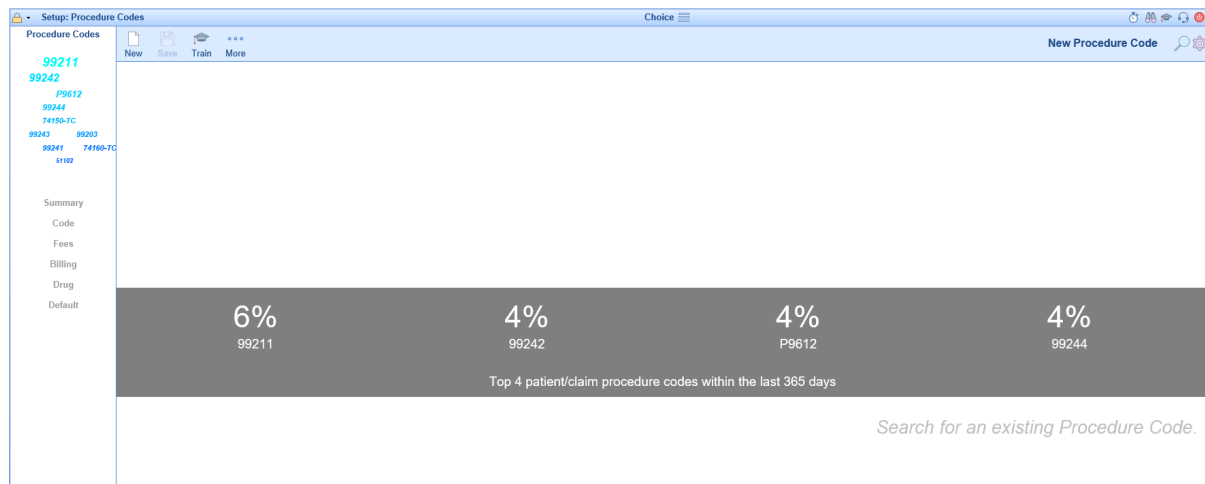


Procedure Code Setup

Last Modified on 09/09/2026 3:23 pm EDT

Procedure Codes Overview



Procedure Codes are numeric or alphanumeric identifiers used for the classification of medical services. These codes are used for billing and tracking purposes. A single operation or treatment may include several procedure codes. The Procedure Code Search screen can be accessed by opening the Setup portal and clicking on Procedure Codes under Billing Setup. A user can then search for a procedure code and open the Procedure Codes Setup screen. The Procedure Codes Setup screen can be used for the following in addition to many other actions:

- [Add New Codes](#)
- [Setup Fees and Fee Groups](#)
- [Update Existing Charges/Fee Amounts](#)
- [Insert or Update RVU Values](#)
- [Attach NDC Numbers to a Procedure Code](#)
- [Update the Sliding Fee Scale](#)
- [Maintain the Procedure Code - Do Not Bill Flag](#)

Procedure Code Search Window Buttons

- **New:** Clicking the New button allows the user to [Add New Codes](#)
- **More:** Clicking the More button gives the user the options to open the Advanced Search Screen or run the Procedure Code Usage Report
- **Search (Magnifying Glass):** Clicking the Search button opens a search box to allow the user to search for and open a procedure code

Procedure Codes Setup Screen

Setup: Procedure Codes Choice

Procedure Codes New Save Train More 99213 - OFFICE OUTPT EST15 MIN

99211
99242
 P9612
 99244
 74150-TC
 99243 99203
 99241 74160-TC
 51102

Summary
 Code
 Fees
 Billing
 Drug
 Default

99213 - OFFICE OUTPT EST15 MIN
 Code Start Date Range: 01/01/2010, Fee Effective Date Range: 01/01/2010, Code Class: E & M
 Base Group
 Code counts as seen by an Eligible Professional for meaningful use
 This code is included when calculating sliding fees.
 Currently a favorite of 10 Providers
 Per unit fee of \$100.00 with an allowed amount of \$100.00, code is not time based.
 Units 1
 RVU 0.97
 Billed as 99213 (can be billed once per day)
 ASA
 Period
 Fee is not drug based
 Measurement
 NDC
 No default narrative
 Defaults Default Modifiers are set.
 Related Fee Groups for Procedure Code 99213
 ✓ Fee code that starts on 01/01/2010 with a per unit fee of \$100.00.
 Fee code for payer Acclaim/healthlink that starts on 01/01/2019 with a per unit fee of \$100.00.
 Fee code for financial class Blue Cross/Blue Shield that starts on 01/01/2019 with a per unit fee of \$100.00.
 Fee code for financial class Medicare that starts on 01/01/2019 with a per unit fee of \$100.00.

