

# Internal Price List 2026

CPT	Description	Fee
0232T	PRP INJECTION (SPORTS MEDICINE)	\$1,100.00
0240U	INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC RNA, 3 TARGETS (SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2[SARS-COV-2], INFLUENZA A, INFLUENZA B), UPPER RESPIRATORY SPECIMEN, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED]	\$293.40
0241U	[INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC RNA, 4 TARGETS (SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 [SARS-COV-2], INFLUENZA A, INFLUENZA B, RESPIRATORY SYNCYTIAL VIRUS [RSV]), UPPER RESPIRATORY SPECIMEN, EACH PATHOGEN REPORTED AS DETECTED OR NOT DETECTED	\$293.40
0295T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING 48 HRS TO 21 DYS; INCLUDES RECRDNG, REPORT AND INTERPRETATION	\$260.00
0298T	ZIO PATCH - INTERPRETATION CHARGE	\$70.00
0353U	IADNA CHLMYD&GONORR AMP PRB	\$73.69
10021	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE	\$336.00
10040	ACNE SURG (EXTRACTION) (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)	\$252.00
10060	I&D OF ABSCESS; SIMPLE OR SINGLE	\$356.03
10061	I&D OF ABSCESS; COMPLICATED OR MULTIPLE	\$609.80
10080	I&D PILONIDAL CYST; SIMPL	\$488.25
10081	I&D PILONIDAL CYST; COMPLIC	\$703.50
10120	INCISION&REMOVAL FB SUBCUT TISSUES; SIMPLE	\$351.75
10121	INCS & REMOV FB SUBQ TISS; COM	\$630.00
10140	I&D HEMATOMA/SEROMA/FLUID COLL	\$393.75
10160	PUNCT ASPIR ABSCESES/HEMAT/BULLA	\$370.51
10180	I&D COMPLX POSTOP WOUND INFEC	\$614.00
11000	DEBRID EXTEN INFEC SKIN; TO 10	\$137.00
11001	DEBRID EXTEN INFEC SKIN; EA AD	\$54.00
11010	DEBRID W/REMOV MAT; SKIN & SUB	\$1,234.00
11011	DEBRID W/REMOV MAT; SKIN-SUBQ-	\$1,336.00
11012	DEBRID W/REMOV MAT; SKIN-MUSC-	\$1,781.00
11042	DEBRID; SKIN & SUBQ TISS	\$373.40
11043	DEBRID; SKIN-SUBQ TISS-MUSCL	\$570.00
11055	PARING/CUTTING BEN LES; 1 LES	\$156.96
11056	PARING/CUTTING BEN LES; 2-4 LE	\$238.33

CPT	Description	Fee
11057	PARING/CUTTING BEN LES; > 4 LE	\$165.00
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION	\$294.29
11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); EACH SEPARATE/ADDITIONAL LESION	\$135.00
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	\$365.68
11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION	\$170.78
11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION	\$351.75
11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION	\$185.00
11200	REMOV SKIN TAGS; TO & INCL 15	\$257.62
11201	REMOV SKIN TAGS; EA ADD 10 LES	\$52.11
11300	SHAVING 1 LES TRUNK; 0.5 CM/LE	\$295.25
11301	SHAVING 1 LES TRUNK; 0.6 TO 1.	\$353.16
11302	SHAVING 1 LES TRUNK; 1.1 TO 2.	\$399.45
11303	SHAVING 1 LES TRUNK; OVER 2.0	\$357.00
11305	SHAVING 1 LES SCALP; 0.5CM/LES	\$309.73
11306	SHAVING 1 LES SCALP; 0.6 TO 1.	\$355.08
11307	SHAVING 1 LES SCALP; 1.1 TO 2.	\$330.75
11308	SHAVING 1 LES SCALP; OVER 2.0	\$352.80
11310	SHAVING 1 LES FACE; 0.5 CM/LES	\$336.75
11311	SHAVING 1 LES FACE; 0.6 TO 1.0	\$369.57
11312	SHAVING 1 LES FACE; 1.1 TO 2.0	\$367.50
11313	SHAVING 1 LES FACE; OVER 2.0 C	\$464.00
11400	EXC BEN LES MARG NO SKN TAG TRNK ARM/LEG;5 CM/<	\$368.59
11401	EXC BEN LES MARG NO TAG TRNK ARM/LEG;0.6-1.0 CM	\$450.60
11402	EXC BEN LES MARG NO TAG TRNK ARM/LEG;1.1-2.0 CM	\$495.95
11403	EXC BEN LES TRUNK; 2.1 TO 3.0	\$568.30
11404	EXC BEN LES TRUNK; 3.1 TO 4.0	\$514.50
11406	EXC BEN LES TRUNK; OVER 4.0 CM	\$735.00
11420	EXC BEN LES SCALP; 0.5 CM/LESS	\$280.35
11421	EXC BEN LES SCALP; 0.6 TO 1.0	\$367.50
11422	EXC BEN LES SCALP; 1.1 TO 2.0	\$414.75
11423	EXC BEN LES SCALP; 2.1 TO 3.0	\$588.58
11424	EXC BEN LES SCALP; 3.1 TO 4.0	\$581.00
11426	EXC BEN LES SCALP; OVER 4.0 CM	\$827.00

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11440	EXC BEN LES FACE; 0.5 CM/LESS	\$412.97
11441	EXC BEN LES FACE; 0.6 TO 1.0 C	\$393.75
11442	EXC BEN LES FACE; 1.1 TO 2.0 C	\$441.00
11443	EXC BEN LES FACE; 2.1 TO 3.0 C	\$559.00
11444	EXC BEN LES FACE; 3.1 TO 4.0 C	\$700.00
11446	EXC BEN LES FACE; OVER 4.0 CM	\$971.00
11450	EXC SKIN HIDRADEN AX; SIMPL/IN	\$950.00
11462	EXC SKIN HIDRADEN ING; SIMPL/I	\$928.00
11600	EXC MALIG LES TRUNK; 0.5 CM/LE	\$453.60
11601	EXC MALIG LES TRUNK; 0.6 TO 1.	\$657.08
11602	EXC MALIG LES TRUNK; 1.1 TO 2.	\$700.50
11603	EXC MALIG LES TRUNK; 2.1 TO 3.	\$645.75
11604	EXC MALIG LES TRUNK; 3.1 TO 4.	\$724.50
11606	EXC MALIG LES TRUNK; OVER 4.0	\$1,039.50
11620	EXC MALIG LES SCLP; 0.5 CM/LES	\$487.00
11621	EXC MALIG LES SCLP; 0.6 TO 1.0	\$530.25
11622	EXC MALIG LES SCLP; 1.1 TO 2.0	\$585.90
11623	EXC MALIG LES SCLP; 2.1 TO 3.0	\$687.75
11624	EXC MALIG LES SCLP; 3.1 TO 4.0	\$782.25
11626	EXC MALIG LES SCLP; OVER 4.0 C	\$1,016.00
11640	EXC MALIG LES FACE; 0.5 CM/LES	\$467.25
11641	EXC MALIG LES FACE; 0.6 TO 1.0	\$548.10
11642	EXC MALIG LES FACE; 1.1 TO 2.0	\$621.60
11643	EXC MALIG LES FACE; 2.1 TO 3.0	\$731.85
11644	EXC MALIG LES FACE; 3.1 TO 4.0	\$984.00
11646	EXC MALIG LES FACE; OVER 4.0 C	\$1,283.00
11719	TRIMMING OF NONDYSTROPHIC NAILS ANY NUMBER	\$45.15
11720	DEBRID NAIL(S) ANY METHD(S); 1	\$75.60
11721	DEBRID NAIL(S) ANY METHD(S); 6	\$105.00
11730	AVULSION PLATE PART/COMPLT SIM	\$257.25
11732	AVULSION PLATE PART/COMPLT SMP	\$90.00
11740	EVACUATION SUBUNGUAL HEMATOMA	\$122.85
11750	EXC NAIL/MATRIX PART/COMPLT PE	\$446.25
11755	BX NAIL UNIT ANY METHD (SEP PR	\$337.00
11760	REPR NAIL BED	\$488.00
11762	RECON NAIL BED W/GFT	\$705.00
11765	WEDGE EXC SKIN NAIL FOLD	\$388.50

CPT	Description	Fee
11770	EXC PILONIDAL CYST/SINUS; SIMP	\$691.00
11771	EXC PILONIDAL CYST/SINUS; EXTE	\$1,422.00
11772	EXC PILONIDAL CYST/SINUS; COMP	\$1,725.00
11900	INJ INTRALES; UP TO & INCL 7 LESIONS	\$162.11
11901	INJ INTRALES; MORE THAN 7 LES	\$174.00
11976	REMOV IMPLNT CONTRACEPTIVE CAP	\$356.00
11981	NEXPLANON INSERTION	\$315.00
11982	NEXPLANON REMOVAL	\$351.75
11983	NEXPLANON REMOVAL & INSERTION	\$498.75
12001	SIMPL REPR SCLP/NECK/EXTREM/TRUNK/EXT GEN; 2.5 CM/	\$270.17
12002	SIMPL REPR SCLP/NECK/EXTREMITY/TRUNK/EXT GENITALIA; 2.6-7.5	\$257.25
12004	SIMPL REPR SCLP/TRUNK; 7.6-12.	\$319.00
12005	SIMPL REPR SCLP/TRUNK; 12.6-20	\$402.00
12006	SIMPL REPR SCLP/TRUNK; 20.1-30	\$476.00
12011	SIMPL REPR FACE/EARS/MUCOUS; 2.5 OR LESS	\$257.25
12013	SIMPL REPR FACE//EARS/MUCOUS; 2.6 - 5	\$285.00
12014	SIMPL REPR FACE/MUCOUS; 5.1-7.	\$333.00
12015	SIMPL REPR FACE/MUCOUS; 7.6-12	\$402.00
12016	SIMPL REPR FACE/MUCOUS; 12.6-2	\$510.00
12017	SIMPL REPR FACE/MUCOUS; 20.1-3	\$379.00
12018	SIMPL REPR FACE/MUCOUS; OVER 3	\$430.00
12020	TX SUPERF WOUND DEHISCENCE; SI	\$722.00
12021	TX SUPERF WOUND DEHISCENCE; W/	\$416.00
12031	LAYER CLO SCLP/TRUNK; 2.5 CM/L	\$579.60
12032	LAYER CLO SCLP/TRUNK; 2.6 TO 7	\$695.10
12034	LAYER CLO SCLP/TRUNK; 7.6 TO 1	\$747.60
12035	LAYER CLO SCLP/TRUNK; 12.6 TO	\$955.00
12036	LAYER CLO SCLP/TRUNK; 20.1 TO	\$1,049.00
12037	LAYER CLO SCLP/TRUNK; OVER 30.	\$1,188.00
12041	LAYER CLO NECK/FT/GENIT; 2.5CM	\$582.75
12042	LAYER CLO NECK/FT/GENIT; 2.6 T	\$722.00
12044	LAYER CLO NECK/FT/GENIT; 7.6-1	\$898.00
12045	LAYER CLO NECK/FT/GENIT; 12.6-	\$1,007.00
12046	LAYER CLO NECK/FT/GENIT; 20.1-	\$1,187.00
12047	LAYER CLO NECK/FT/GENIT; OVER	\$1,290.00
12051	LAYER CLO FACE/LIPS; 2.5 CM/LE	\$646.00
12052	LAYER CLO FACE/LIPS; 2.6 TO 5.	\$701.40

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12053	LAYER CLO FACE/LIPS; 5.1 TO 7.	\$863.00
12054	LAYER CLO FACE/LIPS; 7.6 TO 12	\$901.00
12055	LAYER CLO FACE/LIPS; 12.6 TO 2	\$1,169.00
12056	LAYER CLO FACE/LIPS; 20.1 TO 3	\$1,364.00
13100	REPR COMPLX TRUNK; 1.1 CM TO 2	\$837.00
13101	REPR COMPLX TRUNK; 2.6 CM TO 7	\$991.00
13120	REPR COMPLX SCLP/EXTREM; 1.1-2	\$875.00
13121	REPR COMPLX SCLP/EXTREM; 2.6-7	\$1,068.00
13131	REPR COMPLX FOREHEAD/AX/FT; 1.	\$963.00
13132	REPR COMPLX FOREHEAD/AX/FT; 2.	\$1,190.00
13151	REPR COMPLX LIDS/LIPS; 1.1-2.5	\$1,054.00
13152	REPR COMPLX LIDS/LIPS; 2.6-7.5	\$1,266.00
13160	SECNDRY CLO DEHISCENCE COMPLIC	\$2,009.00
15100	SPLIT GFT TRUNK; 1ST 100 SQ CM	\$2,134.00
15852	DSG CHANGE UNDER ANES	\$117.00
15853	REMOVAL OF SUTURES OR STAPLES NOT REQUIRING ANESTHESIA	\$15.00
15854	REMOVAL OF SUTURES AND STAPLES NOT REQUIRING ANESTHESIA	\$20.00
16000	INIT TX 1ST DEGREE BURN W/LOCA	\$172.00
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$205.00
16025	DSG/DEBRID INIT/SUBSQ; WO ANE	\$368.00
16030	DSG/DEBRID INIT/SUBSQ; WO ANE	\$463.00
16035	ESCHAROTOMY	\$487.00
17000	DESTRUC BEN/PREMLIG LES OTH THAN SKN TAG; 1 LES	\$192.00
17003	DESTRUC BEN/PREMLIG LES OTH THN SKN TAG;2-14 EA	\$19.29
17004	DESTRCT-ANY METHD-PREMLIGNANT LES 15/>	\$362.25
17106	DESTRCT CUT VASCUL LES; < 10 S	\$853.00
17107	DESTRCT CUT VASCUL LES; 10-50	\$1,084.00
17108	DESTRCT CUT VASCUL LES; > 50 S	\$1,594.00
17110	DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; UP 14	\$325.16
17111	DESTRCT BENIGN LESIONS OTH SK TGS OR CUT VAS 15/>	\$380.16
17250	CHEM CAUT GRANULATION TISS	\$195.30
17260	DESTRCT MALIG LES TRUNK; 0.5/L	\$236.00
17261	DESTRCT MALIG LES TRUNK; 0.6-1	\$333.90
17262	DESTRCT MALIG LES TRUNK; 1.1-2	\$511.38
17263	DESTRCT MALIG LES TRUNK; 2.1-3	\$441.00
17264	DESTRCT MALIG LES TRUNK; 3.1-4	\$512.00
17266	DESTRCT MALIG LES TRUNK; > 4.0	\$581.00

