

Challis Area Health Center Fee Schedule Effective 10/1/2020

CPT	Description	2020/21 Fee
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	219
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	378
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	280
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	326
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	266
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	270
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	90
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	195
11103	TANGENTIAL BIOPSY SKIN SINGLE EA SEP/ADDITIONAL LESION	99
11104	PUNCH BIOPSY SKIN SINGLE LESION	207
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL SINGLE LESION	110
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	247
11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL SINGLE LESION	115
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	155
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	138.03
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	185
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	175
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	171.05
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	192
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	201.39
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	218.5
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	289
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	340
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	211
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	270
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	296
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	298
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	417
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1 TO 3.0 CM	477
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	398.61
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	448.61
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	42
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	65
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	190
11765	WEDGE EXCISION SKIN NAIL FOLD	279
11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	269
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	300
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	258.3
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	273.35
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	359
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	587.5
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	285

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12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	345
12031	REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK AND/O	455
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	513
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	841.67
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	435
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	520
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	543
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	588
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	150
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	153
16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	547.22
17000	DESTRUCTION PREMALIGNANT LESION 1ST	136
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	22
17004	DESTRUCTION PREMALIGNANT LESION 15/>	337.5
17110	DESTRUCTION BENIGN LESIONS UP TO 14	209.27
20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	1476.71
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	150
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	122
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	179
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	153
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	218
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	152
21931	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	1255.85
23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	499.21
23650	CLSD TX SHOULDER DISC W/MANIPULATION W/O ANES	2090
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	1760.29
29065	APPLICATION CAST SHOULDER HAND LONG ARM	210
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	221
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	154
29130	APPLICATION OF FINGER SPLINT	81
29260	STRAPPING ELBOW/WRIST	98.01
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	194
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	161
29515	APPLICATION OF SHORT LEG SPLINT	166
29580	STRAPPING UNNA BOOT	95
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	167.27
30100	BIOPSY INTRANASAL	275.74
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	384.21
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	272
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	488
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	526.65

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30906	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	603.75
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	1075
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	60
36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL	27
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	16
36415,SPECLAB	LAB DRAW FOR SPECTRA LABS	19.4
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	10
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	56.33
40800	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	341.08
51701	INSJ NON-NDWELLG BLADDER CATHETER	192
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	216.93
51705	CHANGE CYSTOSTOMY TUBE SIMPLE	225
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVICE	169.25
58301	REMOVAL INTRAUTERINE DEVICE IUD	225
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	875
59426	ANTEPARTUM CARE ONLY 7/> VISITS	1650
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	285.52
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	4053.01
64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	303.74
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	186.88
65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	148
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	372.44
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	256
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	37
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	125
70140	RADIOLOGIC EXAM,FACIAL BONES LESS T	100.2
70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	120.73
70250	RADIOLOGIC EXAMINATION SKULL 4/> VIEWS	95.37
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	50
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	74
71100	RADEX RIBS UNILATERAL 2 VIEWS	75
71110	RADEX RIBS BILATERAL 3 VIEWS	113.48
72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	50
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	100
72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	139
72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	179
72070	RADEX SPINE THORACIC 2 VIEWS	85
72082	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	152
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	104
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	141
72114	RADEX SPINE LUMBSACL COMPL W/BENDING VIEWS MIN 6	184

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72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	84
73000	RADEX CLAVICLE COMPLETE	74
73020	RADEX SHOULDER 1 VIEW	71.23
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	83
73060	RADEX HUMERUS MINIMUM 2 VIEWS	74
73070	RADEX ELBOW 2 VIEWS	72
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	97
73090	RADEX FOREARM 2 VIEWS	79
73100	RADEX WRIST 2 VIEWS	80
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	96
73120	RADEX HAND 2 VIEWS	70
73130	RADEX HAND MINIMUM 3 VIEWS	84
73140	RADEX FINGR MINIMUM 2 VIEWS	82
73501	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	96.58
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	104
73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	167.81
73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	97
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWSS	119
73523	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	184.71
73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	90.54
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	78
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	87
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	105
73590	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	85
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	87
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	95
73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	129
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	81
73650	RADEX CALCANEUS MINIMUM 2 VIEWS	65.46
73660	RADEX TOE MINIMUM 2 VIEWS	68
74018	RADIOLOGIC EXAM, 1V ABD	66
74019	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	70
74021	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	142.46
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	70.48
80050	GENERAL HEALTH PANEL	118
80053	COMPREHENSIVE METABOLIC PANEL	63
80061	LIPID PANEL	57
80069	RENAL FUNCTION PANEL	51
80074	ACUTE HEPATITIS PANEL	501.68
80076	HEPATIC FUNCTION PANEL	56
80081	OBSTETRIC PANEL	506.37

