 | \$150.00 | \$200.00 | \$250.00 | \$250.00 | | | | |

| CPT/HCPCSCODE | CPT DESCRIPTION | PRICE | Slide A | Slide B | Slide C | Slide D | Slide E | Slide F |
|-------------------------|--|--|--|----------------------------------|----------------------------------|--|--|--|
| D2954 | Prefab post/core, add to crown | \$250.00 | \$85 Adv Rehab | \$100.00 | \$150.00 | \$200.00 | \$250.00 | \$250.00 |
| D2955 | Post removal | \$100.00 | | \$40.00 | \$60.00 | \$80.00 | \$100.00 | \$100.00 |
| D2960 | Labial Veneer - resin - direct | \$500.00 | (Plus additional | \$200.00 | \$300.00 | \$400.00 | \$500.00 | \$500.00 |
| D2961 | Labial Veneer - Resin - indirect | \$700.00 | lab fee) | \$300.00 | \$400.00 | \$500.00 | \$600.00 | \$600.00 |
| D2962 | Labial Veneer - Porcelain | \$700.00 | \$40 Routine | \$275.00 | \$375.00 | \$475.00 | \$550.00 | \$550.00 |
| D3110 | Pulp cap direct | \$75.00 | | \$50.00 | \$55.00 | \$60.00 | \$75.00 | \$75.00 |
| D3120 | Pulp cap indirect | \$75.00 | \$40 Kouline | \$50.00 | \$55.00 | \$60.00 | \$75.00 | \$75.00 |
| D3220 | Theraputic pulpotomy | \$150.00 | | \$60.00 | \$90.00 | \$120.00 | \$150.00 | \$150.00 |
| D3221 | Pulpal debridment - prim/perm teeth | \$100.00 | | \$40.00 | \$60.00 | \$80.00 | \$100.00 | \$100.00 |
| D3310 | Root Canal 1 Canal Anterior tooth | \$600.00 | | \$240.00 | \$360.00 | \$480.00 | \$600.00 | \$600.00 |
| D3320 | Root Canal 2 Canal Premolar | \$800.00 | - | \$320.00 | \$480.00 | \$640.00 | \$800.00 | \$800.00 |
| D3330 | Root Canal 3 Canal Molar | \$1,050.00 | | \$420.00 | \$630.00 | \$840.00 | \$1,050.00 | \$1,050.00 |
| D3332 | Incomplete endo - inoperable or fractured tooth | \$300.00 | \$200 Endodontic | \$220.00 | \$260.00 | \$270.00 | \$300.00 | \$300.00 |
| D3410 | Apicoectomy/periradicular-ant | \$300.00 | | \$220.00 | \$260.00 | \$270.00 | \$300.00 | \$300.00 |
| D3421 | Apicoectomy/periradic-bicusp | \$500.00 | | \$260.00 | \$300.00 | \$400.00 | \$500.00 | \$500.00 |
| D3425 | Apicoectomy/periradic-molar | \$700.00 | | \$280.00 | \$420.00 | \$560.00 | \$700.00 | \$700.00 |
| D3430 D3450 D3920 | Retrograde filling-per root Roof Amputation Hemisection | \$150.00 \$150.00 \$300.00 | - | \$60.00 \$60.00 | \$90.00 \$90.00 \$180.00 | \$120.00 \$120.00 \$240.00 | \$150.00 \$150.00 | \$150.00 \$150.00 |
| D3320 D4210 D4211 | Gingivectomy Quadrant Gingivectomy per teeth | \$300.00 \$450.00 \$275.00 | | \$120.00 \$250.00 \$210.00 | \$180.00 \$270.00 \$220.00 | \$240.00 \$360.00 \$250.00 | \$300.00 \$450.00 \$275.00 | \$300.00 \$450.00 \$275.00 |
| D4240 D4249 | Gingival Flap Procedure per Quad Clinical Crown Lengthening | \$700.00 \$500.00 | \$200 Adv Surgical | \$280.00 | \$420.00 \$310.00 | \$560.00 \$400.00 | \$700.00 \$500.00 | \$700.00 \$500.00 |
| D4270 | Pedicle Soft Tissue graft proc | \$350.00 | | \$140.00 | \$210.00 | \$280.00 | \$350.00 | \$350.00 |
| D4277 | Free Soft Tissue Graft Procedure | \$350.00 | | \$210.00 | \$250.00 | \$280.00 | \$350.00 | \$350.00 |
| D4278 | Free Soft Tissue Graft Procedure | \$350.00 | | \$210.00 | \$250.00 | \$280.00 | \$350.00 | \$350.00 |
