Physician Immunization Fee Schedule
Effective October 1, 2011

Includes 90371-90748

* Place of service 71 only
‡ By report required for ages 6-18, effective 3/18/10

Code	Mod	Spec	Max Fee	Units	M1	M2	M3	M4				
90371			129.92	5	Q6	59	22					
90375*			186.77	20	22							
90376*			179.51	20	22							
90632			62.13	1	22							
90633			10	1	22							
90634			10	1	22							
90647			10	1	22							
90648			10	1	22							
90649			10	1	22							
90649	HA		139.93	1	HA							
90650			10	1	22							
90650	HA		138.41	1	HA							
90655			10	1	22							
90656			10	1	22							
90656	HA		22.38	1	HA							
90657			10	1	22							
90658			10	1	22							
90658	HA		21.00	1	HA							
90660			10	1	22							
90670‡			10	1	22							
90675*			153.23	1	22							
90680			10	1	22							
90681			10	1	22							
90696			10	1	22							
90698			10	1	22							

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Code	Mod	Spec	Max Fee	Units	M1	M2	M3	M4				
90700			10	1	22							
90707			10	1	Q6	59	22					
90707	HA		58.06	1	HA							
90710			10	1	22							
			10	1	Q	59						
90714			10	1	22							
90714	HA		28.95	1	HA							
90715			10	1	22							
90715	HA		45.41	1	HA							
90716			10	1	22							
90716	HA		93.28	1	HA							
90718			10	1	22							
90718	HA		28.05	1	HA							
90721			10	1	22							
90723			10	1	22							
90732			10	1	22							
90732	HA		66.49	1	HA							
90733			116.49	1	22							
90734			10	1	22							
90734	HA		116.08	1	HA							
90743			10	1	22							
90744			10	1	22							
90746			61.92	1	22							
90748			10	1	22							