



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

AGENDA

Thursday, January 22, 2026 12:30 PM

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERICK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW's Executive Assistant at 409-949-3406, or via email at trollins@gchd.org

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

REGULARLY SCHEDULED MEETING

Meeting Called to Order Pledge of Allegiance

- Item #1.....Comments from the Public
- *Item #2**ACTION**.....Excused Absence(s)
- *Item #3**ACTION**.....Consider for Approval Minutes from December 11, 2025 Governing Board Meeting
- *Item #4**ACTION**.....Consider for Approval Minutes from January 15, 2026 QA Board Committee Meeting
- *Item #5Informational Report:
 - a) 2026 Federal Poverty Level
- *Item #6**ACTION**.....Informational Report: Credentialing & Privileging Committee Reviewed and Approved the Following Providers Privileging Rights Re-Credentialing
 - b) Casey Tatsch, DDS
 - c) Rebeca Myer, MS, LPC-A NCC
- *Item #7**ACTION**.....Consider for Approval Coastal Health & Wellness Fee Schedules
 - a) 2026 Coastal Health & Wellness Dental Contract Fee Schedule
 - b) 2026 Coastal Health & Wellness Dental Contract Discount Eligibility Fee Schedule
 - c) 2026 Coastal Health & Wellness Medical Fee Schedule
 - d) 2026 Coastal Health & Wellness Dental Fee Schedule
- Item #8.....Coastal Health & Wellness Updates
 - a) Executive Updates Submitted by Executive Director
 - b) Operational/Dental/Behavioral Health Updates Submitted by Chief Operating Officer
 - c) Medical Updates Submitted by Medical Director
 - d) Nursing/Outreach Updates Submitted by Chief Nursing Officer
 - e) Human Resources Updates Submitted by Human Resources Director

- Item #9**ACTION**.....Consider for Approval Financial Report Submitted by Ruth Cable
a) November 2025
b) December 2025

Item #10.....Comments from Board Members

Adjournment

Next Regular Scheduled Meeting: February 26, 2026

Appearances before the Coastal Health & Wellness Governing Board

A speaker whose subject matter as submitted relates to an identifiable item of business on this agenda will be requested by the presiding officer to come to the podium where they will be limited to three minutes (3). A speaker whose subject matter as submitted does not relate to an identifiable item of business on this agenda will be limited to three minutes (3) and will be allowed to speak before the meeting is adjourned. Please arrive prior to the meeting and sign in with Galveston County Health District staff.

Executive Sessions

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.

**Coastal Health & Wellness
Governing Board
December 11, 2025**

Board Members:

Sergio Cruz
Elizabeth Williams
Nandan Shaw
Rev. Jones
Cynthia Darby
Flecia Charles
Victoria Dougharty
Thomas Griffiths

Staff:

Philip Keiser, MD, Executive Director
Lane Baker, MHA, Chief Operating Officer
Chris Garcia, MD, Medical Director
Ruth Cable, Chief Financial Officer
Ashley Sciba, RN, Chief Nursing Officer
Tiffany Carlson, RN, Nursing Director

Tomiko Fisher, Chief Operating Officer
Debra Howey, RN
Christina Bates
Taylor Silvas
Amanda Wolff
Tikeshia Thompson-Rollins

Excused Absences: Kevin Avery and Kendall Campbell, MD

Items#1 Comments from the Public

There were no comments from the public

Items#2-4 Consent Agenda

A motion was made by Elizabeth Williams to approve consent agenda items two through four. Flecia Charles seconded the motion, and the Board unanimously approved the consent agenda.

Item#5 Coastal Health & Wellness Updates

a) Operational Updates Submitted by Chief Operating Officer

Organizational Updates:

Philip Keiser, MD, Executive Director, presented Organizational Updates.

- Financial Overview:
 - Financial performance continues to improve.
 - The organization's federal grant renewal has been submitted; review is pending due to the government shutdown.
- Clinic Operations:
 - Clinic revenues are up and operations are stable.
- Influenza Update:
 - Dr. Keiser advised the Board that the current flu season is severe and strongly encourage flu vaccination for all.
- Avian Influenza (Bird Flu):
 - Highly Pathogenic Avian Influenza (HPAI) has been detected in multiple locations, including Dickinson, Hitchcock, and Texas City. Members of the public were advised not to touch sick or dead birds instead should contact Animal Control or the Health Department for safe retrieval and testing.

Operational Updates:

Lane Baker, Chief Operating Officer, provided the Board with the operational updates. Lane informed the Board that he is currently working on the following items:

1. Operational Adjustments:
 - Reduced evening and weekend hours.
 - Reduced dental provider staffing to align capacity with demand.
2. Revenue Cycle Improvements:
 - Patient revenues for October increased significantly despite fewer patient visits.

- October patient revenue totaled \$812,000, reflecting improved billing and collections performance.
 - The revenue cycle management vendor (CyclePoint) is functioning as intended.
3. Strategic Planning Initiative:
- Proposal to establish a Strategic Planning Committee beginning in Q1 of the calendar year.
Development of:
 - A 2-year operational strategic plan
 - A 5-year long-term strategic plan
4. Focus areas include:
- Community collaboration
 - Pharmacy growth as a revenue driver
 - Technology optimization and cost efficiency
 - Department-specific growth strategies (medical, dental, behavioral health)

Item#6 Consider for Approval Financial Report Submitted by Ruth Cable

- a) October 2025

Ruth Cable, Chief Financial Officer, presented the October 2025 Financial Report. A motion to accept the reports as presented was made by Rev. Jones and seconded by Elizabeth Williams. The motion was unanimously approved by the Board.

Ruth updated the Board on FY2024 Audit.

- FY2024 audit nearing completion with new audit firm Ham, Langston & Rasono.
- The firm has worked closely on-site with staff.

FY2025 audit will commence in early 2026 due to onboarding and holiday constraints.

Item #7 Consider for Approval the PharmaForce Contract Submitted by Taylor Silvas

Taylor Silvas, Pharmacy Program Specialist, asked the Board to consider for approval the PharmaForce Contract. A motion to accept the contract as presented was made by Nandan Shaw. Victoria Dougharty seconded the motion, and the Board unanimously approved.

Item #8 Consider for Approval Elizabeth Williams, Community Representative, to Serve as the Governing Board Vice Chair

Sergio Cruz asked the Board to consider for approval Elizabeth Williams, Community Representative, to serve as the Governing Board Vice Chair. A motion to accept Elizabeth Williams as Vice Chair was made by Sergio Cruz. Rev. Jones seconded the motion, and the Board unanimously approved.

Item #9 Consider for Approval Cynthia Darby, Consumer Representative, and Nandan Shaw, Community Representative, to Serve on the Governing Board Bylaws Committee

Sergio Cruz asked the Board to consider for approval Cynthia Darby, Consumer Representative, and Nandan Shaw, Community Representative, to serve on the Governing Board Bylaws Committee. A motion to accept Cynthia Darby and Nandan Shaw on the Bylaws committee was made by Thomas Griffiths. Elizabeth Williams seconded the motion, and the Board unanimously approved.

Item #10 Consider for Approval Nandan Shaw, Community Representative, to Serve on the Finance Committee

Sergio Cruz asked the Board to consider for approval Nandan Shaw, Community Representative, to serve on the Finance Committee. A motion to accept Nandan Shaw on the Finance Committee was made by Cynthia Darby. Elizabeth Williams seconded the motion, and the Board unanimously approved.

Item #11 Comments from Board Members

Sergio informed the Board that the organization remains in need of a secretary, one additional member to serve on the Finance Committee, and two members to serve on the Quality Assurance Committee.

The meeting was adjourned at 12:55p.m.

Chair

Vice Chair

Date

Date

[Back to Agenda](#)

Coastal Health & Wellness Governing Board
Quality Assurance Committee
Meeting
January 15, 2026

BOARD QA COMMITTEE MEMBERS:

Kevin Avery-Consumer Member

EMPLOYEES PRESENT:

Lane Baker (Chief Operating Officer), Ashley Sciba (Chief Nursing Director), Dr. Garcia (Medical Director), Jason Borillo (Director of Innovation and Clinical Quality), Wendy Jones (Compliance and Risk Management Officer) Tiffany Carlson (Nursing Director), Marco Javier (Emergency Management Coordinator) and Tikeshia Thompson-Rollins (Executive Assistant III)

(Minutes recorded by Tikeshia Thompson-Rollins)

ITEM	ACTION
<p>Patient Access / Satisfaction Reports</p> <ul style="list-style-type: none"> ➤ Quarterly Access to Care Report Submitted by Luz Amaro ➤ Quarterly Patient Satisfaction Report Submitted by Luz Amaro ➤ Call Quality Performance Submitted by Luz Amaro 	<p><u>Quarterly Access to Care Report</u></p> <ul style="list-style-type: none"> • Lane Baker reviewed the access to care report for the 4th quarter (October, November and December) in Luz Amaro absence. The cumulative no-show rate is at 23.6%. <p><u>Quarterly Patient Satisfaction Report</u></p> <ul style="list-style-type: none"> • Collect data on survey distribution methods and response timing to determine effectiveness. <ul style="list-style-type: none"> ○ Clarification on whether poor responses are included in overall satisfaction scoring. ○ Assess whether immediate post-visit surveys yield higher response rates. <p><u>Call Quality Performance</u></p> <ul style="list-style-type: none"> • Report reviewed, No Action
<p>Clinical Measures</p> <ul style="list-style-type: none"> ➤ Quarterly Report on UDS Medical Measures in Comparison to Goals Submitted by Jason Borillo 	<p><u>Clinical Measures</u></p> <ul style="list-style-type: none"> • Report reviewed; No Action
<p>Quality Assurance/Risk/Emergency Management Reports</p> <ul style="list-style-type: none"> ➤ Quarterly Risk Management Report Submitted by Wendy Jones ➤ Quarterly Emergency Management Report Submitted by Marco Javier 	<p><u>Quarterly Risk Management Report</u></p> <ul style="list-style-type: none"> • No reported injuries or exposures during Q4. • Two exposures earlier in the year resulted in a yellow status for annual reporting • Incident reporting timeliness slightly below goal but acceptable overall. <p><u>Training & Compliance</u></p> <ul style="list-style-type: none"> ○ Staff training completion: 100% ○ Hand hygiene compliance: 95%, meeting annual targets. ○ No complaints, claims, or lawsuits reported for Q4 <p><u>Quarterly Emergency Management Report</u></p> <ul style="list-style-type: none"> • Marco Javier reviewed the Emergency Management Report for the 4th quarter and gave updates on training and ongoing/future projects.
<p>Plans and Policies</p> <ul style="list-style-type: none"> ➤ Quality Assurance Performance Improvement “QAPI” Submitted by Jason Borillo 	<p><u>Plans and Policies</u></p> <ul style="list-style-type: none"> • Plan reviewed, No Action.

Next Meeting: April 9, 2026

[Back to Agenda](#)



**Coastal Health & Wellness Discount Eligibility (Sliding Fee) Schedule
 2026/2027**

		Discount 100		Discount 80		Discount 60		Discount 40		Discount 20		Discount 0		
		0% Patient Responsibility	100% FPG	20% Patient Responsibility	125% FPG	40% Patient Responsibility	150% FPG	60% Patient Responsibility	175% FPG	80% Patient Responsibility	200% FPG	100% Patient Responsibility	> 200% FPG	
		Household Gross Annual Income (\$)												
		<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>From</i>	<i>To</i>	<i>Greater Than</i>		
Household/ Family Size (#)	1	0	\$15,960	\$15,961	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,120	\$3,765	\$15,960
	2	0	\$21,640	\$21,641	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,880	\$5,110	\$21,640
	3	0	\$27,320	\$27,321	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,640	\$6,455	\$27,320
	4	0	\$33,000	\$33,001	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,400	\$7,800	\$33,000
	5	0	\$38,680	\$38,681	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,160	\$9,145	\$38,680
	6	0	\$44,360	\$44,361	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,920	\$10,490	\$44,360
	7	0	\$50,040	\$50,041	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,680	\$11,835	\$50,040
	8	0	\$55,720	\$55,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,440	\$13,180	\$55,720
For each add'l family member add (to max.)		\$5,680		\$6,725		\$8,070		\$9,415		\$10,760		\$12,105		

Effective Date 2/1/2026

Source: HHS Poverty Guidelines, 2026

[Back to Agenda](#)

Governing Board

January 2026

Item #6

**Informational Report: Credentialing & Privileging Committee
Review and Approve the Following Providers Privileging Rights**

Re-Privileging

Casey Tatsch, DDS

Rebeca Myer, MS, LPC-A NCC

[**Back to Agenda**](#)



Coastal Health & Wellness
2026 Dental Contracts Fee Schedule
 Effective Date: 2/1/2026

CDT CODE	DESCRIPTION	2026 FEES
Diagnostic		
D1510	space maintainer – fixed unilateral	\$477.00
D1516	space maintainer - fixed - bilateral maxillary	\$621.00
D1517	space maintainer - fixed - bilateral mandibular	\$624.00
D1575	distal shoe space maintainer – fixed – unilateral	\$541.00
Restorative		
D2740	crown - porcelain/ceramic	\$1,718.00
D2750	crown - porcelain fused to high noble metal	\$1,741.00
D2751	crown - porcelain fused to predominantly base metal	\$1,617.00
D2752	crown - porcelain fused to noble metal	\$1,649.00
D2790	crown - full cast high noble metal	\$1,832.00
D2791	crown - full cast predominantly base metal	\$1,620.00
D2792	crown - full cast noble metal	\$1,710.00
D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$663.00
D2928	prefabricated porcelain/ceramic crown – permanent tooth	\$770.00
D2929	prefabricated porcelain/ceramic crown – primary tooth	\$623.00
D2930	prefabricated stainless steel crown - primary tooth	\$408.00
D2931	prefabricated stainless steel crown - permanent tooth	\$495.00
D2932	prefabricated resin crown	\$533.00
D2934	prefab esthetic coated stainless steel crown - primary	\$545.00
D2952	post and core in addition to crown, indirectly fabricated	\$630.00
D2953	each additional indirectly fabricated post – same tooth	\$476.00
D2954	prefabricated post and core in addition to crown	\$514.00
D2971	additional procedures to construct new crown under existing partial denture framework	\$437.00
Endodontics		
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	\$330.00
D3221	pulpal debridement - primary and permanent teeth, not to be used for apexogenesis	\$354.00
D3310	endodontic therapy - anterior tooth (excluding final restoration)	\$1,164.00
D3320	endodontic therapy - bicuspid tooth (excluding final restoration)	\$1,323.00
D3330	endodontic therapy - molar tooth (excluding final restoration)	\$1,601.00
D3346	retreatment of previous root canal therapy - anterior	\$1,350.00
D3347	retreatment of previous root canal therapy - bicuspid	\$1,497.00
D3348	retreatment of previous root canal therapy - molar	\$1,776.00
Prostodontics Removable		
D5110	complete denture - maxillary	\$2,856.00

