



**Bureau of HIV, STIs, and Viral Hepatitis**  
**Ryan White Part B**  
**2025 | 2026 Fee Schedule**

**Ryan White Part B Allowable Services (2025-2026) Fee Schedule**  
**Outpatient/Ambulatory Health Services**

Service Code	HCPCS Code (CPT)	Description	Medicaid Rate	Ryan White Rate	U.S. Public Health Guidelines/Notes
<b>31.01 Office Visits</b>	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT (MD/DO). TYPICALLY, 10 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	N/A	\$56.02	
	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT (MD/DO). TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	N/A	\$93.14	
	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT (MD/DO). TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	N/A	\$135.22	
	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT (MD/DO). TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	N/A	\$207.36	
	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT (MD/DO). TYPICALLY, 60 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	N/A	\$260.61	
	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT (MD/DO). TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	N/A	\$24.54	

	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT (MD/DO). TYPICALLY, 10 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	N/A	\$53.87	
	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT (MD/DO). TYPICALLY, 15 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	N/A	\$91.14	
	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT (MD/DO). TYPICALLY, 25 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	N/A	\$134.50	
	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT (MD/DO). TYPICALLY, 40 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	N/A	\$181.67	
	99441	TELEHEALTH ORIGINATING SITE FEE	\$46.00	\$59.80	
	99442	PHONE E/M BY PHYS 11-20 MIN	\$76.00	\$98.80	
	99443	PHONE E/M BY PHYS 21-30 MIN	\$110.00	\$143.00	
	Q3014	TELEHEALTH ORIGINATING SITE FEE	\$29.96	\$38.95	
<b>31.02 Venipuncture</b>	36415	DRAWING BLOOD/SPECIMEN	\$2.25	\$2.93	
<b>31.03 Panels</b>	80047	METABOLIC PANEL, IONIZED CALCIUM	\$10.30	\$13.39	
	80048	BASIC METABOLIC PANEL	\$6.35	\$8.26	
	80050	GENERAL HEALTH SCREEN PANEL	NC	\$45.12	
	80051	ELECTROLYTE PANEL	\$5.26	\$6.84	
	80053	COMPREHENSIVE METABOLIC PANEL	\$7.92	\$10.30	
	80055	OBSTETRIC PROFILE	\$35.86	\$46.62	
	80061	LIPID PANEL	\$10.04	\$13.05	
	80069	RENAL FUNCTION PANEL	\$6.51	\$8.46	
	80074	ACUTE HEPATITIS PANEL	\$35.72	\$46.44	
	80076	HEPATIC FUNCTION PANEL	\$6.13	\$7.97	
	80081	OBSTETRIC PANEL	\$56.15	\$73.00	
<b>31.04 Basic Labs</b>	81596	HCV FIBROSURE	\$54.14	\$70.38	<b>New Code</b>
	82040	ALBUMIN; SERUM	\$3.71	\$4.82	
	82247	BILIRUBIN; TOTAL	\$3.77	\$4.90	
	82248	BILIRUBIN; DIRECT	\$3.77	\$4.90	