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17270	DESTRCT MALIG LES SCLP; 0.5 CM	\$377.00
17271	DESTRCT MALIG LES SCLP; 0.6-1.	\$378.00
17272	DESTRCT MALIG LES SCLP; 1.1-2.	\$430.50
17273	DESTRCT MALIG LES SCLP; 2.1-3.	\$519.00
17274	DESTRCT MALIG LES SCLP; 3.1-4.	\$612.00
17276	DESTRCT MALIG LES SCLP; OVER 4	\$709.00
17280	DESTRCT MALIG LES FACE; 0.5 CM	\$352.00
17281	DESTRCT MALIG LES FACE; 0.6-1.	\$409.50
17282	DESTRCT MALIG LES FACE; 1.1-2.	\$472.50
17283	DESTRCT MALIG LES FACE; 2.1-3.	\$610.00
17284	DESTRCT MALIG LES FACE; 3.0-4.	\$697.00
17286	DESTRCT MALIG LES FACE; OVER 4	\$892.00
17340	CRYOTHERAPY-ACNE	\$128.00
19000	PUNCT ASPIRAT CYST BREAST	\$285.00
19001	PUNCT ASPIR CYST BREAST; EA AD	\$68.00
19020	MASTOTOMY W/EXPLOR/DRAIN ABSCE	\$1,179.00
19030	INJ PROC ONLY-MAMMARY DUCT/GAL	\$417.00
19100	BX BREAST; NEEDLE CORE (SEP PR	\$376.00
19101	BX BREAST; INCS	\$849.00
19110	NIPPLE EXPLOR W/WO EXC DUCT	\$1,207.00
19120	EXC CYST/BEN-MALIG TISS/DUCT (EXCEPT 19300) > 1	\$1,222.00
19125	EXC BREAST LES-ID RAD MARKER;	\$1,354.00
19300	MAST GYNECOMASTIA	\$1,301.00
19302	MAST PRTL W/AX LMPHADEC	\$2,218.00
19303	MAST SMPL COMPL	\$2,492.00
19304	MAST SUBQ	\$1,422.00
19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	\$2,955.00
19328	REMOV INTACT MAMMARY IMPLNT	\$1,238.00
20200	BX MUSCL; SUPERF	\$519.00
20205	BX MUSCL; DEEP	\$721.00
20220	BX BONE TROCAR/NEEDLE; SUPERF	\$428.00
20500	INJ SINUS TRACT; THERAP (SEP P	\$262.00
20520	REMOV FB MUSCL/TENDON; SIMPL	\$512.00
20525	REMOV FB MUSCL/TENDON; DEEP/CO	\$1,207.00
20526	INJECTION THERAPUTIC CARPAL TUNNEL	\$235.42
20550	INJECTION; SINGLE TENDON SHEATH OR LIGAMENT	\$164.03
20550,50	INJECTION; SINGLE TENDON SHEATH OR LIGAMENT BILATERAL	\$328.06

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20551	INJECTION; SINGLE TENDON ORIGIN/INSERTION	\$165.96
20552	INJ; SINGLE/MX TRIGGER POINT 1/TWO MUSCLE	\$153.42
20553	INJ; SINGLE/MX TRIGGER POINT 3/MORE MUSCLE	\$176.57
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	\$59.71
20561	NDL INSJ W/O NJX 3+ MUSC	\$78.55
20600	JOINT INJECTION SMALL WITHOUT ULTRASOUND GUIDANCE; SM J	\$123.90
20604	JOINT INJECTION SMALL W/ ULTRASOUND GUIDANCE W/ PERMANENT RECORDING/REPORTING	\$234.47
20605	JOINT INJECTION MEDIUM WITHOUT ULTRASOUND GUIDANCE	\$156.31
20606	JOINT INJECTION (MEDIUM) WITH ULTRASOUND	\$254.74
20610	JOINT INJECTION LARGE WITHOUT ULTRASOUND GUIDANCE	\$185.26
20610,50	JOINT INJECTION LARGE WITHOUT ULTRASOUND GUIDANCE, BILATERAL	\$370.52
20611	JOINT INJECTION-LARGE WITH ULTRASOUND	\$284.63
20611,50	LARGE JOINT INJECTION, BILATERAL	\$456.00
20612	ASPIR &/INJ GANG CYSTS ANT LOC	\$142.80
20660	APPLIC CRAN TONGS (SEPART PROC	\$599.00
20950	MONITORING OF INTERSTITIAL PRESSURE	\$639.00
21015	RAD RESEC TUMOR SOFT TISS FACE	\$1,777.00
21030	EXC BEN TUMOR FACE BONE NOT MA	\$1,323.00
21400	CLO TX FX ORBIT EX BLOWOUT; WO	\$489.00
21480	CLO TX TM DISLOC; INIT/SUBSQT	\$252.00
21550	BX SOFT TISS NECK/THORAX	\$609.00
21555	EXC TUMOR SOFT TISS NECK; SUBQ	\$1,042.00
21556	EXC TUMOR SOFT TISS NECK; DEEP	\$1,325.00
21920	BX SOFT TISS BACK/FLANK; SUPER	\$593.25
21930	EXC TUMOR SOFT TISS BACK/FLANK	\$1,182.00
22305	CLO TX VERTEBRAL PROCESS FX	\$478.00
22310	CLO TX VERT BODY FX WO MANIP-W	\$703.50
22900	EXC ABD WALL TUMOR SUBFASCIAL	\$1,401.00
22999	UNLISTED PROC ABD MS SYST	\$675.00
23030	I&D SHOULDER; DEEP ABSCESS/HEM	\$1,109.00
23065	BX SOFT TISS SHOULDER AREA; SU	\$519.75
23075	EXC SOFT TISS TUMOR SHLDR; SUB	\$1,174.00
23076	EXC SOFT TISS TUMOR SHLDR; DEE	\$1,344.00
23330	REMOV FB SHOULDER; SUBQ	\$602.00
23500	CLO TX CLAV FX; WO MANIP	\$514.50
23505	CLO TX CLAV FX; W/MANIP	\$881.00

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23570	CLO TX SCAPULAR FX; WO MANIP	\$540.75
23600	CLO TX PROX HUMERAL FX; WO MAN	\$764.40
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE SECTION.	\$624.75
23650	CLO TX SHLDR DISLOC W/MANIP;WO	\$783.00
23929	UNLISTED PROCEDURE, SHOULDER (PERCUTANEOUS TENOTOMY)	\$1,075.00
23931	I&D UPPER ARM/ELBOW AREA; BURS	\$725.00
24065	BX SOFT TISS UP ARM/ELBOW; SUP	\$646.00
24075	EXC TUMOR UPPER ARM/ELBOW; SUB	\$1,230.00
24076	EXC TUMOR UP ARM/ELBOW; DEEP/S	\$1,352.00
24200	REMOV FB UPPER ARM/ELBOW; SUBQ	\$521.00
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	\$987.00
24500	CLO TX HUMERAL SHAFT RX WO MANIP	\$896.00
24530	CLO TX SUPRACONDYL HUMER FX; W	\$951.00
24560	FRACTURE CARE	\$761.25
24600	TX CLO ELBOW DISLOC; WO ANES	\$908.00
24640	CLO TX RADIAL HEAD SUBLUXA CHI	\$338.00
24650	CLO TX RADIAL HEAD/NECK FX;WO	\$609.00
24670	CLO TX ULNAR FX PROX END; WO M	\$728.00
25000	INCIS EXTEN TENDON SHEATH WRIS	\$843.00
25028	I&D FOREARM; DEEP ABSCESS/HEMA	\$1,309.00
25065	BX SOFT TISS FOREARM/WRIST; SU	\$641.00
25075	EXC TUMOR FOREARM/WRIST AREA;	\$1,200.00
25111	EXC GANGLION WRIST; PRIM	\$800.00
25248	EXPLOR W/REMOV DEEP FB FORARM/	\$1,035.00
25500	CLO TX RADIAL SHAFT FX; WO MAN	\$826.90
25530	CLO TX ULNAR SHAFT FX; WO MANI	\$657.00
25560	CLO TX RAD & ULNA SHAFT FX; WO	\$659.40
25600	CLO TX DIST RAD FX; WO MANIP	\$983.22
25605	CLO TX DIST RAD FX; WITH MANIPULATION	\$1,361.00
25622	CLO TX CARPAL SCAPHOID FX; WO	\$708.75
25630	CLO TX CARPAL BONE FX; WO MANI	\$708.75
25650	CLO TX ULNAR STYLOID FX	\$800.00
25999	UNLISTED PROCEDURE, FOREARM OR WRIST (PERCUTANEOUS TENOTOMY)	\$1,075.00
26010	DRAINAGE FINGER ABSCESS; SIMPL	\$666.00
26011	DRAINAGE FINGER ABSCESS; COMPL	\$982.00
26040	FASCIOT PALMAR; PERCUT	\$779.00
26070	ARTHROT W/EXPLOR; CARPOMETACAR	\$784.00

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26075	ARTHROT W/EXPLOR/DRAIN; MCP JT	\$831.00
26080	ARTHROT W/EXPLOR/DRAIN; IP JT	\$975.00
26160	EXC LES TENDON SHEATH HAND/FIN	\$1,801.42
26600	CLO TX METACARP FX 1; WO MANIP	\$687.75
26645	CLO TX CARPOMETACAR FX THUMB W	\$1,051.00
26720	CLO TX PHALANGEAL FX; WO MANIP	\$580.86
26740	CLO TX ARTIC FX MCP/IP JT; WO	\$575.00
26750	CLO TX DIST PHALANGEAL FX; WO	\$543.23
26770	CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES	\$653.10
26775	CLO TX IP JT DISLOC W/MANIP; W	\$955.00
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS	\$1,042.00
27040	BX SOFT TISS PELVIS & HIP; SUP	\$798.00
27047	EXC TUMOR PELVIS & HIP; SUBQ T	\$1,165.00
27048	EXC TUMOR PELVIS & HIP; DEEP/I	\$1,518.00
27086	REMOV FB PELVIS/HIP; SUBQ TISS	\$731.00
27130	ARTHROPLASTY ACETAB & FEM PROS	\$3,380.00
27193	CLO TX PELVIC RING FX; WO MANI	\$1,173.00
27197	CLSD TX POSTERIOR PELVIC RING AND/OR SACRUM; WO MANIP	\$304.50
27200	CLO TX OF COCCYGEAL FRACTURE	\$452.00
27220	CLO TX ACETABULUM FX; WO MANIP	\$1,322.00
27236	OPEN TX FEM FX PROX END FIX/PR	\$2,983.00
27244	OPEN TX FEM FX; W/IMPLNT W/WO	\$3,069.00
27246	CLO TX GREATER TROCH FX WO MAN	\$960.00
27265	CLO TX HIP ARTHROPL DISLOC; WO	\$996.00
27299	UNLISTED PROCEDURE, ABDUCTOR PELVIS OR HIP JOINT	\$1,699.95
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING	\$878.00
27307	TENOTOMY, PERCUTANEOUS, ABDUCTOR OR HAMSTRING; MULTIPLE TENDON	\$1,198.36
27323	BX SOFT TISS THIGH/KNEE SUPERF	\$682.00
27327	EXC TUMOR THIGH/KNEE AREA; SUB	\$1,152.00
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$1,215.00
27372	REMOV FB DEEP THIGH REGION/KNEE	\$1,522.00
27447	ARTHROPLSTY KNEE CONDYL; MED &	\$3,379.00
27508	CLOSED TREATMENT FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WO MANIPULATION	\$1,253.00
27520	CLO TX PATELLAR FX WO MANIP	\$747.60
27530	CLO TX TIBIAL FX PROX; WO MANI	\$703.50
27538	CLO TX FX KNEE W/WO MANIP	\$1,180.00

CPT	Description	Fee
27599	UNLISTED PROCEDURE, FEMUR OR KNEE (PERCUTANEOUS	\$1,075.00
27603	I&D LEG/ANK; DEEP ABSCESS/HEMA	\$1,332.00
27604	I&D LEG/ANK; INFEC BURSA	\$1,250.00
27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	\$794.85
27613	BX SOFT TISS LEG/ANK AREA; SUP	\$583.80
27630	EXC LES TENDON SHEATH/CAPSULE	\$1,420.00
27724	REPR NON/MALUNION TIBIA; W/GFT	\$3,151.00
27750	CLO TX TIBIAL SHAFT FX; WO MAN	\$867.00
27760	CLO TX MEDIAL MALLEOLUS FX; WO	\$771.75
27780	CLO TX PROX FIB/SHAFT FX; WO M	\$714.00
27786	CLO TX DISTAL FIBULAR FX; WO M	\$729.75
27788	CLO TX DISTAL FIBULAR FX; W/MA	\$1,053.00
27808	CLOS TX BIMALLEOLAR ANK FX; W/O MANIPULATION	\$872.15
27816	CLO TX TRIMALLEOLAR ANK FX; WO	\$803.00
27824	CLO TX FX ARTICUL-DIST TIB; WO	\$785.00
27880	AMPUTA LEG THRU TIBIA & FIBULA	\$2,293.00
28001	I&D BURSA FT	\$709.00
28043	EXC TUMOR FT; SUBQ TISS	\$1,025.00
28090	EXC LES TENDON/SHEATH/CAPSULE;	\$1,207.00
28190	REMOV FB FT; SUBQ	\$660.00
28192	REMOV FB FT; DEEP	\$1,209.00
28400	CLO TX CALCAN FX; WO MANIP	\$629.00
28430	CLO TX TALUS FX; WO MANIP	\$599.00
28450	TX TARSAL BONE FX; WO MANIP EA	\$547.00
28470	CLO TX METATARSAL FX; WO MANIP	\$507.15
28490	CLO TX FX GRT TOE PHALANX; WO	\$330.75
28510	CLO TX FX PHALNX NOT GR TOE; W	\$281.40
28530	CLO TX SESAMOID FX	\$267.75
28630	CLO TX METATARSOPHAL JT DISL;W	\$397.00
28635	CLO TX METATARSOPHAL JT DISL;	\$444.00
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIP	\$797.00
28810	AMPUTA METATARSAL W/TOE SNGL	\$1,087.00
28899	UNLISTED PROCEDURE, FOOT OR TOES (PERCUTANEOUS TENOTOMY)	\$1,075.00
29055	APPLIC; SHOULDER SPICA	\$562.00
29058	APPLIC; PLASTER VELPEAU	\$307.00
29065	APPLIC; SHOULDER TO HAND	\$220.50