D5120	complete denture - mandibular	\$2,874.00
D5130	immediate denture - maxillary	\$2,959.00
D5140	immediate denture - mandibular	\$2,974.00
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$2,208.00
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$2,215.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$2,874.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$2,874.00
D5221	immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$2,322.00
D5222	immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$2,339.00
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$2,670.00
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$2,670.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$2,391.00
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$2,400.00
D5227	immediate maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$2,555.00
D5228	immediate mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$2,560.00
D5282	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	\$1,764.00
D5283	removable unilateral partial dent – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	\$1,753.00
D5284	removable unilateral partial denture – one piece flex base (including retentive/clasping materials, rests and teeth), per quadrant	\$1,746.00
D5286	remov unil prtl dent – 1 piece resin (inc clps/tth) per quad	\$1,746.00
D5511	repair broken complete denture base - mandibular	\$373.00
D5512	repair broken complete denture base - maxillary	\$373.00
D5520	replace missing or broken teeth - complete denture - each tooth	\$313.00
D5611	repair resin partial denture base - mandibular	\$351.00
D5612	repair resin partial denture base - maxillary	\$355.00
D5621	repair cast partial framework mandibular	\$439.00
D5622	repair cast partial framework maxillary	\$444.00
D5630	repair or replace broken retentive clasping materials - per tooth	\$410.00
D5640	replace broken teeth - per tooth	\$310.00
D5650	add tooth to existing partial denture	\$365.00
D5660	add clasp to existing partial denture - per tooth	\$417.00
D5670	replace all teeth on and acrylic on cast metal framework (maxillary)	\$1,109.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$1,116.00
D5710	rebase complete maxillary denture	\$895.00
D5711	rebase complete mandibular denture	\$888.00

D5720	rebase maxillary partial denture	\$852.00
D5721	rebase mandibular partial denture	\$852.00
D5730	reline complete maxillary denture (direct)	\$592.00
D5731	reline complete mandibular denture (direct)	\$583.00
D5740	reline maxillary partial denture (direct)	\$575.00
D5741	reline mandibular partial denture (direct)	\$574.00
D5750	reline complete maxillary denture (indirect)	\$709.00
D5751	reline complete mandibular denture (indirect)	\$712.00
D5760	reline maxillary partial denture (indirect)	\$702.00
D5761	reline mandibular partial denture (indirect)	\$703.00
D5765	soft liner for comp or prtll removable denture – indirect	\$824.00
D5810	interim complete denture (maxillary)	\$1,397.00
D5811	interim complete denture (mandibular)	\$1,432.00
D5820	interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	\$1,052.00
D5821	interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	\$1,052.00
D5863	overdenture - complete maxillary	\$3,380.00
D5864	overdenture - partial maxillary	\$3,343.00
D5865	overdenture - complete mandibular	\$3,388.00
D5866	overdenture - partial mandibular	\$3,387.00
D5876	add metal substructure to acrylic full denture (per arch)	\$769.00
D5899	Unspecified removable prosthodontic procedure, by report	\$1,575.00

Prosthodontics Fixed

D6210	pontic – cast high noble metal	\$1,697.00
D6240	pontic - porcelain fused to high noble metal	\$1,731.00
D6245	pontic - porcelain/ceramic	\$1,687.00
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$1,045.00
D6545	retainer – cast metal for resin bonded fixed prosthesis	\$1,434.00
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$1,469.00
D6740	retainer crown - porcelain/ceramic	\$1,707.00
D6750	retainer crown - porcelain fused to high noble metal	\$1,732.00
D6790	retainer crown - full cast high noble metal	\$1,740.00
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$855.00

Adjunctive General Services

D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	\$514.00
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	\$432.00
D9941	fabrication of athletic mouthguard	\$406.00
D9942	repair and/or reline of occlusal guard	\$360.00
D9944	occlusal guard - hard appliance - full arch	\$873.00
D9945	occlusal guard - soft appliance - full arch	\$767.00

D9946

occlusal guard - hard appliance - partial arch

\$792.00

The 2026 Proposed Dental Fees are a 5% increase taken from the 80th percentile of the 2025 NDAS with a Geographic multiplier of 0.9776 as supplied by wasserman-medical.com



2025 CHW Dental Contract Discount Eligibility Fee Schedule

CDT CODE	DESCRIPTION	Fee	Discount 100	Discount 80	Discount 60	Discount 40	Discount 20	Discount 0
			0% FPG	20% FPG	40% FPG	60% FPG	80% FPG	100% FPG
Diagnostic								
D1510	space maintainer – fixed unilateral	\$454	\$136.20	\$199.76	\$263.32	\$326.88	\$390.44	\$454.00
D1516	space maintainer - fixed - bilateral maxillary	\$591	\$177.30	\$260.04	\$342.78	\$425.52	\$508.26	\$591.00
D1517	space maintainer - fixed - bilateral mandibular	\$594	\$178.20	\$261.36	\$344.52	\$427.68	\$510.84	\$594.00
D1575	distal shoe space maintainer – fixed – unilateral	\$515	\$154.50	\$226.60	\$298.70	\$370.80	\$442.90	\$515.00
Restorative								
D2740	crown - porcelain/ceramic	\$1,636	\$490.80	\$719.84	\$948.88	\$1,177.92	\$1,406.96	\$1,636.00
D2750	crown - porcelain fused to high noble metal	\$1,658	\$497.40	\$729.52	\$961.64	\$1,193.76	\$1,425.88	\$1,658.00
D2751	crown - porcelain fused to predominantly base metal	\$1,540	\$462.00	\$677.60	\$893.20	\$1,108.80	\$1,324.40	\$1,540.00
D2752	crown - porcelain fused to noble metal	\$1,570	\$471.00	\$690.80	\$910.60	\$1,130.40	\$1,350.20	\$1,570.00
D2790	crown - full cast high noble metal	\$1,744	\$523.20	\$767.36	\$1,011.52	\$1,255.68	\$1,499.84	\$1,744.00
D2791	crown - full cast predominantly base metal	\$1,542	\$462.60	\$678.48	\$894.36	\$1,110.24	\$1,326.12	\$1,542.00
D2792	crown - full cast noble metal	\$1,628	\$488.40	\$716.32	\$944.24	\$1,172.16	\$1,400.08	\$1,628.00
D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$631	\$189.30	\$277.64	\$365.98	\$454.32	\$542.66	\$631.00
D2928	prefabricated porcelain/ceramic crown – permanent tooth	\$733	\$219.90	\$322.52	\$425.14	\$527.76	\$630.38	\$733.00
D2929	prefabricated porcelain/ceramic crown – primary tooth	\$593	\$177.90	\$260.92	\$343.94	\$426.96	\$509.98	\$593.00
D2930	prefabricated stainless steel crown - primary tooth	\$388	\$116.40	\$170.72	\$225.04	\$279.36	\$333.68	\$388.00
D2931	prefabricated stainless steel crown - permanent tooth	\$471	\$141.30	\$207.24	\$273.18	\$339.12	\$405.06	\$471.00
D2932	prefabricated resin crown	\$507	\$152.10	\$223.08	\$294.06	\$365.04	\$436.02	\$507.00
D2934	prefab esthetic coated stainless steel crown - primary	\$519	\$155.70	\$228.36	\$301.02	\$373.68	\$446.34	\$519.00
D2952	post and core in addition to crown, indirectly fabricated	\$600	\$180.00	\$264.00	\$348.00	\$432.00	\$516.00	\$600.00
D2953	each additional indirectly fabricated post – same tooth	\$453	\$135.90	\$199.32	\$262.74	\$326.16	\$389.58	\$453.00
D2954	prefabricated post and core in addition to crown	\$489	\$146.70	\$215.16	\$283.62	\$352.08	\$420.54	\$489.00
D2971	additional procedures to construct new crown under existing partial denture framework	\$416	\$124.80	\$183.04	\$241.28	\$299.52	\$357.76	\$416.00
Endodontics								
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	\$314	\$94.20	\$138.16	\$182.12	\$226.08	\$270.04	\$314.00
D3221	pulpal debridement - primary and permanent teeth, not to be used for apexogenesis	\$337	\$101.10	\$148.28	\$195.46	\$242.64	\$289.82	\$337.00
D3310	endodontic therapy - anterior tooth (excluding final restoration)	\$1,108	\$332.40	\$487.52	\$642.64	\$797.76	\$952.88	\$1,108.00
D3320	endodontic therapy - bicuspid tooth (excluding final restoration)	\$1,260	\$378.00	\$554.40	\$730.80	\$907.20	\$1,083.60	\$1,260.00
D3330	endodontic therapy - molar tooth (excluding final restoration)	\$1,524	\$457.20	\$670.56	\$883.92	\$1,097.28	\$1,310.64	\$1,524.00
D3346	retreatment of previous root canal therapy - anterior	\$1,285	\$385.50	\$565.40	\$745.30	\$925.20	\$1,105.10	\$1,285.00
D3347	retreatment of previous root canal therapy - bicuspid	\$1,425	\$427.50	\$627.00	\$826.50	\$1,026.00	\$1,225.50	\$1,425.00
D3348	retreatment of previous root canal therapy - molar	\$1,691	\$507.30	\$744.04	\$980.78	\$1,217.52	\$1,454.26	\$1,691.00
Prosthodontics Removable								
D5110	complete denture - maxillary	\$2,720	\$816.00	\$1,196.80	\$1,577.60	\$1,958.40	\$2,339.20	\$2,720.00
D5120	complete denture - mandibular	\$2,737	\$821.10	\$1,204.28	\$1,587.46	\$1,970.64	\$2,353.82	\$2,737.00
D5130	immediate denture - maxillary	\$2,818	\$845.40	\$1,239.92	\$1,634.44	\$2,028.96	\$2,423.48	\$2,818.00
D5140	immediate denture - mandibular	\$2,832	\$849.60	\$1,246.08	\$1,642.56	\$2,039.04	\$2,435.52	\$2,832.00
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$2,102	\$630.60	\$924.88	\$1,219.16	\$1,513.44	\$1,807.72	\$2,102.00
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$2,109	\$632.70	\$927.96	\$1,223.22	\$1,518.48	\$1,813.74	\$2,109.00



2025 CHW Dental Contract Discount Eligibility Fee Schedule

CDT CODE	DESCRIPTION	Fee	Discount 100	Discount 80	Discount 60	Discount 40	Discount 20	Discount 0
			0% FPG	20% FPG	40% FPG	60% FPG	80% FPG	100% FPG
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$2,737	\$821.10	\$1,204.28	\$1,587.46	\$1,970.64	\$2,353.82	\$2,737.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$2,737	\$821.10	\$1,204.28	\$1,587.46	\$1,970.64	\$2,353.82	\$2,737.00
D5221	immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$2,211	\$663.30	\$972.84	\$1,282.38	\$1,591.92	\$1,901.46	\$2,211.00
D5222	immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$2,227	\$668.10	\$979.88	\$1,291.66	\$1,603.44	\$1,915.22	\$2,227.00
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and	\$2,542	\$762.60	\$1,118.48	\$1,474.36	\$1,830.24	\$2,186.12	\$2,542.00
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and	\$2,542	\$762.60	\$1,118.48	\$1,474.36	\$1,830.24	\$2,186.12	\$2,542.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$2,277	\$683.10	\$1,001.88	\$1,320.66	\$1,639.44	\$1,958.22	\$2,277.00
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$2,285	\$685.50	\$1,005.40	\$1,325.30	\$1,645.20	\$1,965.10	\$2,285.00
D5227	immediate maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$2,433	\$729.90	\$1,070.52	\$1,411.14	\$1,751.76	\$2,092.38	\$2,433.00
D5228	immediate mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$2,438	\$731.40	\$1,072.72	\$1,414.04	\$1,755.36	\$2,096.68	\$2,438.00
D5282	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	\$1,680	\$504.00	\$739.20	\$974.40	\$1,209.60	\$1,444.80	\$1,680.00
D5283	removable unilateral partial dent – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	\$1,669	\$500.70	\$734.36	\$968.02	\$1,201.68	\$1,435.34	\$1,669.00
D5284	removable unilateral partial denture – one piece flex base (including retentive/clasping materials, rests and teeth), per quadrant	\$1,662	\$498.60	\$731.28	\$963.96	\$1,196.64	\$1,429.32	\$1,662.00
D5286	remov unil prt dent – 1 piece resin (inc clps/tth) per quad	\$1,662	\$498.60	\$731.28	\$963.96	\$1,196.64	\$1,429.32	\$1,662.00
D5511	repair broken complete denture base - mandibular	\$355	\$125.00	\$156.20	\$205.90	\$255.60	\$305.30	\$355.00
D5512	repair broken complete denture base - maxillary	\$355	\$125.00	\$156.20	\$205.90	\$255.60	\$305.30	\$355.00
D5520	replace missing or broken teeth - complete denture - each tooth	\$298	\$95.00	\$131.12	\$172.84	\$214.56	\$256.28	\$298.00
D5611	repair resin partial denture base - mandibular	\$334	\$105.00	\$146.96	\$193.72	\$240.48	\$287.24	\$334.00
D5612	repair resin partial denture base - maxillary	\$338	\$105.00	\$148.72	\$196.04	\$243.36	\$290.68	\$338.00
D5621	repair cast partial framework mandibular	\$418	\$125.00	\$183.92	\$242.44	\$300.96	\$359.48	\$418.00
D5622	repair cast partial framework maxillary	\$422	\$125.00	\$185.68	\$244.76	\$303.84	\$362.92	\$422.00
D5630	repair or replace broken retentive clasping materials - per tooth	\$390	\$117.00	\$171.60	\$226.20	\$280.80	\$335.40	\$390.00
D5640	replace broken teeth - per tooth	\$295	\$95.00	\$95.00	\$118.90	\$147.60	\$176.30	\$205.00
D5650	add tooth to existing partial denture	\$347	\$95.00	\$110.00	\$145.00	\$180.00	\$215.00	\$250.00
D5660	add clasp to existing partial denture - per tooth	\$397	\$119.10	\$174.68	\$230.26	\$285.84	\$341.42	\$397.00
D5670	replace all teeth on and acrylic on cast metal framework (maxillary)	\$1,056	\$316.80	\$464.64	\$612.48	\$760.32	\$908.16	\$1,056.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$1,062	\$318.60	\$467.28	\$615.96	\$764.64	\$913.32	\$1,062.00
D5710	rebase complete maxillary denture	\$852	\$255.60	\$374.88	\$494.16	\$613.44	\$732.72	\$852.00
D5711	rebase complete mandibular denture	\$845	\$253.50	\$371.80	\$490.10	\$608.40	\$726.70	\$845.00
D5720	rebase maxillary partial denture	\$811	\$243.30	\$356.84	\$470.38	\$583.92	\$697.46	\$811.00