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80156	DRUG ASSAY CARBAMAZEPINE TOTAL	97.37
80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80.26
80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	116
80165	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	82.89
80175	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	120.36
80178	DRUG SCREEN QUANTITATIVE LITHIUM	62.99
80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	88.16
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	50
80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	107.89
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	113.16
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	75
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	100.75
80323	ALKALOIDS NOT OTHERWISE SPECIFIED	126.32
80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	100
80361	DRUG SCREENING OPIATES 1 OR MORE	161.84
80365	DRUG SCREENING OXYCODONE	92.11
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	17
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	13
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	24
81162	BRCA1&BRCA2 FULL SEQ ANALYS/FULL DUP/DEL ANALYS	5928.95
81240	F2 GENE ANALYSIS 20210G >A VARIANT	220.51
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	294.02
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	534.31
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	457.89
82024	ADRENOCORTICOTROPIC HORMONE ACTH	161.98
82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD	51.38
82043	URINE ALBUMIN QUANTITATIVE	48
82075	ASSAY OF ALCOHOL BREATH	52.63
82075,BMR	BAT BLUE MTN REFUSE	28
82075,BPH	BREATH ETOH BENGAL PHARMACY	28
82075,CITY	BAT CITY OF CHALLIS	28
82075,RNB	CUSTER CO ROAD AND BRIDGE ALCOHOL TESTING	28
82075,SAFE	BREATH ALCOHOL TEST FOR SAFE HAVEN	28
82075,SRE	BAT SALMON RIVER ELECTRIC	28
82085	ASSAY OF ALDOLASE	71.99
82105	ALPHA-FETOPROTEIN SERUM	147.36
82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	252.63
82140	ASSAY OF AMMONIA	60
82150	ASSAY OF AMYLASE	49.49
82172	APOLIPOPROTEIN EACH	25
82175	ASSAY OF ARSENIC	182.23

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82247	BILIRUBIN TOTAL	20
82248	BILIRUBIN DIRECT	29.31
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	30
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	116.99
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	123
82310	CALCIUM TOTAL	22
82330	CALCIUM IONIZED	80
82331	CALCIUM AFTER CALCIUM INFUSION TEST	22.37
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	35
82365	CALCULUS INFRARED SPECTROSCOPY	96.74
82374	CARBON DIOXIDE BICARBONATE	34.21
82397	CHEMILUMINESCENT ASSAY	95.62
82523	COLLAGEN CROSS LINKS ANY METHOD	140.79
82533	CORTISOL TOTAL	112.49
82542	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	118.11
82550	CREATINE KINASE TOTAL	35
82553	CREATINE KINASE MB FRACTION ONLY	30
82565	CREATININE BLOOD	29
82570	CREATININE OTHER SOURCE	55.15
82607	CYANOCOBALAMIN VITAMIN B-12	92.9
82627	DEHYDROEPIANDROSTERONE-SULFATE	213.72
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	319.46
82670	ASSAY OF ESTRADIOL	155
82672	ASSAY OF ESTROGENS TOTAL	193.48
82728	ASSAY OF FERRITIN	94.75
82746	ASSAY OF FOLIC ACID SERUM	83.35
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	60.75
82785	ASSAY OF GAMMAGLOBULIN IGE	101.28
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	18
82948	GLUCOSE BLOOD REAGENT STRIP	15
82950	GLUCOSE POST GLUCOSE DOSE	16
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	37
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	19
82977	ASSAY OF GLUTAMYLTRASE GAMMA	50.62
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	134.98
83002	GONADOTROPIN LUTEINIZING HORMONE	134.74
83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE	112.49
83013	HELICOBACTER PYLORI, UREA BREATH TEST	227.22
83036	HEMOGLOBIN GLYCOSYLATED A1C	41
83090	ASSAY OF HOMOCYSTEINE	227.22
83516	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	66