CPT	Description	Fee
29075	APPLIC; ELBOW TO FINGER	\$204.75
29085	APPLIC; HAND & LOWER FOREARM	\$217.35
29105	APPLIC LONG ARM SPLINT	\$197.40
29125	APPLIC SHORT ARM SPLINT; STATI	\$147.00
29126	APPLIC SHORT ARM SPLINT; DYNAM	\$194.00
29130	APPLIC FINGER SPLINT; STATIC	\$103.00
29131	APPLIC FINGER SPLINT; DYNAMIC	\$128.00
29200	STRAPPING; THORAX	\$75.00
29240	STRAPPING; SHOULDER	\$73.00
29260	STRAPPING; ELBOW/WRIST	\$73.00
29280	STRAPPING; HAND/FINGER	\$74.00
29345	APPLIC LONG LEG CAST	\$315.00
29355	APPLIC LONG LEG CAST;WALKER/AM	\$353.00
29358	APPLIC LONG LEG CAST BRACE	\$404.00
29365	APPLIC CYLINDER CAST	\$281.40
29405	APPLIC SHORT LEG CAST	\$186.90
29425	APPLIC SHORT LEG CAST; WALKING	\$180.60
29435	APPLIC PATELLAR TENDON BEARING	\$293.00
29505	APPLIC LONG LEG SPLINT	\$211.00
29515	APPLIC SHORT LEG SPLINT	\$163.80
29520	STRAPPING; HIP	\$79.00
29530	STRAPPING; KNEE	\$73.00
29540	STRAPPING; ANK	\$84.00
29550	STRAPPING; TOES	\$48.00
29580	UNNA BOOT	\$147.00
29580,50	UNNA BOOTS (BILATERAL)	\$294.00
29700	REMOV/BIVALV; GAUNTLET/BOOT CA	\$158.00
29705	REMOV/BIVALV; FULL ARM/LEG CAS	\$167.00
30100	BIOPSY INTRANASAL	\$490.64
30300	REMOV FB INTRANASAL; OFFIC PRO	\$474.00
30801	CAUT MUCOS TURBIN (SEP PRO); S	\$586.00
30901	CONTRL NASAL HEMORR-ANT-SIMPL	\$459.29
30903	CONTRL NASAL HEMORR-ANT-COMPLX	\$561.00
30905	CONTRL NASAL HEMORR-POST; INIT	\$687.00
31500	INTUBATION ENDOTRACHEAL EMER P	\$274.00
31605	TRACH EMER PROC; CRICOTHYROID	\$456.00
36400	VENIPUNCTURE UNDER AGE 3 YEARS; FEMORAL/JUGULAR	\$60.00

CPT	Description	Fee
36410	VENIPUNCT >3 YR W/MD SKILL (SE	\$43.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$6.66
36416	COLLECTON CAPILLARY BLOOD SPEC	\$10.50
36471	INJ SCLEROS SOLUT; MX VEINS 1	\$439.00
40800	DRAIN ABSCESS VESTIBULE MOUTH; SIMPLE	\$483.00
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS	\$675.00
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$483.00
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	\$528.15
44388	COLONOSCOPY-STOMA; DX (SEPART	\$888.00
44389	COLONOSCOPY-STOMA; W/BX 1/MX	\$1,123.00
44602	SUTURE SM INTESTINE; 1 PERFORA	\$3,494.00
44605	SUTURE LG INTESTINE; W/COLOSTO	\$3,238.00
45300	PROCSIGMOSCOPY RIGID; DX (SEP	\$311.00
45305	PROCTOSIGMOIDOSCPY RIGID; W/BX	\$493.00
45307	PROCTOSIGMOIDOSCPY RIGID;W/REM	\$586.00
45308	PROCTOSIGMOID RIGID; REMOV LES	\$543.00
45309	PROCTOSIGMOID RIGID; REMOV LES	\$568.00
45330	SIGMOIDOSCOPY FLEX; DX (SEP PR	\$423.00
45331	SIGMOIDOSCOPY FLEX; W/BX 1/MX	\$650.00
45333	SIGMOIDOSCPY FLEX; W/REMOV LES	\$883.00
45334	SIGMOIDOSCOPY FLEX; W/CONTRL B	\$1,548.00
45338	SIGMOIDOSCOPY FLEX; REMOV LES-	\$819.00
45382	COLONOSCOPY FLEX; W/CONTRL BLE	\$2,007.00
45915	REMOV FECAL IMPACT (SEP PRO) W	\$836.00
46040	INCISION AND DRAINAGE OF ISCHIORECTAL/PERIRECTAL ABSCESS	\$1,353.00
46050	I&D PERIANAL ABSCESS SUPERF	\$693.75
46083	INCS THROMBOSED HEMORRHOID EXT	\$446.25
46220	PAPILLECTOMY/EXCISION-SINGLE TAG ANUS-SEP PROC	\$558.26
46600	ANOSCOPY; DX W/WO SPECMN (SEP	\$353.16
46604	ANOSCOPY; DILAT ANY METHD	\$1,578.00
46606	ANOSCOPY; W/BX 1/MX	\$593.25
46608	ANOSCOPY; W/REMOV FB	\$587.00
46610	ANOSCOPY; W/REMOV 1 LES-FORCEP	\$571.00
46611	ANOSCOPY; W/REMOV 1 TUMOR/LES-	\$444.00
46612	ANOSCOPY; W/REMOV MX LES-CAUT/	\$650.00
46614	ANOSCOPY; W/CONTRL BLEED ANY M	\$324.00

CPT	Description	Fee
46700	ANOPLASTY PLASTIC OR STRICT; A	\$1,638.00
46753	GFT RECTAL INCONT &/OR PROLAPS	\$1,515.00
46900	DESTRCT LES ANUS SIMPL; CHEM	\$613.00
46910	DESTRCT LES ANUS SIMP; ELECTRO	\$648.00
46916	DESTRCT LES ANUS SIMPL; CRYOSU	\$580.00
46922	DESTRCT LES ANUS SIMPL; SURG E	\$673.00
46924	DESTRCT LES ANUS EXTEN ANY MET	\$1,351.00
51701	INSERTION NON-INDWLL BLADDER C	\$120.75
51702	INSERT TEMP INDWLL BLADD CATH;	\$177.00
53020	MEATOTOMY (SEPART PROC); EX IN	\$244.00
54001	SLIT PREPUCE DORSL (SEP PRO);	\$464.00
54050	DESTRCT LES PENIS SIMPL; CHEM	\$315.00
54055	DESTRCT LES PENIS SIMPL; ELECT	\$298.00
54056	DESTRCT LES PENIS SIMPL; CRYOS	\$400.22
54060	DESTRCT LES PENIS SIMPL; SURG	\$451.00
54065	DESTRCT LES PENIS EXTEN ANY ME	\$549.00
54100	BX PENIS; CUT (SEPART PROC)	\$499.00
54150	CIRCUMCISION USING CLAMP/OTHER DEVICE; NEWBORN	\$357.00
54161	CIRCUMCISION SURG EXC; > 28 DAYS	\$495.00
54162	LYSIS/EXC PENILE POST-CIRC ADH	\$598.50
54163	REPAIR INCOMPLETE CIRCUMCISION	\$552.00
54164	FRENULOTOMY OF PENIS	\$487.00
54250	NOCTURNAL PENILE TUMESCENCE TE	\$304.00
54450	FORESKIN MANIP INCL LYSIS ADHE	\$162.75
54520	ORCHIECTOMY SIMPL W/WO PROSTH	\$820.00
55000	PUNCT ASPIRAT HYDROCELE W/WO M	\$295.00
55040	EXC HYDROCELE; UNILAT	\$851.00
55060	REPR TUNICA VAG HYDROCELE	\$958.00
55100	DRAINAGE SCROTAL WALL ABSCESS	\$543.00
55250	VASECTOMY UNI/BIL-SEP PROC INCL POSTOP SEMEN EX	\$965.85
55520	EXC LES SPERMATIC CORD (SEP PR	\$1,126.00
55700	BX PROSTATE; NEEDLE/PUNCH SNGL	\$547.00
55840	PROSTATECT RETROPUB RAD W/WO N	\$2,946.00
55845	PROSTATECT RETROPUBIC; W/BILAT	\$3,429.00
56405	I&D VULVA/PERINEAL ABSCESS	\$271.00
56420	I&D BARTHOLIN'S GLAND ABSCESS	\$303.00
56441	LYSIS LABIAL ADHESIONS	\$359.00

CPT	Description	Fee
56501	DESTRCT LES VULVA; SIMPL ANY M	\$380.10
56515	DESTRCT LES VULVA; EXTEN ANY M	\$562.00
56605	BX VULVA/PERINEUM (SEP PRO); 1	\$205.00
56606	BX VULVA (SEP PRO); EA SEP ADD	\$94.00
56820	COLPOSCOPY OF THE VULVA;	\$278.25
56821	COLPOSCOPY OF THE VULVA; W/BIO	\$368.00
57061	DESTRCT VAG LES; SIMPL ANY MET	\$284.00
57065	DESTRCT VAG LES; EXTEN ANY MET	\$483.00
57100	BX VAG MUCOS; SIMPL (SEPART PR	\$221.00
57135	EXC VAG CYST/TUMOR	\$477.00
57160	FIT/INSRT PESSARY-OTH SUPPORT	\$190.00
57170	DIAPHRAGM/CERVICAL CAP FITTING	\$151.00
57240	ANT COLPORRHAPHY REPR CYSTOCEL	\$1,666.00
57260	COMBO ANTEROPOSTERIOR COLPORRH	\$2,063.00
57282	SACROSPINOUS LIGMNT FIX-PROLAP	\$1,244.00
57420	COLPSCPY ENTIRE VAG W/CERV IF	\$294.00
57421	COLPSCPY VAG W/CERV IF PRS; W/	\$391.00
57452	COLPOSCOPY; (SEPART PROC)	\$271.00
57454	COLPSCPY CERV UP/ADJ VAG; BX CERV&ENDOCERV CURET	\$489.21
57455	COLPOSCOPY CERV W/UP VAG; W/BX	\$355.00
57456	COLPSCPY CERV UP VAG;ENDOCERV	\$338.10
57460	COLPOSCOPY; W/LOOP ELECTRD EXC	\$707.00
57461	COLPSCPY CERV VAG;LOOP ELEC CO	\$798.00
57500	BX CERVIX 1/MX LOCAL EXC LES (SEPART	\$333.90
57505	ENDOCERVICAL CURET	\$255.00
57510	CAUT CERV; ELEC/THERMAL	\$326.00
57511	CAUT CERV; CRYOCAUTERY INIT/RE	\$361.00
57522	CONIZA CERV W/WO D&C; LOOP ELE	\$654.00
57800	DILAT CERV CANAL INSTRUM (SEP	\$150.00
58100	ENDOMET BX W/WO ENDOCERV BX (S)	\$296.23
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	\$119.00
58300	INSERTION OF INTRAUTERINE DEVICE	\$323.24
58301	REMOVAL OF INTRAUTERINE DEVICE	\$320.33
58740	LYSIS ADHESIONS	\$2,181.00
58760	FIMBRIOPLASTY	\$2,026.00
59425	ANTEPARTUM CARE ONLY; 4-6 VISI	\$1,092.00
59426	ANTEPARTUM CARE ONLY; 7/MORE V	\$1,942.50

CPT	Description	Fee
59430	PP CARE ONLY (SEPART PROC)	\$483.00
60220	TOT THYR LOBEC UNI; W/WO ISTHM	\$1,769.00
62270	SPINAL PUNCT LUMBAR DX	\$402.00
62272	SPINAL PUNCT THERAP-DRAIN FLUI	\$509.00
62273	INJ LUMBAR EPIDURAL BLD/CLOT P	\$439.00
64405	INJ ANES AGENT AND/OR STEROID; GREATER OCCIPT NERVE	\$205.80
64420	INJ ANES AGENT AND/OR STEROID; INTERCOSTAL NERVE, SINGLE LEVEL	\$284.00
64421	INJ ANES AGENT AND/OR STEROID; INTERCOSTAL NERVE, EACH ADDITIONAL LEVEL	\$381.00
64425	INJ ANES AGENT AND/OR STEROID; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	\$332.00
64445	INJ ANES AGENT AND/OR STEROID; SCIATIC NERVE INCLUDING IMAGING GUIDANCE	\$343.00
64450	INJ ANES AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$223.65
64455	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	\$113.40
64721	NEUROPLASTY; MEDIAN @ CARPAL T	\$1,073.00
64999	UNLISTED PROCEDURE; NERVOUS SYSTEM (HYDRO DISSECTION TECHNIQUE)	\$183.75
65101	ENUCLEATION EYE; WO IMPLNT	\$1,854.00
65205	REMOVE FOREIGN BODY CONJ SUPERFICIAL	\$115.50
65210	EYE PROC REMOVE FB CONJ EMBEDDED	\$173.00
65220	EYE PROCREMOV FB EXT EYE; CORNEAL WO L	\$145.00
65222	EYE PROC REMOVE FB CORNEAL W/SLIT LAMP	\$167.00
65400	EYE PROC REMOVAL OF EYE LESION	\$1,710.00
67700	EYE PROC DRAINAGE OF EYELID ABSCESS	\$710.00
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	\$102.85
67850	EYE PROC DESTRCT LES LID MARGIN	\$539.00
67938	EYE PROC REMOV EMBEDDED FB EYELID	\$611.00
69000	DRAIN EXT EAR ABSCESS; SIMPL	\$475.00
69090	EAR PIERCING	\$73.50
69100	BX EXT EAR	\$253.00
69200	REMOV FB-EXT AUDIT CANAL; WO A	\$269.85
69205	REMOV FB-EXT AUDIT CANAL; W/AN	\$258.00
69209	REMOVAL IMPACTED CERUMEN UNILATERAL USING IRRIGATION/LAVAGE	\$43.42
69209,50	REMOVAL IMPACTED CERUMEN BILATERAL USING IRRIGATION/LAVAGE	\$64.00
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	\$135.07
69210,50	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, BILATERAL	\$248.00
70030,TC	RAD EXAM EYE DETECTION FB	\$54.60
70100,TC	RAD EXAM MANDIB; PART < 4 VIEW	\$59.00
70110,TC	RAD EXAM MANDIB; COMPLT MINI 4	\$71.40

