HCPCS	Description	Rate	HP
10060	DRAINAGE OF SKIN ABSCESS	$36.00	N
12001	REPAIR SUPERFICIAL WOUND(S)	$53.10	N
12002	REPAIR SUPERFICIAL WOUND(S)	$58.40	N
12004	REPAIR SUPERFICIAL WOUND(S)	$69.70	N
16020	TREATMENT OF BURN(S)	$24.90	N
17110	DESTRUCTION OF SKIN LESIONS	$74.90	N
59420	CARE BEFORE DELIVERY	$44.10	N
59425	ANTEPARTUM CARE ONLY 4-6 VISIT	$44.10	N
59426	ANTEPARTUM CARE 7 OR MORE VIST	$44.10	N
59430	CARE AFTER DELIVERY	$50.15	N
69210	REMOVE IMPACTED EAR WAX	$21.40	N
80101	DRUG SCREEN/SINGLE CLASS/EACH	$17.90	N
81000	URINALYSIS BY DIPSTICK OR TABLET REAGENT	$3.50	N
81002	ROUTINE URINE ANALYSIS	$2.60	N
81025	URINE PREGNANCY TEST	$3.45	N
82270	BLOOD, OCCULT; FECES	$3.30	N
82465	ASSAY SERUM CHOLESTEROL	$5.65	N
82947	GLUCOSE TEST (QUANTITATIVE)	$5.10	N
82948	STICK ASSAY OF BLOOD GLUCOSE	$2.30	N
82950	GLUCOSE TEST	$6.20	N
82951	GLUCOSE TOLERANCE TEST	$16.80	N
82962	GLUCOSE,BLD GLUC MONIT DEVICE	$2.25	N
85007	DIFFERENTIAL WBC COUNT	$3.50	N
85013	BLOOD COUNT;SPUN MICROHEMATOCR	$3.10	N
85014	HEMATOCRIT	$3.10	N
85018	HEMOGLOBIN, COLORIMETRIC	$3.10	N
85025	AUTOMATED HEMOGRAM	$7.65	N
85027	HEMOGRAM AUTOMATED & PLATELET	$7.65	N
85031	MANUAL HEMOGRAM,COMPLETE CBC	$7.65	N
85041	RED BLOOD CELL (RBC) COUNT	$2.30	N
85048	WHITE BLOOD CELL (WBC) COUNT	$2.30	N
86403	PARTICLE AGGLUTINATION	$6.00	N
86580	TUBERCULOSIS SKIN TEST	$4.00	N
86585	TB TINE TEST	$4.00	N
86588	STREPTOCOCCUS, SCREEN, DIRECT	$4.20	N
87070	CULTURE SPECIMEN, BACTERIA	$6.20	N
87081	BACTERIA CULTURE SCREEN	$5.80	N
87210	SMEAR, STAIN & INTERPRET	$4.70	N
87220	TISSUE FOR FUNGI	$4.70	N
90632	HEPATITUS A VACCINE, ADULT DOSAGE, INTRAMUSCULAR USE	$56.15	N
90633	HEPATITUS A VACCINE, PEDS/ADOLESCENT DOSAGE-2 DOSE SCHED IM	$28.05	N
90634	HEPATITIS A VACCINE PED/ADOL DOSAGE 3 DOSE SCHEDULE IM USE	$28.05	N
90645	HEMOPHILUS FLU B VACCINE, HBOC CONJUGATE (4 DOSE),INTRAMUSCU	$6.40	N
90646	HEMOPHILUS FLU B VACCINE, PRP-D CONJUGATE BOOSTER ONLY IM	$6.40	N
90647	HEMOPHILUS FLU B VACCINE, PRP-D CONJUGATE (3 DOSE SCH) IM	$6.40	N
90648	HEMOPHILUS FLU B VACCINE, PRP-D CONJUGATE (4 DOSE SCH) IM	$6.40	N
90657	FLU VIRUS VACCINE, SPLIT VIRUS, 6-35 MOS DOSE IM/JET INJECT	$5.65	N
90658	FLU VIRUS VACCINE, SPLIT VIRUS, 3 YRS+ DOSE IM/JET INJECT	$5.65	N
90659	FLU VIRUS VACCINE, WHOLE VIRUS, INTRAMUSCULAR/JET INJECT	$5.65	N
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLY-VALENT, INTRAMUSCULAR	$6.40	N
90675	RABIES VACCINE, INTRAMUSCULAR	$0.00	Y

HCPCS	Description	Rate	HP
90676	RABIES VACCINE, INTRADERMAL	$0.00	Y
90700	IMMUNIZ ACTIVE DTAP	$6.40	N
90701	IMMUNIZATION ACTIVE DTP	$6.40	N
90702	IMMUNIZATION DT	$2.70	N
90703	IMMUNIZATION TETANUS TOXOID	$1.85	N