2025 CHW Dental Contract Discount Eligibility Fee Schedule

CDT CODE	DESCRIPTION	Fee	Discount 100	Discount 80	Discount 60	Discount 40	Discount 20	Discount 0
			0% FPG	20% FPG	40% FPG	60% FPG	80% FPG	100% FPG
D5721	rebase mandibular partial denture	\$811	\$243.30	\$356.84	\$470.38	\$583.92	\$697.46	\$811.00
D5730	reline complete maxillary denture (direct)	\$563	\$168.90	\$247.72	\$326.54	\$405.36	\$484.18	\$563.00
D5731	reline complete mandibular denture (direct)	\$555	\$166.50	\$244.20	\$321.90	\$399.60	\$477.30	\$555.00
D5740	reline maxillary partial denture (direct)	\$547	\$135.00	\$240.68	\$317.26	\$393.84	\$470.42	\$547.00
D5741	reline mandibular partial denture (direct)	\$546	\$163.80	\$240.24	\$316.68	\$393.12	\$469.56	\$546.00
D5750	reline complete maxillary denture (indirect)	\$675	\$202.50	\$297.00	\$391.50	\$486.00	\$580.50	\$675.00
D5751	reline complete mandibular denture (indirect)	\$678	\$203.40	\$298.32	\$393.24	\$488.16	\$583.08	\$678.00
D5760	reline maxillary partial denture (indirect)	\$668	\$200.40	\$293.92	\$387.44	\$480.96	\$574.48	\$668.00
D5761	reline mandibular partial denture (indirect)	\$669	\$200.70	\$294.36	\$388.02	\$481.68	\$575.34	\$669.00
D5765	soft liner for comp or prtl removable denture – indirect	\$784	\$235.20	\$344.96	\$454.72	\$564.48	\$674.24	\$784.00
D5810	interim complete denture (maxillary)	\$1,330	\$399.00	\$585.20	\$771.40	\$957.60	\$1,143.80	\$1,330.00
D5811	interim complete denture (mandibular)	\$1,363	\$408.90	\$599.72	\$790.54	\$981.36	\$1,172.18	\$1,363.00
D5820	interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	\$1,001	\$315.00	\$440.44	\$580.58	\$720.72	\$860.86	\$1,001.00
D5821	interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	\$1,001	\$315.00	\$440.44	\$580.58	\$720.72	\$860.86	\$1,001.00
D5863	overdenture - complete maxillary	\$3,219	\$965.70	\$1,416.36	\$1,867.02	\$2,317.68	\$2,768.34	\$3,219.00
D5864	overdenture - partial maxillary	\$3,183	\$954.90	\$1,400.52	\$1,846.14	\$2,291.76	\$2,737.38	\$3,183.00
D5865	overdenture - complete mandibular	\$3,226	\$967.80	\$1,419.44	\$1,871.08	\$2,322.72	\$2,774.36	\$3,226.00
D5866	overdenture - partial mandibular	\$3,225	\$967.50	\$1,419.00	\$1,870.50	\$2,322.00	\$2,773.50	\$3,225.00
D5876	add metal substructure to acrylic full denture (per arch)	\$732	\$219.60	\$322.08	\$424.56	\$527.04	\$629.52	\$732.00
D5899	Unspecified removable prosthodontic procedure, by report	\$1,500	\$450.00	\$660.00	\$870.00	\$1,080.00	\$1,290.00	\$1,500.00
Prosthodontics Fixed								
D6210	pontic – cast high noble metal	\$1,616	\$484.80	\$711.04	\$937.28	\$1,163.52	\$1,389.76	\$1,616.00
D6240	pontic - porcelain fused to high noble metal	\$1,648	\$494.40	\$725.12	\$955.84	\$1,186.56	\$1,417.28	\$1,648.00
D6245	pontic - porcelain/ceramic	\$1,606	\$481.80	\$706.64	\$931.48	\$1,156.32	\$1,381.16	\$1,606.00
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$995	\$298.50	\$437.80	\$577.10	\$716.40	\$855.70	\$995.00
D6545	retainer – cast metal for resin bonded fixed prosthesis	\$1,365	\$409.50	\$600.60	\$791.70	\$982.80	\$1,173.90	\$1,365.00
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$1,399	\$419.70	\$615.56	\$811.42	\$1,007.28	\$1,203.14	\$1,399.00
D6740	retainer crown - porcelain/ceramic	\$1,625	\$487.50	\$715.00	\$942.50	\$1,170.00	\$1,397.50	\$1,625.00
D6750	retainer crown - porcelain fused to high noble metal	\$1,649	\$494.70	\$725.56	\$956.42	\$1,187.28	\$1,418.14	\$1,649.00
D6790	retainer crown - full cast high noble metal	\$1,657	\$497.10	\$729.08	\$961.06	\$1,193.04	\$1,425.02	\$1,657.00
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$814	\$244.20	\$358.16	\$472.12	\$586.08	\$700.04	\$814.00
Adjunctive General Services								
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	\$489	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$489.00
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	\$411	\$123.30	\$180.84	\$238.38	\$295.92	\$353.46	\$411.00
D9941	fabrication of athletic mouthguard	\$386	\$115.80	\$169.84	\$223.88	\$277.92	\$331.96	\$386.00
D9942	repair and/or reline of occlusal guard	\$342	\$95.92	\$150.48	\$198.36	\$246.24	\$294.12	\$342.00



2025 CHW Dental Contract Discount Eligibility Fee Schedule

CDT CODE	DESCRIPTION	Fee	Discount 100	Discount 80	Discount 60	Discount 40	Discount 20	Discount 0
			0% FPG	20% FPG	40% FPG	60% FPG	80% FPG	100% FPG
D9944	occlusal guard - hard appliance - full arch	\$831	\$249.30	\$365.64	\$481.98	\$598.32	\$714.66	\$831.00
D9945	occlusal guard - soft appliance - full arch	\$730	\$219.00	\$321.20	\$423.40	\$525.60	\$627.80	\$730.00
D9946	occlusal guard - hard appliance - partial arch	\$754	\$226.20	\$331.76	\$437.32	\$542.88	\$648.44	\$754.00



Coastal Health & Wellness
2026 Medical & Behavioral Health Fee Schedule
 Effective Date: 2/1/2026

CPT CODE	DESCRIPTION	2025 FEE SCHEDULE	2026 FEES
Self Pay Fees			
	Nominal Fee Minimum Fee - 0% Responsibility	\$20.00	\$20.00
	Deposit Payment - 20% Responsibility	\$25.00	\$25.00
	Deposit Payment - 40% Responsibility	\$30.00	\$30.00
	Deposit Payment - 60% Responsibility	\$35.00	\$35.00
	Deposit Payment - 80% Responsibility	\$45.00	\$45.00
	Deposit Payment - 100% Responsibility (required at checkin)	\$55.00	\$55.00
	Retck Svc CG Returned check service charge	\$30.00	\$30.00
New Patient Office Visit			
99202	New Patient Visit – Low Complexity	\$105.00	\$150.00
99203	New Patient Visit – Moderate Complexity	\$164.00	\$234.00
99204	New Patient Visit – Moderate/High	\$246.00	\$353.00
99205	New Patient Visit – High Complexity	\$324.00	\$470.00
G0438	Medicare Annual Wellness Visit (Initial)	\$242.00	\$347.00
Established Patient Office/Virtual Visit			
99211	Established Patient Visit – Minimal (Nurse Visit)	\$35.00	\$49.00
99212	Established Patient Visit – Low Complexity	\$83.00	\$119.00
99213	Established Patient Visit – Moderate Complexity	\$134.00	\$190.00
99214	Established Patient Visit – Moderate/High	\$189.00	\$270.00
99215	Established Patient Visit – High Complexity	\$264.00	\$383.00
G0439	Medicare Annual Wellness Visit (Subsequent Year)	\$191.00	\$274.00
New Patient Preventive Visits			
99381	Well Child less than 1year	\$136.00	\$190.40
99382	Well Child 1 - 4 years	\$141.00	\$197.40
99383	Well Child 5 - 11 years	\$147.00	\$205.80
99384	Well Child 12 - 17 years	\$167.00	\$233.80
99385	Well Adult 18 - 39 years	\$162.00	\$226.80
99386	Well Adult 40 - 64 years	\$187.00	\$261.80
99387	Well Adult 65 years and over	\$202.00	\$282.80
G0402	Initial Preventive Exam	\$242.00	\$338.80
Established Patient Preventive Visit			
99391	Well Child less than 1year	\$122.00	\$170.80
99392	Well Child 1 - 4 years	\$130.00	\$182.00
99393	Well Child 5 - 11 years	\$130.00	\$182.00
99394	Well Child 12 - 17 years	\$142.00	\$198.80
99395	Well Adult 18 - 39 years	\$145.00	\$203.00
99396	Well Adult 40 - 64 years	\$156.00	\$218.40
99397	Well Adult 65 years and over	\$167.00	\$233.80
New Patient Home Based Visit			
99341	New Home Visit – Simple Needs (15 Minutes)	\$72.00	\$93.60
99342	New Home Visit – Low Complexity (30 Minutes)	\$115.00	\$149.50
99344	New Home Visit – Moderate Complexity (60 Minutes)	\$207.00	\$269.10
99345	New Home Visit – High Complexity (75 Minutes)	\$292.00	\$379.60
Established Patient Home Based Visit			
99347	Home Visit – Established Patient, Simple Needs (20 Minutes)	\$66.00	\$85.80
99348	Home Visit – Established Patient, Low Complexity (30 Minutes)	\$112.00	\$145.60
99349	Home Visit – Established Patient, Moderate Complexity (40 Minutes)	\$185.00	\$240.50
99350	Home Visit – Established Patient, High Complexity (60 Minutes)	\$268.00	\$348.40

Weight Management/Preventative Counseling			
99401	Preventive Counseling – 15 Min	\$75.00	\$93.75
99402	Preventive Counseling – 30 Min	\$94.00	\$117.50
99403	Preventive Counseling – 45 Min	\$130.00	\$162.50
99404	Preventive Counseling – 60 Min	\$164.00	\$205.00
Behavioral Health			
90791	Psychiatric Evaluation	\$253.00	\$348.00
90792	Psych Eval w/ Medical Services	\$284.00	\$404.00
90832	Psychotherapy – 30 Min	\$120.00	\$173.00
90834	Psychotherapy – 45 Min	\$158.00	\$229.00
90837	Psychotherapy – 60 Min	\$234.00	\$336.00
90839	Crisis Therapy – Initial 60 Min	\$225.00	\$322.00
90840	Crisis Therapy – Each Add'l 30 Min	\$110.00	\$155.00
90846	Family Therapy (No Patient)	\$156.00	\$213.00
90847	Family Therapy (With Patient)	\$156.00	\$221.00
90853	Group Therapy	\$43.00	\$61.00
96156	Behavioral Health Assessment	\$150.00	\$216.00
96158	Behavioral Health – 30 Min	\$103.00	\$149.00
96159	Behavioral Health – Add'l 15 Min	\$36.00	\$51.00
96164	Behavioral Health Group – 30 Min	\$16.00	\$24.00
96165	Behavioral Health Group – Add'l	\$8.00	\$13.00
96167	Family Behavioral Health – 30 Min	\$110.00	\$157.00
96168	Family Behavioral Health – Add'l	\$40.00	\$57.00
G0445	Intensive Behav Counseling – 30 Min	\$48.00	\$69.00
96202	Multi-Family Training – 60 Min	\$36.00	\$41.00
96203	Multi-Family Training – Add'l	\$9.00	\$14.00
Chiropractic Care			
98940	Chiropractic adjustment for 1–2 areas of the spine.	\$41.00	\$54.00
98941	Chiropractic adjustment for 3–4 spinal regions.	\$59.00	\$77.00
98943	Chiropractic treatment for joints outside the spine (arms, legs, etc).	\$55.80	\$62.00
97014	E-Stim Therapy	\$28.00	\$31.00
97035	Ultrasound Therapy	\$21.00	\$29.00
97530	Therapeutic Activities	\$53.00	\$70.00
97110	Therapeutic Exercises	\$44.00	\$59.00
S8990	Maintenance Chiropractic Care	\$50.00	\$55.00
97140	Manual Therapy	\$41.00	\$56.00
Care Management			
97552	Group Training for Caregivers	\$34.00	\$44.00
99439	Extra Chronic Care Support (Staff – Each Additional 20 Minutes)	\$70.00	\$101.00
99483	Memory and Cognition Care Planning	\$382.00	\$583.00
99487	Complex Chronic Care Management (First 60 Minutes)	\$198.00	\$287.00
99490	Chronic Care Support (20 Minutes)	\$91.00	\$132.00
99491	Chronic Care by Doctor or NP (First 30 Minutes)	\$124.00	\$178.00
99495	Transition Care After Hospital Stay (Within 14 Days)	\$303.00	\$438.00
99496	Transition Care After Hospital Stay (Within 7 Days)	\$410.00	\$595.00
99497	Advance Care Planning (30 Minutes)	\$120.00	\$173.00
G0019	Community Health Support for Social Needs (First 60 Minutes)	\$118.00	\$172.00
G0022	Extra Support Time (Each Additional 30 Minutes)	\$73.00	\$108.00
Special Services			
STD/HIV	STD Referral	No Charge	No Charge
90853	Tobacco Group Counseling	\$43.00	\$61.00
99499	Brief Consultation	\$30.00	\$35.00
G0403	Ekg For Medicare Initial Prevent Exam	\$21.00	\$31.00
92227	Retinal Imaging	\$26.00	\$38.00
99173	VISUAL ACUITY SCREEN	\$35.00	\$40.00