	82306	VITAMIN D, 25 HYDROXY	\$22.20	\$28.86	
	82308	CALCITONIN	\$20.09	\$26.12	
	82310	CALCIUM; TOTAL	\$3.87	\$5.03	
	82340	CALCIUM URINE QUANT, TIMES SPEC	\$4.52	\$5.88	
	82374	CARBON DIOXIDE (BICARBONATE)	\$3.66	\$4.76	
	82390	CERULOPLASMIN	\$8.06	\$10.48	
	82397	CHEMILUMINESCENT	\$10.59	\$13.77	
	82435	CHLORIDES; BLOOD	\$3.45	\$4.49	
	82465	CHOLESTEROL, SERUM, TOTAL	\$3.26	\$4.24	
	82565	CREATININE KINASE (CK) (CPK);ISOFORMS	\$3.84	\$4.99	
	82947	GLUCOSE; QUANTITATIVE	\$2.95	\$3.84	
	83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION	\$13.55	\$17.62	
	83036	HEMOGLOBIN; GLYCATED	\$7.28	\$9.46	
	83540	IRON	\$4.85	\$6.31	
	83718	LIPOPROTEIN, DIR; HDL CHOLESTEROL	\$6.14	\$7.98	
	84075	PHOSPHATASE; ALKALINE	\$3.89	\$5.06	
	84132	POTASSIUM; SERUM	\$3.57	\$4.64	
	84152	ASSAY OF PSA, COMPLEXED	\$13.79	\$17.93	
	84153	PROSTATE SPECIFIC ANTIGEN(PSA)	\$13.79	\$17.93	
	84154	PROSTATE SPECIFIC ANTIGEN (FREE)	\$13.79	\$17.93	
	84155	PROTEIN TOTAL EXC REFRACT	\$2.75	\$3.58	
	84156	ASSAY OF PROTEIN, URINE	\$2.75	\$3.58	
	84157	ASSAY OF PROTEIN, OTHER	\$3.00	\$3.90	
	84295	SODIUM; SERUM	\$3.61	\$4.69	
	84300	SODIUM; URINE	\$3.80	\$4.94	
	84403	TESTOSTERONE; TOTAL	\$19.36	\$25.17	
	84439	THYROXINE; FREE	\$6.77	\$8.80	
	84443	THYROID STIMULATING HORMONE (TSH)	\$12.60	\$16.38	
	84450	TRANSAMINASE(SGOT);ASPARTATEAMINO (AST)	\$3.89	\$5.06	
	84460	TRANSAMINASE(SGPT);ALANINEAMINO (ALT)	\$3.98	\$5.17	
	84478	TRIGLYCERIDES	\$4.31	\$5.60	
	84479	TRIIODOTHYRONINE(T-3),RESIN UPTAKE	\$4.85	\$6.31	
	84480	TRIIODOTHYRONINE;TOTAL (TT3)	\$10.64	\$13.83	
	84481	TRIIODOTHYRONINE,FREE,	\$12.71	\$16.52	
	84482	TRIIODOTHYRONINE;REVERSE	\$11.82	\$15.37	

	84520	UREA NITROGEN, (BUN) QUANTITATIVE	\$2.96	\$3.85	
	85610	PROTHROMBIN TIME (PT) WITH INTERNATIONAL NORMALIZED RATIO (INR)	\$3.22	\$4.19	New Code
	86328	IA NFCT AB SARSCOV2 COVID19	\$45.23	\$58.80	
	86355	B CELLS, TOTAL COUNT	\$28.30	\$36.79	
	86356	MONONUCLEAR CELL ANTIGEN, QUANT., NOS	\$20.09	\$26.12	
	86357	NK CELLS, TOTAL COUNT	\$28.03	\$36.44	
	86590	STREPTOKINASE ANTIBODY	\$9.50	\$12.35	
	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$10.79	\$14.03	
	86645	ANTIBODY; CYTOMEGALOVIRUS (CMV),IGM	\$12.64	\$16.43	
	86735	ANTIBODY; MUMPS	\$9.79	\$12.73	
	86762	ANTIBODY; RUBELLA	\$10.79	\$14.03	
	86765	ANTIBODY; RUBEOLA	\$9.66	\$12.56	
	86769	SARS-COV-2 COVID-19 ANTIBODY	\$42.13	\$54.77	
	87271	CRYPTOSPORIDIUM/GARDIA AG, IF	\$10.07	\$13.09	
	87272	CRYPTOSPORIDIUM ANTIGEN DETECTION BY DFA	\$8.99	\$11.69	
	87332	CYTOMEGALOVIRUS ANTIGEN DETECTION BY EIA	\$8.99	\$11.69	
	87495	CYTOMEGALOVIRUS DETECTION BY DNA, DIRECT PROBE	\$22.52	\$29.28	
	87496	CYTOMEGALOVIRUS DETECTION BY DNA, AMP PROBE	\$26.32	\$34.22	
	87497	CYTOMEGALOVIRUS DETECTION BY DNA, QUANTIF	\$32.13	\$41.77	
	87635	SARS COVID - 19 AMP PRB	\$51.31	\$66.70	
	87636	SARSCOV2 AND INF A AND B AND AMP PRB	\$142.63	\$185.42	
	87637	SARSCOV2 AND INF A AND B AND RSV AMP PRB	\$142.63	\$185.42	
31.05 Platelets	85025	AUTO.CBC,PLT,AUTO COMPLT. DIFF	\$5.83	\$7.58	
	85027	AUTOMATED CBC W/ PLATELET COUNT	\$4.85	\$6.31	
	85032	MANUAL CELL COUNT, EACH	\$3.23	\$4.20	
	85049	AUTOMATED PLATELET COUNT	\$3.36	\$4.37	
	85055	RETICULATED PLATELET ASSAY	\$26.81	\$34.85	
	85576	PLATELET, AGGREGATION (IN VITRO), EA AGENT	\$18.68	\$24.28	
	85597	PLATELET NEUTRALIZATION	\$13.49	\$17.54	
	86022	ANTIBODY IDENTIFICATION PLATELET ANTIBOD	\$13.78	\$17.91	
	86023	ANTIBODY I.D. PLATELET ASSOC. IMMUNOGLOB	\$9.35	\$12.16	
31.06 T Cells	86359	T CELLS TOTAL COUNT	\$28.30	\$36.79	
	86360	T CELL RATIO	\$35.24	\$45.81	
	86361	T CELLS ABSOLUTE COUNT	\$20.09	\$26.12	

