

Physician Immunization Fee Schedule, January 1, 2014

Includes 90371-90748

* Place of service 71 only

‡ By report required for ages 6-18, effective 3/18/10

Code	Mod	Max Fee	Units
90375*		217.35	20
90376*		201.03	20
90632		41.64	1
90633		10.00	1
90634		10.00	1
90647		10.00	1
90648		10.00	1
90649		10.00	1
90649	HA	145.45	1
90650		10.00	1
90650	HA	138.75	1
90655		10.00	1
90656		10.00	1
90656	HA	21.92	1
90657		10.00	1
90658		10.00	1
90658	HA	18.12	1
90660		10.00	1
90670‡		10.00	1
90672		10.00	1
90675*		153.23	1
90680		10.00	1
90681		10.00	1
90685		10.00	1
90686		10.00	1
90686	HA	25.38	1
90696		10.00	1

Code	Mod	Max Fee	Units
90698		10.00	1
90700		10.00	1
90707		10.00	1
90707	HA	62.07	1
90710		10.00	1
90713		10.00	1
90714		10.00	1
90714	HA	28.72	1
90715		10.00	1
90715	HA	45.83	1
90716		10.00	1
90716	HA	97.10	1
90723		10.00	1
90732		10.00	1
90732	HA	67.19	1
90734		10.00	1
90734	HA	119.66	1
90743		10.00	1
90744		10.00	1
90746		62.50	1
90748		10.00	1