CPT	Description	Fee
70140,TC	RAD EXAM FACIAL BONES; < 3 VIE	\$47.00
70150,TC	RAD EXAM FACIAL BONES; COMPLT	\$101.33
70160,TC	RAD EXAM NASAL BONES COMPLT MI	\$85.87
70200,TC	RAD EXAM; ORBITS COMPLT MINI 4	\$78.75
70210,TC	RAD EXAM SINUSES PARANASAL <3	\$52.00
70220,TC	RAD EXAM SINUSES PARANASAL COM	\$79.13
70250,TC	RAD EXAM SKULL;<4 VIEWS W/WO S	\$66.15
70260,TC	RAD EXAM SKULL; COMPLT MINI 4	\$90.70
70330,TC	RAD EXAM TMJ OPEN & CLO MOUTH;	\$52.00
70360,TC	RAD EXAM; NECK SOFT TISS	\$50.40
71045,TC	RAD EXAM CHEST SINGLE VIEW	\$49.21
71046,TC	RAD EXAM CHEST 2 VIEWS	\$66.57
71047,TC	RAD EXAM CHEST 3 VIEWS	\$63.00
71048,TC	RAD EXAM CHEST 4 OR MORE VIEWS	\$67.20
71100,TC	RAD EXAM RIBS UNILAT; 2 VIEWS	\$75.26
71101,TC	RAD EXAM RIBS UNILAT; W/PA CHE	\$84.91
71110,TC	RAD EXAM RIBS BILAT; 3 VIEWS	\$71.40
71111,TC	RAD EXAM RIBS BILAT; W/PA CHES	\$108.07
71120,TC	RAD EXAM; STERNUM MINI 2 VIEWS	\$56.70
71130,TC	RAD EXAM; STERNOCLAVICULAR JT/	\$89.70
72010,TC	RAD EXAM SPINE-ENTIRE-AP & LAT	\$99.00
72020,TC	RAD EXAM SPINE SNGL VIEW SPEC	\$44.10
72040,TC	RAD EXAM SPINE CERV; AP & LAT	\$82.98
72050,TC	RAD EXAM SPINE CERV; MINI 4 VI	\$115.78
72052,TC	RAD EXAM SPINE CERV; COMPLT W/	\$137.98
72070,TC	RAD EXAM SPINE; THORACIC AP &	\$66.57
72080,TC	RAD EXAM SPINE; THORACOLUM JUNCTION MIN 2 VIEWS	\$49.00
72081,TC	RAD EXAM SPINE; ENTIRE THORACIC AND LUMBAR INC. SKULL (SCOLIOSIS EVAL) 1 VIEW	\$64.00
72082,TC	RAD EXAM SPINE; ENTIRE THORACIC AND LUMBAR INC. SKULL (SCOLIOSIS EVAL) 2 OR 3 VIEWS	\$116.00
72083,TC	RAD EXAM SPINE; ENTIRE THORACIC AND LUMBAR INC. SKULL (SCOLIOSIS EVAL) 4 OR 5 VIEWS	\$222.92
72084,TC	RAD EXAM SPINE; ENTIRE THORACIC AND LUMBAR INC. SKULL (SCOLIOSIS EVAL) MIN 6 VIEWS	\$152.00
72090,TC	RAD EXAM SPINE; SCOLIOSIS STUD	\$65.00
72100,TC	RAD EXAM SPINE LUMBOSACR; AP &	\$83.94
72110,TC	RAD EXAM SPINE LUMBOSACRAL; W/	\$111.92

CPT	Description	Fee
72114,TC	RAD EXAM SPINE LUMBOSACRAL; W/	\$126.00
72120,TC	RAD EXAM SPINE LUMBOSACRAL MIN	\$82.95
72170,TC	RAD EXAM PELVIS; AP ONLY	\$55.98
72190,TC	RAD EXAM PELVIS; COMPLT MINI 3	\$68.00
72200,TC	RAD EXAM SACROILIAC JT; < 3 VI	\$49.00
72202,TC	RAD EXAM SACROILIAC JT; 3/MORE	\$82.00
72220,TC	RAD EXAM SACRUM & COCCYX MIN 2	\$69.48
73000,TC	RAD EXAM; CLAV COMPLT	\$69.48
73010,TC	RAD EXAM; SCAPULA COMPLT	\$57.75
73020,TC	RAD EXAM SHOULDER; 1 VIEW	\$44.10
73030,TC	RAD EXAM SHOULDER; COMPLT MINI	\$73.33
73030,TC,50	RAD EXAM SHOULDER; COMPLT MINI - BILATERAL	\$146.66
73050,TC	RAD EXAM; AC JT BILAT W/WO DIS	\$75.60
73060,TC	RAD EXAM; HUMERUS MINI 2 VIEWS	\$69.48
73070,TC	RAD EXAM ELBOW; AP & LAT VIEWS	\$60.78
73080,TC	RAD EXAM ELBOW; COMPLT MINI 3	\$69.48
73080,TC,50	RAD EXAM ELBOW; COMPLT MINI 3 - BILATERAL	\$138.96
73090,TC	RAD EXAM; FOREARM AP & LAT VIE	\$61.76
73092,TC	RAD EXAM; UPPER EXTREM INFANT	\$47.00
73100,TC	RAD EXAM WRIST; AP & LAT VIEWS	\$74.29
73110,TC	RAD EXAM WRIST; COMPLT MINI 3	\$93.59
73110,TC,50	RAD EXAM WRIST; COMPLT MINI 3 - BILATERAL	\$187.18
73130,TC	RAD EXAM HAND; MINI 3 VIEWS	\$81.05
73130,TC,50	RAD EXAM HAND; MINI 3 VIEWS - BILATERAL	\$162.10
73140,TC	RAD EXAM FINGER(S) MINI 2 VIEW	\$88.77
73500,TC	RAD EXAM HIP; UNILAT 1 VIEW	\$33.00
73501,TC	RAD EXAM HIP UNILATERAL W/PELVIS WHEN PERFORMED 1 VIEW	\$51.45
73502,TC	RAD EXAM HIP UNILATERAL W/PELVIS WHEN PERFORMED 2-3 VIEWS	\$104.20
73503,TC	RAD EXAM HIP UNILATERAL W/PELVIS WHEN PERFORMED MIN 4 VIEWS	\$93.00
73510,TC	RAD EXAM HIP; COMPLT MINI 2 VI DO NOT USE AFTER 1/1/2016	\$51.00
73520,TC	RAD EXAM HIPS BILAT W/AP VIEW DO NOT USE AFTER 1/1/2016	\$51.00
73521,TC	RAD EXAM HIP BILATERAL W/PELVIS WHEN PERFORMED 2 VIEWS	\$87.79
73522,TC	RAD EXAM HIP BILATERAL W/PELVIS WHEN PERFORMED 3-4 VIEWS	\$84.00
73523,TC	RAD EXAM HIP BILATERAL W/PELVIS WHEN PERFORMED MIN 5 VIEWS	\$102.00
73540,TC	RAD EXAM PELVIS & HIPS INFANT/ DO NOT USE AFTER 1/1/2016	\$60.00
73550,TC	RAD EXAM FEMUR AP & LAT VIEWS DO NOT USE AFTER 1/1/2016	\$36.00
73551,TC	RAD EXAM FEMUR 1 VIEW	\$48.00

CPT	Description	Fee
73552,TC	RAD EXAM FEMUR MIN 2 VIEWS	\$76.22
73560,TC	RAD EXAM KNEE; ONE/TWO VIEWS	\$75.26
73560,TC,50	RAD EXAM KNEE; ONE/TWO VIEWS -BILATERAL	\$150.52
73562,TC	RAD EXAM KNEE; THREE VIEWS	\$71.40
73562,TC,50	RAD EXAM KNEE; THREE VIEWS - BILATERAL	\$142.80
73564,TC	RAD EXAM KNEE; COMPLT 4/MORE V	\$102.28
73564,TC,50	RAD EXAM KNEE; COMPLT 4/MORE VIEW - BILATERAL	\$204.56
73590,TC	RAD EXAM; TIB & FIB AP & LAT V	\$68.50
73592,TC	RAD EXAM; LOWER EXTREM INFANT	\$49.00
73600,TC	RAD EXAM ANK; AP & LAT VIEWS	\$70.43
73600,TC,50	RAD EXAM ANK; AP & LAT VIEWS - BILATERAL	\$140.86
73610,TC	RAD EXAM ANK; COMPLT MINI 3 VIEW	\$82.00
73610,TC,50	RAD EXAM ANK; COMPLT MINI 3 VIEW - BILATERAL	\$164.00
73620,TC	RAD EXAM FT; AP & LAT VIEWS	\$59.83
73630,TC	RAD EXAM FT; COMPLT MINI 3 VIE	\$76.22
73630,TC,50	RAD EXAM FT; COMPLT MINI 3 VIEW - BILATERAL	\$152.44
73650,TC	RAD EXAM; CALCAN MINI 2 VIEWS	\$60.78
73660,TC	RAD EXAM; TOE(S) MINI 2 VIEWS	\$65.61
74018,TC	RAD EXAM ABD 1 VIEW	\$61.76
74019,TC	RAD EXAM ABD 2 VIEWS	\$56.70
74021,TC	RAD EXAM ABD 3 OR MORE VIEWS	\$64.00
74022,TC	RAD EXAM ABD; COMPLT ACUTE ABD SERIES, INCLUDING 2 OR MORE VIEWS AND SNGL VIEW CHEST	\$87.15
76376,TC	3D RNDR I&R CT MRI US/OTH X REQ POSTPCX	\$31.50
76536,TC	ECHO-SOFT TISS HEAD B-SCAN W/I	\$294.00
76604,TC	ECHO CHEST B-SCAN W/IMAGE DOCU	\$157.50
76641,TC	ULTRASOUND, BREAST, UNILATERAL, REAL TIME W/ IMAGE DOC INCLUDING AXILLA; COMPLETE	\$180.00
76642,TC	ULTRASOUND, BREAST, UNILATERAL, REAL TIME W/ IMAGE DOC INCLUDING AXILLA; LIMITED	\$152.46
76642,TC,50	ULTRASOUND, BREAST, UNILATERAL, REAL TIME W/ IMAGE DOC INCLUDING AXILLA; LIMITED BILATERAL	\$304.92
76700,TC	ECHO ABD B-SCAN W/IMAGE DOC; C	\$260.40
76705,TC	ECHO ABD B-SCAN W/IMAGE DOC; L	\$219.45
76706,TC	ULTRASOUND SCREENING ABDOMINAL AORTIC ANEURYSM (AAA)	\$234.47
76770,TC	ECHO RETROPERITON B-SCAN; COMP	\$259.35
76775,TC	ECHO RETROPERITON B-SCAN; LTD	\$226.80
76801,TC	RTU PG UTRUS 1 TRI ABD;1/1 GES	\$224.70

CPT	Description	Fee
76815,TC	ECHO PG UTERUS B-SCAN W/DOCUMN	\$168.00
76816,TC	ECHO PG UTERUS B-SCAN W/DOC; R	\$182.00
76817,TC	RTU PG UTRUS W/IMAG DOC TRANSV	\$170.10
76819,TC	FETAL BIOPHYS PROFILE WO NONST	\$125.00
76830,TC	US TRANSVAGINAL NON OB (MP ONLY)	\$253.76
76856,TC	US PELVIC NON OB COMPLETE (MP ONLY)	\$213.24
76857,TC	ECHO PELVIC B-SCAN W/DOCUMENT;	\$126.00
76870,TC	ECHO SCROTUM & CONTENTS	\$205.53
76881,TC	US COMPLETE JOINT REAL TIME W/ IMAGE DOCUMENTATION	\$221.00
76882,TC	US EXTREMITY NON-VASC REAL-TIME IMG LMTD	\$95.51
76882,TC,50	US EXTREMITY NON-VASC REAL-TIME IMG LMTD - BILATERAL	\$191.02
76942	US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR	\$409.50
76977	US BONE DENSITY MEASUR & INTER	\$17.00
77061,TC	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL	\$336.12
77062,TC	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS; BILATERAL	\$238.50
77063,TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL	\$65.10
77065,TC	MAMMOGRAPHY DIAGNOSTIC UNILATERAL, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$244.65
77066,TC	MAMMOGRAPHY DIAGNOSTIC BILATERAL, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$312.90
77067,TC	SCREENING MAMMOGRAPHY (2 VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$257.25
77072,TC	BONE AGE STUDIES	\$36.75
77074,TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	\$104.00
77075,TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	\$152.00
77076,TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	\$153.00
77080,TC	DXA BONE DENSITY STUDY 1+ SITS AXIAL SKEL	\$216.30
78350,TC	BONE DENSITY-1/> SITES; SNGL P	\$56.00
80048	BASIC METABOLIC PANEL	\$23.10
80050	GENERAL HEALTH PANEL	\$99.48
80051	ELECTROLYTE PANEL	\$19.95
80053	COMPREHENSIVE METABOLIC PANEL (CMP)	\$29.40
80061	LIPID PANEL	\$36.75
80069	RENAL FUNCTION PANEL	\$24.15
80076	HEPATIC FUNCTION PANEL	\$23.10
80156	CARBAMAZEPINE	\$50.00
80162	DIGOXIN	\$45.00
80178	LITHIUM	\$23.00

CPT	Description	Fee
80184	PHENOBARBITAL	\$39.00
80185	PHENYTOIN; TOT	\$45.00
80194	QUINIDINE	\$50.00
80198	THEOPHYLLINE	\$48.00
80300	DRUG SCREEN URINE ANY DRUG CLASSES PER DATE OF SERVICE	\$30.00
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; READ BY DIRECT OBSERVATION ONLY	\$24.15
80426	GONADOTROPN RELEAS HORMONE STI	\$505.00
81000	UA DIP STICK/TABLET REAGENT; NON-AUTO W/MICRO	\$11.00
81001	UA DIP STICK/TABLET REAGENT; AUTO W/MICRO	\$9.45
81002	UA DIP STICK/TABLET REAGENT; W/O MICRO NON-AUTO	\$7.35
81003	UA, AUTOMATED W/O MICROSCOPIC	\$6.30
81005	UA; QUAL/SEMIQUAN EX IMMUNOASS	\$7.00
81015	URINALYSIS; MICROSCOPIC ONLY	\$8.40
81025	URINE PREGNANCY TEST VISUAL COLOR COMPAR METHODS	\$17.85
81050	VOLUM MEASUR TIMED COLLEC EA	\$10.00
81099	UNLISTED UA PROC	\$18.00
81515	INFECTIOUS DISEASE, BACTERIAL VAGINOSIS AND VAGINITIS, REAL-TIME PCR AMPLIFICATION OF DNA MARKERS	\$149.76
82040	ALBUMIN; SERUM	\$8.40
82043	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE	\$14.70
82044	ALBUMIN; URIN MICROALBUMIN SEM	\$16.00
82150	AMYLASE	\$17.85
82247	BILIRUBIN; TOTAL	\$13.65
82248	BILIRUBIN; DIRECT	\$13.65
82270	BLD OCCULT SCREENING; FECES 1-3 SIMULT D	\$9.45
82271	OCCULT BLOOD, OTHER SOURCES	\$11.00
82272	BLD OCLT DIAGNOSTIC PROXIDASE ACTV QUAL FECES 1 SPEC	\$9.45
82274	BLD OCCULT FECAL HGB IMMUNOAS QUAL FECES 1-3	\$38.85
82306	VITAMIN D	\$80.85
82310	CALCIUM; TOTAL	\$14.70
82374	CARBON DIOXIDE	\$13.65
82378	CARCINOEMBRYONIC ANTIG	\$65.00
82435	CHLORIDE; BLD	\$12.60
82465	CHOLESTEROL SERUM OR WHOLE BLOOD TOTAL	\$12.60
82530	CORTISOL; FREE	\$57.00
82550	CREATINE KINASE; TOT	\$17.85
82565	CREATININE; BLD	\$14.70