Summary

The Procedure Codes Setup Screen opens to the Summary tab. The Summary allows you to see all of the settings quickly that have been configured on the other tabs. You can switch to the other tabs by clicking on the section of the summary you wish to go to or by clicking on the tab name on the left side.

Double clicking on a Related Fee Group activates that group for editing in the other tabs.

Setup: Procedure Codes Choice

Procedure Codes New Save Train More 99213 - OFFICE OUTPT EST15 MIN

99211
99242
 P9612
 99244
 74150-TC
 99243 99203
 99241 74160-TC
 51102

Summary
Code
 Fees
 Billing
 Drug
 Default

***Code Values**
 Code 99213 Start 01/01/2010 -
 Type CPT Class E & M
 Description OFFICE OUTPT EST15 MIN

Fee Group
 Effective 01/01/2010 -
 Provider Rendering Provider
 Fin. Class Financial Class
 Payer Payer
 Location Service Location

***Indicators**
☐ Send procedure code description in 837 extracts
☐ This procedure code may use an alternate payer
☐ Exclude this procedure when calculating sliding fee amounts
☒ Procedure code counts as being seen by an Eligible Professional for meaningful use
☐ Procedure code is a part of the Chronic Care Management process
☐ Procedure code, if found, excludes patient from the Chronic Care Management process
☐ Procedure code is a part of the Wellness Management process

* Item values are applied to all fees for this procedure code.

Code

The Code tab allows the user to be able to enter information specific to the code regardless of the payer. This includes effective dates, code group, description, and indicator settings used in the billing and other modules. For more information on modifying the CPT group, click [here](#).

Fees

The Fees tab displays information about the currently selected fee group. (Fee groups are selected on the Summary tab) It is here that you can set the fee values to be used in billing for the selected procedure code.

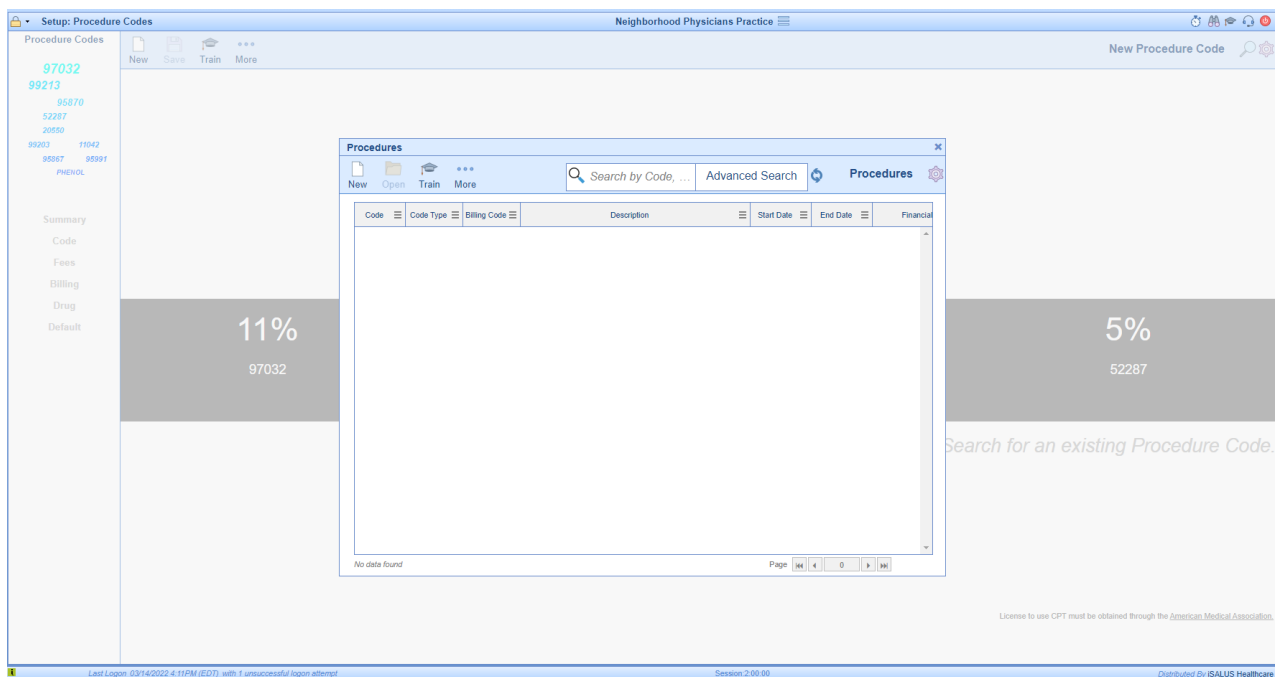
Billing

The Billing tab allows the user to set the code value that will be sent to the insurance company whenever this procedure code is used. It also allows the user to designate the code to be used only once per day, set as a self pay code, set the global period, and set the billing type of the code whether it be paper or electronic.