| D4341 | Periodontal Scaling - 4 or more per quad | \$200.00 | | \$95.00 | \$110.00 | \$160.00 | \$200.00 | \$200.00 |
| D4342 | Periodontal Scaling - 1-3 teeth per quad | \$150.00 | \$40 Routine Fee | \$90.00 | \$100.00 | \$110.00 | \$150.00 | \$150.00 |
| D4346 | Scaling in Presence of Generalized | \$100.00 | | \$55.00 | \$65.00 | \$80.00 | \$100.00 | \$100.00 |
| D4355 | Full Mouth Debridedement | \$80.00 | \$10.00 | \$50.00 | \$60.00 | \$70.00 | \$80.00 | \$80.00 |
| D4381 | Localized delivery of antimicrobial agents - per tooth | \$90.00 | | \$15.00 | \$20.00 | \$22.00 | \$25.00 | \$25.00 |
| D4910 | Periodontal maintenance | \$90.00 | \$40 Routine Fee | \$60.00 | \$70.00 | \$80.00 | \$90.00 | \$90.00 |
| D4921 | Gingival irrigation - per quad | \$25.00 | \$5.00 | \$10.00 | \$15.00 | \$20.00 | \$25.00 | \$25.00 |
| D5110 D5120 | Complete denture - maxillary Complete denture - mandibular | \$1,200.00 \$1,200.00 | - | \$550.00 \$550.00 | \$650.00 \$650.00 | \$850.00 \$850.00 | \$950.00 \$950.00 | \$950.00 \$950.00 \$1.000.00 |
| D5130 D5140 | Immediate denture - maxillary Immediate denture - mandibular Max Bartin Donture - Boain base | \$1,300.00 \$1,300.00 \$1,200.00 | - | \$700.00 \$700.00 | \$800.00 \$800.00 | \$900.00 \$900.00 | \$1,000.00 \$1,000.00 | \$1,000.00 |
| D5211 D5212 D5213 | Max Partial Denture - Resin base Mand Partial Denture - Resin base Partial Max Denture Cast Base | \$1,300.00 \$1,300.00 \$1,500.00 | \$85 Adv Rehab (Plus additional | \$700.00 \$700.00 \$800.00 | \$800.00 \$800.00 \$900.00 | \$900.00 \$900.00 \$1,000.00 | \$1,000.00 \$1,000.00 \$1,200.00 | \$1,000.00 \$1,000.00 \$1,200.00 |
| D5213 D5214 D5225 | Partial Max Denture Cast Base Partial Mand Denture Cast Base Maxillary Partial Denture - Flex Base | \$1,500.00 \$1,500.00 \$1,500.00 | lab fee) | \$800.00 \$800.00 \$800.00 | \$900.00 \$900.00 \$900.00 | \$1,000.00 | \$1,200.00 \$1,200.00 \$1,200.00 | \$1,200.00 \$1,200.00 \$1,200.00 |
| D5226 D5282 | Mandibular Partial Denture - Flex Base Removal Unilateral Partial - Cast Metal | \$1,500.00 \$1,500.00 \$1,500.00 | | \$800.00 \$800.00 | \$900.00 \$900.00 | \$1,000.00 \$1,000.00 \$1,000.00 | \$1,200.00 \$1,200.00 \$1,200.00 | \$1,200.00 \$1,200.00 \$1,200.00 |
| D5283 | Removal Unilateral Partial - Cast Metal | \$1,500.00 | | \$800.00 | \$900.00 | \$1,000.00 | \$1,200.00 | \$1,200.00 |
| D5410 | Adj complete denture maxillary | \$80.00 | | \$45.00 | \$50.00 | \$65.00 | \$80.00 | \$80.00 |
| D5411 | Adj complete denture mandibula | \$80.00 | \$40 Routine | \$45.00 | \$50.00 | \$65.00 | \$80.00 | \$80.00 |
| D5421 | Denture Adj Part max | \$80.00 | | \$45.00 | \$50.00 | \$65.00 | \$80.00 | \$80.00 |
| D5422 | Adj partial denture mand | \$80.00 | | \$45.00 | \$50.00 | \$65.00 | \$80.00 | \$80.00 |