92551	PURE TONE HEARING TEST, AIR	\$38.00	\$45.00
Incision and Drainage Procedures			
10060	Incision and drainage of abscess, single	\$187.00	\$256.00
10061	Incision and drainage of abscess, complicated or multiple	\$313.00	\$436.00
10120	Incision and removal of a foreign object from subcutaneous tissues	\$221.00	\$313.00
10140	Incision and drainage of hematoma	\$247.00	\$346.00
10160	Puncture and aspiration of abscess	\$190.00	\$261.00
Paring or Cutting			
11055	Trim Skin Lesion	\$102.00	\$140.00
Debridement Procedures			
11000	Debridement of extensive eczematous or infected skin (up to 10% of body surface)	\$86.00	\$118.00
Biopsy Procedures			
11102	Biopsy, skin and subcutaneous tissue, single lesion	\$144.00	\$190.00
11103	Biopsy, skin and subcutaneous tissue, each additional lesion	\$72.00	\$97.00
11104	PUNCH BX SKIN SINGLE LESION	\$179.00	\$241.00
11105	PUNCH BX SKIN EA SEP/ADDL	\$87.00	\$120.00
Skin Tag Procedures			
11200	Remove multiple fibrocuteaneous skin tags, up to 15	\$136.00	\$183.00
11201	Remove multiple fibrocuteaneous skin tags, each additional 10	\$27.00	\$37.00
Shaving Procedures			
11300	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.5 cm. or less	\$144.00	\$192.00
11301	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.6-1.0 centimeter	\$175.00	\$231.00
11305	Shaving epidermal or dermal lesion, single, scalp, neck,	\$151.00	\$201.00
11306	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.6 -1 cm.	\$176.00	\$235.00
11310	Shaving single epidermal or dermal lesion, on face, 0.5 cm or less	\$166.00	\$222.00
11311	Shaving single epidermal or dermal lesion on face; lesion 0.6 to 1.0 cm	\$198.00	\$263.00
11055	Paring or cutting of benign hyperkeratotic lesion (e.g., corn, callous)	\$102.00	\$140.00
Excision Procedures			
11400	Excision of benign lesion, except skin tag, 0.5 cm. or less	\$187.00	\$254.00
11401	Excision of benign lesion, except skin tag, 0.6-1.0 cm.	\$227.00	\$308.00
11402	Excision of benign lesion, except skin tag, 1.1-2.0 cm.	\$251.00	\$340.00
11403	Excision of benign lesion, except skin tag, 2.1-3.0 cm.	\$289.00	\$396.00
11404	Excision of benign lesion, except skin tag, 3.1-4.0 cm.	\$328.00	\$458.00
11420	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 0.5 cm or less	\$185.00	\$248.00
11421	Excision of benign lesion, except skin tag, on scalp, necks, hands, feet, genitalia, 0.6-1 cm	\$232.00	\$316.00
11422	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 1.1-2 cm	\$262.00	\$357.00
11426	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, over 4.0 cm	\$482.00	\$673.00
11440	Excision of other benign lesion, except skin tag, on face, 0.5 cm or less	\$208.00	\$282.00

	Excision of other benign lesion, except skin tag, on face, 11441 0.6-1 cm	\$253.00	\$345.00
Nail Procedures			
	11720 Debridement of nail(s) by any method, one to five Complete or partial avulsion of the nail plate, single (removal of the nail without disruption of the underlying matrix or nailbed)	\$49.00	\$65.00
	11730 Avulsion of each additional nail plate	\$167.00	\$222.00
	11732 Puncture of nail to remove hematoma or blood	\$48.00	\$65.00
	11740 Surgical excision of nail with matrix, removing the nail and the underlying nail bed (e.g.. ingrown or deformed nail)	\$84.00	\$115.00
	11750 nail)	\$234.00	\$314.00
Wound Repair Procedures			
	**Depending on size and complexity, wound repair may be considered no charge and included as part of office visit		
	12001 Simple suture repair of wound, 2.5 cm. or less	\$137.00	\$137.00
	12002 Simple suture repair of wound, 2.6 to 7.5 cm.	\$166.00	\$166.00
	12004 Simple suture repair of wound, 7.6 to 12.5 cm.	\$193.00	\$193.00
	12005 Simple suture repair of wound, 12.6 to 20.0 cm.	\$257.00	\$257.00
	12011 Simple suture repair of wound on face, 2.5 cm. or less	\$163.00	\$163.00
Destruction Procedures (Any Method)			
	17000 Destruction of benign or premalignant lesions with liquid nitrogen (e.g.. actinic keratoses), first lesion	\$100.00	\$132.00
	17003 Destruction with liquid nitrogen of benign or premalignant lesions: second through 14th lesion	\$10.00	\$15.00
	17004 Destruction with liquid nitrogen of each additional lesion over 15	\$243.00	\$323.00
	17110 Destruction with liquid nitrogen of common or plantar warts, to 14 lesions	\$166.00	\$221.00
	17111 Destruction with liquid nitrogen of common or plantar warts (15 or more)	\$194.00	\$259.00
Injection and/or Arthrocentesis Procedures			
	20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g.. fingers, toes)	\$79.00	\$112.00
	20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g.. wrist, elbow)	\$80.00	\$114.00
	20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g.. Shoulder, hip, knee)	\$95.00	\$136.00
	20612 ASPIRATE/INJ GANGLION CYST	\$96.00	\$135.00
	96372 Injection – Subcutaneous or Intramuscular	\$21.00	\$31.00
Splint / Strapping Procedures			
	29580 Strapping, Unna Boot	\$92.00	\$126.00
Male Health & Procedures			
	54050 Destruction of lesion(s), penis, chemical - podophyllin	\$213.00	\$290.00
	54056 Destruction of lesion(s), penis, simple, cryosurgery Liquid nitrogen	\$215.00	\$286.00
Female Health & Procedures			
	56405 Drainage of Abscess (Vulva or Perineal Area)	\$212.00	\$289.00
	56501 Removal of Vulvar Lesion (All Methods)	\$278.00	\$367.00
	56605 Vulvar Biopsy (One Lesion)	\$139.00	\$185.00
	57160 Pessary Insertion (for Pelvic Support or Incontinence)	\$108.00	\$140.00
	57420 Vaginal Exam with Scope (Colposcopy)	\$194.00	\$272.00
	57454 Cervical Biopsy and Scraping with Scope (Colposcopy)	\$245.00	\$328.00
	57456 Cervical Scraping Only with Scope (Colposcopy)	\$220.00	\$298.00
	58100 Uterine Lining (Endometrial) Biopsy	\$146.00	\$194.00
	58300 IUD Insertion	\$159.00	\$300.00

58301	IUD Removal	\$159.00	\$221.00
11981	Insertion of Birth Control Implant	\$147.00	\$213.00
11982	Removal of Birth Control Implant	\$160.00	\$227.00
11983	Removal and Reinsertion of Birth Control Implant	\$206.00	\$286.00

Removal of Foreign Body

65205	Foreign body removal, eye	\$42.00	\$56.00
69200	Foreign body removal, external auditory canal	\$118.00	\$163.00
69210	Cerumen removal with spoon	\$70.00	\$95.00
69209	Removal impacted cerumen irrigation/lvg unliateral	\$23.00	\$34.00
30300	Removal of foreign body, intranasal	\$301.00	\$422.00

Xrays**

70100	Mandible	\$77.00	\$82.00
70140	Facial bone < 3 views	\$67.00	\$67.00
70150	Facial bones ≥ 3 views	\$94.00	\$94.00
70160	Nasal bones, 3 or more views	\$80.00	\$80.00
70210	Sinuses, paranasal, < 3 views	\$69.00	\$69.00
70250	Skull	\$76.00	\$76.00
71045	Chest, single view	\$56.00	\$56.00
71046	Chest, 2 views	\$70.00	\$70.00
71100	Ribs, 2 views	\$76.00	\$76.00
72040	C-Spine, 2 views (AP + Lat)	\$82.00	\$82.00
72070	T-Spine, 2 views (AP + Lat)	\$69.00	\$69.00
72100	L-Spine, (AP + Lat)	\$82.00	\$82.00
72170	Pelvis, 1 view	\$60.00	\$60.00
72220	Sacrum & Coccyx, 2 views	\$70.00	\$70.00
73000	Clavicle, 2 views	\$70.00	\$70.00
73030	Shoulder, 2 view or more	\$73.00	\$73.00
73060	Humerus, 2 view	\$69.00	\$69.00
73070	Elbow, 2 views (AP + Lat)	\$63.00	\$63.00
73080	Elbow, 3 or more views	\$70.00	\$70.00
73090	Forearm, 2 views (AP + Lat)	\$64.00	\$64.00
73100	Wrist, 2 views	\$72.00	\$72.00
73110	Wrist, 3 views (PA, Lat, Obl)	\$88.00	\$88.00
73120	Hand, 2 views	\$68.00	\$68.00
73130	Hand, 3 views (PA, Lat, Obl)	\$79.00	\$79.00
73140	Finger, 3 views (PA, Lat, Obl)	\$53.00	\$79.00
73502	Hip, unilateral, 2 views	\$98.00	\$98.00
	Hips, bilateral, 2 view each hip including AP view of		\$85.00
73521	Pelvis	\$85.00	\$85.00
73552	Femur, 2 views	\$76.00	\$76.00
73560	Knee, 1 or 2 view	\$73.00	\$73.00
73562	Knee, 3 views	\$85.00	\$90.00
73565	Bilateral knees, standing AP view, weight bearing	\$85.00	\$85.00
73590	Leg, Tibia and Fibula, 2 views	\$69.00	\$69.00
73600	Ankle, 2 view	\$69.00	\$69.00
73610	Ankle, 3 views (AP, Lat, Obl)	\$77.00	\$77.00
73620	Foot, 2 views	\$62.00	\$62.00
73630	Foot, 3 views (AP, Lat, Obl)	\$73.00	\$73.00
73660	Toes, 2 views	\$64.00	\$64.00
74018	Abdomen, KUB 1 view	\$64.00	\$64.00
77072	Bone-Age (pedi)	\$55.00	\$55.00

In-Clinic/In-House Testing

80305	Urine Drug Test	\$13.00	\$13.00
81002	Urinalysis nonauto w/o scope	\$4.00	\$4.00
81025	Urine Pregnancy Test	\$9.00	\$9.00
82075	Breath Ethanol	\$30.00	\$30.00
82270	Occult Blood Feces	\$5.00	\$5.00
82962	Glucose Blood Test by device	\$4.00	\$4.00
87804	Flu A and B	\$17.00	\$17.00

87880 Rapid Strep	\$17.00	\$17.00
86328 COVID-19	\$46.00	\$46.00
84600 Urine Validity (Alcohol)	\$18.00	\$18.00

Other Office Procedures

93000 EKG (electrocardiogram)	\$21.00	\$21.00
94010 Spirometry	\$40.00	\$40.00
86580 TB Skin Test (PPD)	\$20.00	\$20.00
94640 Airway Inhalation Treatment	\$12.00	\$12.00

Vaccine Administration

90472 Immunization Administration (2 or more)	\$25.00	\$25.00
90471 Immunization Administration (single)	\$13.00	\$13.00

Vaccines (Government Supplied)

**State and Federal supplied vaccines are not listed and are subject to change based on availability.*

*Fee for any vaccine administered	\$0.00	\$0.00
DT- Diptheria and Tetanus	\$0.00	\$0.00
DTaP - Tetanus, Diptheria, and Pertussis	\$0.00	\$0.00
Flu - Influenza	\$0.00	\$0.00
Hepatitis A	\$0.00	\$0.00
Hepatitis B	\$0.00	\$0.00
Hib - Haemophilus Influenzae Type-B	\$0.00	\$0.00
HPV Human Papillomavirus	\$0.00	\$0.00
IPV Polio	\$0.00	\$0.00
Kinrix - Diptheria, Pertussis Acellular, Tetanus, and Polio	\$0.00	\$0.00
MCV4 - Meningococcal Disease	\$0.00	\$0.00
Meningococcal B - Serogroup B Meningococcal Disease	\$0.00	\$0.00
MMR - Measles, Mumps, and Rubella	\$0.00	\$0.00
MMRV (ProQuad) - Measles, Mumps, Rubella and Varicella	\$0.00	\$0.00
PCV13 - 13 Types of Pneumococcal Bacteria	\$0.00	\$0.00
Pediarix - Tetanus, Diptheria, Pertussis, Polio and Hepatitis B	\$0.00	\$0.00
Pentacel - Diptheria, Tetanus, Pertussis, Poliomyelitis, & Haemophilus Influenza Type B	\$0.00	\$0.00
PPSV23 - 23 Types of Pneumococcal Bacteria	\$0.00	\$0.00
RotaTeq - Rotavirus	\$0.00	\$0.00
Td - Tetanus and Diptheria	\$0.00	\$0.00
Tdap - Tetanus, Diptheria and Pertussis	\$0.00	\$0.00
Varicella - Chickenpox	\$0.00	\$0.00