CPT	Description	Fee
82570	CREATININE; OTHER SOURCE	\$14.70
82575	CREATININE; CLEARANCE	\$26.25
82607	CYANOCOBALAMIN;	\$40.95
82728	FERRITIN	\$37.80
82746	FOLIC ACID; SERUM	\$40.95
82784	GG; IGA, IGD, IGG, IGM, EA	\$25.00
82947	GLUCOSE; QUANTITATIVE BLOOD	\$11.55
82948	GLU; BLD REAGENT STRIP	\$9.00
82950	GLU; POST GLU DOSE	\$16.00
82951	GLU; TOLERANCE TEST 3 SPECMN	\$35.70
82952	GLU; TOLERANCE EA ADD BEYOND 3	\$8.40
82962	GLU BLD MONITR CLEARED-FDA-HOM	\$7.35
83001	GONADOTROPIN; FOLLICLE STIM HO	\$63.00
83002	GONADOTROPIN; LUTEINIZING HORM	\$63.00
83013	H PYLORI; BREATH TEST UREASE NON-RADACTV ISOTOPE?	\$229.00
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION?	\$27.00
83036	HEMOGLOBIN; GLYCATED	\$27.30
83037	HEMOGLOBIN A1C FINGERSTICK	\$27.30
83518	IMMUNOASSY ANALYT NOT AB/INFECTION	\$26.00
83540	IRON	\$17.85
83550	IRON BINDING CAPACITY	\$24.15
83655	LEAD	\$33.60
83690	LIPASE	\$18.90
83718	LIPOPROTEIN DIR MSR; HIGH DENSITY CHOLESTEROL	\$23.10
83721	LIPOPROT DIR MSR; DIR MSR LDL CHOL	\$25.20
83735	MAGNESIUM	\$18.90
84075	PHOSPHATASE ALKALINE;	\$14.70
84100	PHOSPHORUS INORGANIC;	\$13.65
84132	POTASSIUM; SERUM	\$12.60
84146	PROLACTIN	\$66.00
84153	PROSTATE SPECIFIC ANTIGEN; TOTAL	\$50.40
84155	PROT; TOT EX REFRACTOMETRY	\$10.50
84295	SODIUM; SERUM	\$13.65
84402	TESTOSTERONE; FREE	\$87.00
84403	TESTOSTERONE; TOTAL	\$88.00
84436	THYROXINE; TOT	\$23.00
84439	THYROXINE; FREE	\$25.20

CPT	Description	Fee
84443	THYROID STIMULATING HORMONE	\$46.20
84450	TRANSFERASE; ASPARTATE AMINO	\$14.70
84460	TRANSFERASE; ALANINE AMINO	\$14.70
84478	TRIGLYCERIDES	\$15.75
84479	THYROID HORMONE UPTAKE/BINDNG	\$22.00
84520	UREA NITROGEN; QUANTITATIVE	\$11.55
84550	URIC ACID; BLOOD	\$12.60
84703	GONADOTROPIN CHORIONIC; QUALITATIVE	\$21.00
85002	BLEEDING TIME	\$15.00
85007	BLD COUNT; BLD SMER MIC EX W/MNL DIFF WBC COUNT	\$8.40
85008	BLD COUNT; BLD SMER MIC EX W/O MNL DIFF WBC CNT	\$9.45
85013	BLD CT; SPUN MICROHEMATOCRIT	\$8.00
85014	BLOOD COUNT; HEMATOCRIT	\$7.35
85018	BLOOD COUNT; HEMOGLOBIN	\$7.35
85025	BLD COUNT; CMPL AUTO & AUTO DIFF WBC COUNT	\$22.05
85027	BLOOD COUNT; COMPLETE AUTOMATIC	\$17.85
85044	BLOOD COUNT; RETICULOCYTE MANUAL	\$12.60
85045	AUTOMATED RETICULOCYTE COUNT	\$11.55
85048	BLD CT; WHITE BLD CELL	\$9.00
85610	INR, FINGERSTICK	\$11.55
85651	SEDIMENTATION RATE ERYTHROCYTE; NON-AUTOMATED	\$12.00
85652	ERYTHROCYTE SEDIMENTATION RATE (ESR) AUTOMATED	\$7.35
85730	P T T; PLASMA/WHOLE BLD	\$20.00
86140	C-REACTIVE PROTEIN;	\$14.00
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY	\$35.70
86308	HETEROPHILE ANTIB; SCREENING	\$14.70
86318	IMMUNOASSAY INFEC AGENT ANTIB SNGL STEP	\$44.00
86403	PARTICLE AGGLUTINATN; SCRN-EA	\$35.00
86430	RHEUMATOID FACTOR; QUAL	\$19.00
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$15.75
86485	SKIN TEST; CANDIDA	\$46.00
86580	SKIN TEST; TUBERCULOSIS INTRAD	\$18.90
86592	SYPHILIS TEST; QUAL	\$15.00
86593	SYPHILIS TEST; QUAN	\$15.00
86615	ANTIB; BORDETELLA	\$45.00
86617	LYME DISEASE ANTIBODY; BORRELIA BURGDORFERI CONFIRMATORY TEST (IGG, IGM)	\$42.09

CPT	Description	Fee
86618	ANTIBODY; BORRELIA BURGDOERFERI	\$38.85
86631	ANTIB; CHLAMYDIA	\$40.00
86677	H PYLORI, SERUM	\$49.00
86701	ANTIB; HIV-1	\$30.00
86703	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY	\$29.40
86735	QUALITATIVE OR SEMIQUANTITATIVE IMMUNOASSAYS	\$35.70
86762	RUBELLA ANTIBODY (IGG)	\$39.90
86765	TITER RUBEOLA (MEASLES ANTIBODY)	\$35.70
86780	TREPONEMA PALLIDUM ANTIBODY	\$36.75
86803	HCV RAPID ANTIBODY TEST	\$32.55
87071	CULT BACT; QUAN-AERO-NO URI/BL	\$32.00
87077	CULT BACT; AEROB-ADD-DEFIN ID-	\$18.00
87084	CULT PRSMPT SCRN ONLY KIT;COLN	\$24.00
87086	CULTURE BACTERIAL; QUANTITATIVE COLONY CNT URINE	\$22.05
87177	OVA/PARASITS DIRECT SMEAR CONC	\$30.00
87206	SMEAR PRIM W/INTRPT; FLUOR/ACI	\$18.00
87210	SMEAR PRIM SOURCE W/INTEPR; WET MOUNT-INF AGTS	\$12.60
87220	TISS EXAM FUNGI	\$11.55
87265	AG-FLUORES AB; BORDATELLA PERT	\$39.00
87389	HIV ANTIGEN/ANTIBODY COMBINATION	\$59.00
87430	AG-IMMUNOASSAY; STREP GROUP A	\$39.00
87480	CANDIDA SPECIES, DIRECT PROBE	\$54.60
87491	INF AGT-DNA/RNA; CHLAMYDIA TRACHOMATIS-AMP	\$36.84
87502	INFLUENZA DNA AMP PROBE	\$153.30
87510	GARDNERELLA VAGINALIS, DIRECT PROBE	\$54.60
87591	INF AGT-DNA/RNA; NEISSERIA GONORRHEA-AMP PROB	\$36.84
87634	RSV DNA/RNA AMP PROBE	\$173.25
87635	SARS-COV-2 COVID-19 AMP PRB	\$102.00
87636	SARSCOV2 & INF A&B AMP PRB	\$293.40
87637	SARSCOV2&INF A&B&RSV AMP PRB	\$293.40
87651	STREP A DNA AMP PROBE	\$71.40
87660	TRICHOMONAS VAGINALIS, DIRECT PROBE	\$54.60
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED	\$111.00
87800	DETECT AGNT MULT DNA DIRECT PROBE	\$124.00
87801	INF AGT-DNA/RNA MX ORGANISMS; AMPLIFIED PROBE	\$150.96
87804	INF AGT ANTIG DETECT IMMUNOAS;	\$31.50

CPT	Description	Fee
87806	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES	\$77.00
87807	INF AGT ANTIG DETCT IMMUOASSY;	\$31.50
87809	ADENOVIRUS INFECTIOUS AGENT IMMUNOASSAY	\$39.00
87880	INF AGT-IMMUNOASSAY W/DIR OBS; STREP GRP A	\$31.50
87899	HIV SCREENING WITH ANTIGEN AND ANTIBODY	\$39.00
88720	BILIRUBIN, TOTAL TRANSCUTANEOUS	\$13.65
89190	NASAL SMEAR EOSINOPHILS	\$16.00
89321	SEMEN ANAL-SPERM PRESENCE/MOTI	\$33.60
90281	IMMUNE GLOBULIN HUMAN-IM USE	\$173.25
90378	RESP SYNCYTIAL VIRUS IMMUN GLO	\$3,234.00
90380,SL	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	\$0.00
90381	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	\$0.00
90381,SL	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	\$0.00
90384	RHO IMMUNE GLOBULIN FULL DOSE-	\$26.00
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN	\$3,707.55
90399	UNLISTED IMMUNE GLOBULIN	\$0.00
90460	IMMUNIZ ADMIN THRU 18YRS W/COUNSELING; FIRST/ONLY COMPONENT	\$53.00
90461	IMMUNIZ ADMIN THRU 18YRS W/COUNSELING; EACH ADD VACC OR COMPONENT	\$53.00
90461,SL	IMMUNIZ ADMIN THRU 18YRS W/COUNSELING; EACH ADD VACC OR COMPONENT	\$53.00
90471	IMMUNIZATION ADMINISTRATION ; ONE VACCINE	\$53.00
90471,SL	STATE SUPPLIED ADMINI VACC; INITIAL/1ST	\$53.00
90472	RETAIL IMMUNIZ ADMIN; 2/> SING/COMB V	\$53.00
90472,SL	STATE SUPPLIED ADMINISTER (STATE) VACCINE, EACH ADDITIONAL	\$53.00
90473	IMMU ADMN INTRANASAL/ORAL; 1 V	\$53.00
90473,SL	ADMINISTER (STATE) VACCINE ORAL/INTRANASAL-INITIAL	\$53.00
90474	IMMU ADMIN INTRANASAL/ORAL; 1V	\$53.00
90474,SL	STATE SUPPLIED IMMU ADMIN INTRANASAL/ORAL; 1V	\$53.00
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, FIRST OR ONLY COMPONENT OF EACH VACCINE ADMIN.	\$53.00
90481	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE; EACH ADDITIONAL COMPONENT ADMINISTERED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$53.00

CPT	Description	Fee
90585	BACILLUS CALMETTE-GUERIN VACCINE	\$307.00
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	\$474.77
90619,SL	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	\$0.00
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B (MENB)	\$433.43
90620,SL	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B (MENB)	\$0.00
90621,SL	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN, SEROGROUP B (MENB-FHBP)	\$0.00
90624	MENINGOCOCCAL PENTAVALENT VACCINE, MEN B-4C RECOMBINANT PROTEINS AND OUTER MEMBRANE VESICLE AND CONJUGATED MEN A, C, W, Y-DIPHTHERIA TOXOID CARRIER, IM - STATE SUPPLIED	\$433.43
90624,SL	MENINGOCOCCAL PENTAVALENT VACCINE, MEN B-4C RECOMBINANT PROTEINS AND OUTER MEMBRANE VESICLE AND CONJUGATED MEN A, C, W, Y-DIPHTHERIA TOXOID CARRIER, IM - STATE SUPPLIED	\$0.00
90625	VAXCHORA CHOLERA VACCINATION	\$197.00
90632	HEPATITIS A VACCINE ADULT DOSE	\$145.95
90633	HEP A VACCINE PED/ADOLESE DOSE-	\$69.30
90633,SL	STATE SUPPLIED HEPATITIS A (PEDI / ADOL)	\$0.00
90636	HEP A-HEP B VACCINE ADULT DOSE	\$253.59
90647,SL	STATE SUPPLIED HIB (PEDVAXHIB)	\$0.00
90648	HEMOPHIL FLU B VACC PRP-T CONJ	\$29.40
90648,SL	STATE SUPPLIED HIB (ACTHIB/HIBERIX)	\$0.00
90649	HPV TYP 6 11 16 18 QUADRIV 3 DOSE SCHED IM	\$362.00
90649,SL	STATE SUPPLIED HPV (GARDASIL)	\$0.00
90651	GARDASIL 9	\$573.34
90651,SL	GARDASIL 9 STATE SUPPLIED	\$0.00
90656,FZ,SL	FLU VIRUS VAC SPLIT PRES FREE IND 3 YR AGE&> IM	\$0.00
90656,SL	STATE SUPPLIED FLU VAC 0.5 ML SYRNG 3+	\$0.00
90656,SL,FV	FLU VIRUS VAC SPLIT PRES FREE IND 3 YR AGE&> IM	\$0.00
90656,SL,FZ	FLU VIRUS VAC SPLIT PRES FREE IND 3 YR AGE&> IM	\$0.00
90662	FLUZONE HIGH DOSE VACCINE	\$144.74
90670	PNEUMOCOCCAL 13 VACC-POLYVALENT-PREVNAR	\$535.21
90670,SL	STATE SUPPLIED PNEUMOCOCCAL(PREVNAR13)	\$0.00
90671,SL	PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), FOR INTRAMUSCULAR USE	\$0.00
90672	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	\$35.00
90672,SL	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	\$0.00
90673	INFLUENZA VIRUS VACCINE TRIVALEN RIV3 PRSR FR IM	\$90.75
90673,SL	INFLUENZA VIRUS VACCINE TRIVALEN RIV3 PRSR FR IM	\$0.00