Drug

The Drug tab allows the user to enter drug specific information if the necessary for the procedure code.

Procedure Advanced Search



The Advanced Procedures Search screen can be accessed from multiple locations.

- Setup > Procedure Codes > More
- Billing Portal > Setup Screens option on toolbar > Procedure Codes

Fields

- **Code:** The code value associated with the procedure code.
- **Code Type:** The code type associated with the procedure code.
- **Billing Code:** The code that will be used on claims for the associated procedure code.
- **Description:** The description of the associated procedure code.
- **Start Date:** The start date associated with the procedure code.
- **End Date:** The end date associated with the procedure code.
- **Financial Class:** The financial class of the fee associated with the procedure code.
- **Fee:** The fee amount assigned to the associated procedure code.
- **Provider:** Rendering Provider associated with the fee for the procedure code.
- **Location:** Location associated with the fee for the procedure code.
- **Payer:** Payer associated with the fee for the procedure code.

Additional Field Options

- **Create Date:** The creation date of the associated procedure code.
- **Created By:** The user id that created the associated procedure code.
- **Modifier 1:** Default modifier 1 to be used when the code is added to a claim.
- **Modifier 2:** Default modifier 2 to be used when the code is added to a claim.
- **Modifier 3:** Default modifier 3 to be used when the code is added to a claim.
- **Modifier 4:** Default modifier 4 to be used when the code is added to a claim.
- **Time Based Fee:** Indicates if the fee is time based instead of unit based.
- **Patient Resp:** Indicates the procedure to be billed to patient only.
- **NOC:** Indicates the procedure as a drug NOC.
- **NDC Value:** NDC value that is associated with the procedure.

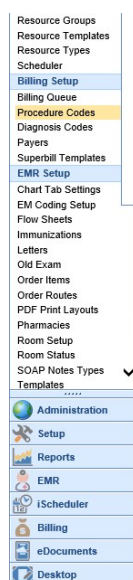
- **TOS:** Default type of service to be used when the code is added to a claim.
- **Units:** Default units to be used when the code is added to a claim.
- **Gender:** The gender requirement for the associated procedure code.
- **Prior Auth Code:** Indicator that a prior authorization is required for billing the code.
- **RVU:** RVU amount assigned to the fee of the associated procedure code.
- **Allowed Amount:** Allowed amount assigned to the fee of the associated procedure code.
- **In House Cost:** In House Cost amount assigned to the fee of the associated procedure code.
- **Tax Amount:** The tax amount assigned to the fee of the associated procedure code.
- **Fee Start Date:** The effective date of the fee for the associated procedure code.
- **Fee End Date:** The expiration date of the fee for the associated procedure code.
- **Accept Assign:** The default Accept Assignment indicator for the associated procedure code.
- **Do not bill:** Indicates if the code is for reporting purposes only and should not bill out with claims.

Adding a New Procedure Code

New Procedure Codes must be periodically entered into the system as the AMA releases new CPT (Procedure) Codes annually. In order to use these new codes, they will need to be added to your Procedure Code table. Annual HCPCS Code updates are entered the same way.

Workflow

1. Open the Setup portal and under the Billing Setup section select Procedure Codes.



2. Click the New button on the toolbar to open the New Procedure Code window. Enter the new Procedure Code in the text box and click Next.

New Procedure Code ✕

Before creating a new procedure code or adding/updating a fee structure within a procedure we will need to verify the procedure code you will be working with.

Please enter the procedure code (CPT or HCPCS) in the box to the right →

- If the code does exist, then a fee structure input screen will be displayed. This screen will allow you to update and copy any existing fee structure(s), or create a new fee structure.
- If the code does not exist, then you will be directed to the input screen for this new code.
- After you have made your changes the new/updated procedure code will be opened for further editing.

License to use CPT must be obtained through the [American Medical Association](#).

Next

3. The next screen will ask whether or not you would like to use the QuickEntry selection window or the Procedure Code setup screen. The QuickEntry selection window is slightly easier to add new codes; you will have access to edit the Procedure Code setup once the code has been added.

New Procedure Code ✕

How would you like to add this procedure code?

From the QuickEntry selection window

From the Procedure Code setup screen

4. Enter the data for the new code; you will have a choice of either CPT or HCPCS as the Type. Also, most Procedure Codes use a Per Unit Fee as the Fee Type. Click Add New Procedure.

5. Once the code has been added, you will be taken to the Summary page for the new code. If any changes to the other Procedure Code sections need to be made, you would do so at this time.