Send Out Lab Tests**

Test Num	Test Name		
006049	ABO GROUPING AND RHO	\$42.00	\$42.00
004440	ACTH, PLASMA	\$42.00	\$42.00
144000	ACUTE HEPATITIS	\$48.00	\$48.00
008649	AEROBIC BACTERIAL CU	\$9.00	\$9.00
017319	AFP TETRA	\$74.00	\$74.00
010801	AFP, SERUM, OPEN SPI	\$17.00	\$17.00
002253	AFP, SERUM, TUMOR MA	\$17.00	\$17.00
140285	ALBUMIN/CREATININE R	\$12.00	\$12.00
004354	ALDOSTERONE/RENIN RA	\$63.00	\$63.00
601633	ALLERGEN PROFILE, FO	\$36.00	\$36.00
602640	ALLERGENS W/TOTAL IG	\$174.00	\$174.00
676619	ALLERGENS, ZONE 11	\$162.00	\$162.00
001545	ALT (SGPT)	\$10.00	\$10.00
007054	AMMONIA, PLASMA	\$15.00	\$15.00
027094	AMY+LIPASE	\$14.00	\$14.00
164947	ANA BY IFA RFX TITER	\$13.00	\$13.00
382965	ANA, IFA RFX 11 MARK	\$13.00	\$13.00
340897	ANA, IFA RFX 9 MARK	\$13.00	\$13.00
008003	ANAEROBIC AND AEROBI	\$24.00	\$24.00

008904	ANAEROBIC CULTURE	\$15.00	\$15.00
183111	ANAEROBIC/AEROBIC/GR	\$15.00	\$15.00
004705	ANDROSTENEDIONE LCMS	\$33.00	\$33.00
042077	ANEMIA PROFILE B	\$73.00	\$73.00
164914	ANTI-CCP AB, IGG/IGA	\$13.00	\$13.00
500183	ANTI-MULLERIAN HORMO	\$47.00	\$47.00
520131	ANTI-SMOOTH MUSCLE A	\$66.00	\$66.00
006015	ANTIBODY SCREEN	\$13.00	\$13.00
164920	ANTINUCLEAR AB 11 BY	\$102.00	\$102.00
140889	B-TYPE NATRIURETIC P	\$40.00	\$40.00
322758	BASIC METABOLIC PANE	\$9.00	\$9.00
008169	BETA STREP GP A CULT	\$7.00	\$7.00
010181	BETA-2 MICROGLOBULIN	\$22.00	\$22.00
001214	BILIRUBIN, TOTAL/DIR	\$15.00	\$15.00
008300	BLOOD CULTURE, ROUTI	\$19.00	\$19.00
164119	BOWEL DISORDERS CASC	\$66.00	\$66.00
001040	BUN	\$4.00	\$4.00
086207	C DIFFICILE TOXINS A + B	\$22.00	\$22.00
010108	C-PEPTIDE, SERUM	\$21.00	\$21.00
006627	C-REACTIVE PROTEIN,	\$5.00	\$5.00
480061	CA 125, SERUM (SERIA	\$21.00	\$21.00
002261	CA 19-9	\$21.00	\$21.00
140293	CA 27.29	\$21.00	\$21.00
001016	CALCIUM	\$6.00	\$6.00
004804	CALCIUM, IONIZED, SE	\$14.00	\$14.00
003269	CALCIUM, 24HR URINE	\$7.00	\$7.00
123255	CALPROTECTIN, FECAL	\$189.00	\$189.00
002303	CANCER ANTIGEN (CA)	\$21.00	\$21.00
007419	CARBAMAZEPINE(TEGRET	\$15.00	\$15.00
005009	CBC WITH DIFFERENTIA	\$8.00	\$8.00
505271	CD4/CD8 RATIO PROFIL	\$47.00	\$47.00
002139	CEA	\$35.00	\$35.00
164010	CELIAC AB TTG DGP TI	\$149.00	\$149.00
164047	CELIAC AB TTG TIGA W	\$50.00	\$50.00
165118	CELIAC DISEASE AB SC	\$83.00	\$83.00
001560	CERULOPLASMIN	\$14.00	\$14.00
192555	CHANGE IG PAP TO LB	\$21.00	\$21.00
602988	CHILDHOOD ALLERGY PR	\$114.00	\$114.00
183194	CHLAMYDIA/GC AMPLIFI	\$72.00	\$72.00
002154	CK, TOTAL+ISOENZYMES	\$21.00	\$21.00
253295	CMP14+LP+CBC/D/PLT+R	\$121.00	\$121.00
182949	COLOFIT, OCCULT BLOOD	\$16.00	\$16.00
322000	COMP. METABOLIC PANE	\$11.00	\$11.00
006452	COMPLEMENT C3, SERUM	\$12.00	\$12.00
001834	COMPLEMENT C4, SERUM	\$12.00	\$12.00
001586	COPPER, SERUM OR PLA	\$20.00	\$20.00
004051	CORTISOL	\$17.00	\$17.00
104018	CORTISOL - AM	\$17.00	\$17.00
503725	CORTISONE, SERUM, LC	\$33.00	\$33.00
120816	CREATINE KINASE (CK)	\$12.00	\$12.00
002311	CREATINE KINASE (CK)	\$19.00	\$19.00
001362	CREATINE KINASE, TOTA	\$7.00	\$7.00
001370	CREATININE	\$6.00	\$6.00
003012	CREATININE, 24-HOUR	\$4.00	\$4.00
121251	CYSTATIN C	\$22.00	\$22.00
115188	D-DIMER	\$19.00	\$19.00
004020	DHEA-SULFATE	\$23.00	\$23.00
004100	DHEA, SERUM	\$26.00	\$26.00
007385	DIGOXIN, SERUM	\$14.00	\$14.00
096248	EBV EARLY ANTIGEN AB	\$17.00	\$17.00
096255	EBV VCA/EA AB, IGG	\$36.00	\$36.00
004515	ESTRADIOL	\$28.00	\$28.00

004549	ESTROGENS, TOTAL	\$40.00	\$40.00
017996	ETHANOL, BLOOD	\$21.00	\$21.00
511154	FACTOR V LEIDEN MUTA	\$126.00	\$126.00
004598	FERRITIN	\$14.00	\$14.00
117052	FIBRINOGEN ANTIGEN	\$40.00	\$40.00
002014	FOLATE (FOLIC ACID),	\$15.00	\$15.00
004309	FSH	\$6.00	\$6.00
028480	FSH AND LH	\$12.00	\$12.00
180089	GENITAL MYCOPLASMAS	\$166.00	\$166.00
102277	GEST. DIABETES 1-HR	\$5.00	\$5.00
102004	GESTATIONAL GLUCOSE	\$17.00	\$17.00
101200	GLUCOSE (2 SPEC, WHO	\$9.00	\$9.00
001255	GLUCOSE FASTING AND	\$9.00	\$9.00
001818	GLUCOSE, PLASMA	\$4.00	\$4.00
182352	GRAM STAIN W/SPUTUM	\$8.00	\$8.00
180764	H. PYLORI STOOL AG,	\$31.00	\$31.00
005330	HB SOLU + RFLX FRAC	\$7.00	\$7.00
006510	HBSAG SCREEN	\$5.00	\$5.00
551722	HBV QUANT PCR RFX TO	\$165.00	\$165.00
551610	HBV REAL-TIME PCR, Q	\$165.00	\$165.00
144473	HBV SCREENING AND DI	\$38.00	\$38.00
004416	HCG,BETA SUBUNIT, QN	\$16.00	\$16.00
004556	HCG,BETA SUBUNIT,QUA	\$14.00	\$14.00
140659	HCV ANTIBODY	\$15.00	\$15.00
144050	HCV ANTIBODY RFX TO	\$15.00	\$15.00
550555	HCV GENOTYPE REFLEX	\$258.00	\$258.00
550475	HCV GENOTYPING NON R	\$258.00	\$258.00
550090	HCV RNA BY PCR, QN R	\$88.00	\$88.00
550080	HCV RT-PCR, QUANT (N	\$88.00	\$88.00
550362	HCV RT-PCR, QUANT (N	\$88.00	\$88.00
001453	HEMOGLOBIN A1C	\$10.00	\$10.00
302044	HEMOGLOBIN A1C	\$10.00	\$10.00
006734	HEP A AB, IGM	\$12.00	\$12.00
016881	HEP B CORE AB, IGM	\$12.00	\$12.00
006718	HEP B CORE AB, TOT	\$22.00	\$22.00
006395	HEP B SURFACE AB, QU	\$11.00	\$11.00
322755	HEPATIC FUNCTION PAN	\$8.00	\$8.00
006530	HEPATITIS B SURF AB	\$17.00	\$17.00
550486	HEPATITIS C GENOTYPE	\$258.00	\$258.00
237842	HFP7+2AC	\$24.00	\$24.00
121690	HGB FRACTIONATION CA	\$13.00	\$13.00
121697	HGB SOLUBILITY	\$7.00	\$7.00
031088	HGB+HCT	\$6.00	\$6.00
083935	HIV AB/P24 AG WITH R	\$25.00	\$25.00
083940	HIV 1/2 AB DIFFERENT	\$38.00	\$38.00
083964	HIV-1/HIV-2 QUALITAT	\$72.00	\$72.00
139825	HIV-1/HIV-2 QUALITAT	\$72.00	\$72.00
706994	HOMOCYST(E)INE	\$18.00	\$18.00
507800	HPV APTIMA	\$36.00	\$36.00
507810	HPV GENOTYPES 16/18,	\$55.00	\$55.00
507825	HPV GENOTYPES 16/18,	\$55.00	\$55.00
507805	HPV, APTIMA HIGH 16/	\$36.00	\$36.00
008250	HSV CULTURE AND TYPI	\$34.00	\$34.00
186072	HSV CULTURE WITHOUT	\$34.00	\$34.00
164099	HSV 1 AND 2 AB, IGG	\$41.00	\$41.00
162045	IBD EXPANDED PANEL	\$118.00	\$118.00
122390	IFE AND PE, RANDOM U	\$66.00	\$66.00
001495	IFE AND PE, SERUM	\$89.00	\$89.00
607016	IGE CAT/DOG/HORSE W/	\$18.00	\$18.00
604783	IGE FOOD W/COMPONENT	\$114.00	\$114.00
199330	IGP, APTIMA HPV	\$63.00	\$63.00
199320	IGP, CTNG, RFX APTIM	\$99.00	\$99.00

199300	IGP, RFX APTIMA HPV	\$27.00	\$27.00
193157	IGP, CTNG, APTIMAHPV	\$135.00	\$135.00
W20530	IHC EA ADDL AB STAIN	\$66.00	\$66.00
W20531	IHC EA ADDL AB STAIN	\$66.00	\$66.00
W20532	IHC EA ADDL AB STAIN	\$66.00	\$66.00
W20534	IHC EA ADDL AB STAIN	\$66.00	\$66.00
W20061	IHC 1ST AB STAIN X1	\$66.00	\$66.00
W20062	IHC 1ST AB STAIN X2	\$66.00	\$66.00
W20063	IHC 1ST AB STAIN X3	\$66.00	\$66.00
W20065	IHC 1ST AB STAIN X5	\$66.00	\$66.00
001685	IMMUNOFIXATION, SERU	\$74.00	\$74.00
123034	IMMUNOFIXATION, URIN	\$44.00	\$44.00
001776	IMMUNOGLOBULIN G, QN	\$17.00	\$17.00
002295	IMMUNOGLOBULINS A/E/	\$69.00	\$69.00
164086	INFLAMMATORY BOWEL D	\$52.00	\$52.00
481758	INHERITEST(R)CF / SM	\$694.00	\$694.00
004333	INSULIN	\$12.00	\$12.00
213660	INSULIN AND C-PEPTID	\$33.00	\$33.00
070034	IODINE, SERUM OR PLA	\$49.00	\$49.00
001339	IRON	\$5.00	\$5.00
001321	IRON AND TIBC	\$9.00	\$9.00
716944	LAMOTRIGINE (LAMICTA	\$27.00	\$27.00
001115	LDH	\$7.00	\$7.00
717009	LEAD, BLOOD (PEDIATR	\$13.00	\$13.00
716936	LEVETIRACETAM (KEPPR	\$28.00	\$28.00
001404	LIPASE	\$7.00	\$7.00
303756	LIPID PANEL	\$14.00	\$14.00
120188	LIPOPROTEIN (A)	\$18.00	\$18.00
007708	LITHIUM (ESKALITH(R)	\$7.00	\$7.00
163980	LIVER-KIDNEY MICROSO	\$15.00	\$15.00
004283	LUTEINIZING HORMONE(\$6.00	\$6.00
164226	LYME DISEASE SEROLOG	\$31.00	\$31.00
180025	M GENITALIUM NAA, UR	\$36.00	\$36.00
001537	MAGNESIUM	\$7.00	\$7.00
451927	MATERNIT21 PLUS CORE	\$835.00	\$835.00
096560	MEASLES ANTIBODIES,	\$13.00	\$13.00
058495	MEASLES/MUMPS/RUBELL	\$40.00	\$40.00
004234	METANEPHRINES, FRAC,	\$27.00	\$27.00
706961	METHYLMALONIC ACID,	\$41.00	\$41.00
006650	MITOCHONDRIAL (M2) A	\$26.00	\$26.00
006189	MONONUCLEOSIS TEST,	\$6.00	\$6.00
096552	MUMPS ANTIBODIES, IgG	\$13.00	\$13.00
003079	MYOGLOBIN, URINE	\$20.00	\$20.00
143000	NT-PROBNP	\$40.00	\$40.00
002071	OSMOLALITY	\$7.00	\$7.00
003442	OSMOLALITY, URINE	\$13.00	\$13.00
008623	OVA + PARASITE EXAM	\$27.00	\$27.00
010991	PH, STOOL	\$11.00	\$11.00
007823	PHENOBARBITAL, SERUM	\$16.00	\$16.00
007401	PHENYTOIN (DILANTIN)	\$14.00	\$14.00
001024	PHOSPHORUS	\$5.00	\$5.00
881411	PHYSICIAN READ PAP	\$5.00	\$5.00
001180	POTASSIUM	\$5.00	\$5.00
003186	POTASSIUM, 24 HR URI	\$5.00	\$5.00
144053	PREGNANCY, INITIAL S	\$180.00	\$180.00
004317	PROGESTERONE	\$21.00	\$21.00
500167	PROGESTERONE LCMS, E	\$21.00	\$21.00
004465	PROLACTIN	\$20.00	\$20.00
010322	PROSTATE-SPECIFIC AG	\$19.00	\$19.00
003129	PROT+CREATU (RANDOM)	\$8.00	\$8.00
001487	PROTEIN ELECTRO.,S	\$15.00	\$15.00
225920	PROTEIN ELEC + INTER	\$15.00	\$15.00

