

CPT	Description	Suggested
10060	INCISION AND DRAINAGE OF ABSCESS SIMPLE	160
10061	INCISION AND DRAINAGE OF ABSCESS COMPLICATED	270
10120	REMOVE FOREIGN BODY, SUBCUTANEOUS	200
11000	DEBRIDE INFECTED SKIN	72
11042	WOUND CARE <20 SQ CM	170
11200	REMOVAL OF SKIN TAGS UP TO 15	120
11201	REMOVAL OF SKIN TAGS 16+	25
11300	SHAVE SKIN LESION < 0.5 CM	130
11301	SHAVE SKIN LESION < 0.6-1.0	160
11302	SHAVE SKIN LESION < 1.1-2.0	180
11303	SHAVE SKIN LESION < 2.1-3.0	200
11305	SHAVE SKIN LESION < 0.5 CM	135
11306	SHAVE SKIN LESION < 0.6-1.0 CM	160
11307	SHAVE SKIN LESION < 1.1-2.0 CM	185
11308	SHAVE SKIN LESION < 2.1-3.0 CM	195
11400	EXCISION BENIGN LESION < 0.5 CM SEBACEOUS CYST	170
11401	EXCISION BENIGN LESION < 0.6-1.0 CM SEBACEOUS CYST	200
11402	EXCISION BENIGN LESION < 1.1-2.0 CM SEBACEOUS CYST	220
11403	EXCISION BENIGN LESION < 2.1-3.0 CM SEBACEOUS CYST	250
11404	EXCISION BENIGN LESION < 3.0-4.0 CM SEBACEOUS CYST	285
11406	EXCISION BENIGN LESION > 4.0 CM SEBACEOUS CYST	405
11420	EXCISION BENIGN H-F-NK-SP < 0.5 CM	165
11421	EXCISION BENIGN H-F-NK-SP < 0.6-1.0 CM	205
11422	EXCISION BENIGN H-F-NK-SP < 1.1-2.0 CM	230
11423	EXCISION BENIGN H-F-NK-SP < 2.1-3.0 CM	260
11424	EXCISION BENIGN H-F-NK-SP < 3.1-4.0 CM	300
11426	EXCISION BENIGN H-F-NK-SP > 4.0 CM	425
11600	EXCISION TR-EXT MAL < 0.5 CM	255
11601	EXCISION TR-EXT MAL < 0.6-1.0 CM	295
11602	EXCISION TR-EXT MAL < 1.1-2.0 CM	310
11603	EXCISION TR-EXT MAL < 2.1-3.0 CM	355
11604	EXCISION TR-EXT MAL < 3.1-4.0 CM	395
11606	EXCISION TR-EXT MAL > 4.0 CM	565

11620	EXCISION H-F-NK-SP MAL < 0.5	255
11621	EXCISION H-F-NK-SP < 0.6-1.0 CM	295
11622	EXCISION S/N/H/F/G MAL < 1.1-2.0 CM	320
11623	EXCISION S/N/H/F/G MAL < 2.1-3.0 CM	375
11426	EXCISION S/N/H/F/G MAL < 3.1-4.0 CM	425
11626	EXCISION S/N/H/F/G MAL > 4.0 CM	515
11730	REMOVAL OF NAIL PLATE	150
12001	WOUND CLOSURE (SUTURE, <2.5 CM IN LENGTH)	120
12002	SIMPLE REPAIR 2.6 TO 7.5 CM	130
15851	SUTURE REMOVAL	140
17000	DESTRUCTION PREMALG LESION	95
17110	DESTRUCTION OF BENIGN LESIONS 1-14 BIOFREEZE	145
17111	DESTRUCTION OF BENIGN LESIONS 14 + BIOFREEZE Biopsy Codes (punc	165
20600	ARTHROCENTESIS, ASPIRATION/INJECTION SMALL JOINT	65
20610	DRAIN/INJ JOINT BURSA W/O US	95
20612	ASPIRATE/INJ GANGLION CYST	95
29580	STRAPPING; UNNA BOOT	95
69200	CLEAR OUTER EAR CANAL FOREIGN BODY	110
69209	REMOVE IMPACTED EAR WAX UNILAT IRRIGATION (NURSE)	25
69210	REMOVE IMPACTED EAR WAX UNI (PROVIDER)	95
80305	DRUG SCREEN	20
81000	URINALYSIS DIP	5
82272	BLOOD, OCCULT, FECES SCREENING	10
82962	GLUCOSE, BLOOD, MONITORING DEVICE	5
83036	A1C IN HOUSE	30
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	20
87635	COVID PCR NAAT SPECIMEN COLLECTION	50
87804	INFECTIOUS AGENT ANTIGEN DETECTION - RAPID FLU	25
87880	STREP A RAPID ASSAY	25
90471	IMMUNIZATION ADMIN	5
90674	FLU VACCINE (NON-VDH STOCK)	25
92551	HEARING SCREEN (SCREENING TEST, PURE TONE, AIR ONLY)	15
93000	ELECTROCARDIOGRAM COMPLETE	20
94640	PRESSURIZED OR NONPRESSURIZED INHAL (NEB)	20