<b>31.07 HIV</b>	86689	HIV ANTIBODY; CONFIRMATORY	\$14.51	\$18.86	
	86701	ANTIBODY; HIV-1	\$6.67	\$8.67	
	86702	ANTIBODY; HIV-2	\$10.14	\$13.18	
	86703	ANTIBODY; HIV-1 AND HIV-2; SINGLE RESULT	\$10.28	\$13.36	
	87389	HIV-1 AG, HIV-1 AB, OR HIV-2 AB BY EIA	\$18.06	\$23.48	
	87390	HIV-1 ANTIGEN DETECTION BY EIA	\$18.05	\$23.47	
	87391	HIV-2 ANTIGEN DETECTION BY EIA	\$16.43	\$21.36	
	87534	HIV-1 DETECTION BY DNA, DIRECT PROBE	\$16.44	\$21.37	
	87535	HIV-1 DETECTION BY DNA, AMPLIFIED PROBE	\$26.32	\$34.22	
	87536	HIV-1 DETECTION BY DNA, QUANTIFICATION	\$63.83	\$82.98	
	87537	HIV-2 DETECTION BY DNA, DIRECT PROBE	\$16.44	\$21.37	
	87538	HIV-2 DETECTION BY DNA, AMPLIFIED PROBE	\$26.32	\$34.22	
	87539	HIV-2 DETECTION BY DNA, QUANTIFICATION	\$43.97	\$57.16	
	87900	PHENOTYPE, INFECT AGENT DRUG	\$97.76	\$127.09	
	87901	GENOTYPE, DNA, HIV REVERSE T	\$193.09	\$251.02	
	87903	PHENOTYPE, DNA HIV W/CULTURE	\$366.50	\$476.45	
	87904	PHENOTYPE, DNA HIV W/CLT ADD	\$19.55	\$25.42	
	97905	INFECT AGENT ENZYM ACTIVITY O.T. VIRUS	\$9.17	\$11.92	
	87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	\$96.55	\$125.52	
<b>31.08 STI Screenings</b>	86592	SYPHILIS TEST NON-TREP QUAL	\$3.20	\$4.16	
	86593	SYPHILIS TEST NON-TREP QUANT	\$3.30	\$4.29	
	86780	ANTIBODY; TREPONEMA PALLIDUM	\$9.93	\$12.91	
	86631	ANTIBODY; CHLAMYDIA	\$8.87	\$11.53	
	86632	ANTIBODY;CHLAMYDIA,IGM	\$9.51	\$12.36	
	87110	CULTURE,CHLAMYDIA	\$14.70	\$19.11	
	87270	CHLAMYDIA TRACHOMATIS ANTIGEN DETECTION BY DFA	\$8.99	\$11.69	
	87320	CHLAMYDIA TRACHOMATIS ANTIGEN DETECTION BY EIA	\$11.25	\$14.63	
	87490	CHLAMYDIA TRACHOMATIS DETECT BY DNA, DIR PROBE	\$17.06	\$22.18	
	87491	CHLAMYDIA TRACHOMATIS DETECT BY DNA, AMP PROBE	\$26.32	\$34.22	
	87528	HERPES SIMPLEX DETECTION BY DNA, DIRECT PROBE	\$15.04	\$19.55	
	87529	HERPES SIMPLEX DETECTION BY DNA, AMP PROBE	\$26.32	\$34.22	
	87530	HERPES SIMPLEX DETECTION BY DNA, QUANTIFICATION	\$32.13	\$41.77	
	87531	HERPES VIRUS-6 DETECTION BY DNA, DIRECT PROBE	\$43.50	\$56.55	
	87532	HERPES VIRUS-6 DETECTION BY DNA, AMP PROBE	\$26.32	\$34.22	
	87533	HERPES VIRUS-6 DETECTION BY DNA, QUANTIFICATION	\$31.32	\$40.72	