003277	PROTEIN TOTAL, QN, 2	\$4.00	\$4.00
005199	PROTHROMBIN TIME (PT	\$19.00	\$19.00
020321	PT AND PTT	\$43.00	\$43.00
015610	PTH, INTACT	\$42.00	\$42.00
005207	PTT, ACTIVATED	\$24.00	\$24.00
182879	QUANTIFERON-TB GOLD	\$60.00	\$60.00
550880	REALTIME ABBOTT	\$122.00	\$122.00
002006	RENIN ACTIVITY, PLAS	\$22.00	\$22.00
005280	RETICULOCYTE COUNT	\$11.00	\$11.00
070104	REVERSE T3, SERUM	\$39.00	\$39.00
164065	RHEUMATOID ARTHRITIS	\$24.00	\$24.00
006502	RHEUMATOID FACTOR (R	\$6.00	\$6.00
550420	RNA, REAL TIME PCR (\$122.00	\$122.00
006072	RPR	\$5.00	\$5.00
012021	RPR QN+TP ABS	\$19.00	\$19.00
012005	RPR, RFX QN RPR/CONF	\$5.00	\$5.00
006197	RUBELLA ANTIBODIES,	\$15.00	\$15.00
005215	SEDIMENTATION RATE-W	\$3.00	\$3.00
081034	SELENIUM, BLOOD	\$77.00	\$77.00
S00001	SENSITIVITY ORGANISM	\$11.00	\$11.00
S00002	SENSITIVITY ORGANISM	\$11.00	\$11.00
S00003	SENSITIVITY ORGANISM	\$11.00	\$11.00
082016	SEX HORM BINDING GLO	\$22.00	\$22.00
012708	SJOGREN'S AB, ANTI-S	\$18.00	\$18.00
001198	SODIUM	\$5.00	\$5.00
013326	SODIUM, URINE	\$9.00	\$9.00
481630	SPINAL MUSCULAR ATRO	\$137.00	\$137.00
182354	SPUTUM CULTURE	\$9.00	\$9.00
008144	STOOL CULTURE	\$32.00	\$32.00
188130	STREP GP B CULTURE	\$7.00	\$7.00
188132	STREP GP B NAA	\$42.00	\$42.00
058925	TESTICULAR FUNCTION	\$89.00	\$89.00
004226	TESTOSTERONE	\$26.00	\$26.00
070195	TESTOSTERONE, FREE+T	\$52.00	\$52.00
144980	TESTOSTERONE, FREE,	\$26.00	\$26.00
081786	TESTOSTERONE, FREE/T	\$52.00	\$52.00
070001	TESTOSTERONE, TOTAL,	\$26.00	\$26.00
140103	TESTOSTERONE,FREE AN	\$52.00	\$52.00
042060	TGAB+THYROGLOBULIN,I	\$16.00	\$16.00
330015	THYROID CASCADE PROF	\$17.00	\$17.00
000620	THYROID PANEL WITH T	\$31.00	\$31.00
006676	THYROID PEROXIDASE (\$15.00	\$15.00
140749	THYROID STIM IMMUNOG	\$57.00	\$57.00
001149	THYROXINE (T4)	\$7.00	\$7.00
001974	THYROXINE (T4) FREE,	\$10.00	\$10.00
001735	THYROXINE BINDING GL	\$15.00	\$15.00
188052	TRICH VAG BY NAA	\$65.00	\$65.00
002188	TRIIODOTHYRONINE (T3	\$15.00	\$15.00
010389	TRIIODOTHYRONINE (T3	\$17.00	\$17.00
140150	TROPONIN T	\$14.00	\$14.00
004259	TSH	\$17.00	\$17.00
224576	TSH+FREE T4	\$27.00	\$27.00
010390	T3FREE	\$17.00	\$17.00
024026	T4 AND TSH	\$24.00	\$24.00
377036	UA/M W/RFLX CULTURE,	\$4.00	\$4.00
008342	UPPER RESPIRATORY CU	\$9.00	\$9.00
045120	URIC A+ESR-WES+ANA+R	\$37.00	\$37.00
001057	URIC ACID	\$5.00	\$5.00
003772	URINALYSIS, COMPLETE	\$4.00	\$4.00
003038	URINALYSIS, ROUTINE	\$3.00	\$3.00
008847	URINE CULTURE, ROUTI	\$9.00	\$9.00
008848	URINE CULTURE, ROUTI	\$9.00	\$9.00

007260	VALPROIC ACID (DEPAK	\$14.00	\$14.00
096776	VARICELLA-ZOSTER AB,	\$13.00	\$13.00
096206	VARICELLA-ZOSTER V A	\$70.00	\$70.00
186031	VIRAL CULTURE,RAPID,	\$36.00	\$36.00
186056	VIRAL CULTURE,RAPID,	\$70.00	\$70.00
017509	VITAMIN A, SERUM	\$20.00	\$20.00
121186	VITAMIN B1 (THIAMINE	\$23.00	\$23.00
001503	VITAMIN B12	\$16.00	\$16.00
123220	VITAMIN B2, WHOLE BL	\$39.00	\$39.00
004655	VITAMIN B6, PLASMA	\$35.00	\$35.00
081950	VITAMIN D, 25-HYDROX	\$30.00	\$30.00
138842	WEST NILE VIRUS ANTI	\$60.00	\$60.00
180901	WET PREP	\$11.00	\$11.00
180919	WET PREP W/ TRICH CU	\$11.00	\$11.00
001800	ZINC, PLASMA OR SERU	\$14.00	\$14.00
070085	17-OH PROGESTERONE L	\$28.00	\$28.00
726778	726778 7+ALC-UNBUND	\$63.00	\$63.00
733692	733692 9+OXYCODONE+C	\$63.00	\$63.00
788180	788180 9+ALC-BUND	\$63.00	\$63.00
788210	788210 10 DRUG-BUND	\$63.00	\$63.00
883002	88300 SURGICAL PATHO	\$63.00	\$63.00
883021	88302 SURGICAL PATHO	\$32.00	\$32.00
883022	88302 SURGICAL PATHO	\$32.00	\$32.00
883024	88302 SURGICAL PATHO	\$32.00	\$32.00
883051	88305 SURG PATH-1ST	\$42.00	\$42.00
883052	88305 SURG PATH-2ND	\$42.00	\$42.00
883053	88305 SURG PATH-3RD	\$42.00	\$42.00
883054	88305 SURG PATH-4TH	\$42.00	\$42.00
883055	88305 SURG PATH-5TH	\$42.00	\$42.00

The above codes and fees define the basic scope of services of the CHW Medical Clinic as recommended by the medical director and approved by the COO, additional codes may be used when medically indicated and financially feasible.

Fee schedule rates were calculated based on the CMS 2026 Q1 National Physician Fee Schedule Non-Facility Price for Galveston, TX rates with a 200% increase (rounded up to nearest whole dollar).

No changes to Labs fees. Lab fees were derived using the CMS 2025 Q1 approved reimbursement allowance rounded up the nearest whole dollar. If the allowance is lower than cost, than fee = cost + 10%.

*State vaccines are provided to CHW at no charge by DSHS; therefore, only an administrative fee is charged.

** Xray fees were based upon CMS 2026 Q reimbursement rate + Technical Charge + Nominal Reading Fee - rounded up to the highest whole dollar

**Starting in 2026, fees for Office Medications, In Office DME Supplies, and Private Vaccines will be updated on an established cadence, quarterly, or when there is a significant change Transparent pricing will be made available on coastalhw.org and in clinic.



Coastal Health & Wellness

2026 Dental Fee Schedule

Proposed Effective Date: 2/1/2026

CDT CODE	DESCRIPTION	2025 FEE SCHEDULE	2026 PROPOSED	DIFFERENCE
Diagnostic				
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	\$81.00	\$86.00	\$5.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$117.00	\$123.00	\$6.00
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	\$103.00	\$109.00	\$6.00
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	\$139.00	\$146.00	\$7.00
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	\$106.00	\$112.00	\$6.00
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	\$101.00	\$107.00	\$6.00
D0180	COMP PERIODONTAL EVALUATION - NEW OR EST PATIENT	\$146.00	\$154.00	\$8.00
D0190	SCREENING OF A PATIENT	\$121.00	\$128.00	\$7.00
D0191	ASSESSMENT OF A PATIENT	\$117.00	\$123.00	\$6.00
D0210	INTRAORAL COMPREHENSIVE SERIES RADIOGPHIC IMAGES	\$195.00	\$205.00	\$10.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$45.00	\$50.00	\$5.00
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL IMAGE	\$39.00	\$44.00	\$5.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$59.00	\$64.00	\$5.00
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$44.00	\$49.00	\$5.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$68.00	\$73.00	\$5.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$80.00	\$85.00	\$5.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$95.00	\$100.00	\$5.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$143.00	\$151.00	\$8.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$169.00	\$178.00	\$9.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$103.00	\$109.00	\$6.00
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$388.00	\$408.00	\$20.00
D0411	RADIOGRAPHIC IMAGE CAPTURE ONLY	\$25.00	\$30.00	\$5.00
D0412	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$98.00	\$103.00	\$5.00
D0460	PULP VITALITY TESTS	\$84.00	\$89.00	\$5.00
D0470	DIAGNOSTIC CASTS	\$194.00	\$204.00	\$10.00
D0601	CARIES RISK ASSESS DOCU FINDING OF LOW RISK	\$10.00	\$15.00	\$0.00
D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	\$10.00	\$15.00	\$0.00
D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	\$10.00	\$15.00	\$0.00
D0701	PANORAMIC FILM - IMAGE CAPTURE ONLY	\$168.00	\$177.00	\$9.00
D0703	2-D ORAL/FACIAL FILM - IMAGE CAPTURE ONLY	\$122.00	\$129.00	\$7.00
D0706	INTRAORAL OCCLUSAL FILM - IMAGE CAPTURE ONLY	\$63.00	\$68.00	\$5.00
D0707	INTRAORAL PERIAPICAL FLM - IMAGE CAPTURE ONLY	\$54.00	\$59.00	\$5.00
D0708	INTRAORAL BITEWING - IMAGE CAPTURE ONLY	\$68.00	\$73.00	\$5.00
D0709	INTRAORAL CMPRHNSV SERIES RAD IMAGE CAPT ONLY	\$182.00	\$192.00	\$10.00
D7285	BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH)	\$487.00	\$512.00	\$25.00
D7286	BIOPSY OF ORAL TISSUE – SOFT	\$358.00	\$376.00	\$18.00

Preventive

D1110	PROPHYLAXIS - ADULT	\$140.00	\$147.00	\$7.00
D1120	PROPHYLAXIS - CHILD	\$103.00	\$109.00	\$6.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$61.00	\$66.00	\$5.00
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH	\$59.00	\$64.00	\$5.00
D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	\$106.00	\$112.00	\$6.00
D0999	DENTAL ENCOUNTER RATE (UNSPECIFIED PEOCEDURED)	\$290.02	\$290.02	\$0.00
D1321	COUNSEL ADVRSE EFFECTS HI RISK SUBSTNCE ABUSE	\$102.00	\$108.00	\$6.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$95.00	\$95.00	\$0.00
D1351	SEALANT - PER TOOTH	\$82.00	\$87.00	\$5.00
D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	\$153.00	\$161.00	\$8.00
D1354	INTERIM CARIES ARRESTING MEDICATION APPLICATION	\$116.00	\$122.00	\$6.00
D1355	CARIES PREVENTIVE MEDICAMENT APP - PER TOOTH	\$109.00	\$115.00	\$6.00
D1551	RECMT/REBND BILAT SPACE MAINTAINER MAXILLARY	\$144.00	\$152.00	\$8.00
D1552	RECMT/REBND BILAT SPACE MAINTAINER MANDIBULAR	\$148.00	\$156.00	\$8.00
D1553	RECMT/REBND UNI SPACE MAINTAINER PER QUADRANT	\$153.00	\$161.00	\$8.00
D1556	REMOVAL FIXED UNI SPACE MAINTAINER PER QUADRANT	\$143.00	\$151.00	\$8.00
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	\$171.00	\$180.00	\$9.00
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	\$176.00	\$185.00	\$9.00

Restorative

D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE	\$133.00	\$140.00	\$7.00
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	\$229.00	\$241.00	\$12.00
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	\$291.00	\$306.00	\$15.00
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	\$351.00	\$369.00	\$18.00
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	\$417.00	\$438.00	\$21.00
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	\$255.00	\$268.00	\$13.00
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	\$306.00	\$322.00	\$16.00
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	\$371.00	\$390.00	\$19.00
D2335	RESIN BASED COMPOSITE 4/> SURFACES ANTERIOR	\$464.00	\$488.00	\$24.00
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	\$716.00	\$752.00	\$36.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	\$274.00	\$288.00	\$14.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	\$348.00	\$366.00	\$18.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	\$422.00	\$444.00	\$22.00
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	\$497.00	\$522.00	\$25.00
D2920	RE-CEMENT OR RE-BOND CROWN	\$179.00	\$188.00	\$9.00
D2921	REATTACHMENT OF TOOTH FRAG INCISAL EDGE/CUSP	\$394.00	\$414.00	\$20.00
D2940	PLACEMENT OF INTERIM DIRECT RESTORATION	\$199.00	\$209.00	\$10.00
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	\$397.00	\$417.00	\$20.00
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	\$117.00	\$123.00	\$6.00
D2955	POST REMOVAL	\$406.00	\$427.00	\$21.00
D2956	REMOVAL OF AN INDIRECT RESTORATION ON A NATURAL	\$150.00	\$158.00	\$8.00
D2980	CROWN REPAIR MATERIAL FAILURE	\$415.00	\$436.00	\$21.00
D2983	VENEER REPAIR BY REPORT	\$448.00	\$471.00	\$23.00