90704	IMMUNIZATION MUMPS VIR VAC LIV	$6.40	N
90705	IMMUNIZATION MEASLES VIRUS VAC	$6.40	N
90706	IMMUNIZATION RUBELLA VIRUS VAC	$6.40	N
90707	IMMUNIZATION MEASLES-MUMPS-RUB	$6.40	N
90708	IMMUNIZATION MEASLES-RUBELLA	$6.40	N
90709	IMMUNIZATION RUBELLA-MUMPS	$6.40	N
90712	IMMUNIZATION POLIOVIRUS ORAL	$6.40	N
90713	IMMUNIZATION POLIOMYELITIS VAC	$6.40	N
90716	VARICELLA CHICKEN POX VACCINE	$6.40	N
90718	IMMUNIZATION TETANUS-DIP ADULT	$2.70	N
90732	IMMUNIZATION PNEUMOCOCCAL VAC	$6.40	N
90733	IMMUNIZATION MENINGOCOCCAL POL YSACCHARIDE VACCINE	$85.00	N
90744	IMMUN., ACTIVE HEPATITIS B VACCINE	$6.40	N
90746	IMMUN., ACTIVE HEPATITIS B VACCINE	$6.40	N
90747	IMMUN. ACTIVE HEP B VACCINE, DIALYSIS OR IMMUNO SUP PATIENT	$6.40	N
90748	IMMUNIZATION ACTIVE HEPATITIS B & HEMO FLU B VACCINE	$6.40	N
90782	INJECTION OF MEDICATION	$0.00	Y
90788	INJECTION OF ANTIBIOTIC	$0.00	Y
92551	PURE TONE HEARING TEST, AIR	$15.20	N
94640	NONPRESSURIZED INHALATION TREA	$14.50	N
94760	NONINV EAR/PULSE OXIM SINGLE	$4.40	N
95115	IMMUNOTHERAPY NO PROVISION	$6.50	N
95117	IMMUNOTHERAPY ALLERG NOT MULTI	$8.30	N
96110	DEVELOP. TESTING; LIMITED W/ I NTERPRETATION AND REPORT	$16.10	N
96111	DEVELOP. TESTING; EXTENDED W/ INTERP & REPORT, PER HOUR	$16.10	N
99173	SCREENING TEST VISUAL ACUITY BILAT QUANT W/ GRADUATED STIM	$7.45	N
99201	E/M OFFICE/OH VISIT NEW PT	$27.95	N
99202	E/M OFFICE/OH VISIT NEW PT	$32.00	N
99203	E/M OFFICE/OH NEW PATIENT	$41.60	N
99204	E/M OFFICE NEW PATIENT OH	$66.40	N
99205	E/M OFFICE/OH VISIT NEW PT	$70.85	N
99211	E/M OFFICE/OH VISIT EST PT	$12.30	N
99212	E/M OFFICE/OH VISIT EST PT	$24.25	N
99213	E/M OFFICE/OH VISIT EST PT	$28.35	N
99214	E/M OFFICE/OH VISIT EST PT	$42.50	N
99215	E/M OFFICE/OH VISIT EST PT	$48.00	N
99381	INITIAL EVAL HEALTHY INFANT	$32.15	N
99382	INITIAL EVAL HEALTHY CHILD	$32.15	N
99383	INITIAL EVAL HEALTHY CHILD	$32.15	N
99384	INITIAL EVAL HEALTHY ADOLESC	$32.15	N
99385	INITIAL EVAL HEALTHY /18-20 YR	$32.15	N
99391	PERIODIC REEVAL ESTAB INFANT	$32.15	N
99392	PERIODIC REEVAL HEALTHY CHILD	$32.15	N
99393	PERIODIC REEVAL HEALTHY CHILD	$32.15	N
99394	PERIODIC REEVAL HEALTHY ADOLES	$32.15	N
99395	PERIODIC REEVAL/MGMT. 18-20 YR	$32.15	N

HCPCS	Description	Rate	HP
99420	ADM/INTERP HEALTH RISK ASSESS	$14.60	N
J1050	INJ DEPO-PROV AG TO 100MG	$32.70	N
J1055	INJ MEDROXYPROGESTERONE ACETATE FOR CONTRAC USE, 150 MG	$52.00	N
J1056	INJ MEDROCYPRUGESTERONE ACETATE ESTRADIL CYPLONATE 5 MG/25MG	$26.05	N
S9117	BACK SCHOOL, PER VISIT	$0.00	Y
W7375	BLOOD LEAD DRAW	$4.10	N
W7454	FAMILY PLANNING VISIT	$46.65	N
W7598	MINIMAL FAMILY PLANNING VISIT	$12.30	N
60009903	ORAL CONTRACEPTIVES	$0.00	Y