| D5511 | Repair Broken Complete Denture Base - Mand | \$200.00 | | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5512 | Repair Broken Complete Denture Base - Max | \$200.00 | - | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5520 | Replace miss/brkn teeth denture | \$200.00 | | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5611 | Repair Resin Partial Denture Base - Mand | \$200.00 | | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5612 | Repair Resin Partial Denture Base - Max | \$200.00 | | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5621 | Repair Cast Partial Framework Mandibular | \$200.00 | \$85 Adv Rehab | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5622 | Repair Cast Partial Framework Max | \$200.00 | (Plus additional | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5630 | Repair or replace broken clasp per tooth | \$200.00 | lab fee) | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5640 | Repair Broken Teeth - per tooth | \$200.00 | | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5650 | Add tooth to partial denture | \$200.00 | | \$85.00 | \$95.00 | \$105.00 | \$200.00 | \$200.00 |
| D5660 D5670 | Add Clasp to Existing Partial Denture-per tooth Replace all teeth and acryl on cast metal max | \$200.00 \$200.00 \$200.00 | - | \$85.00 \$85.00 \$85.00 | \$95.00 \$95.00 \$95.00 | \$105.00 \$105.00 \$105.00 | \$200.00 \$200.00 \$200.00 | \$200.00 \$200.00 \$200.00 |
| D5671 D5730 | Replace all teeth and acryl on dast metal mand Reline complete maxilla-Office | \$200.00 \$150.00 | | \$85.00 \$60.00 | \$95.00 \$90.00 | \$105.00 \$120.00 | \$200.00 \$200.00 \$150.00 | \$200.00 \$150.00 |
| D5731 | Reline complete mandibu-Office | \$150.00 | \$40 Routine | \$60.00 | \$90.00 | \$120.00 | \$150.00 | \$150.00 |
| D5740 | Reline part maxillary-Office | \$100.00 | | \$60.00 | \$70.00 | \$80.00 | \$100.00 | \$100.00 |
| D5741 | Reline part mandibular-Office | \$100.00 | | \$60.00 | \$70.00 | \$80.00 | \$100.00 | \$100.00 |
| D5750 | Reline complete maxillary-Lab | \$210.00 | | \$125.00 | \$175.00 | \$225.00 | \$210.00 | \$210.00 |
| D5751 D5760 | Reline complete mandibular-Lab Reline part maxillary-Lab | \$210.00 \$210.00 | \$85 Adv Rehab (Plus additional lab fee) | \$125.00 \$125.00 | \$175.00 \$175.00 | \$225.00 \$225.00 | \$210.00 \$210.00 | \$210.00 \$210.00 |
| D5761 D5820 | Reline part mandibular-Lab Interim partial maxillary | \$210.00 \$400.00 | | \$125.00 \$125.00 | \$175.00 \$175.00 | \$225.00 \$225.00 | \$210.00 \$400.00 | \$210.00 \$400.00 |
| D5821 D5876 | Interim partial mandibular Add Metal substructure to Acrylic-Full Dent - per arch | \$400.00 \$400.00 | | \$125.00 \$125.00 | \$175.00 \$175.00 | \$225.00 \$225.00 | \$400.00 \$400.00 | \$400.00 \$400.00 |
| D6210 | Pontic - cast high noble metal | \$1,200.00 | - | \$675.00 | \$775.00 | \$825.00 | \$975.00 | \$975.00 |
| D6211 | Pontic - Cast metal base | \$1,000.00 | | \$320.00 | \$375.00 | \$400.00 | \$950.00 | \$950.00 |
| D6212 | Pontic - cast noble metal | \$1,000.00 | | \$650.00 | \$750.00 | \$800.00 | \$850.00 | \$850.00 |
| D6240 D6242 | Pontic - porc fused to high noble metal Pontic - porc fused base metal | \$1,000.00 \$1,200.00 \$1,000.00 | | \$675.00 \$320.00 | \$775.00 \$375.00 | \$800.00 \$825.00 \$400.00 | \$975.00 \$950.00 | \$975.00 \$950.00 |
| D6245 | Pontic - porc/cerm | \$1,400.00 | \$85 Adv Rehab | \$750.00 | \$850.00 | \$950.00 | \$1,000.00 | \$1,000.00 |