D2989	EXCAVATION OF A TOOTH RESULTING IN THE DETERMINATION OF NON-RESTORABILITY	\$331.00	\$348.00	\$17.00
-------	---	----------	----------	---------

Endodontics

D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$131.00	\$138.00	\$7.00
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$125.00	\$132.00	\$7.00
D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	\$633.00	\$665.00	\$32.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$507.00	\$533.00	\$26.00

Periodontics

D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	\$901.00	\$947.00	\$46.00
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	\$502.00	\$528.00	\$26.00
D4212	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH	\$433.00	\$455.00	\$22.00
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$1,138.00	\$1,195.00	\$57.00
D4320	PROVISIONAL SPLINTING INTRACORONAL	\$516.00	\$542.00	\$26.00
D4322	SPLINT INTRACORONAL NATURAL TEETH OR PROS CROWN	\$735.00	\$772.00	\$37.00
D4323	SPLINT EXTRACORONAL NATURAL TEETH OR PROS CROWN	\$680.00	\$714.00	\$34.00
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	\$372.00	\$391.00	\$19.00
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	\$283.00	\$298.00	\$15.00
D4346	SCALNG GNGIVAL INFLAMM FULL MOUTH AFTR ORAL EVAL	\$246.00	\$259.00	\$13.00
D4355	FULL MOUTH DEBRID ENABLE COMP PERIO EVAL & DX	\$275.00	\$289.00	\$14.00
D4910	PERIODONTAL MAINTENANCE	\$201.00	\$212.00	\$11.00

Prosthodontics Removable

D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$137.00	\$144.00	\$7.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$137.00	\$144.00	\$7.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$134.00	\$141.00	\$7.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$137.00	\$144.00	\$7.00
D5850	TISSUE CONDITIONING MAXILLARY	\$315.00	\$331.00	\$16.00
D5851	TISSUE CONDITIONING MANDIBULAR	\$316.00	\$332.00	\$16.00

Maxillofacial Prosthetics

D5986	FLUORIDE GEL CARRIER	\$292.00	\$307.00	\$15.00
-------	----------------------	----------	----------	---------

Prosthodontics Fixed

D6930	RECEMENT / REBOND FIXED PARTIAL DENTURE	\$269.00	\$283.00	\$14.00
D1550	RECEMENT SPACE MAINTAINER	\$89.00	\$94.00	\$5.00
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$432.00	\$454.00	\$22.00

Oral and Maxillofacial Surgery

D7111	EXTRACTION CORONAL REMNANTS - PRIMARY TOOTH	\$208.00	\$219.00	\$11.00
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$293.00	\$308.00	\$15.00
D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	\$423.00	\$445.00	\$22.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$466.00	\$490.00	\$24.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$568.00	\$597.00	\$29.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$455.00	\$478.00	\$23.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$1,120.00	\$1,176.00	\$56.00
D7270	TOOTH REIMPL &/OR STBL ACC EVULSED/DISPLCD TOOTH	\$795.00	\$835.00	\$40.00

D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	\$461.00	\$485.00	\$24.00
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	\$451.00	\$474.00	\$23.00
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	\$651.00	\$684.00	\$33.00
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	\$599.00	\$629.00	\$30.00
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$1,098.00	\$1,153.00	\$55.00
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	\$361.00	\$380.00	\$19.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$548.00	\$576.00	\$28.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$452.00	\$475.00	\$23.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA OR SIMULTANEOUS ALVEOLAR TISSUE	\$374.00	\$393.00	\$19.00
D7960	FRENULECTOMY / FRENECTOMY / FRENOTOMY (SEPARATE PROCEDURE)	\$495.00	\$520.00	\$25.00
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$644.00	\$677.00	\$33.00

Adjunctive General Services

D9110	PALLIATIVE TREATMENT OF DENTAL PAIN PER VISIT	\$200.00	\$210.00	\$10.00
D9120	FIXED PARTIAL DENTURE SECTIONING	\$324.00	\$341.00	\$17.00
D8698	RE-CEMENT OR REBOND FIXED RETAINER MAXILLARY	\$278.00	\$292.00	\$14.00
D9912	PREVISIT PATIENT SCREENING	\$35.00	\$40.00	\$5.00
D9930	TREATMENT OF COMPLICATIONS, POST SURGICAL,	\$140.00	\$147.00	\$7.00
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	\$108.00	\$114.00	\$6.00
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	\$196.00	\$206.00	\$10.00
D9311	CONSULT WITH MEDICAL HEALTHCARE PROFESSIONAL	\$252.00	\$265.00	\$13.00
D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	\$120.00	\$126.00	\$6.00
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$266.00	\$280.00	\$14.00
D9450	CASE PRESENTATION AFTER DETL&EXTN TREATMENT PLAN	\$244.00	\$257.00	\$13.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$90.00	\$95.00	\$5.00
D9911	APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH	\$108.00	\$114.00	\$6.00
D9943	OCCLUSAL GUARD ADJUSTMENT	\$188.00	\$198.00	\$10.00
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	\$522.00	\$549.00	\$27.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$273.00	\$287.00	\$14.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$906.00	\$952.00	\$46.00
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER	\$0.00***	\$0.00***	
D9996	TEL DENTISTRY ASYNCHRONOUS INFO FWD DENTIST SBSQNT REVW	\$0.00***	\$0.00***	

The 2025 Proposed Dental Fees were taken from the 80th percentile of the 2025 NDAS with a Geographic multiplier of 0.9776 as supplied by wasserman-medical.com

[Back to Agenda](#)



www.coastalhw.org

**Nursing and Outreach Updates
Coastal Health & Wellness
Governing Board Meeting
January 22, 2026**

Coastal Health & Wellness Nursing	December 2024	December 2025	2025 YTD
Number of Medical Visits	1987	1442	24,473
Provider / Nurse / MA	26/7/18	23/4/12	23/4/12
Nurse Visits	55	61	655
SUD Visits	8	11	197
Patient Education	5	39	262
Durable Medical Equipment	0	1	145
Point of Care Tests	440	318	4113
Immunizations Administered	360	280	2838
Number of ImmTrac Logins	271	224	2417
Patients Reviewed in ImmTrac	665	577	6705
Patients Added to ImmTrac	47	35	395
Immunizations Added to ImmTrac	100	196	1872
Medication Refills	1003	1172	10,617
Medication Prior Authorizations	36	161	1370
Patient Calls	3309	2997	44,778

Community Engagement Activities & Events	Date	Engagements
Hitchcock Library Holiday Event	12/06	38
Employee Dirty Soda Event	12/11	50
Goodwill – League City	12/11	16
Goodwill - Galveston	12/12	21

Coastal Health & Wellness has clinic locations in Texas City and Galveston, offering primary medical, dental and counseling services. CHW accepts Medicaid, Medicare and many major insurance plans and offers discounted rates for those who qualify. Call (409) 938-2234 for information or appointments. Learn more at www.coastalhw.org.



COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

December 31, 2025

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

January 22, 2026

CHW - BALANCE SHEET

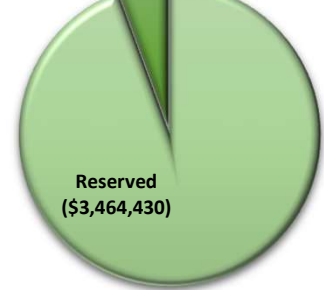
as of December 31, 2025

	Current Month Dec-25	Prior Month Nov-25	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	747,930	981,559	(233,629)
Accounts Receivable	2,705,744	2,573,561	132,183
Allowance For Bad Debt	(1,326,810)	(1,227,781)	(99,029)
Pre-Paid Expenses	(2,726)	(2,212)	(514)
Due To / From	(4,994,181)	(5,000,473)	6,291
Total Assets	\$ (2,870,043)	\$ (2,675,346)	\$ (194,697)
LIABILITIES			
Accounts Payable	\$ 195,669	\$ 303,176	\$ (107,507)
Accrued Expenses	7,587	8,018	(431)
Deferred Revenues	143,550	371,931	(228,381)
Total Liabilities	\$ 346,806	\$ 683,125	\$ (336,318)
FUND BALANCE			
Fund Balance	\$ (3,358,471)	\$ (3,258,141)	\$ (100,329)
Current Change	141,621	(100,329)	241,951
Total Fund Balance	\$ (3,216,849)	\$ (3,358,471)	\$ 141,621
TOTAL LIABILITIES & FUND BALANCE	\$ (2,870,043)	\$ (2,675,346)	\$ (194,697)

Current Period Assets



Unreserved Total Fund Balance \$206,288



CHW - REVENUE & EXPENSES

as of December 31, 2025

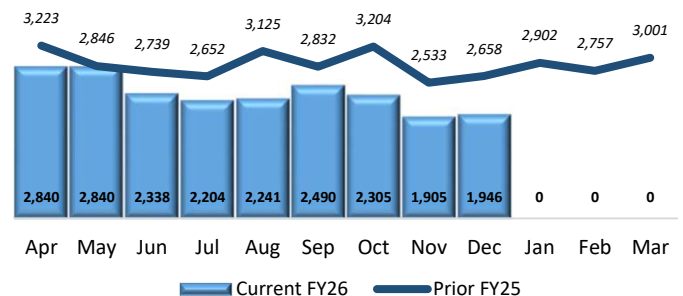
	MTD Actual Dec-25	MTD Budget Dec-25	MTD Budget Variance	YTD Actual thru Dec-25	YTD Budget thru Dec-25	YTD Budget Variance
REVENUE						
County Revenue	228,381	\$228,381	(\$0)	\$2,055,425	\$2,055,425	(\$0)
HHS Grant Revenue	305,105	269,783	29,969	2,671,181	2,428,050	243,131
Patient Revenue	576,788	545,238	36,903	5,089,448	4,907,140	182,308
Other Revenue	28,111	30,277	(2,166)	237,380	272,496	(35,116)
Total Revenue	\$ 1,138,385	\$ 1,073,679	\$ 64,706	\$ 10,053,434	\$ 9,663,111	\$ 390,323
EXPENSES						
Personnel	493,855	\$632,554	\$138,699	\$5,339,479	\$5,692,986	\$353,507
Contractual	137,513	169,598	32,085	1,560,299	1,526,380	(33,919)
Supplies	163,948	163,831	(117)	1,295,939	1,474,477	178,538
Travel	1,810	417	(1,393)	3,990	3,750	(240)
Equipment/Capital	0	0	0	2,015	0	(2,015)
Bad Debt Expense	116,349	16,860	(99,489)	1,013,181	151,736	(861,445)
Other	83,289	90,420	7,131	830,319	813,781	(16,538)
Total Expenses	\$ 996,764	\$ 1,073,679	\$ 76,915	\$ 10,045,223	\$ 9,663,111	\$ (382,112)
CHANGE IN NET ASSETS	\$ 141,621	\$ 0	\$ 141,621	\$ 8,210	\$ 0	\$ 8,210