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83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	260.45
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	170.98
83525	ASSAY OF INSULIN TOTAL	28
83540	ASSAY OF IRON	28.77
83550	IRON BINDING CAPACITY	38.88
83615	LACTATE DEHYDROGENASE LDH	51
83655	ASSAY OF LEAD	30
83690	ASSAY OF LIPASE	65.24
83704	LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	50
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	52
83735	ASSAY OF MAGNESIUM	25
83789	MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	64.47
83825	ASSAY OF MERCURY QUANTITATIVE	155.23
83874	MYOGLOBIN	90
83880	NATRIURETIC PEPTIDE	100
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	168.17
83921	ORGANIC ACID 1 QUANTITATIVE	269.96
83930	ASSAY OF OSMOLALITY BLOOD	67.5
83935	ASSAY OF OSMOLALITY URINE	85.49
83970	ASSAY OF PARATHORMONE	115
84075	ASSAY OF PHOSPHATASE ALKALINE	20.19
84100	ASSAY OF PHOSPHORUS INORGANIC	20
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	18.76
84134	PREALBUMIN	118
84144	ASSAY OF PROGESTERONE	104.08
84146	ASSAY OF PROLACTIN	82
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	81.58
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	70
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	93.37
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	44.31
84207	ASSAY OF PYRIDOXAL PHOSPHATE	251.97
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	112.49
84300	ASSAY OF URINE SODIUM	54
84305	ASSAY OF SOMATOMEDIN	200.22
84402	ASSAY OF TESTOSTERONE FREE	132.69
84403	ASSAY OF TESTOSTERONE TOTAL	80
84425	ASSAY OF THIAMINE-VITAMIN B-1	164.23
84432	ASSAY OF THYROGLOBULIN	95
84436	ASSAY OF THYROXINE TOTAL	49.49
84439	ASSAY OF FREE THYROXINE	55
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	55

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84445	THYROID STIMULATING IMMUNE GLOBULINS TSI	446.58
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	26.42
84460	TRANSFERASE ALANINE AMINO ALT SGPT	17
84466	ASSAY OF L7383TRANSFERRIN	40
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	50.62
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	129.36
84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	226.1
84482	TRIIODOTHYRONINE T3 REVERSE	281.33
84484	ASSAY OF TROPONIN QUANTITATIVE	50
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	20
84550	ASSAY OF BLOOD/URIC ACID	29
84681	ASSAY OF C-PEPTIDE	96
84702	GONADOTROPIN CHORIONIC QUANTITATIVE	50
84703	GONADOTROPIN CHORIONIC QUALITATIVE	40
85013	BLOOD COUNT SPUN MICROHEMATOCRIT	15.79
85014	BLOOD COUNT HEMATOCRIT	8
85018	BLOOD COUNT HEMOGLOBIN	10
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC	35
85045	BLOOD COUNT RETICULOCYTE AUTOMATED	40.5
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	5.84
85049	BLOOD COUNT PLATELET AUTOMATED	28.95
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	241.84
85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	103.95
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY	223.85
85306	CLOTTING INHIBITORS PROTEIN S FREE	240.72
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	147.36
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET	106.58
85610	PROTHROMBIN TIME	25
85613	RUSSELL VIPER VENOM TIME DILUTED	73.78
85651	SEDIMENTATION RATE RBC NON-AUTOMATED	27
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	51.74
86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	18.99
86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	32.33
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	142.85
86038	ANTINUCLEAR ANTIBODIES ANA	35
86039	ANTINUCLEAR ANTIBODIES ANA TITER	18
86140	C-REACTIVE PROTEIN	50
86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	134.23
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS	97.75
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	106.11

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86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	108
86225	DNA ANTIBODY NATIVE/DOUBLE STRANDED	66
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	80
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	151.86
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	131.58
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	191.22
86308	HETEROPHILE ANTIBODIES SCREEN	20
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	153.95
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	38.95
86318	IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP	55
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM	213.72
86337	INSULIN ANTIBODIES	180.26
86341	ISLET CELL ANTIBODY	237.35
86355	B CELLS TOTAL COUNT	128.95
86357	NATURAL KILLER CELLS TOTAL COUNT	103.95
86359	T CELLS TOTAL COUNT	147.37
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	148
86376	MICROSOMAL ANTIBODIES EACH	124.86
86431	RHEUMATOID FACTOR QUANTITATIVE	56
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	336.34
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	25
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	49
86606	ANTIBODY ASPERGILLUS	62.24
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	69.21
86617	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	112.49
86618	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	178.85
86644	ANTIBODY CYTOMEGALOVIRUS CMV	112.49
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	134.98
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	108.1
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	122.86
86677	ANTIBODY HELICOBACTER PYLORI	50
86696	ANTIBODY HERPES SEMPLX TYPE 2	90.64
86703	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	45
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	95.62
86706	HEPATITIS B SURF ANTIBODY HBSAB	87.73
86708	HEPATITIS A ANTIBODY HAAB	110.24
86735	ANTIBODY MUMPS	132.74
86762	ANTIBODY RUBELLA	52
86765	ANTIBODY RUBEOLA	136.1
86780	ANTIBODY TREPONEMA PALLIDUM	40
86784	ANTIBODY TRICHINELLA	92.11