| D6545 | (Maryland Br. Ret) retainer cast metal resin bonded fixed | \$300.00 | (Plus additional | \$90.00 | \$110.00 | \$125.00 | \$150.00 | \$150.00 |
| D6740 | Retainer crown porc/cerm | \$1,400.00 | lab fee) | \$800.00 | \$900.00 | \$1,000.00 | \$1,400.00 | \$1,400.00 |
| D6750 | Retainer crown porc fused to high noble metal | \$1,200.00 | | \$675.00 | \$775.00 | \$825.00 | \$1,200.00 | \$1,200.00 |
| D6752 | Retainer crown porc fused to noble metal | \$1,000.00 | - | \$650.00 | \$750.00 | \$800.00 | \$850.00 | \$850.00 |
| D6752 | Crown-Porc fuse to noble metal | \$1,000.00 | | \$650.00 | \$750.00 | \$800.00 | \$850.00 | \$850.00 |
| D6792 | Crown-full cast noble metal | \$1,000.00 | \$85 Adv Rehab | \$650.00 | \$750.00 | \$800.00 | \$850.00 | \$850.00 |
| D6920 | Connector bar | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D6930 | Recement/bond Bridge | \$100.00 | \$40 Routine | \$70.00 | \$80.00 | \$90.00 | \$100.00 | \$100.00 |
| D7111 | Coronal remnants - primary tooth | \$100.00 | \$40 Routine | \$60.00 | \$80.00 | \$90.00 | \$100.00 | \$100.00 |
| D7140 D7210 | Extract, erupt tooth exp root Surgical removal erupted tooth | \$150.00 \$325.00 | \$ 10 1 to a line | \$60.00 \$210.00 | \$90.00 \$220.00 | \$120.00 \$250.00 | \$150.00 \$325.00 | \$150.00 \$325.00 |
| D7220 D7230 | Rmv/Impcted Tooth-S Tissue Partial Bony Impaction Complete Rocy Impaction | \$350.00 \$400.00 \$500.00 | - | \$210.00 \$275.00 | \$220.00 \$310.00 \$350.00 | \$280.00 \$375.00 \$420.00 | \$350.00 \$400.00 \$500.00 | \$350.00 \$400.00 \$500.00 |
| D7240 | Complete Bony Impaction | \$500.00 | - | \$290.00 | \$350.00 | \$420.00 | \$500.00 | \$500.00 |
| D7250 | Srg Rmvl Resdl Tooth Roots | \$325.00 | | \$210.00 | \$220.00 | \$250.00 | \$325.00 | \$325.00 |
| D7260 | Orantral Fistula Closure | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7280 D7280 D7286 | Biopsy Oral Tissue-Soft | \$300.00 \$300.00 \$693.00 | - | \$205.00 \$205.00 \$278.00 | \$220.00 \$220.00 \$416.00 | \$240.00 \$240.00 \$555.00 | \$300.00 \$300.00 \$693.00 | \$300.00 \$300.00 \$693.00 |
| D7288 D7310 | Biopsy -Brush-Transpithelial Collection Alveolplasty/Per Quad W/Ext | \$800.00 \$300.00 | \$200 Adv Surgical | 00 009 | \$800.00 \$220.00 | \$800.00 \$240.00 | \$800.00 \$300.00 | \$800.00 \$300.00 |
| D7320 | Alveolplasty not in conjunc W Ext | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7340 | Vestibuloplasty | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7350 | Vestibuloplasty-Incl. Soft Tiss Graf | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7471 | Removal of Lateral Exostosis | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7510 D7520 | I&D Intraoral Soft Tissue I&D Abcess-Extraoral Decrement 5/20 (bit of the sector of th | \$300.00 \$300.00 | - | \$205.00 \$205.00 | \$220.00 \$220.00 | \$240.00 \$240.00 | \$300.00 \$300.00 | \$300.00 \$300.00 |
| D7530 | Removal F/B: Skin/Subcut Tissue | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7560 | Maxillary Sinusostomy | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7880 D7961 | Occlusal orthotic appliance Buccal/labial frenulectomy Linguid frenulectomy | \$425.00 \$300.00 \$200.00 | \$85 Adv Rehab + | \$175.00 \$205.00 | \$210.00 \$220.00 | \$275.00 \$240.00 | \$425.00 \$300.00 \$200.00 | \$425.00 \$300.00 \$300.00 |