CPT	Description	Fee
90675	RABIES VACCINE-IM USE	\$623.70
90676	RABIES VACCINE-INTRADERMAL USE	\$240.00
90677	PREVNAR 20 (PCV 20) - PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE -0.5 ML SUSPENSION FOR INTRAMUSCULAR (IM) INJECTION	\$588.00
90677,SL	PREVNAR 20 (PCV 20) (STATE) - PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE -0.5 ML SUSPENSION FOR INTRAMUSCULAR (IM) INJECTION	\$0.00
90680	ROTAVIRUS VACC TETRAVLNT-LIVE-	\$175.35
90680,SL	STATE SUPPLIED ROTAVIRUS (ROTATEQ)	\$0.00
90681	ROTARIX MONOVALENT	\$100.00
90681,SL	ROTARIX MONOVALENT	\$0.00
90682	FLUBLOK - RIV4 VACC RECOMBINANT DNA IM	\$144.74
90685	FLUZONE PEDI 0.25 ML (6 - 35 MOS)	\$42.00
90685,SL	FLUZONE PEDI QUADRIVALENT 0.25 ML (6 - 35 MOS)	\$0.00
90686	FLU QUAD 0.5 ML PFS	\$45.50
90686,SL	FLU (STATE ) QUAD 0.5 ML PFS	\$0.00
90688	FLUZONE MULTI DOSE QUAD VACCINE	\$35.70
90691	TYPHOID VACCINE-VICPS-IM USE	\$274.27
90692	TYPHOID VACC-HEAT INACTIV-SUBQ	\$49.00
90696	KINRIX DTAP-IPV VACC 4-6 YRS IM	\$112.35
90696,SL	STATE SUPPLIED DTAP / IPV (KINRIX)	\$0.00
90698	DTAP-HIB-IPV FOR INTRAMUSCULAR	\$206.85
90698,SL	STATE SUPPLIED DTAP / HIB / IPV (PENTACEL)	\$0.00
90700	DIPHTH/TET TOX/ACELL PERTUSS V	\$59.85
90700,SL	DTAP (STATE) DIPHTHERIA/TETANUS TOXOIDS/ACELLULAR PERTUSSIS VACCINE ADSORBED	\$0.00
90702	DIPHTH & TET TOX -PED USE-IM U	\$74.10
90703	TETANUS TOX ABSORBED-IM/JET IN	\$58.00
90707	MEASLES/MUMPS/RUBELLA VAC LIVE	\$196.65
90707,SL	STATE SUPPLIED MUMPS, MEASLES, RUBELLA (MMR)	\$0.00
90710	MEASLES/MUMPS/RUBELLA/VARCELLA	\$471.45
90710,SL	MUMPS, MEASLES, RUBELLA, VARICELLA, STATE SUPPLIED	\$0.00
90713	POLIOVIRUS VAC INACTIVATED-SUB	\$74.55
90713,SL	STATE SUPPLIED POLIOMYELITIS (IPV)	\$0.00
90714	TD ADSORBED PRSRV FR 7 YR/> IM	\$66.15
90714,SL	TD ADSORBED PRSRV FR 7 YR/> IM (STATE SUPPLIED)	\$0.00
90715	TDAP VACCINE INDIVIDUAL 7 YEARS/OLDER IM USE	\$92.40
90715,SL	STATE SUPPLIED TDAP	\$0.00
90716	VARICELLA VIRUS VAC LIVE-SUBQ	\$341.22

CPT	Description	Fee
90716,SL	STATE SUPPLIED VARICELLA	\$0.00
90717	YELLOW FEVER VACCINE LIVE FOR SUBCUTANEOUS USE	\$295.05
90723	DTAP-HEP B-IPV INACTIVATED-IM	\$180.60
90723,SL	STATE SUPPLIED DTAP/ HEPB / IPV (PEDIARIX)	\$0.00
90732	PNEUMOVAX PPV 23-VALENT ADLT//IM	\$296.01
90733	MENINGOCOCCAL POLYSACCH VAC-	\$133.00
90734	MNINGOCOCL CONJ VAC A C Y&W-1	\$474.77
90734,SL	STATE SUPPLIED MENINGOCCAL CONJUGATED VACCINE	\$0.00
90736	ZOSTER VACC LIVE SUBQ NJX	\$437.85
90738	JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED,	\$523.95
90739	HEPATITIS B VACCINE, ADULT DOSAGE 2-DOSE SCHEDULE, FOR INTRAMUSCULAR USE	\$319.80
90740	HEP B VAC DIALYSIS/IMMUNOSUP P	\$327.60
90743	HEPATITIS B VAC ADOLESCENT-IM	\$63.00
90744	HEPATITIS B VAC PED/ADOLES DOS	\$54.60
90744,SL	STATE SUPPLIED HEPATITIS B (PEDI/ADOL)	\$0.00
90746	HEPATITIS B VACCINE ADULT DOSE INTRAMUSCULAR USE	\$156.07
90748	HEP B/HEMOPHILUS INFLU B VAC-I	\$100.80
90748,SL	STATE SUPPLIED HIB / HEP B (COMVAX)	\$0.00
90750	SHINGRIX HERPES ZOSTER RECOMBINANT VACCINE IM	\$366.46
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$362.00
90833	PSYCHOTHERAPY 30 MIN ADD ON	\$164.00
90836	PSYCHOTHERAPY 45 MIN ADD ON	\$208.00
90838	PSYCHOTHERAPY 60 MIN ADD ON	\$274.00
90846	FAMILY PSYCHOTHERAPY (WO PT)	\$256.00
90863	PHARM MGMT W/SCRIPT USE & REVI	\$104.00
90960	ESRD SRV, 4 VISITS P MO, 20+	\$710.00
91321	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 25 MCG/0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	\$0.00
91321,SL	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 25 MCG/0.25 ML DOSAGE, FOR INTRAMUSCULAR USE	\$0.00
91322	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 50 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	\$165.00
91322,SL	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 50 MCG/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	\$0.00
92283	COLOR VISION EXAM EXT EG ANOMALOSCOPE/EQUIVALENT	\$153.45

CPT	Description	Fee
92551	SCREENING TEST PURE TONE AIR ONLY	\$32.80
92552	PURE TONE AUDIOMETRY; AIR ONLY	\$75.60
92553	PURE TONE AUDIOMETRY; AIR & BO	\$94.00
92558	EVOKED OTOACOUSTIC EMISSIONS, SCREENING; AUTOMATED ANALYSIS	\$22.00
92567	TYMPANOMETRY	\$37.80
92568	TYMPANOMETRY--ACOUSTIC REFLEX TESTING	\$40.00
92950	CARDIOPULMONARY RESUSCITATION	\$762.00
92960	CARDIOVERSION ELECT-EXT	\$519.00
92977	THROMBOLYSIS CORONARY; IV INFU	\$154.00
92978	INTRAVAS US (CORN/GFT)-S/I&R;	\$715.00
93000	ECG ROUTINE ECG W/AT LEAST 12 LEADS; W/I&R	\$52.50
93005	ECG-ROUTINE 12 LEAD; TRACING O	\$29.74
93010	ECG-ROUTINE 12 LEAD; INTRPT &	\$24.15
93015	CV STRESS TEST W/TREADMILL-PHARM; INTRPT & REPT	\$236.25
93016	CV STRESS; PHYS SUPERVS ONLY	\$56.00
93017	CV STRESS TEST; TRACING ONLY	\$100.00
93018	CV STRESS; INTERPT & REPT ONL	\$36.00
93040	RHYTHM ECG 1-3 LEAD; W/INTRPT-	\$32.00
93041	RHYTHM ECG 1-3 LEADS; TRACING	\$14.00
93042	RHYTHM ECG; INTERPT & REPORT O	\$18.00
93224	ECG-24 HR W/SUPERIMPOSIT SCAN; REPT-RE VW-INTRPT	\$230.00
93225	ECG-24 HR W/SCAN; RECORDING	\$69.30
93226	ECG-24 HR W/SCAN; ANALY W/REPO	\$96.00
93227	ECG-24 HR W/SCAN; MD REVW & RE	\$63.00
93228	EXT MOBILE CARDIO TELE WITH EKG RECORDING/INT	\$72.36
93244	EXTERNAL ECG RECORDING 48 HOURS TO 7 DAYS; REVIEW/INTERP	\$68.50
93248	EXTERNAL ECG RECORDING 7 DAYS TO 15 DAYS; REVIEW/INTERP	\$63.00
93268	PT DEMAND REC 24-HR-30 DA; TRNSMS MD REV&INTERP	\$520.00
93270	PT DEMND RECRD/30 DA; HOOK-UP/	\$29.40
93271	PT DEMND RECRD/30 DA; MONITOR/	\$433.00
93272	PT DMND EVENT RECRD30 DAY; RVW/INT	\$69.48
93293	PM PHONE R-STRIP DEVICE EVAL	\$134.00
93306	TTE W/DOPPLER, COMPLETE	\$630.00
93306,TC	TTE W/DOPPLER, COMPLETE	\$341.00
93307	ECHO W/O DOPPLER	\$330.00
93308	ECHO TRNSTHORAC REAL-TIME; F/U	\$301.35
93308,TC	ECHO TRNSTHORAC REAL-TIME; F/U	\$253.00

CPT	Description	Fee
93312	ECHO TRNSESOPH; W/PROBE PLCMT-	\$773.00
93320	DOPPLER ECHO CONT WAVE; COMPLT	\$137.00
93321	DOPPLER ECHO CONT WAVE; F/U-LT	\$69.00
93325	DOPPLR ECHO COLOR FLOW VELOCIT	\$65.00
93350	ECHO TRNSTHORAC DUR REST & STRESS W/INTERP & RPT	\$551.25
93351	ECHO TTHRC R-T 2D - +M-MODE REST&STRS CONT ECG	\$686.00
93352	ADMIN ECG CONTRAST AGENT	\$103.95
93784	AMB BP MONIT; RECORD-INTERPT-R	\$136.00
93792	INR INITIAL HOME MONITORING TRAINING FACE-TO-FACE	\$141.00
93793	ANTICOAG MNGMNT REV INR RESULTS-DOSING-INSTRUCT	\$31.00
93880,TC	US DUPLEX SCAN EXTRACRAN ART; BILAT	\$445.78
93922	NONINVASV STDY-UP/LO EXTM ART	\$227.00
93970,TC	DUPLEX SCAN-EXTREM VEINS COMP	\$450.60
93971,TC	DUPLEX SCAN-EXTREM VEINS UNI	\$285.60
93976,TC	DUPLEX SCAN FLO ABD/PEL ORGANS	\$350.25
94010	SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO RATE	\$103.93
94060	BRONCHOSPSM EVAL: SPIRO-BRONCH	\$154.35
94070	PROLONG EVAL-BRONCHOSPASM MX D	\$151.00
94150	VITAL CAPACITY TOTAL	\$64.05
94200	MAX BREATH CAPACITY MAX VOLUN	\$63.00
94240	FUNCT RESIDUAL CAPACITY/VOLUM	\$71.00
94250	EXPIRED GAS COLLEC QUAN 1 (SEP	\$66.00
94375	RESPIRATORY FLOW VOLUM LOOP	\$99.00
94620	PULM STRESS TESTING; SIMPL	\$142.00
94640	PRESS/NONPRESS INHAL TX AC OBST/SPUTUM INDUCT DX	\$42.00
94660	CPAP VENTILAT INIT & MGMT	\$159.00
94664	AEROSOL/VAPOR INHALA; 1ST DEMO	\$44.00
94690	O2 UPTAKE EXPIRED GAS; REST (S	\$126.00
94760	NONINVASV EAR/PULSE OXM O2 SAT; SINGLE DETERM	\$8.00
94761	NONINVASV EAR/PULSE OXM O2 SATURATION; MX DETERM	\$12.60
95027	SKIN END POINT TITRATION; INTERP AND RPT	\$11.00
95115	PROF SRVC ALLERG IMMUNOTX NOT INCL EXTRCT; 1 INJ	\$21.00
95117	PROF SRVC ALLERG IMMUNOTX WO EXTRACT; 2/MORE INJ	\$25.20
95146	PRO-SUPERVS/PROVIS; 2 VENOMS	\$99.00
95250	GLU MON TO 72 HR CONT RECORD&S	\$401.00
95251	GLUC MNTR CONT REC FROM NTRSTL TISS FLU PHYS I&R	\$109.00
95905	MOTOR/SENS NRVE CONDUCT TEST	\$178.00

CPT	Description	Fee
95907	NERVE CONDUCTION 1 TO 2 STUDIES	\$241.00
95908	NERVE CONDUCTION 3 TO 4 STUDIES	\$299.00
95909	NERVE CONDUCTION 5 TO 6 STUDIES	\$364.00
95910	NERVE CONDUCTION 7 TO 8 STUDIES	\$486.00
95911	NERVE CONDUCTION 9 TO 10 STUDIES	\$586.00
95925	SOMATOSENS TEST 1 / > NERV; UP	\$395.00
95992	CANALITH REPOSITIONING (EPLEY/SEMONT)	\$103.95
96110	GENERAL DEVELOPMENTAL SCREENING PER USE OF STANDARDIZED INSTRUMENT FORM: TOOL PEDS/ASQ	\$29.91
96112	DEVELOPMENTAL TEST ADMIN (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS) WITH INTERPRETATION AND REPORT; FIRST HOUR	\$342.00
96113	DEVELOPMENTAL TEST ADMIN (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS) WITH INTERPRETATION AND REPORT; EACH ADDITIONAL 30 MINUTES	\$152.00
96116	NUBHVL STATUS XM PR HR F2F W/PT INTERPJ&PREPJ	\$232.00
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT	\$13.50
96160	PATIENT FOCUSED HEALTH RISK ASSESSMENT	\$9.45
96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT	\$9.45
96360	HYDRATION IV INFUSION, INIT	\$144.00
96361	HYDRATE IV INFUSION, ADD-ON	\$38.00
96365	THER/PROPH/DIAG IV INF, INIT	\$174.00
96366	THER/PROPH/DIAG IV INF ADDON	\$47.00
96367	TX/PROPH/DG ADDL SEQ IV INF	\$77.00
96368	THER/DIAG CONCURRENT INF	\$52.00
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	\$52.50
96374	INTRAVENOUS PUSH	\$118.65
96380	ADMIN RSV MONOC ANTB IM WITH COUNSELING	\$53.00
96380,SL	ADMIN RSV MONOC ANTB IM WITH COUNSELING	\$0.00
96381	ADMIN RSV MONOC ANTB IM NJX	\$53.00
96381,SL	ADMIN RSV MONOC ANTB IM NJX	\$0.00
97530	THERAP ACTIVITIES 1-ON-1 EA 15	\$88.00
97535	SELF CARE TRAIN-1 ON 1-EA 15 M	\$88.00
97537	COMMUNITY TRAIN-1 ON 1-EA 15 M	\$76.00
97542	WHEELCHAIR MGMT TRAIN-EA 15 MI	\$77.00
97597	DEBRIDEMENT OF OPEN WOUND TOTAL SURFACE AREA 20 SQ CM OR LESS	\$283.57
97598	EACH ADDITIONAL REMV DEVITLZ TISS SELCTV DEBRIDE; >20 SQ CM	\$126.23