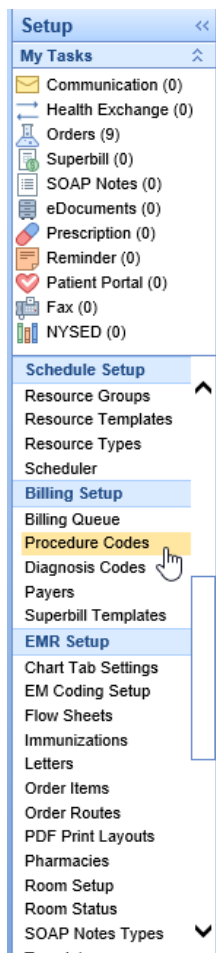
6. Repeat as necessary for all codes to be added.

Any new codes added will need to be added to the Superbill separately.

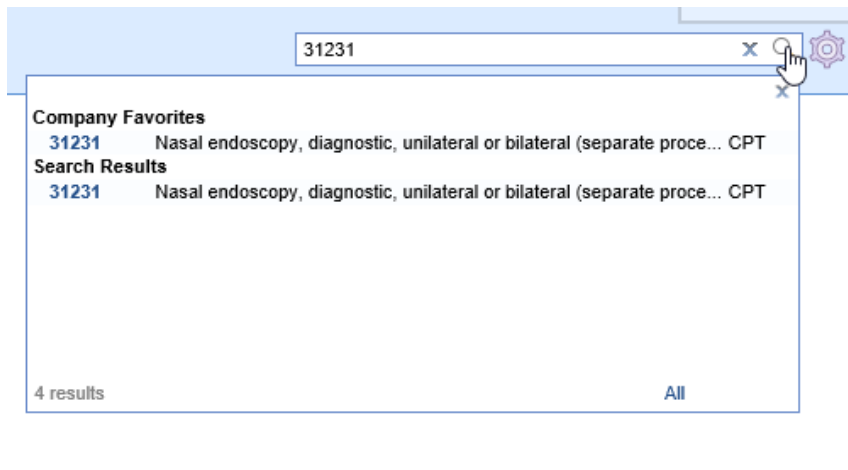
Setting up Fee Groups/Individual Fees

A **Fee Group** in the Choice platform is a fee different than the 'base' code. This can be separated by Provider, Service Location, Financial Class, Payer, or a combination of these options. The most common use of **Fee Groups** in Choice is to set up different fees for Self Pay patients, or to add Allowable Amounts for specific payers. Once a **Fee Group** is added, the application will automatically use this fee on the claim for any patient who meets the selected criteria.

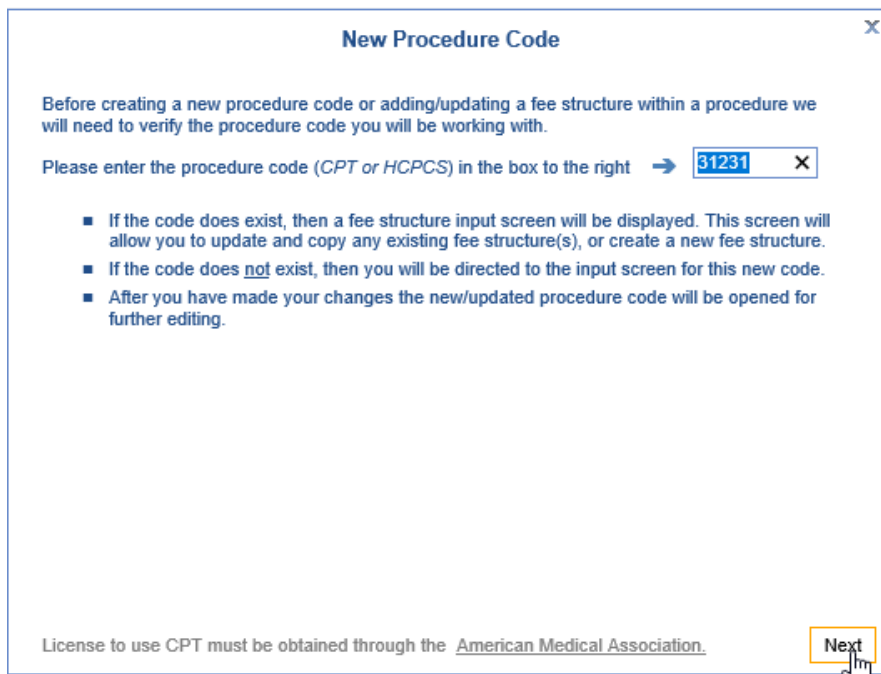
1. Go to Setup: Procedure Codes.