| D7962 | Lingual frenulectomy | \$300.00 | - | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7970 | Excision Hyerplastic Tissue | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7971 | Excision Pericoronal Gingiva | \$300.00 | | \$205.00 | \$220.00 | \$240.00 | \$300.00 | \$300.00 |
| D7971 D9110 D9120 | Palliative TX dental pain Fixed partial denture sectioning (abt/pontics) | \$300.00 \$70.00 \$272.00 | \$40 Routine \$85 Adv Rehab | \$205.00 \$50.00 \$150.00 | \$220.00 \$55.00 \$180.00 | \$240.00 \$60.00 \$200.00 | \$300.00 \$70.00 \$272.00 | \$300.00 \$70.00 \$272.00 |
| D9120 D9215 D9310 | Local anesthesia in conjuction w/op or surgical tx Dental Consultation | \$20.00 \$70.00 | \$5.00 | \$10.00 \$10.00 \$50.00 | \$180.00 \$12.00 \$55.00 | \$200.00 \$15.00 \$60.00 | \$20.00 \$70.00 | \$272.00 \$20.00 \$70.00 |
| D9430 | Observation during office hours no tx | \$100.00 | \$40 Routine | \$50.00 | \$60.00 | \$80.00 | \$100.00 | \$100.00 |
| D9450 | Case presentation - est patient (not same day as eval) | \$150.00 | | \$50.00 | \$90.00 | \$120.00 | \$150.00 | \$150.00 |
| D9630 | Drugs or medicaments dispensed in the office for home use | \$30.00 | | \$10.00 | \$18.00 | \$24.00 | \$30.00 | \$30.00 |
| D9910 | Application, desen medicament | \$100.00 | | \$50.00 | \$60.00 | \$80.00 | \$100.00 | \$100.00 |
| D9912 | Pre-visit patient screening - trans inf disease | \$10.00 | \$2.00 | \$2.50 | \$3.00 | \$5.00 | \$10.00 | \$10.00 |
| D9930 | Tx of complication post-surg (dry socket) | \$50.00 | \$40 Routine | \$42.00 | \$45.00 | \$48.00 | \$50.00 | \$50.00 |
| D9941 | Fabrication of athletic mouthguard Occlusal guard adjustment Occlusal Grant Control And Factor Fall Arch | \$525.00 | \$85 Advance | \$150.00 | \$200.00 | \$250.00 | \$300.00 | \$525.00 |
| D9943 | | \$50.00 | \$40 Routine | \$42.00 | \$45.00 | \$48.00 | \$50.00 | \$50.00 |
| D9944 | Occlusal Guard - Hard Appliance, Full Arch | \$525.00 | \$85 Advance | \$150.00 | \$200.00 | \$250.00 | \$300.00 | \$525.00 |
| D9945 | Occlusal Guard - Soft Appliance, Full Arch | \$525.00 | Rehab plus lab | \$150.00 | \$200.00 | \$250.00 | \$300.00 | \$525.00 |
| D9946 | Occlusal Guard - Hard Appliance, Partial Arch | \$525.00 | \$40 Routine | \$150.00 | \$200.00 | \$250.00 | \$300.00 | \$525.00 |
| D9951 | Occlusal Adjst-Ltd | \$50.00 | | \$42.00 | \$46.00 | \$48.00 | \$50.00 | \$50.00 |
| D9952 | Occlusal Adjst-Complete | \$50.00 | | \$42.00 | \$46.00 | \$48.00 | \$50.00 | \$50.00 |
| D9952 D9974 D9975 | Internal Bleaching-Per Tooth External Bleaching for Home Applic per arch | \$200.00 \$200.00 \$300.00 | \$85 Adv Rehab \$40 Routine | \$42.00 \$90.00 \$150.00 | \$46.00 \$120.00 \$175.00 | \$48.00 \$160.00 \$200.00 | \$200.00 \$200.00 \$300.00 | \$200.00 \$200.00 \$300.00 |
| D9990 | Certified Translation or Sign Language | \$300.00 | \$40 Routine \$40 Routine | \$150.00 | \$175.00 | \$200.00 | \$300.00 | \$70.00 |

Vaccine Slide

| CPT/HCPCSCODE | CPT DESCRIPTION | PRICE | Slide A | Slide B | Slic | le C | Slide D | | Slide E | Slide F |