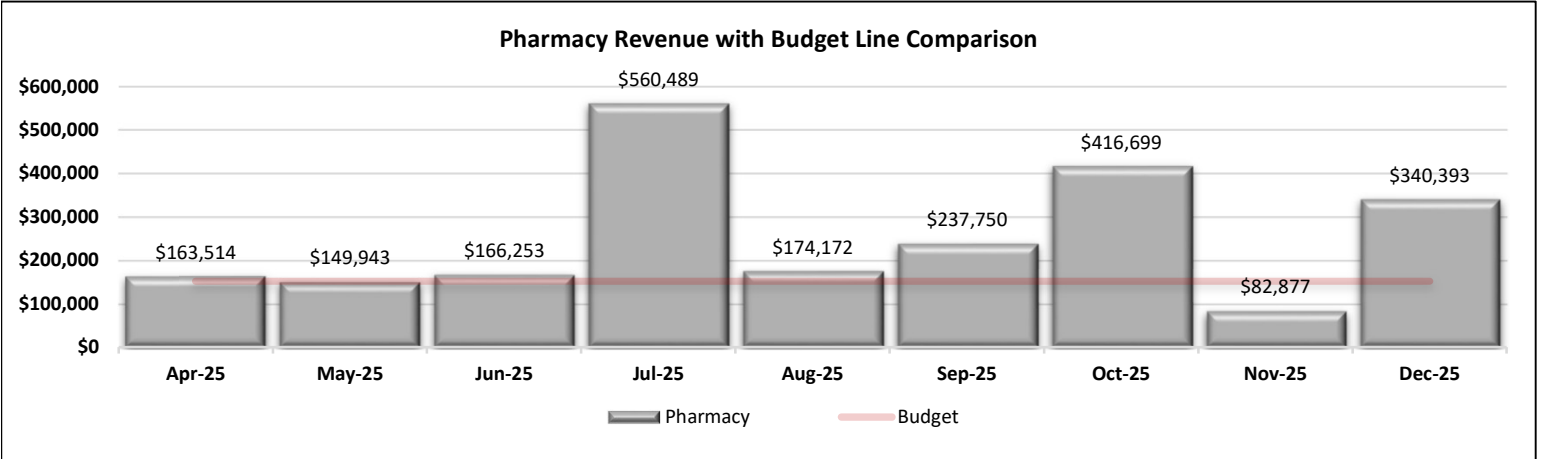
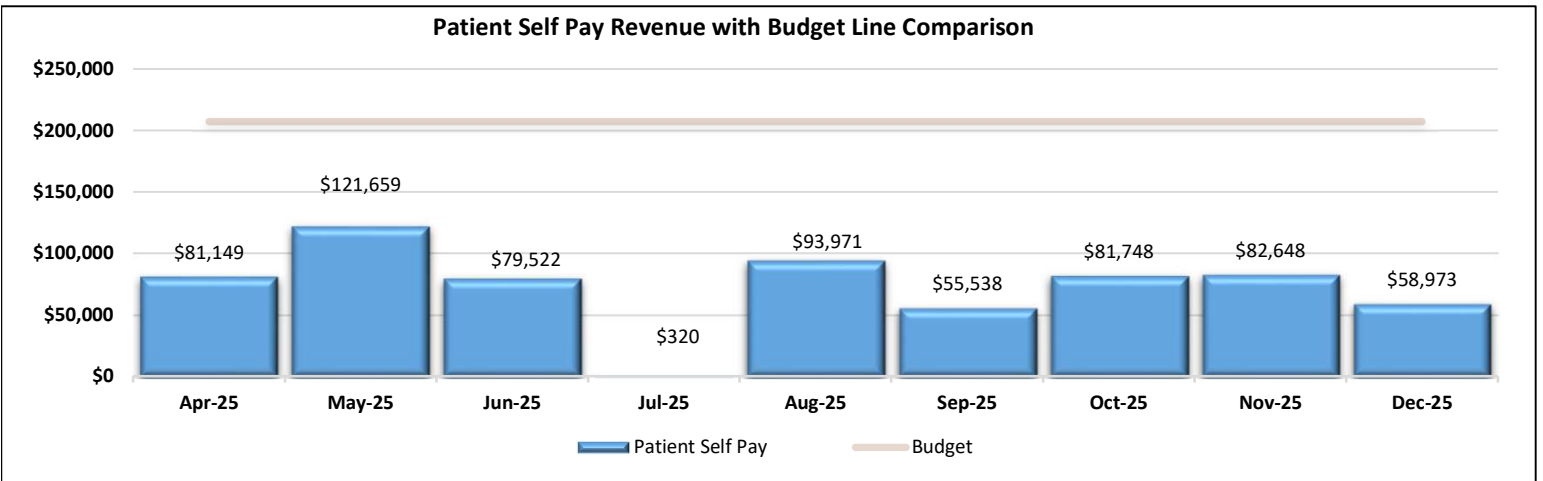
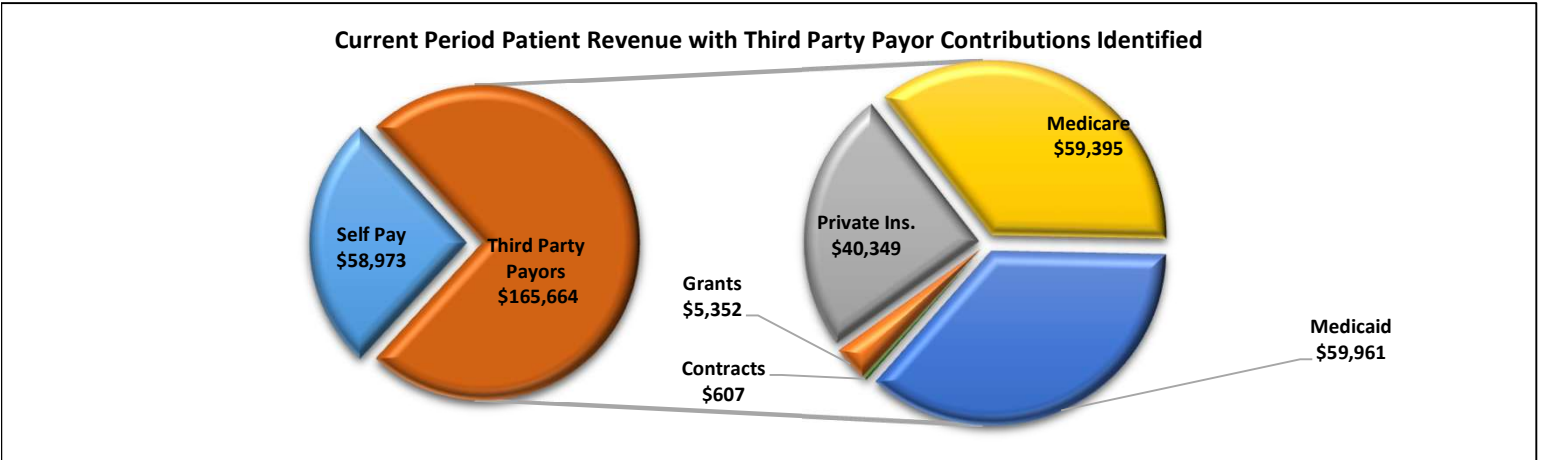
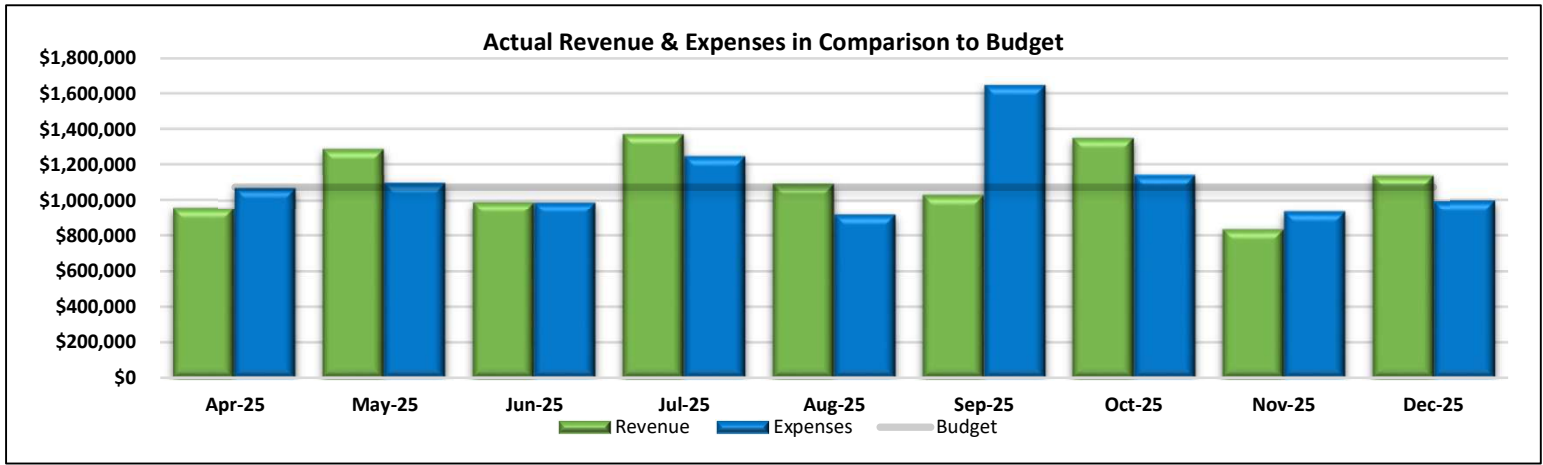
Current Month Actuals



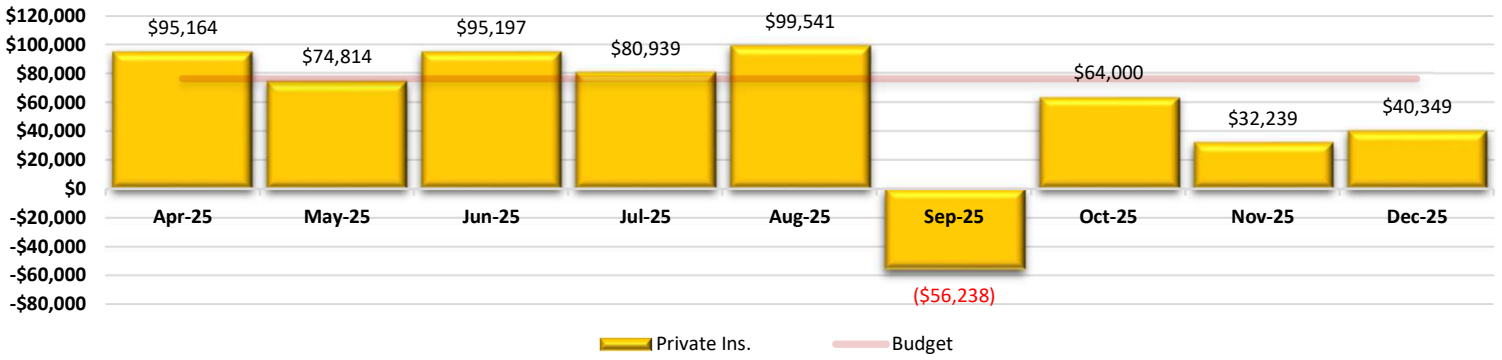
■ Revenue ■ Expenses

Patient Visits

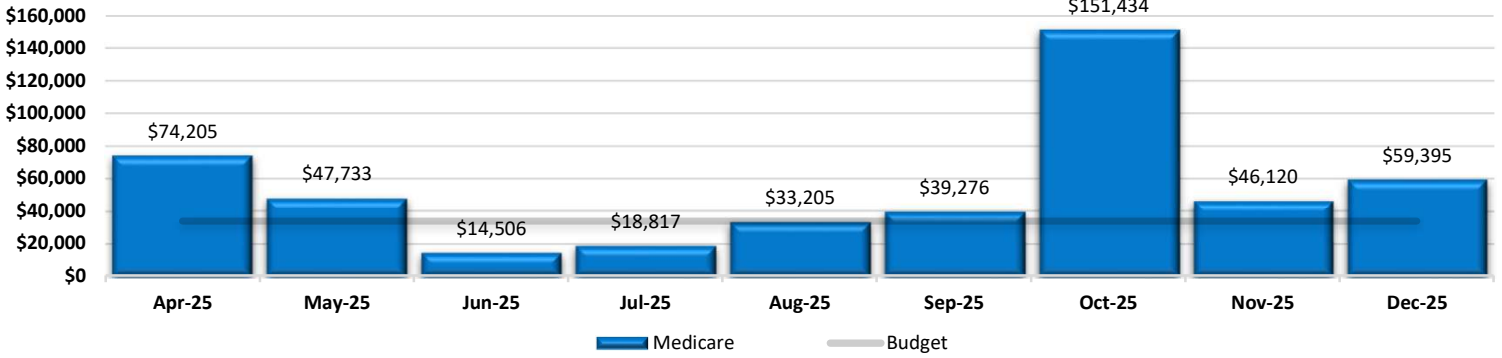




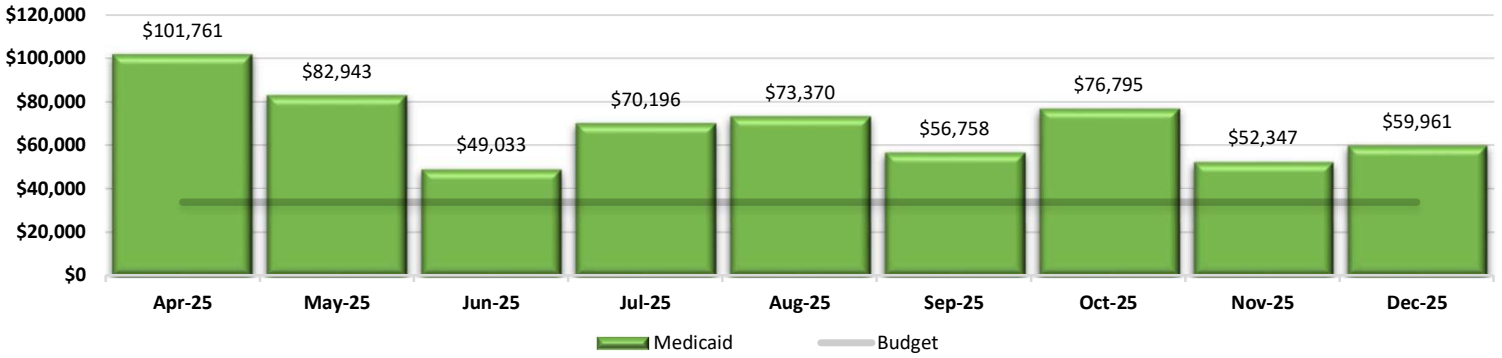
Private Insurance Revenue with Budget Line Comparison



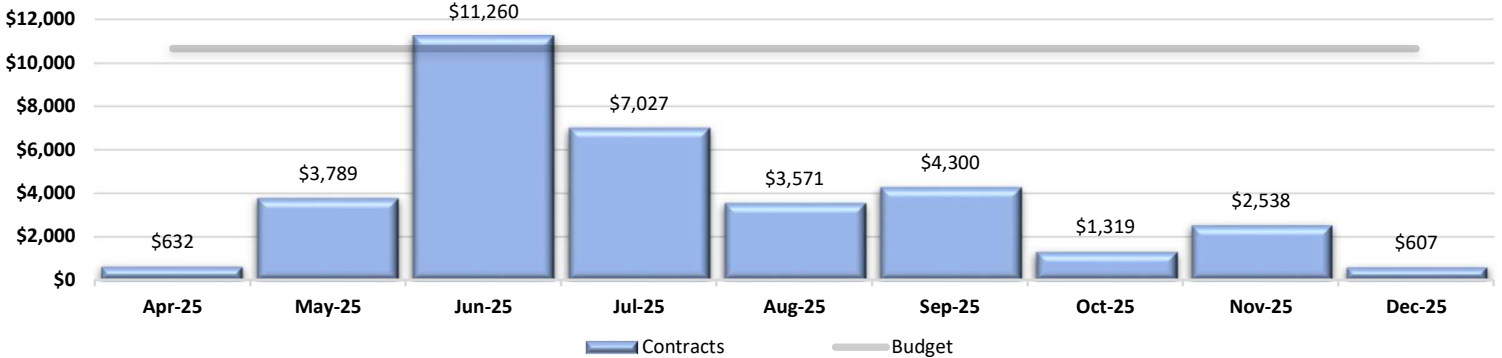
Medicare Revenue with Budget Line Comparison



Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board
January 2026
Item #10
Comments from Board Members**

[Back to Agenda](#)