	87623	HPV LOW RISK TYPES	\$26.32	\$34.22	
	87624	HPV HIGH RISK TYPES	\$26.32	\$34.22	
	87625	HPV TYPES 16 & 18 ONLY	\$30.41	\$39.53	
	87800	DETECT AGNT MULT, DNA, DIRECT (CHLAMYDIA & GC)	\$32.75	\$42.58	
	87801	DETECT AGNT MULT, DNA, AMPLI	\$52.65	\$68.45	
	87810	CHLAMYDIA TRACHOMATIS DETECT BY IMMUNOASSAY	\$26.47	\$34.41	
	87590	N. GONORRHOEAE BY DNA, DIRECT PROBE	\$20.16	\$26.21	
	87591	N. GONORRHOEAE BY DNA, AMPLIFIED PROBE	\$26.32	\$34.22	
	87592	N. GONORRHOEAE BY DNA, QUANTIFICATION	\$32.13	\$41.77	
	87850	N. GONORRHOEAE DETECTION BY IMMUNOASSAY	\$18.42	\$23.95	
	87660	TRICHOMONAS VAGIN, DIR PROBE	\$15.04	\$19.55	
	87661	TRICHOMONAS VAGINALIS AMPLIF	\$26.32	\$34.22	
	87808	TRICHOMONAS ASSAY W/OPTIC	\$11.47	\$14.91	
<b>31.09 Hepatitis</b>	86708	HEPATITIS A ANTIBODY; TOTAL	\$9.29	\$12.08	
	86709	HEPATITIS A ANTIBODY; IGM	\$8.45	\$10.99	
	86704	HEPATITIS B CORE ANTIBODY; TOTAL	\$9.04	\$11.75	
	86705	HEPATITIS B CORE ANTIBODY	\$8.83	\$11.48	
	86706	HEPATITIS B SURFACE ANTIBODY	\$8.06	\$10.48	
	86707	HEPATITIS B ANTIBODY	\$8.68	\$11.28	
	87340	HEPATITIS B SURFACE ANTIBODY; DETECTION BY EIA	\$7.75	\$10.08	
	87341	HEPATITIS B SURFACE, AG, EIA	\$7.75	\$10.08	
	87350	HEPATITIS B ANTIGEN DETECTION, EIA CODE	\$8.65	\$11.25	
	87380	HEPATITIS, DELTA AGENT ANTIGEN DETECTION, EIA	\$13.77	\$17.90	
	86803	HEPATITIS C ANTIBODY	\$10.70	\$13.91	
	86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST	\$11.62	\$15.11	
	87517	HEPATITIS B DETECTION BY DNA, QUANTIFICATION	\$32.13	\$41.77	
	87520	HEPATITIS C DETECTION BY RNA; DIRECT PROBE	\$23.42	\$30.45	
	87521	HEPATITIS C DETECTION BY RNA; AMPLIFIED PROBE	\$26.32	\$34.22	
	87522	HEPATITIS C DETECTION BY RNA; QUANT	\$32.13	\$41.77	
	87798	INFECT AGT DETECT BY NUCLEIC ACID, NOS, AMP PROBE	\$26.32	\$34.22	
	87902	HEPATITIS C GENOTYPE ANALYSIS	\$193.09	\$251.02	
	86038	ANTINUCLEAR ANTIBODIES (ANA)	\$9.07	\$11.79	
<b>31.10 TB</b>	86480	TB TEST, CELL IMMUN MEASURE	\$46.49	\$60.44	
	86481	TB ANTIGEN RESP GAMMA INTERFERON T-CELL SUSP	\$75.00	\$97.50	
	86485	SKIN TEST; CANDIDA	\$9.00	\$11.70	