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CPT	Description	2020/21 Fee
86787	ANTIBODY VARICELLA-ZOSTER	148.48
86800	THYROGLOBULIN ANTIBODY	115.86
86803	HEPATITIS C ANTIBODY	145.11
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	37
86900	BLOOD TYPING SEROLOGIC ABO	32
86901	BLOOD TYPING SEROLOGIC RH (D)	38
87015	CONCENTRATION INFECTIOUS AGENTS	35.4
87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	52.87
87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	75.37
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	83.24
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	115.29
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	39.65
87081	CUL PRSMPTV PTHGNC ORGANISM SCRNV/ COLONY ESTIMJ	22
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	60.75
87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	34.87
87101	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	112.2
87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	106.22
87140	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	65.24
87147	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	32.62
87168	MACROSCOPIC EXAMINATION ARTHROPOD	44.74
87169	MACROSCOPIC EXAMINATION PARASITE	30.26
87177	OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	58.86
87181	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	27.63
87186	SUSCEPTBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	70.87
87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	45.38
87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	118.87
87210	SMR PRIM SRC WET MOUNT NFCT AGT	10
87220	TISS KOH SLIDE SAMP SKN/HR/NLS FNGI/ECTOPARASIT	25
87230	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	144.74
87272	IAADI CRYPTOSPORIDIUM	63.59
87324	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	132.98
87329	IAAD IA GIARDIA	93.36
87338	IAAD IA HPYLORI STOOL	200.22
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	50
87385	IAAD IA HISTOPLASM CAPSULATUM	147.37
87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	108.16
87427	IAAD IA SHIGA-LIKE TOXIN	114.73
87430	IAAD IA STREPTOCOCCUS GROUP A	35
87449	IAAD IA MULT STEP METHOD NOS EACH ORGANISM	132.99
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	103.49
87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	183

Challis Area Health Center Fee Schedule Effective 10/1/2020

CPT	Description	2020/21 Fee
87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	446.58
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	571.43
87530	NUCLEIC ACID DETECTION; HERPES SIMPLEX VIRUS, QUANTIFICATION	211.84
87591	IADNA NEISSERIA GONORRHOEA AMPLIFIED PROBE TQ	103.48
87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	131.58
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	130.87
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	130.87
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	51.31
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	75
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	87
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	132.89
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	75
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	94.23
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	90.56
87804	IAADIADOO INFLUENZA	34
87807	IAADIADOO RESPIRATORY SYNCYTIAL VIRUS	30
87880	IAADIADOO STREPTOCOCCUS GROUP A	37.8
87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	696.05
88104	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	244.74
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	60
88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	109.66
89055	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	62.99
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	42
90471,FLU	INFLUENZA ADMINISTRATION	19.91
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	20
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	67.35
90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	67
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	25
90658	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	25
90662	IIV VACCINE PRESERV FREE INCREASED AG COUNT IM	67.08
90674	CCIIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	32.15
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	26
90715	TDAP VACCINE 7 YRS/> IM	58
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	225
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	101.73
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	132
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	135.33
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	202.74
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	211.64
92552	PURE TONE AUDIOMETRY AIR ONLY	42.35
92950	CARDIOPULMONARY RESUSCITATION	686.16