2. Click the magnifying glass on the right to search for the existing code to be updated, and select it.



- Click the New button on the toolbar. A window will open. The existing code being updated will be in the box; click Next.



- The second screen will display the existing fee and allowed amount. Click New Fee to continue.

Related Fees for Procedure Code 31231

+ Fee code that starts on 01/01/2001 with a per unit fee of \$525.00.

Fee Instructions Open Fee New Fee Update Fee(s)

5. A box will pop up asking you to choose how you would like to add the code: From the QuickEntry selection window, or From the Procedure Code setup screen. In this circumstance, the QuickEntry selection window is easiest.

New Procedure Code

How would you like to add this procedure code?

From the QuickEntry selection window

From the Procedure Code setup screen

6. Enter the required fields, then hit Add New Procedure.

New Procedure

Enter the new procedure values in the fields below

Procedure Code

Code
* 31231

Code Start
* 01/01/2001

Type
* CPT

Description
* Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

Effective Start
* 01/01/2020

This will be the date the grouped code is effective.

☐ Practice

Provider
Provider

Financial Class
Self Pay

This section will be how the fee is grouped. It is possible to have data in more than one option.

Payer
Payer

Location
Location

Procedure Fee

Fee Type

☐ Flat Fee
☒ Per Unit Fee

Fee Per Unit
300.00

This will be the fee for the grouped code.

Allowed Amount

Procedure Defaults

☒ Assignment Flag

☐ Use the Quick Entry selection as my default when creating a new procedure.

Set Default Values

Add New Procedure

7. The new fee will be visible on the Code Summary page.

Procedure Codes

99213

90970

99214

99211

99212

36415

69210

90471

90962

99203

Summary

Code

Fees

Billing

Drug

Default

New

Save

Train

More

31231 - Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

Code Start Date Range: 01/01/2001, Fee Effective Date Range: 01/01/2020, Code Class: Surgery

Financial Class: Self Pay

Code does not count as seen by an Eligible Professional for meaningful use.
This code is included when calculating sliding fees.

Currently a favorite of one Provider

Per unit fee of \$300.00, code is not time based.

Units	
RVU	0

Billed as 31231

ASA

Period

Fee is not drug based

Measurement

NDC

No default narrative

Defaults

Related Fee Groups for Procedure Code 31231

Fee code that starts on 01/01/2001 with a per unit fee of \$525.00.

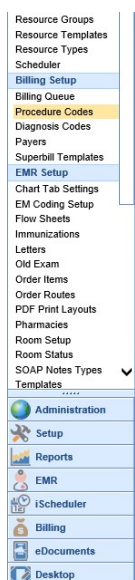
✓ Fee code for financial class Self Pay that starts on 01/01/2020 with a per unit fee of \$300.00.

- Repeat as necessary for all fees to be added.

Updating Existing Charge/Fee Amounts

Many clients update their charges/fees on an annual basis. However, they may still want the option to charge patients the older fee for older dates of service. These are the steps to update those fees without changing the old fee.

- Go to Setup: Procedure Codes.



2. Click the magnifying glass on the right to search for the existing code to be updated, and select it.

The screenshot shows a software window with a search bar at the top containing the text '99214'. To the right of the search bar is a magnifying glass icon and a gear icon. Below the search bar, a dropdown menu is open, displaying 'Description: OFFICE/OP VISIT, EST PT'. Below this, a table titled 'Company Favorites' and 'Search Results' is shown. The table has two columns: the first column contains the code '99214' and the second column contains the description 'OFFICE/OP VISIT, EST PT'. The first row is highlighted in yellow. At the bottom of the window, it says '4 results' and 'All'.

3. Click the New button on the toolbar. A window will open. The existing code being updated will be in the box; click Next.

The screenshot shows a dialog box titled 'New Procedure Code'. It contains a text area with instructions: 'Before creating a new procedure code or adding/updating a fee structure within a procedure we will need to verify the procedure code you will be working with. Please enter the procedure code (CPT or HCPCS) in the box to the right'. To the right of the text is a text box containing '99214'. Below the text box are three bullet points: 'If the code does exist, then a fee structure input screen will be displayed. This screen will allow you to update and copy any existing fee structure(s), or create a new fee structure.', 'If the code does not exist, then you will be directed to the input screen for this new code.', and 'After you have made your changes the new/updated procedure code will be opened for further editing.' At the bottom of the dialog box, there is a link 'License to use CPT must be obtained through the American Medical Association.' and a 'Next' button.

4. The second screen will display the existing fee and allowed amount. Click the plus sign to the left of the existing fee code to expand it.