	86486	SKIN TEST, ANTIGEN, NOS	\$3.49	\$4.54	
	86490	SKIN TEST COCCIDIOIDOMYCOSIS	\$62.91	\$81.78	
	86510	SKN TST.HISTOPLASMOSIS	\$4.48	\$5.82	
	86580	SKIN TEST TUBERCULOSIS PATCH INTRADERMAL	\$5.72	\$7.44	
<b>31.11 Cytopath</b>	88104	CYTOPATH, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION	\$52.16	\$67.81	
	88106	CYTOPATH, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SIMPLE FILTER METHOD WITH INTERPRETATION	\$46.09	\$59.92	
	88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION	\$43.75	\$56.88	
	88112	CYTOPATH, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION (EG, LIQUID BASED SLIDE PREPARATION METHOD), EXCEPT CERVICAL OR VAGINAL	\$49.43	\$64.26	
	88141	CYTOPATH, CERV/VAG INTERPRETATION	\$23.66	\$30.76	
	88142	CYTOPATH, CERV/VAG THIN LAYER PREPARATION	\$15.20	\$19.76	
	88143	CYTOPATH, CERV/VAG, THIN LAYER, REDO	\$17.28	\$22.46	
	88147	CYTOPATH, CERV/VAG, AUTOMATED	\$37.92	\$49.30	
	88148	CYTOPATH, CERV/VAG, AUTO RESCREENING	\$12.00	\$15.60	
	88150	CYTOPATH, CERV/VAG(PAP)SCREEN INT <3 SMRS	\$11.94	\$15.52	
	88152	CYTOPATH, CERV/VAG AUTOMATED	\$20.73	\$26.95	
	88153	CYTOPATH, CERV/VAG, REDO	\$18.02	\$23.43	
	88155	CYTOPATH, CERV/VAG HORMON EVALUATION	\$10.99	\$14.29	
	88160	CYTOPATH, OTHER SOURCE SCREEN INTERPRET	\$54.02	\$70.23	
	88161	CYTOPATH, ANY OTHER SOURCE;	\$47.33	\$61.53	
	88162	CYTOPATH, OTHER, EXTENDED > 5 SLIDES'	\$69.68	\$90.58	
	88164	CYTOPATH, TBS, CERV/VAG, MANUAL	\$11.94	\$15.52	
	88165	CYTOPATH, TBS, CERV/VAG, REDO	\$31.67	\$41.17	
	88166	CYTOPATH, TBS, CERV/VAG, AUTO REDO	\$11.94	\$15.52	
	88167	CYTOPATH, TBS, CERV/VAG, SELECTION	\$11.94	\$15.52	
	88172	EVALUATION ASP; IMMED CYTOHIST STUDY	\$42.04	\$54.65	
	88173	EVALUATION ASP; CYTOHIST INTER AND RPT	\$111.55	\$145.02	
	88174	CYTOPATH, C/V AUTO, IN FLUID	\$19.03	\$24.74	
	88175	CYTOPATH C/V AUTO FLUID REDO	\$19.96	\$25.95	
	88177	CYTP C/V AUTO THIN LYR PREPJ ADEQUACY EA EVAL	\$22.40	\$29.12	

<b>31.12 Flowcytometry</b>	88184	FLOWCYTOMETRY/ TC, 1 MARKER	\$46.85	\$60.91	
	88185	FLOWCYTOMETRY/TC, ADD-ON	\$21.05	\$27.37	
	88187	FLOWCYTOMETRY/READ, 2-8	\$34.73	\$45.15	
	88188	FLOWCYTOMETRY/READ, 9-15	\$48.32	\$62.82	
	88189	FLOWCYTOMETRY/READ, 16 & >	\$64.70	\$84.11	
<b>31.13 Drug Screen</b>	80150	AMIKACIN	\$11.31	\$14.70	
	80178	LITHIUM	\$4.96	\$6.45	
	80305	DRUG SCREEN; PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURE. THE CODES(80305,80306,80307) REPRESENT THREE DIFFERENT REPORTING METHOD CATEGORIES.	\$10.10	\$13.13	
	80306	DRUG SCREEN; PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURE. THE CODES(80305,80306,80307) REPRESENT THREE DIFFERENT REPORTING METHOD CATEGORIES.	\$13.47	\$17.51	
	80307	DRUG SCREEN; PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURE. THE CODES(80305,80306,80307) REPRESENT THREE DIFFERENT REPORTING METHOD CATEGORIES.	\$53.87	\$70.03	
<b>31.14 Urinalysis</b>	81000	URINALYSIS,REAGENT STRIPS WITH MICROSCOP	\$3.02	\$3.93	
	81001	URINALYSIS, AUTO, W/SCOPE	\$2.38	\$3.09	
	81002	URINALYSIS ROUTINE WO.MICROSCOPY,NONAUTO	\$2.61	\$3.39	
	81003	URINALYSIS ROUTINE WO MICROSCOPY,AUTOMAT	\$1.69	\$2.20	
	81005	URINALYSIS QUAL/SEMI NOT IMMUNOASSAY	\$1.63	\$2.12	
	81007	URINALYSIS;BACTERIA SCREEN,NON-CULT,KIT	\$22.49	\$29.24	
	81015	URINALYSIS MICROSCOPIC	\$2.29	\$2.98	
	81020	URINALYSIS, GLASS TEST	\$3.53	\$4.59	
	81025	URINE PREG TEST,VISUAL COLOR COMPARISON	\$6.46	\$8.40	
	81050	VOLUME MEASUREMENT,TIME COLLECT,EACH	\$2.78	\$3.61	
	82043	URINE,MICROALBUMIN,QUANT	\$4.34	\$5.64	
	82044	URINE,MICROALBUMIN;SEMIQUANTITATIVE	\$4.67	\$6.07	
<b>31.15 Cultures</b>	87040	CULTURE, BACTERIAL, DEFINITIVE; BLOOD	\$7.74	\$10.06	
	87045	CULTURE BACT DEFINITIVE AEROBIC STOOL	\$7.08	\$9.20	
	87046	STOOL CULT, BACTERIA, EACH	\$7.08	\$9.20	
	87070	CULTURE BACT DEFIN AEROBIC OTHER SOURCE	\$6.47	\$8.41	
	87071	CULTURE BACTERI AEROBIC OTHR	\$7.42	\$9.65	