CPT	Description	Fee
97602	REMV DEVITLZ TISS NONSELCTV DEBRID W/O ANES PER SESSION	\$294.85
97608	WOUND THERAPY NEGATIVE PRESSURE	\$124.00
97760	ORTHOTIC INITIAL MGMT&TRAINJ UXTR LXTR&/TRNK EA 15 MIN	\$96.00
97761	PROSTC INITIALTRAINJ UPR&/LXTR EA 15 MIN	\$83.00
97763	ORTHOTIC/PROSTHETIC SUBSEQUENT MGMT TRAIN EA 15 MIN	\$123.00
97802	NUTR THER; INIT 1:1 W/PT-EA 15	\$87.00
97803	NUTR THER; F/U 1:1 W/PT-EA 15	\$76.00
97804	MED NUTR THER; GRP EA 30 MIN	\$40.00
97810	ACUPUNCT 1/> NDLES W/O E-STIM; INIT 15 MIN 1-1?	\$111.92
97811	ACUP 1/> NDLS W/O ELEC STIMJ EA ADD 15 MINS.	\$68.00
97813	ACUP 1/> NDLS W/ELEC STIMJ 1ST 15 MINS.	\$94.50
97814	ACUP 1/> NDLS W/ELEC STIMJ EA ADD 15 MINS.	\$77.00
98000	SYNCH AUDIO-VIDEO NEW PATIENT STRAIGHT FORWRD; 15- MINS	\$173.25
98001	SYNCH AUDIO-VIDEO NEW PATIENT LOW COMPLXTY; 30 - MINS	\$246.75
98002	SYNCH AUDIO-VIDEO NEW PATIENT MOD COMPLXTY; 45- MINS	\$374.85
98003	SYNCH AUDIO-VIDEO NEW PATIENT HI COMPLXTY; 60- MINS	\$472.50
98004	SYNCH AUDIO-VIDEO EST PATIENT STRGHT FRWRD; 10- MINS	\$119.72
98005	SYNCH AUDIO-VIDEO EST PATIENT LOW COMPLXTY; 20- MINS	\$192.21
98006	SYNCH AUDIO-VIDEO EST PATIENT MOD COMPLXTY; 30 - MINS	\$271.52
98007	SYNCH AUDIO-VIDEO EST PATIENT HI COMPLXTY; 40 - MINS	\$382.02
98008	SYNCH AUDIO ONLY - NEW PATIENT STRAIGHT FORWARD; 15-MINS	\$98.21
98009	SYNCH AUDIO ONLY - NEW PATIENT LOW COMPLXTY; 30-MINS	\$162.78
98010	SYNCH AUDIO ONLY - NEW PATIENT MOD COMPLXTY; 45-MINS	\$253.59
98011	SYNCH AUDIO ONLY - NEW PATIENT HI COMPLXTY; 60-MINS	\$329.58
98012	SYNCH AUDIO ONLY - EST PATIENT STRAIGHT FORWARD; 10-MINS	\$73.32
98013	SYNCH AUDIO ONLY - EST PATIENT LOW COMPLXTY; 20-MINS	\$127.81
98014	SYNCH AUDIO ONLY - EST PATIENT MOD COMPLXTY; 30-MINS	\$186.98
98015	SYNCH AUDIO ONLY - EST PATIENT HI COMPLXTY; 40-MINS	\$271.74
98016	PT INITIATED; BRIEF TECH-BASED SERVICE (VIRTUAL CHECK-IN), EST. PT 5-10 MINUTES	\$32.96
98925	OSTEOPATHIC MANIP TX; 1 2 BODY REGIONS INVLV	\$89.72
98926	OSTEOPATHIC MANIP TX; 3 4 BODY REGIONS INVLV	\$126.40
98927	OSTEOPATHIC MANIP TX; 5 6 BODY REGIONS INVLV	\$164.99
98928	OSTEOPATHIC MANIP TX; 7 8 BODY REGIONS INVLV	\$202.62
98929	OSTEOPATH MANIP TX; 9-10 BOD R	\$240.25
98960	EDUCAJ&TRAINJ F/PT SELF-MGMT BY NONPHYS 1 PT	\$71.00
98961	EDUCAJ&TRAINJ F/PT SELF-MGMT BY NONPHYS 2-4 PT	\$34.00

CPT	Description	Fee
98962	EDUCAJ&TRAINJ F/PT SELF-MGMT BY NONPHYS 5-8 PTS	\$25.00
99000	HANDL/CONVEY SPECMN-OFFIC TO L	\$0.00
99002	HANDL/CONVEY/OTHER SERV W/DEVI	\$30.00
99024	POSTOP F/U VISIT INCLD GLOBAL	\$0.00
99050	SERV REQUEST AFTR HRS ADD TO B	\$29.00
99058	OFFIC SERV PROVID-EMER BASIS	\$33.00
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	\$37.00
99070	SUPPL/MAT PROVID-PHYS NOT W/VI	\$59.00
99075	MED TESTIMONY	\$315.00
99078	PHYS EDUCAT SERV RENDERED IN G	\$60.00
99080	SPEC REPORT >INFO IN USUAL MED	\$35.00
99152	MODERATE CONSCIOUS SEDATION (FIRST 15 MIN)	\$115.50
99153	MODERATE CONSCIOUS SEDATION (16-30 MIN)	\$25.20
99173	VISION TEST SNELLEN QUANTITATIVE BIL	\$8.69
99174	OCULAR SCREENING INSTRUMENT BASED	\$67.20
99177	INSTRUMENT BASED OCULAR SCREENING; ON-SITE ANALYSIS	\$16.80
99188	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$44.10
99202	OV NEW PATIENT STRGHTFRWRD MDM	\$173.25
99203	OV NEW PATIENT LOW LVL MDM	\$246.75
99204	OV NEW PATIENT MODERATE LVL MDM	\$374.85
99205	OV NEW PATIENT HIGH LVL MDM	\$472.50
99211	OV EST MINIMAL	\$54.60
99212	OV ESTABLISHED PT MINIMAL STRGHTFRWRD MDM	\$119.72
99213	OV ESTABLISHED PT LOW LVL MDM	\$192.21
99214	OV ESTABLISHED PT MOD LVL MDM	\$271.52
99215	OV ESTABLISHED PT HIGH LVL MDM	\$382.02
99221	INITIAL HOSP INPT OR OBSERVATION -E&M STRGHT FRWRD OR LOW LVL MDM	\$250.00
99222	INITIAL HOSP INPT OR OBSERVATION -E&M MODERATE LVL MDM	\$315.00
99223	INITIAL HOSP INPT OR OBSERVATION -E&M HIGH LVL MDM	\$462.00
99231	SUBSQT HOSP INPT OR OBSERVATION-E&M STRGHT FRWRD OR LOW LEVEL MDM	\$91.35
99232	SUBSQT HOSP INPT OR OBSERVATION-E&M MODERATE LEVEL MDM	\$179.00
99233	SUBSQT HOSP INPT OR OBSERVATION-E&M HIGH LEVEL MDM	\$260.00
99234	OBSRV/INPT HOSP CARE E&M ADMIT/DISCHARGE STRGHT FRWRD OR LOW MDM	\$332.00
99235	OBSRV/INPT HOSP CARE E&M ADMIT/DISCHARGE MODERATE MDM	\$420.00
99236	OBSRV/INPT HOSP CARE E&M ADMIT/DISCHARGE HIGH MDM	\$540.00
99238	HOSPITAL INPT OR OBS D/C DAY MANAGEMENT; 30 MINUTES/LESS	\$168.00

CPT	Description	Fee
99239	HOSP INPT OR OBS D/C DA MGMT; MORE THAN 30	\$246.75
99242	OFFICE CNSLT NEW/ESTAB STRGHTFRWRD MDM	\$215.25
99243	OFFICE CNSLT NEW/ESTAB LOW LEVEL MDM	\$294.00
99244	OFFICE CNSLT NEW/ESTAB MODERATE MDM	\$432.60
99245	OFFICE CNSLT NEW/ESTAB HIGH MDM	\$557.00
99252	INPT OR OBSERVATION CONSULT NEW/ESTAB STRGHTFRWRD MDM	\$186.00
99253	INPT OR OBSERVATION CONSULT NEW/ESTAB LOW LEVEL MDM	\$286.00
99254	INPT OR OBSERVATION CONSULT NEW/ESTAB MODERATE MDM	\$416.00
99255	INPT OR OBSERVATION CONSULT NEW/ESTAB HIGH MDM	\$502.00
99291	CRIT CARE E&M-UNSTABLE PT; 1ST	\$683.00
99292	CRIT CARE E&M; EA ADD 30 MIN	\$304.00
99304	INITIAL NURSING FAC PER DAY E/M; STRGHTFRWRD OR LOW LEVEL MDM	\$228.00
99305	INITIAL NURSING FAC PER DAY E/M; MODERATE MDM	\$324.00
99306	INITIAL NURSING FAC PER DAY E/M; HIGH MDM	\$381.15
99307	SBSQ NURSING FAC PER DAY E/M; STRGHTFRWRD MDM	\$111.00
99308	SBSQ NURSING FAC PER DAY E/M; LOW MDM	\$157.50
99309	SBSQ NURSING FAC PER DAY E/M; MODERATE MDM	\$227.00
99310	SBSQ NURSING FAC PER DAY E/M; HIGH MDM	\$338.00
99315	NURSING FAC D/C MGMT; 30 MINS OR LESS	\$182.00
99316	NURSING FAC D/C MGMT; > 30 M	\$263.00
99341	HOME OR RESIDENCE E&M NEW PT STRGHTFRWRD MDM	\$137.00
99342	HOME OR RESIDENCE E&M NEW PT LOW MDM	\$197.00
99344	HOME OR RESIDENCE E&M NEW PT MODERATE MDM	\$453.00
99345	HOME OR RESIDENCE E&M NEW PT HIGH MDM	\$549.00
99347	HOME OR RESIDENCE E&M ESTABLISHED PT STRGHTFRWRD MDM	\$126.00
99348	HOME OR RESIDENCE E&M ESTABLISHED PT LOW MDM	\$199.50
99349	HOME OR RESIDENCE E&M ESTABLISHED PT MODERATE MDM	\$294.00
99350	HOME OR RESIDENCE E&M ESTABLISHED PT HIGH MDM	\$409.50
99358	PROLONG E/M WO PT CONTACT; 1ST HOUR	\$257.25
99359	PROLONG E/M WO PT CONTACT; EACH ADD 30 MINUTES	\$131.00
99360	PHYS STANDBY W/PROLONG ATTEND	\$153.00
99366	TEAM CONF F-TO-F NON PHYS PAT/FAM 30+ MIN	\$107.00
99374	PHYS SUPERVS PT-HOME HLTH; 15-	\$175.00
99375	PHYS SUPERVS PT-HOME HLTH; 30/	\$262.00
99377	PHYS SUPERVS HOSPICE PT; 15-29	\$175.00
99378	PHYS SUPERVS HOSPICE PT; 30 MI	\$262.00
99379	PHYS SUPERVS NURS FAC PT; 15-2	\$175.00

CPT	Description	Fee
99380	PHYS SUPERVS NURS FAC PT; 30 M	\$262.00
99381	WELL VISIT NEW < 1Y	\$254.10
99382	WELL VISIT NEW 1-4 Y	\$266.70
99383	WELL VISIT NEW 5-11 Y	\$278.25
99384	WELL VISIT NEW 12-17 Y	\$315.00
99385	WELL VISIT NEW 18-39 Y	\$304.50
99386	WELL VISIT NEW 40-64 Y	\$351.75
99387	WELL VISIT NEW 65 Y+	\$382.20
99391	WELL VISIT EST < 1 Y	\$229.95
99392	WELL VISIT EST 1-4 Y	\$227.85
99393	WELL VISIT EST 5-11 Y	\$225.75
99394	WELL VISIT EST 12-17 Y	\$248.85
99395	WELL VISIT EST 18-39 Y	\$255.15
99396	WELL VISIT EST 40-64 Y	\$273.00
99397	WELL VISIT EST 65 Y +	\$315.00
99401	PREV MED COUNSEL&/RISK FCT RDUC-SEP PROC; 15 MIN	\$92.40
99402	PREV MED COUNSEL&/RISK FCT RDUC-SEP PROC; 30 MIN	\$151.20
99403	PREV MED COUNSEL&/RISK FCT RDUC-SEP PROC; 45 MIN	\$215.00
99404	PREV MED COUNSEL&/RISK FCT RDUC-SEP PROC; 60 MIN	\$278.00
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	\$36.75
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	\$67.20
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	\$88.00
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVEN >30 MIN	\$171.00
99411	PREV MED CNSL&/RISK RDUC GRP-SEP PROC; 30 MIN	\$46.20
99412	PREV MED CNSL/RISK RDUC GRP-SEP PROC; 60 MIN	\$58.80
99415	PROLONGED CLINICAL STAFF SERVICE FIRST HOUR MUST BE BILLED WITH E&M	\$22.00
99416	PROLONGED CLINICAL STAFF SERVICE EACH ADDITIONAL 30 MINUTES MUST BE BILLED WITH E&M	\$12.00
99417	PROLONGED OV OR OUTPT E/M BEYOND MAX TIME OF PRIMARY PROC; EACH ADDTNL 15 MINS	\$77.00
99420	ADMIN&INTEPR HEALTH RISK ASSESS INSTRUMEN	\$28.00
99450	BASIC LIFE AND/OR DISABILITY EVALUATION SERVICES	\$180.00
99451	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, INCLUDING A WRITTEN REPORT TO TREATING/REQUESTING PHYSICIAN, 5 MINUTES OR MORE OF MEDICAL CONSULTATIVE TIME	\$92.00
99452	INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD REFERRAL SERVICE(S) PROVIDED BY A TREATING/REQUESTING PHYSICIAN, 30 MINUTES	\$92.00

CPT	Description	Fee
99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S), INITIAL; SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	\$49.00
99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) , INITIAL; DEVICE(S) SUPPLY WITH DAILY RECORDING(S) OR PROGRAMMED ALERT(S) TRANSMISSION, EACH 30 DAYS	\$161.00
99455	WORK RELAT/DISABL EXAM-TREATIN	\$70.35
99456	WORK RELAT/DISABL EXAM-NOT TRT	\$175.00
99457	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, FIRST 20 MINUTES OF TIME IN A CALENDAR MONTH REQUIRING 1 REAL-TIME COMMUNICATION WITH THE PATIENT/CAREGIVER DURING THE MONTH	\$128.00
99459	PELVIC EXAM (USE IN ADDITION TO CODE FOR PRIMARY PORCEDURE)	\$23.66
99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	\$228.90
99461	1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	\$229.00
99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	\$103.95
99463	1ST HOSP/BIRTHING CENTER NB ADMIT&DSCHG SM DATE	\$297.00
99464	ATTN AT DELIVERY& 1ST STABILIZATION OF NEWBORN	\$178.00
99465	DELIVERY/BIRTHING ROOM RESUSCITATION	\$380.00
99466	CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	\$572.00
99467	CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	\$291.00
99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	\$2,351.00
99471	INITIAL PED CRITICAL CARE 29 D THRU 24 MO	\$2,166.00
99472	SUBSEQUENT PED CRITICAL CARE 29 D THRU 24 MO	\$1,017.00
99475	INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	\$1,431.00
99476	SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	\$861.00
99477	INITIAL HOSPITAL CARE OF THE INFANT NOT CRITICALLY ILL BUT REQUIRES INTENSIVE OBSERVATION	\$892.00
99491	CHRONIC CARE MANAGEMENT SERVICES, AT LEAST 30 MINUTES OF PHYSICIAN TIME, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS, OR UNTIL THE DEATH OF THE PATIENT; CHRONIC CONDITIONS PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH, ACUTE EXACERBATION/ DECOMPENSATION, OR FUNCTIONAL DECLINE; COMPREHENSIVE CARE PLAN ESTABLISHED, IMPLEMENTED, REVISED, OR MONITORED	\$208.00
99495	TRANSITIONAL CARE MNGMNT 14 DAY DISCHARGE	\$421.05
99496	TRANSITIONAL CARE MNGMNT 7 DAY DISCHARGE	\$589.83
99497	ADVANCED CARE PLANNING FIRST 30 MINUTES	\$196.35
99498	ADVANCED CARE PLANNING WITH EACH ADDITIONAL30 MINUTES	\$184.00
99499	UNLISTED EVAL & MGMT SERV	\$29.00
99999	DESCRIPTION: LEGAL STATEMENT/TESTIMONY 30 MINUTES	\$150.00
A4253	BLD GLU TEST REAG STR HOME USE	\$47.00
A4258	SPRING-POWERED DEVICE-LANCET,	\$6.00