The screenshot shows a dialog box titled 'Related Fees for Procedure Code 99214'. It contains a list of fees. The first fee is expanded, showing a minus sign to its left. The fee details are: 'Fee code that starts on 01/01/2001 with a per unit fee of \$130.00.' Below this, there are fields for 'End' and 'Start' dates, each with a calendar icon. There are also radio buttons for 'Change Fee Amount by' (Value, Percent, Additive) and 'Change Allowed Amount by' (Value, Percent, Additive). The 'Value' radio button is selected for both. The 'Change Fee Amount by' section shows a value of '\$130.00' and the 'Change Allowed Amount by' section shows a value of '\$100.00'. At the bottom of the dialog box, there is a plus sign to the left of a fee code, followed by the text: 'Fee code for provider Armstrong DDS PC, Thomas F. for financial class Self Pay that starts on 01/01/2001 with a flat fee of \$90.00.' At the bottom of the dialog box, there are three buttons: 'Open Fee', 'New Fee', and 'Update Fee(s)'. There is also a link 'Fee Instructions' at the bottom left.

5. Enter the expiration date in the End Date field (e.g. 12/31/2018). Enter the new charge effective date in the Start Date field (e.g. 01/01/2019). Leave Value selected and enter the new charge price in the Change Fee Amount field.

Related Fees for Procedure Code 99214

Fee code that starts on 01/01/2001 with a per unit fee of \$130.00.

End: 12/31/2018
Start: 01/01/2019 New Amount: \$150.00 Allowed Amount: \$135.00

Change Fee Amount by: ☒ Value ☐ Percent ☐ Additive

Change Allowed Amount by: ☒ Value ☐ Percent ☐ Additive

+ Fee code for provider Armstrong DDS PC, Thomas F. for financial class Self Pay that starts on 01/01/2001 with a flat fee of \$90.00.

[Fee Instructions](#)

6. Click Update Fee(s).

Related Fees for Procedure Code 99214

Fee code that starts on 01/01/2001 with a per unit fee of \$130.00.

End: 12/31/2018
Start: 01/01/2019 New Amount: \$150.00 Allowed Amount: \$135.00

Change Fee Amount by: ☒ Value ☐ Percent ☐ Additive

Change Allowed Amount by: ☒ Value ☐ Percent ☐ Additive

+ Fee code for provider Armstrong DDS PC, Thomas F. for financial class Self Pay that starts on 01/01/2001 with a flat fee of \$90.00.

[Fee Instructions](#)

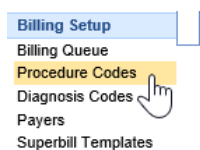
7. Repeat as necessary for all codes to be updated.

Insert or Update an RVU Value

1. Open the Setup Portal in the lower left corner.



2. Open the Procedure Code Setup from the Navigation Pane.



3. In the upper right corner, search for the procedure code you wish to update. Click on the code to open it.

99214

Company Favorites

99214 OFFICE/OP VISIT, EST PT CPT

Search Results

99214TH Level 4 Established Patient Telehealth Visit CPT

99214 OFFICE/OP VISIT, EST PT CPT

- With the code open, navigate to the **Fees** setup window.

Summary

Code

Fees

Billing

RVU

Billed at

AS

Pe

Fee is

Me

- Add or update the existing RVU in the RVU field.

Units

Units 1

RVU 1.00

☐ Time Based Fee

- Click **Save** in the top toolbar.

New Save Train More

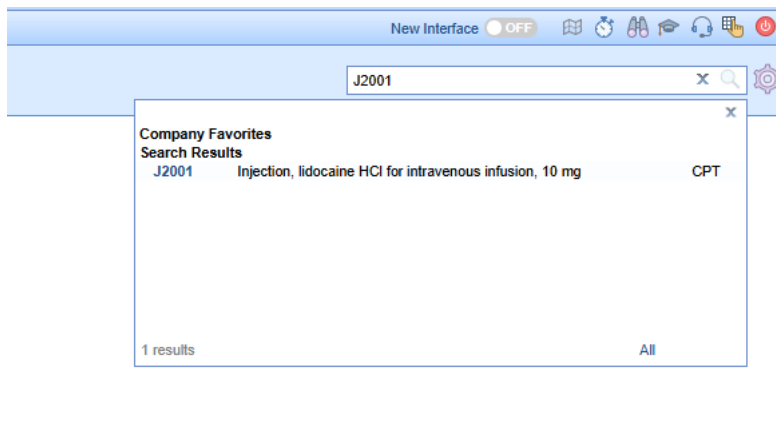
Fees

Add an NDC Number to a Procedure Code

The *NDC (National Drug Code)* is a unique product identifier issued by the FDA for drugs intended for human use. Certain insurance companies require that when a drug is reported on a claim, the NDC information must also be attached to that claim. The NDC must be 11-digits long on a claim; to know how to set this, please see our [NDC Formats](#) guide. Within OfficeEMR there are two ways to set up the NDC to transmit electronically on a claim: at the [Claim Level](#) or at the Code Level.

