

CY 2022 - Attachment 1 - Prop 56 Directed Fee Schedules

Procedure Code	Description	Uniform Dollar Amount
99202	Office/Outpatient Visit New	\$35.00
99203	Office/Outpatient Visit New	\$43.00
99204	Office/Outpatient Visit New	\$83.00
99205	Office/Outpatient Visit New	\$107.00
99211	Office/Outpatient Visit Est	\$10.00
99212	Office/Outpatient Visit Est	\$23.00
99213	Office/Outpatient Visit Est	\$44.00
99214	Office/Outpatient Visit Est	\$62.00
99215	Office/Outpatient Visit Est	\$76.00
90791	Psychiatric diagnostic evaluation	\$35.00
90792	Psychiatric diagnostic evaluation w/ medical services	\$35.00
99381	Initial comprehensive preventive med E&M (<1 year old)	\$77.00
99382	Initial comprehensive preventive med E&M (1-4 years old)	\$80.00
99383	Initial comprehensive preventive med E&M (5-11 years old)	\$77.00
99384	Initial comprehensive preventive med E&M (12-17 years old)	\$83.00
99385	Initial comprehensive preventive med E&M (18-39 years old)	\$30.00
99391	Periodic comprehensive preventive med reE&M (<1 year old)	\$75.00
99392	Periodic comprehensive preventive med reE&M (1-4 years old)	\$79.00
99393	Periodic comprehensive preventive med reE&M (5-11 years old)	\$72.00
99394	Periodic comprehensive preventive med reE&M (12-17 years old)	\$72.00
99395	Periodic comprehensive preventive med reE&M (18-39 years old)	\$27.00

Type of Procedure	Number of Specific CDT Codes	Uniform Dollar Amount Increase
Restorative	35 CDT codes	Equal to 40% of SMA
Endodontic	18 CDT codes	Equal to 40% of SMA
Prosthetic	76 CDT codes	Equal to 40% of SMA
Oral and Maxillofacial Surge	111 CDT codes	Equal to 40% of SMA
Adjunctives	15 CDT codes	Equal to 40% of SMA
	2 CDT codes	Equal to 60% of SMA
	1 CDT Code (D9220)	\$148.65
	1 CDT Code (D9221)	\$110.99
Visits and Diagnostics	5 CDT codes	Equal to 20% of SMA
	1 CDT Code (D0120)	\$30.00
	1 CDT Code (D0145)	\$39.00
	1 CDT Code (D0150)	\$41.00
	1 CDT Code (D0350)	\$3.60
	1 CDT Code (D0230)	\$1.05
Preventive	1 CDT Code (D1110)	\$50.00
	1 CDT Code (D1206)	\$12.00
	1 CDT Code (D1208)	\$9.00
Orthodontics	10 CDT codes	Equal to 40% of SMA
Periodontics	3 CDT codes	Equal to 40% of SMA

Procedure Code	Description	Uniform Dollar Amount
96110 (absent modifier "KX")	Developmental Screening, with scoring and documentation, per standardized instrument	\$59.90

Procedure Code	Description	Supplemental Payment
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727.00
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053.00
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426.00
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271.00
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671.00
J3490U8	DEPO-PROVERA	\$340.00
J7294	CONTRACEPTIVE VAGINAL RING: SEGESTERONE ACETATE AND ETHINYL ESTRADIOL	\$301.00
J7295	CONTRACEPTIVE VAGINAL RING: ESTRADIOL	\$301.00
J7304U1	CONTRACEPTIVE PATCH: NORELGESTROMIN AND ETHINYL ESTRADIOL	\$110.00
J7304U2	CONTRACEPTIVE PATCH: LEVONORGESTREL AND ETHINYL ESTRADIOL	\$110.00
J3490U5	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 mg	\$72.00
J3490U6	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 mg (2) & 1.5 mg (1)	\$50.00
11976	REMOVE CONTRACEPTIVE CAPSULE	\$399.00
11981	INSERT DRUG IMPLANT DEVICE	\$835.00
58300	INSERT INTRAUTERINE DEVICE	\$673.00
58301	REMOVE INTRAUTERINE DEVICE	\$195.00
81025	URINE PREGNANCY TEST	\$6.00
55250	REMOVAL OF SPERM DUCT(S)	\$521.00
58340	CATHETER FOR HYSTEROGRAPHY	\$371.00
58600	DIVISION OF FALLOPIAN TUBE	\$1,515.00
58615	OCCLUDE FALLOPIAN TUBE	\$1,115.00
58661	LAPAROSCOPY REMOVE ADNEXA	\$978.00
58670	LAPAROSCOPY TUBAL CAUTERY	\$843.00
58671	LAPAROSCOPY TUBAL BLOCK	\$892.00
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216.00