CPT	Description	Fee
A4259	LANCETS PER BOX OF 100	\$4.00
A4344	INDW CATH FOLEY 2 WAY SILICONE	\$44.00
A4351	INTRMT URIN CATH STRAIGHT TIP	\$5.00
A4353	INTRMT URIN CATH W/INSERT SUPP	\$19.00
A4466	GARMENT,BELT,SLEEVE OR OTHER COV,ELASTIC	\$48.00
A4550	SURGICAL TRAYS	\$51.00
A4565	SLINGS	\$17.85
A4570	SPLINTS	\$54.00
A4590	SPECIAL CAST MAT (E.G. FIBERGL	\$51.45
A4614	PEAK EXPIR FLOW METER HAND HEL	\$66.00
A4627	SPAC/BG/RESVR W/WO MASK USE W/	\$57.00
A4663	BLOOD PRESSURE CUFF ONLY	\$54.00
A6222	GZE IMPG NOT H2O/SAL <= 16 SQ	\$6.00
A6443	CONFORM BAND N/S W>=3<5/YD	\$1.00
A6447	CONFORM BAND S W >=5/YD	\$2.00
A6448	LT COMPRS BANDGE ELAST KNITTED	\$3.00
A6449	LT COMPRS BANDGE ELAST KNITTED	\$5.00
A6450	LT COMPRS BANDGE ELAST KNITTED	\$8.00
A9700	CONTRAST AGENT	\$170.00
D0145	ORAL EVAL FOR PATIENTS UNDER 3YRS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$30.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH (MAINECARE)	\$57.19
G0008	MEDICARE FLU SHOT ADMIN	\$83.94
G0009	MEDICARE PNEUMONIA VACCINE ADMIN	\$83.94
G0010	ADMIN HEPAT B VAC-NO PHYS SRV/	\$71.40
G0011	INDIVIDUAL PREP COUNSELING 15 - 30 MINUTES	\$30.00
G0101	MEDICARE GYN PELVIC & BREAST	\$94.50
G0102	PROSTATE CA SCR N DIG RECTAL EX	\$52.50
G0103	MEDICARE PROSTATE/PSA SCREENING	\$50.40
G0104	MEDICARE FLEXIBLE SIGMOIDOSCOPY	\$423.00
G0105	COLORECTAL CA SCREEN HI RISK I	\$859.95
G0108	DIAB OUTPT SELF-MGMT INDIV /SE	\$132.00
G0109	DIAB SELF-MGMT GRP TRAIN PER I	\$36.00
G0121	COLORECTAL CA SCR N NOT HI RISK	\$903.00
G0127	TRIM DYSTROPHIC NAILS ANY NUMB	\$58.00
G0168	WOUND CLOSURE W TISS ADHES	\$259.00
G0179	PHYS RECERT FOR HOME SERVICES	\$103.00

CPT	Description	Fee
G0180	PHYS CERT SERV-MEDCAR-HHA PROV	\$134.00
G0181	PHYS SUPVSN HAA PT-CMPLX/MO-30	\$269.00
G0182	PHYS SUPVSN HOSPIC PT-CMPLX/MO	\$270.00
G0202,TC	DIGITAL MAMMOGRAM SCREENING	\$250.00
G0204,TC	DIGITAL MAMMOGRAM DIAGNOSTIC	\$303.00
G0206,TC	DIGITAL MAMMOGRAM UNILATERAL	\$237.00
G0238	OTH RESP PROC, INDIV	\$27.00
G0245	MEDICARE INITIAL E&M DIABETIC W/ DSN AND DX LOPS-SPECIFIC EXAM REQUIREMENTS	\$165.00
G0246	MEDICARE F/U DIABETIC PT W/ DSN AND W/ LOPS-SPECIFIC EXAM REQUIREMENTS	\$96.00
G0247	MEDICARE ROUTINE FOOT CARE DIABETIC PATIENTS W/ DIABETIC SENSORY NEUROPATHY W/ LOPS	\$184.00
G0279,TC	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL	\$63.00
G0283	ELEC STIM OTHER THAN WOUND	\$35.00
G0318	PROLONGED HOME OR RESIDENCE E&M SERVICE; EACH ADDITIONAL 15 MINUTES, WITH OR WITHOUT DIRECT PATIENT CONTACT	\$32.30
G0328	FECAL BLOOD SCRNM IMMUNOASSAY	\$38.85
G0372	MD SERVICE REQUIRED FOR PMD	\$22.00
G0389,TC	US B-SCAN &/ REAL TIME DOC; AAA SCR	\$220.00
G0402	MEDICARE WELCOME INITIAL PE 1ST YEAR (WELL)	\$378.00
G0403	MEDICARE WELCOME RTNE ECG TRACING, INTRP AND RPT	\$51.45
G0404	MEDICARE WELCOME RTNE ECG TRACING ONLY	\$27.93
G0405	MEDICARE WELCOME RTNE ECG INTRP AND RPT ONLY	\$22.52
G0431	DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD DO NOT USE AFTER 1/1/2016	\$30.00
G0433	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY	\$36.75
G0434	DRUG SCREEN NOT CGC:ANY# PATIENT ENC DO NOT USE AFTER 1/1/2016	\$30.00
G0435	INFECT AGNT ANTIBDY, RAPID TEST HIV 1/2, SCREENING	\$39.00
G0438	MEDICARE ANNUAL WELLNESS INITIAL	\$388.50
G0439	MEDICARE ANNUAL WELL SUBSQT	\$369.54
G0444	MEDICARE DEPRESSION SCREEN	\$46.00
G0472	HCV RAPID ANTIBODY TEST	\$102.78
G0475	HIV ANTIGEN/ANTIBODY COMBINATION ASSAY, SCREENING	\$59.00
G0477	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; READ BY DIRECT OBSERVATION ONLY	\$30.00
G0500	MOD SEDATION ENDO SERVICE >5YRSMOD SEDATION ENDO SERVICE >5YRS	\$130.20
G0513	PRLNG PREV SRVC OFC/OTH O/P RQR DIR CTC;1ST 30 M	\$63.00
G0514	PRLNG PREV SRVC OFC/OTH O/P DIR CTC;EA ADD 30 M	\$63.00

CPT	Description	Fee
G0537	ADMIN OF RISK ASSESSMNT FOR ASCVD, 5-15 MINS, ONCE PER 12 MOS	\$45.00
G0538	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD) RISK MGT; CS TIME; PER CALENDAR MONTH	\$37.00
G2211	VISIT CPLX INHERENT E&M ASSOC MCS	\$16.66
G2212	MEDICARE -PROLONGED OV OR OUTPT E/M BEYOND MAX TIME OF PRIMARY PROC; EACH ADDTNL 15 MINS	\$77.00
G6024	COLONOSCOPY FLEX WITH ABLATION LESIONS DO NOT USE AFTER 1/1/2016	\$1,021.00
J0129	ORENCIA	\$103.00
J0171	ADRENALINE/EPINEPHRINE 0.1 MG/UNIT	\$2.10
J0401	INJ ARIPIRAZOLE EXT REL 1MG (ABILIFY)	\$11.40
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	\$29.00
J0561	INJ - BICILLAN LA - 12 UNITS	\$40.23
J0696	INJECTION CEFTRIAZONE SODIUM PER 250 MG	\$2.10
J0702	BETAMETHASONE ACETATE-NA PHOS/	\$15.00
J0739	INJECTION, CABOTEGRAVIR, 1 MG	\$6.60
J0780	INJ PROCHLORPERAZINE TO 10 MG	\$30.00
J0834	INJECTION, COSYNTROPIN, 0.25 MG	\$78.25
J0881	INJ DARBEPOETIN ALFA, 1 MICROGRM NON ESRD	\$10.00
J0885	INJECTION, EPOETIN ALPHA, PER 1,000 UNITS	\$31.00
J0886	INJECTION, EPOETIN ALPHA, PER 1,000 UNITS (ESRD)	\$18.00
J1000	DEPO-ESTRADIOL CYPIONATE TO 5	\$48.30
J1010	INJ, METHYLPRED ACETATE 1 MG	\$0.37
J1100	DEXAMETHASONE NA PHOSPATE-1 MG	\$1.05
J1200	INJ DIPHENHYDRAMINE HCL TO 50	\$2.10
J1250	INJ, DOBUTAMINE HCL, PER 250 M	\$15.75
J1380	ESTRADIOL VALERATE UP TO 10MG	\$17.85
J1438	INJ ETANERCEPT 25MG-MCARE	\$948.00
J1580	INJ GARAMYCIN GENTAMICIN TO 80	\$3.00
J1630	INJ HALOPERIDOL TO 5 MG	\$6.00
J1645	INJ DALTEPARIN SODIUM PER 2500	\$39.00
J1650	INJ ENOXAPARIN SODIUM 10 MG	\$2.10
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	\$5.00
J1750	IRON DEXTRAN	\$31.00
J1815	INJECTION INSULIN PER 5 UNITS	\$2.00
J1885	INJECTION KETOROLAC TROMETHAMINE PER 15 MG	\$2.00
J1950	INJ LEUPROLIDE ACETATE PER 3.7	\$2,689.05
J2175	MEPERIDINE HYDROCHLORIDE/100 M	\$11.00

CPT	Description	Fee
J2180	MEPERIDINE & PROMETHAZINE HCL-	\$2.00
J2315	INJECTION NALTREXONE DEPOT FORM 1MG	\$7.35
J2353	SANDOSTATIN LAR 1 MG/ML (OCTREOTIDE DEPOT FORM)	\$401.00
J2426	INVEGA SUSTENNA	\$24.15
J2550	INJ PROMETHAZINE HCL TO 50 MG	\$5.25
J2680	INJECTION FLUPHENAZINE DECANOATE, UP TO 25 MG	\$22.05
J2790	RHO D IG HUMAN 1 DOSE PKG	\$150.15
J2791	RHOPHYLAC, INTRAMUSCULAR OR INTRAVENOUS, 100 IU	\$12.00
J2910	INJ AUROTHIOGLUCOSE TO 50 MG	\$76.00
J2920	METHYLPRED NA SUCCINATE-40 MG	\$7.00
J3030	INJ SUMATRIPTAN SUCCINATE 6 MG	\$136.50
J3121	TESTOSTERONE ENANTHATE 1 MG	\$1.05
J3240	THYROGEN-THYROTROPIN ALPHA	\$3,645.00
J3301	INJECTION TRIAMCINOLONE ACETONIDE PER 10 MG	\$3.15
J3304	INJ TRIAMCINOLONE ACE XR 1MG	\$37.02
J3370	INJ VANCOMYCIN HCL TO 500 MG	\$7.00
J3400	INJ TRIFLUPROMAZINE HCL TO 20	\$17.00
J3430	INJ PHYTONADIONE (VIT K) PER 1	\$7.00
J3721	HYALGAN SUPARTZ INJECTION PER DOSE	\$328.81
J7030	INFUS NORMAL SALINE SOLN 1000	\$5.00
J7120	RINGERS LACTATE INFUSION TO 10	\$5.00
J7296	KYLEENA LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 19.5MG	\$2,053.80
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE (LILETTA) 52MG	\$939.00
J7298	LEVONORGESTREL 52MG IUD (MIRENA) 5 YR DURATION	\$1,993.95
J7300	INTRAUTERINE (PARAGARD) COPPER CONTRACEPT	\$1,817.55
J7301	SKYLAR (IUD) INTRAUTERINE DEVICE	\$1,710.45
J7307	NEXPLANON/IMPLANON (NON-BIODEGRADIBLE DRUG DELIVERY IMPLANT)	\$2,017.05
J7318	HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG	\$19.93
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$289.80
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$282.45
J7325	HYALURONAN/DERIV SYNVISCO-ONE/SYNVISCO IA INJ 1 MG	\$23.10
J7326	HYALURONAN/DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	\$0.00
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$1,561.35
J7613	ALBUTEROL SULFATE	\$1.05

CPT	Description	Fee
J7620	ALBUTEROL TO 2.5 MG & IPRATROPIUM BR TO 0.5 MG	\$1.05
J8540	DEXAMETHASONE, ORAL, 0.25 MG	\$1.05
J8610	METHOTREXATE ORAL 2.5 MG	\$3.00
J9202	GOSERELIN ACETATE IMPLANT/3.6	\$707.00
J9217	LEUPROLIDE ACET/DEPOT SUSP 7.5	\$460.95
J9218	LEUPROLIDE ACETATE PER 1 MG	\$48.00
J9250	METHOTREXATE SODIUM 5 MG	\$1.05
J9260	METHOTREXATE SODIUM 50 MG	\$6.00
J9280	MITOMYCIN 5 MG	\$256.00
L3914	WHO WRIST EXTENSION COCK-UP	\$42.00
L3923	THUMB SPICA	\$253.00
M0240	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING, SUBSEQUENT REPEAT DOSES	\$472.50
M0243	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING	\$472.50
Q0091	MEDICARE PAP	\$98.70
Q9984	KYLEENA LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 19.5MG	\$939.00
Q9991	BUPRENORPH XR 100 MG OR LESS	\$2,028.40
Q9991,JZ	BUPRENORPH XR 100 MG OR LESS	\$2,028.40
Q9992	BUPRENORPHINE XR OVER 100 MG	\$2,028.40
Q9992,JZ	BUPRENORPHINE XR OVER 100 MG	\$2,028.40
T1013	INTERPRETING SERVICES 15 MIN/UNIT	\$20.00