Step-by-Step Instructions

- Go to **Setup: Procedure Codes** and search/open the code.



2. Navigate to the **Drug** tab and check the **NDC** box to activate the **NDC section**. Select the appropriate unit type from the dropdown, complete all required fields, and **Save**.

Setup: Procedure Codes

Procedure Codes

QA123
99213
L1971
L1906
97161
81000 95833
97010 G8420
L0180

Summary
Code
Fees
Billing
Drug
Default

New Save Train More

*Code NDC
☐ Measurement
Value
Qualifier
Type

☒ NDC

Start Date	End Date	Value	Price	Quantity	Unit
04/01/2026	04/02/2026	NDC Number	Unit Price	# of Units	Unit Type

+ Add NDC

Drug Information
☐ Drug NOC
Strength
Units

** Item values are applied to all fees for this procedure code.*

3. Any claims which were submitted prior to the NDC Number being added to the Procedure Code setup must still have the NDC Number information added to the Claim itself. The Procedure Codes will only be added to claims moving forward.

Setup: Procedure Codes

Procedure Codes

New Save Train More

***Code NDC**

☐ Measurement

Value

Qualifier

Type

☒ NDC

Start Date	End Date	Value	Price	Quantity	Unit	
04/01/2026	04/02/2026	5284048457	50.00	10	Unit	X

+ Add NDC

Drug Information

☐ Drug NOC

Strength

Units

* Item values are applied to all fees for this procedure code.

Updating the Sliding Fee Scale

For clients who use the built-in Sliding Fee Scale functionality, the scales must be updated annually. iSalus will update the master table of standard federal poverty guidelines when they are released. However, clients must add their practice-specific percentage calculations annually as well.

1. Within the Billing Module, locate the Tools (wrench and hammer) icon on the toolbar. Click the drop down menu off this icon and select Sliding Fee Schedule.

A screenshot of the 'Billing' menu in the software. The menu is open, showing several options: 'Set Working Date', 'Sliding Fee Schedule' (highlighted with a yellow box), and 'Refund Maintenance'. The 'Sliding Fee Schedule' option has a small icon next to it.

2. On the right side of the Sliding Fee Schedule Groups window, select the appropriate year's fee schedule from the drop down list.

Sliding Fee Schedule Groups -- Webpage Dialog

Current Sliding Fee Schedules: 1
Future Sliding Fee Schedules: 0
Previous Sliding Fee Schedules: 6

ID	Year	Description	State	Patients
19	2019	48 Contiguous States and District of Columbia		37

Sliding Fee Group Values:

Description	Year	State	Active
48 Contiguous States and District of Columbia	2019		Y
48 Contiguous States and District of Columbia	2018		Y
48 Contiguous States and District of Columbia	2017		Y
48 Contiguous States and District of Columbia	2016		Y
48 Contiguous States and District of Columbia	2015		Y
48 Contiguous States and District of Columbia	2014		Y
48 Contiguous States and District of Columbia	2013		Y
Alaska	2018	AK	Y

- Click the plus sign below the fee schedule to add Charge Percentage Groups.

Sliding Fee Schedule Groups -- Webpage Dialog

Current Sliding Fee Schedules: 1
Future Sliding Fee Schedules: 0
Previous Sliding Fee Schedules: 6

ID	Year	Description	State	Patients
19	2019	48 Contiguous States and District of Columbia		37

Sliding Fee Group Values:

Schedule: 48 Contiguous States and District of Columbia

Year: 2019 State: Active: ☒

Description	Starting %	Ending %	Charge %

- Enter the Starting % and Ending % (of the poverty guidelines), then the Charge % (how much you will charge for patients who meet that level of the poverty guidelines). Click the plus sign to add additional rows until you are done. You do not have to enter anything in the Description field, it will be filled in when you Save.

Sliding Fee Schedule Groups -- Webpage Dialog

Current Sliding Fee Schedules: 1
Future Sliding Fee Schedules: 0
Previous Sliding Fee Schedules: 6

ID	Year	Description	State	Patients
19	2019	48 Contiguous States and District of Columbia		37

Sliding Fee Group Values:

Schedule: 48 Contiguous States and District of Columbia

Year: 2019 State: Active: ☒

Description	Starting %	Ending %	Charge %
	0	100	0
	101	150	25
	151	200	50
	201	250	75
	251	300	100

- Save.