	87073	CULTURE BACTERIA ANAEROBIC	\$7.25	\$9.43	
	87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC	\$7.10	\$9.23	
	87076	CULTURE,BAC,AN;ID,EA ANAEROBIC ORGANISM	\$6.06	\$7.88	
	87077	CULTURE AEROBIC IDENTIFY	\$6.06	\$7.88	
	87081	CULTURE BACTERIAL SCREENING SINGLE ORGAN	\$4.97	\$6.46	
	87084	CULTURE PRESUMPTIVE,KIT W COLONY ESTIM.	\$20.30	\$26.39	
	87086	CULTURE BACT URINE QUANTIT COLONY COUNT	\$6.05	\$7.87	
	87088	CULTURE BACT URINE IDENTIFICATION	\$6.07	\$7.89	
	87101	CULTURE FUNGI ISOLATION SKIN	\$5.78	\$7.51	
	87102	CULTURE,FUNGI,ISOLATION;OTHER SOURCE	\$6.31	\$8.20	
	87103	CULTURE,FUNGI,ISOLATION;BLOOD	\$15.35	\$19.96	
	87106	CULTURE,FUNGI,DEF.ID EA FUNGUS	\$7.74	\$10.06	
	87107	FUNGI IDENTIFICATION, MOLD	\$7.74	\$10.06	
	87109	MYCOPLASMA, ANY SOURCE	\$11.54	\$15.00	
	87116	CULTURE TUBERCLE/ACID FAST BACIL ISOLATN	\$8.10	\$10.53	
	87118	CULTURE TUB/ACID FAST BACIL DEFIN IDENTF	\$10.96	\$14.25	
<b>31.16 Procedure</b>	46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	\$131.85	\$171.41	
<b>31.20 Immunizations</b>	90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$12.95	\$16.84	
	90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$9.85	\$12.81	
	96365	IV INFUSION FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS; INITIAL, UP TO 1 HOUR	\$55.80	\$72.54	
	96372	THER/PROPH/DIAG INJ, SC/IM	\$13.54	\$17.60	
	96373	THER/PROPH/DIAG INJ, IA	\$14.18	\$18.43	
	90620	MENINGOCOCCAL B, OMV	\$171.20	\$222.56	
	90632	BCG A VACCINE ADULT IM	\$71.61	\$93.09	
	90633	HEP A VACCINE PED/ADOL 2 DOSE	\$40.76	\$52.99	
	90634	HEP A VACCINE PED/ADOL 3 DOSE	\$61.64	\$80.13	
	90636	HEP A/HEP B VACCINE ADULT IM	\$97.37	\$126.58	