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CPT	Description	2020/21 Fee
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	50
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	28
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	61
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	24
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	49.79
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	95
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRONCDILAT ADMIN	155
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	38.3
94618	PULMONARY STRESS TESTING	66
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	38
95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	13
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	25
95992	CANALITH REPOSITIONING PROCEDURE	64.04
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	15
96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 1ST ASSMT	33.59
96152	HLTH&BEHAVIOR IVNTJ EA 15 MIN INDIV	30.49
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	10
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	102
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	27
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	129
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	45
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	101
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	40
96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	71.5
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	172
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	77.76
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	5.6
99000,1ST	1ST FRUITS COLLECTION	30
99000,ACG	ACG, INC. THROUGH SAFE TRACK	30
99000,ADA	ADA COUNTY DRUG SCREEN COLLECTION	30
99000,BAV	DSC BLACK & VEATCH ACCT 80800	30
99000,BMR	BLUE MTN REFUSE COLLECTION	30
99000,BPH	BENGAL PHARMACY COLLECTION	30
99000,CITY	CITY OF CHALLIS COLLECTION	30
99000,CTC	CUSTERTEL COLLECTION	30
99000,DEBCO	DEBCO CONSTRUCTION COLLECTION	30
99000,DOL	DEPT. OF LABOR	30
99000,DP	DRUG SCREEN COLLECTION FOR DIAMOND PEAK	30
99000,GALELIM	COLLECTION FOR GALE LIM CONSTRUCTION	30
99000,IDT	COLLECTION FOR ID DEPT TRAN (HWY DEPT)	30
99000,IMCO	IMCO GENERAL CONSTRUCTION	30

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CPT	Description	2020/21 Fee
99000,IPLH	IDAHO PRECISION LOG HOME, LLC DRUG SCREEN	30
99000,ITD	IDAHO TRANSPORTATION DEPT. DOT DRUG SCREEN	30
99000,K9PIPE	K9 PIPE INSPECTIONS FOR DRUG FREE IDAHO	30
99000,KMB	KIMBLE OIL COLLECTION	30
99000,LRMC	LOST RIVER MED CTR COLLECTION	30
99000,MFA	DRUG SCREEN FOR MIDDLE FORK AVIATION	30
99000,NWTC	NORTHWEST TRAFFIC CONTROL COLLECTION	30
99000,PEM	PEMBROOK COLLECTION	30
99000,RNB	CUSTER COUNTY ROAD AND BRIDGE COLLECTION	30
99000,SAFE	SAFE HAVEN COLLECTION	30
99000,SCH	SCHOOL DIST 181 CHALLIS, COLLECTION	30
99000,SRE	SALMON RIVER ELECTRIC COLLECTION	30
99000,SRP	SALMON RIVER PROPANE COLLECTION	30
99000,SS88	STINKER STATION, CHALLIS, COLLECTION	30
99000,SWE	SOUTHWEST ENERGY COLLECTION	30
99000,TCM	DRUG SCREEN COLLECTION THOMPSON CREEK MINE	30
99000,TCP	T-CUP COLLECTION	30
99000,TDCI	DRUG SCREEN COLLECTION TANDEM DIABETES CARE, INC.	30
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	65.91
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	42
99058	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	59.92
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	44
99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	165
99202	OFFICE OUTPATIENT NEW 20 MINUTES	138
99203	OFFICE OUTPATIENT NEW 30 MINUTES	199
99204	OFFICE OUTPATIENT NEW 45 MINUTES	304
99205	OFFICE OUTPATIENT NEW 60 MINUTES	400
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	40
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	85
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	135
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	200
99215	OFFICE OUTPATIENT VISIT 40 MINUTES	308
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	457
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	211
99348	HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES	127.82
99349	HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES	206.02
99354	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON 1ST HR	185.43
99355	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON ADDL 30	193.99
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	195
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	220
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	224

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CPT	Description	2020/21 Fee
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	250
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	245
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	282
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	289
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	185
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	190
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	195
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	216
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	220
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	230
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	252.02
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	70
99402	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN	120.3
99403	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN	150.38
99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN	174.44
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	50
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	65
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	87.22
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	154.89
99429	DOT/FAA PHYSICAL	150
99495	TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE	290
99496	TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE	410
99497	ADVANCE CARE PLANNING FIRST 30 MINS	127.59
99999X	CONFUSAQUE STERCORE	0
A4300	IV CATHETER	30
A4351	INTERMITTENT URINARY CATHETER/ STRA	4.35
A4355	FOLEY CATH	16.46
A4357	BEDSIDE DRAINAGE BAG	17.32
A4364	DERMABOND	9.4
A4467	BELT STRAP SLEEV GRMNT COVER	35
A4565	SLING	19.99
A4590	CASTING FIBERGLASS	75
A4615	NASAL CANNULA	3
A4620	NON-REBREATHER MASK ADULT	7
A4750	IV TUBING SET UP	75
A6238	HYDROCOLLOID DRESSING, WOUND COVER	36.76
A6257	TEGADERM-TRANSPARENT FILM	1.99
COUNALC	ALCOHOL USE CESSATION COUNSELING	0
COUNDRG	DRUG USE CESSATION COUNSELING	0
COUNTOB	TOBACCO USE CESSATION COUNSELING	0
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	43