|---------------|--|--------------|--------------|--------------|------|--------|--------------|----|---------|--------------|
| 90700 | DTaP (Infanrix) prefilled syringe | \$ 49.00 | \$ 37.00 | \$ 43.00 | \$ | 49.00 | \$ 49.00 | \$ | 49.00 | \$ 49.00 |
| 90723 | DTaP-HepB-IPV syringe (Pediarix) | \$ 111.00 | \$ 68.00 | \$ 90.00 | \$ | 111.00 | \$ 111.00 | \$ | 111.00 | \$ 111.00 |
| 90696 | DTaP-IPV (Kinrix) prefilled syringe | \$ 78.00 | \$ 51.00 | \$ 64.00 | \$ | 78.00 | \$ 78.00 | \$ | 78.00 | \$ 78.00 |
| 90636 | Hepatitis A/Hepatitis B syringe (Twinrix) | \$ 136.00 | \$ 80.00 | \$ 108.00 | \$ | 136.00 | \$ 136.00 | \$ | 136.00 | \$ 136.00 |
| 90734 | Menveo® (Vial) / 5 Doses (ACYW) | \$ 164.00 | \$ 95.00 | \$ 129.00 | \$ | 164.00 | \$ 164.00 | \$ | 164.00 | \$ 164.00 |
| 90670 | Pneumococcal 13 valent vaccine (ped) (Prevnar) | \$ 232.00 | \$ 128.00 | \$ 180.00 | \$ | 232.00 | \$ 232.00 | \$ | 232.00 | \$ 232.00 |
| 90677 | Pneumococcal 20 valent vaccine | \$ 268.00 | \$ 146.00 | \$ 207.00 | \$ | 268.00 | \$ 268.00 | \$ | 268.00 | 268.00 |
| 90698 | DTaP-IPV-Hib (Pentacel) | \$ 139.00 | | 115.00 | | 125.00 | 139.00 | \$ | 139.00 | 139.00 |
| 90713 | Poliomyelitis 10-dose vial (Ipol) | \$ 84.22 | \$ 56.00 | \$ 70.00 | \$ | 76.00 | \$ 84.00 | \$ | 84.00 | \$ 84.00 |
| 90714 | Td Syringe (Decavac) | \$ 50.00 | \$ 38.00 | \$ 44.00 | \$ | 50.00 | \$ 50.00 | \$ | 50.00 | 50.00 |
| 90715 | Tdap syringe (Boostrix) | \$ 66.00 | \$ 46.00 | \$ 56.00 | \$ | 66.00 | \$ 66.00 | \$ | 66.00 | \$ 66.00 |
| 90620 | Bexsero® (PFS) / 10 Doses (MEN B) | \$ 174.00 | \$ 115.00 | \$ 144.00 | \$ | 157.00 | \$ 174.00 | \$ | 174.00 | \$ 174.00 |
| 90746 | Engerix-B® Adult (PFS) HEP B | \$ 86.00 | \$ | 71.00 | \$ | 86.00 | 86.00 | \$ | 86.00 | 86.00 |
| 90744 | Engerix-B® Pediatric (PFS) HEP B | \$ 50.00 | \$ 37.00 | \$ 43.00 | \$ | 50.00 | \$ 50.00 | \$ | 50.00 | \$ 50.00 |
| 90686 | FLUARIX PFS | \$ 42.00 | | 38.00 | | 42.00 | 42.00 | \$ | 42.00 | \$ 42.00 |
| 90632 | Havrix® Adult (PFS) HEP A | \$ 98.00 | \$ 62.00 | \$ 80.00 | | 98.00 | \$ 98.00 | \$ | 98.00 | 98.00 |
| 90633 | Havrix® Pediatric (PFS) HEP A | \$ 59.00 | | 51.00 | | 59.00 | 59.00 | \$ | 59.00 | 59.00 |
| 90648 | Hiberix® (Vial) H.Influ B | \$ 36.00 | | 33.00 | | 36.00 | \$ 36.00 | \$ | 36.00 | \$ 36.00 |
| 90739 | Heplisav-B (Hep B 2 dose) | \$ 123.00 | | 102.00 | | 111.00 | \$ 123.00 | \$ | 123.00 | \$ 123.00 |
| 90651 | Human Papilloma Virus quadravalent (Gardasil) | \$ 339.00 | | | | 305.00 | \$ 339.00 | \$ | 339.00 | \$ 339.00 |
| 90707 | Measles Mump Rubella (MMR) | \$ 112.00 | | 93.00 | | 101.00 | \$ 112.00 | \$ | 112.00 | 112.00 |
| 90710 | Measles Mump Rubella Varicella (Proquad) | \$ 363.00 | | 301.00 | | 327.00 | 363.00 | \$ | 363.00 | 363.00 |
| 90732 | Pneumococcal 23 valent vaccine (adult) | \$ 147.00 | | 122.00 | | 132.00 | 147.00 | \$ | 147.00 | 147.00 |
| 90681 | Rotarix® (Oral Suspension) | \$ 107.00 | | 89.00 | | 96.00 | 107.00 | \$ | 107.00 | 107.00 |
| 90716 | Varicella virus (Varivax) | \$ 197.00 | \$ 130.00 | \$ 164.00 | \$ | 177.00 | \$ 197.00 | \$ | 197.00 | \$ 197.00 |