95115	IMMUNOTHERAPY INJECTION ALLERGEN	15
96127	BRIEF EMOTIONAL ASSESSMENT, PHQ-9/GAD-7	10
96372	INJECTION ADMIN	20
97802	NUTRITION THERAPY INITIAL ASSESSMENT 15 MINS	50
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT & INTERVENTION	40
99173	SNELL EYE CHART-VISION SCREEN	5
99201	OFFICE VISIT LV1 - NEW PATIENT >20YRS (NURSE)	50
99202	OFFICE VISIT LV2 - NEW PATIENT >20YRS 15-29 MINUTES	70
99203	OFFICE VISIT LV3 - NEW PATIENT >20YRS 30-44 MINUTES	110
99204	OFFICE VISIT LV4 - NEW PATIENT >20YRS 45-59 MINUTES	160
99205	OFFICE VISIT LV5 - NEW PATIENT >20YRS 60+ MINUTES	215
99211	OFC VISIT LV1 - ESTABLISHED PATIENT >20YRS NURSE	25
99212	OFC VISIT LV2 - ESTAB PATIENT >20YRS 10-19 MINUTES	55
99213	OFC VISIT LV3 - ESTAB PATIENT >20YRS 20-29 MINUTES	90
99214	OFC VISIT LV4 - ESTAB PATIENT >20YRS 30-39 MINUTES	125
99215	OFC VISIT LV5 - ESTAB PATIENT >20YRS 40 + MINUTES	175
99384	NEW PATIENT, PREVENTIVE WELLNESS EXAM, ADOLESCENT	130
99385	NEW PATIENT, PREVENTIVE WELLNESS EXAM, AGES 18-39	125
99386	NEW PATIENT, PREVENTIVE WELLNESS EXAM, AGES 40-64	150
99395	ESTABLISHED PATIENT PREVENTIVE EXAM, AGES 18-39	125
99396	ESTABLISHED PATIENT PREVENTIVE EXAM, AGES 40-64	125
99397	ESTABLISHED PATIENT PREVENTIVE EXAM, AGES 65+	0
99406	SMOKING CESSATION 3-10 MIN	20
99407	SMOKING CESSATION GREATER THAN 10 MIN	30
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	60
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVEN >30 MIN	120
99441	PHONE E/M PHYS/QHP 5-10 MIN	0
99442	PHONE E/M PHYS/QHP 11-20 MIN	0
99443	PHONE E/M PHYS/QHP 21-30 MIN	0
99444	ONLINE E/M PHYS/QHP	0
G0101	CERVICAL SCREEN/PELVIC/BREAST EXAM	95
J0696	ROCEPHIN INJECTION	20
J1020	METHYLPREDNISOLONE 20 MG INJ	5
J1030	DEPO-MEDROL,40MG, INJECTION	5

J1040	DEPO-MEDROL,80MG INJECTION	5
J1100	DEXAMETHASONE/DECADRON 4MG	5
J1885	TORADOL,15MG INJECTION	5
J2001	LIDOCAINE INJECTION	5
J2550	PROMETHAZINE HCL INJECTION	5
MISCBOONE	BOONE DOMINION EMPLOYEE VISIT	35
MISCYMCA	YMCA EMPLOYEE PPD	20
MISCHIGH2	OFFICE VISIT HIGH DEDUCTIBLE INSURANCE 0-200%	25
MISCHIGH3	OFFICE VISIT HIGH DEDUCTIBLE INSURANCE 201-300%	35
MISCHIGH4	OFFICE VISIT HIGH DEDUCTIBLE INSURANCE 301-400%	55
MISCOVER	OFFICE VISIT 401-500%	75
MISCNURSE	NURSE VISIT, QUICK CHECK	5
MISCPPD	PRE-EMPLOYMENT PPD	25
MISCRECORD	MEDICAL RECORD COPY	15
MISCSPORTS	SPORT PHYSICAL	25
MISCWALK	WALK-IN WITH NO INCOME VERIFICATION	95
MISCFREE	NO CHARGE, INDIGENT UNINSURED PATIENT, 0-300% FPL	0
MISCCOVID	NO CHARGE, COVID RAPID TEST, VACCINE	0