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CPT	Description	2020/21 Fee
G0071	PMT COMMUNICATION TECH-BASED SERVICES 5 MIN OR MORE VIR	35.52
G0108	DIAB MANAGE TRN PER INDIV	127.01
G0402	WELCOME INITIAL PREV EXAM MEDICARE	285.04
G0438	MEDICARE INIT ANNUAL EXAM	308
G0439	SUBSEQUENT ANNUAL MEDICARE WELLNESS	231
G0444	ANNUAL DEPRESSION SCREENING, MEDICARE	40.01
G0466	FQHC VISIT, NEW PATIENT	232.65
G0467	FQHC VISIT, ESTABLISHED PATIENT	176.97
G0468	FQHC VISIT, IPPE OR AWV	228.9
G0469	FQHC VISIT, MENTAL HEALTH, NEW PATIENT	237.72
G0470	FQHC VISIT, MENTAL HEALTH, EST. PATIENT	185.06
G0511	CHRONIC CARE MANAGEMENT	92.57
H0001	INDIVIDUAL ASSESSMENT AND TREATMENT PLAN FOR SUBSTANCE A	50
J0171	INJECTION ADRENALIN EPINEPHRINE	8.98
J0690	CEFAZOLIN SODIUM	4.21
J0696	ROCEPHIN	15
J1100	DEXAMETHASONE SODIUM PHOS	2
J1170	HYDROMORPHONE INJECTION	6
J1200	DIPHENHYDRAMINE HCL 50 IV OR IM	4
J1642	HEP LOCK / J LOOP	0.6
J1644	HEPARIN PER 10K UNITS	1.5
J1650	LOVENOX 10MG SC	14.15
J1815	INSULIN	2.7
J1885	TORADOL PER 15 MG	8
J1940	LASIX UP TO 20MG	7
J2060	LORAZEPAM TABLETS	2.65
J2175	DERMROL PER 100MG	12.5
J2180	PROMETHAZINE UP TO 50 MG	78
J2250	MIDAZOLAM PER ML	5
J2270	MORPHINE UP TO 10 MG	6.66
J2310	NARCAN PER 1ML	19.99
J2405	ZOFRAN	2
J2550	PHENERGAN UP TO 50 MG	10
J2930	INJ. METHYLPREDNISOLONE UP TO 125MG	15
J3101	TENECTEPLASE INJECTION PER 1MG	474.96
J3105	TERBUTALINE SULFATE INJ	20.01
J3300	TRIMCINOLONE ACETONIDE 1MG (KENALOG)	8
J3301	KENALOG 10 MG	6
J3360	INJECTION, DIAZEPAM, UP TO 5MG	13.12
J3420	VITAMIN B12 INJECTION	10
J3475	MGSO4 500MG	2.81