	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT (9VHPV), 2 OR 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	\$328.34	\$426.84	
	90653	FLU VACCINE, INACTIVATED (IIV)	\$83.49	\$108.54	
	90658	FLU VACCINE 3 YRS & > IM	\$21.86	\$28.42	
	90662	FLU VACCINE IIV NO PRSV INCREASED AG IM	\$83.49	\$108.54	
	90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR IM	\$257.99	\$335.39	
	90674	CCIIV4 VACCINE, NO PRSV, 0.5 ML IM	\$29.24	\$38.01	
	90675	RABIES VACCINE IM	\$350.14	\$455.18	
	90676	RABIES VACCINE ID	\$259.13	\$336.87	
	90677	PCV20 VACCINE IM	\$298.04	\$387.45	
	90682	RIV4 VACC RECOMB DNA IM	\$73.40	\$95.42	
	90685	FLU VACCINE QUAD IM	\$21.64	\$28.13	
	90686	FLU VACCINE QUAD IM	\$22.35	\$29.06	
	90687	FLU VACCINE QUAD IM	\$10.44	\$13.57	
	90688	FLU VACCINE QUAD IM	\$22.35	\$29.06	
	90691	TYPHOID VACCINE IM	NC	\$184.60	
	90698	DTAP-HIB-IP VACCINE IM	\$85.13	\$110.67	
	90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	\$99.46	\$129.30	MMR is live vaccine and should only be administered if CD4 >200.
	90713	POLIOVIRUS IPV SC/IM	\$89.64	\$116.53	
	90714	TD VACC NO PRESV 7 YRS+ IM	\$27.94	\$36.32	
	90715	TDAP VACCINE 7 YRS/> IM	\$35.64	\$46.33	
	90716	CHICKEN POX VACCINE SC	\$160.74	\$208.96	Chicken pox is a live vaccine and should only be administered if CD4 >200.
	90732	PPSV23 VACC 2 YRS+ SUBQ/IM	\$133.47	\$173.51	
	90733	MENINGOCOCCAL VACCINE SC	\$126.39	\$164.31	
	90734	MENINGOCOCCAL VACCINE IM	\$115.88	\$150.64	
	90735	ENCEPHALITIS VACCINE SC	\$102.08	\$132.70	
	90739	HEPB VACC 2 DOSE ADULT IM	\$143.54	\$186.60	
	90740	HEPB VACC 3 DOSE IMMUNSUP IM	\$130.25	\$169.33	
	90744	HEPB VACC 3 DOSE PED/ADOL IM	N/A	\$26.90	
	90746	HEPB VACCINE 3 DOSE ADULT IM	\$65.12	\$84.66	

	90747	HEPB VACC 4 DOSE IMMUNSUP IM	\$130.25	\$169.33	
	90750	HZV VACC RECOMBINANT IM NJX	\$149.80	\$194.74	
	90756	CCIIIV4 VACC ABX FREE IM	\$28.37	\$36.88	
	J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$26.82	\$34.87	
<b>31.25 Radiology</b>	71045	X-RAY EXAM CHEST 1 VIEW	\$14.98	\$19.47	
	71046	X-RAY EXAM CHEST 2 VIEWS	\$22.86	\$29.72	
	71047	X-RAY EXAM CHEST 3 VIEWS	\$29.20	\$37.96	
	71048	X-RAY EXAM CHEST 4+ VIEWS	\$31.37	\$40.78	
	76700	LIVER ULTRA SOUND-ECHO OF ABDOMEN	\$88.49	\$115.04	<b>New Code</b>
	77078	CT BONE DENSITY, AXIAL	\$60.25	\$78.33	
	77080	DXA BONE DENSITY, AXIAL	\$34.90	\$45.37	
	77081	DXA BONE DENSITY/PERIPHERAL	\$23.90	\$31.07	
	77085	DXA BONE DENSITY STUDY	\$40.18	\$52.23	
<b>31.30 Vision</b>	92002	EYE EXAM, NEW PATIENT	\$31.50	\$40.95	Only allowable for services related to CMV. Pre-authorization required.
	92004	EYE EXAM, NEW PATIENT	\$56.57	\$73.54	Only allowable for services related to CMV. Pre-authorization required.
	92012	EYE EXAM ESTABLISHED PT	\$39.48	\$51.32	Only allowable for services related to CMV. Pre-authorization required.
	92014	EYE EXAM & TREATMENT	\$57.78	\$75.11	Only allowable for services related to CMV. Pre-authorization required.

**The Ryan White Part B rate for 2025-2026 is based off of the 2025 Medicaid fee schedule rate x 30%, except where noted for medications/immunizations.**