Sliding Fee Schedule Groups -- Webpage Dialog

Current Sliding Fee Schedules: 1
Future Sliding Fee Schedules: 0
Previous Sliding Fee Schedules: 6

ID	Year	Description	State	Patients
19	2019	48 Contiguous States and District of Columbia		37

Sliding Fee Group Values:

Schedule: 48 Contiguous States and District of Columbia

Year: 2019 State: Active: ☒

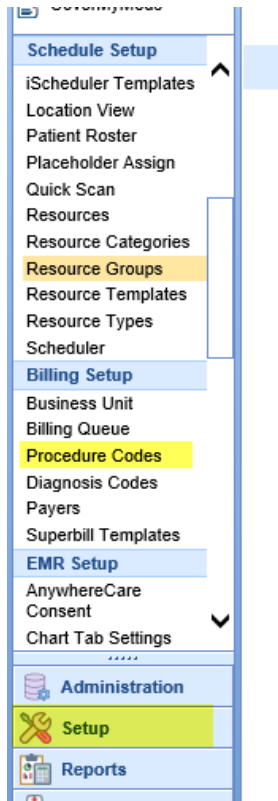
Description	Starting %	Ending %	Charge %
Less than or equal to 100%	0	100	0
101% to 150%	101	150	25
151% to 200%	151	200	50
201% to 250%	201	250	75
251% to 300%	251	300	100

Changing the CPT Group

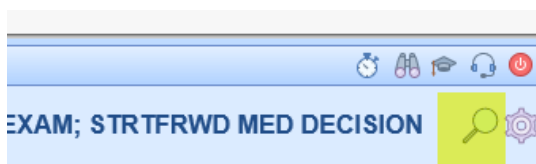
It's often helpful in reporting to group certain CPT codes -- whether you call this a CPT Group, Code Class, Business Line, etc., it's a way to track a segment of your business separately. Not only will it make these certain codes more visible when users run reports by CPT Group, it also makes it easier to filter these groups in or out of reports in [Choice Analytics](#).

To assign a CPT code to a group, take the following steps:

1. Click the **Setup** category in the navigation bar to the bottom left, then under the Billing Setup header click **Procedure Codes**:



2. Click the **magnifying glass** at the top right of the screen to **search for the code** you're interested in changing the group for.



3. Once you have the code pulled up, click on the **Code** category of settings. Then click the drop-down on the **Class** field to assign the code to a group. **Note: if you don't see the desired CPT group in this box, you can click New in the bottom right of the box to add one, or otherwise modify the available code classes.**

Setup: Procedure Codes

Procedure Codes

New Save Train More

992

*) (0)

Summary

Code

Fees

Billing

Drug

Default

*Code Values

Code * 99212 Start * 01/01/2001

Type * CPT Class E & M

Description * OFFICE/OP VISIT, EST PT, FOCUS EXAM; STRTFRWD

Fee Group

Effective * 01/01/2001

Provider Rendering Provider

Fin. Class Financial Class

Payer Payer

Location Service Location

*Indicators

☐ Send procedure code description in 837 extracts

☐ This procedure code may use an alternate payer

☐ Exclude this procedure when calculating sliding fee amounts

☒ Procedure code counts as being seen by an Eligible Professional for meaningful use

☐ Procedure code is a part of the Chronic Care Management process

☐ Procedure code, if found, excludes patient from the Chronic Care Management process

☐ Procedure code is a part of the Wellness Management process

* Item values are applied to all fees for this procedure code.

- Click the **Save** button to complete your changes. You should see financials immediately reflect your changes in the system's internal reports, and they should be reflected in any Billing Analytics reports the following day.

Procedure Code - Do Not Bill Flag

A new setting has been added into the Procedure Code Setup screen called, 'Do Not Bill.' This setting is designed to be used with Reporting Codes or any other Procedure Codes that the practice would like to record but does not want to go out on a Claim or Statement. To access the new setting:

- Navigate to **Setup > Billing Setup > Procedure Codes**
- Search for a Procedure Code
- Click on the *Fees* tab
- Here you can check/uncheck the 'Do Not Bill' box (this setting is configurable by each Fee group.) If the box is checked then the Procedure Code will be displayed with a strikethrough on the Claims screen indicating that the Procedure Code will not be billed.

Setup: Procedure Codes

Choice

99211 - OFFICE O/P EST 5 MIN

Procedure Codes

G8427

G9903

1036F

G8492

3017F

99214

4040F

99213

G8417

51798

Summary

Code

Fees

Billing

Drug

Default

New

Save

Train

More

Fees

☐ Flat Fee

☒ Per Unit Fee

Fee Per Unit

\$40.00

Allowed Amount

\$40.00

In-House Cost

Tax Amount

☒ Do Not Bill

Units

Units

1

RVU

0.18

☐ Time Based Fee

Minutes/Unit

Round Units

Up

Down