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CPT	Description	2020/21 Fee
J3490	METOPROLOL PER 5MG	0
J7030	NORMAL SALINE	13.01
J7060	DEXTROSE 500ML RTE IV	10
J7120	RINGERS LACTATE INFUSION	15.93
J8540	DEXAMETHASONE, ORAL, 0.25MG	1
L0120	CERVICAL FLEXABLE NONADJUSTABLE FOA	36.96
L1820	KO ELAS W/ CONDYLE PADS & JO	164.96
L1830	KO IMMOB CANVAS LONG PRE OTS	115.2
L1902	ANKLE FOOT ORTHOSIS, PREFABRICATED	110
L3260	POST OP SHOE RIGID ROCKER	37.01
L3650	SHOULDER ORTHOSIS FIGURE 8 DESIGN ABDUCTION RESTRAINER PR	77.13
L3670	SO ACRO/CLAV CAN WEB PRE OTS	160.43
L3702	EO W/O JOINTS CF	366.77
L3807	THUMBKEEPER SPLINT	275.6
L3809	WRIST/THUMB SUPPORT OST	249.98
L3908	COMFORT FORM WRIST	80.54
L3923	WRIST SPLINT	105.99
L3924	HFO WITHOUT JOINTS PRE OTS	103
L4386	WALKING BOOT,PREFABRICATED,FITTING/	210
L4387	LOW PROFILE WALKING BOOT, SMALL	183.2
MISCMR	MEDICAL RECORD COPY 1-10	5
MISCMR2	MEDICAL RECORD COPY 11-20	15
MISCMR3	MEDICAL RECORD COPY 20+	20
MISCNS	NO SHOW	0
MISCNSF	INSUFFICIENT FUNDS	35
NURSECMA	CMA	0
NURSELPN	LPN	0
NURSERN	RN	0
Q0091	PAP,MEDICARE	78.98
Q0163	DIPHENHYDRAMINE HCL, 50MG, ORAL	1
Q2038	INFLUENZA VIRUS VACCINE 3 YEARS OR OLDER, IM	Discount
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YRS +)	35
Q4024	CAST SUP SHT ARM SPLNT PED F	21.7
Q4038	SHORT LEG CAST 11+ YEARS OLD	78
Q4040	CAST SUP SHRT LEG PED FBRGLS	50
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	70.01
Q4046	SHORT LEG SPLINT SUPPLIES	47.01
Q4049	FINGER SPLINT	15
S0020	MARCAINE 30 ML	9.5
S8450	SPLINT, FINGER	11
SPORTPEADULT	SPORT PHYSICAL FOR AFTER HIGH SCHOOL	29

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CPT	Description	2020/21 Fee
SPORTPEPES	SPORT PHYSICAL FOR MIDDLE-HIGH SCHOOL	29
T1015	FQHC, ALL INCLUSIVE VISIT	328.21
T1502	ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEI	0.9
T1503	ADMINISTRATION OF MEDICATION, OTHER THAN ORAL AND/OR INJI	25.01
TCMFIT	TCM FIT FOR DUTY TEST	200

Group	Revenue Code
Procedures	521
Procedures	521
Procedures	260
Lab	300
Lab	300
Lab	300
Lab	300
Lab	300
Procedures	521
Procedures	521
Procedures	521
Procedures	521
Procedures	521
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Procedures	521
Procedures	521
Procedures	521
Procedures	479
Imaging	329
Imaging	329
Imaging	329
Imaging	324
Imaging	324
Imaging	329
Imaging	329
Imaging	329
Imaging	329
Imaging	320
Imaging	329
Imaging	329
Imaging	329
Imaging	329
Imaging	329
Imaging	320
Imaging	329

Group	Revenue Code
Lab	300
Lab	300
Lab	300
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Lab	300
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Lab	300
Lab	300
Lab	307
Lab	300
Lab	300
Lab	300
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Lab	300

Group	Revenue Code
Lab	300
Lab	300
Lab	300
Lab	300
Lab	300
Lab	300
Lab	306
Lab	300
Lab	300
Lab	300
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Lab	300
Lab	300
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Group	Revenue Code
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Procedures	771
Procedures	771
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Procedures	636
E&M Est	521
E&M Est	521
E&M Est	521
E&M Est	521
E&M Est	521
E&M Est	521
Procedures	470
Procedures	521

Group	Revenue Code
Procedures	730
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Procedures	730
Procedures	730
Procedures	730
Procedures	460
Lab	460
Procedures	521
Procedures	460
Procedures	419
Procedures	521
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Procedures	521
Procedures	900
Procedures	900
Procedures	900
E&M Est	521
Procedures	260
Procedures	260
Procedures	260
Procedures	761
Procedures	269
Procedures	269
Lab	300
Procedures	521
Procedures	521
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Group	Revenue Code
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Lab	301
E&M Est	521
E&M Est	521
E&M Est	521
Procedures	521
Lab	300
E&M New	521
E&M New	521
E&M New	521
E&M New	521
E&M Est	521
E&M Est	521
E&M Est	521
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E&M Est	521
E&M Est	521
E&M Est	521
E&M Est	521
E&M Est	521
E&M Est	521
E&M New	521
E&M New	521
E&M New	521

Group	Revenue Code
E&M Est	521
HCPCS	521
HCPCS	521
HCPCS	521
E&M Est	521