

## Martin's Point Health Care Price Disclosure List 2022

| CPT      | Description                                                                                                                                                                                                                                                                                           | Price      |
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| 0001A    | PFIZER COVID VACC ADMIN 1ST DOSE                                                                                                                                                                                                                                                                      | \$45.00    |
| 0002A    | PFIZER COVID VACC ADMIN 2ND DOSE                                                                                                                                                                                                                                                                      | \$45.00    |
| 0003A    | BOOSTER ADMINISTRATION PFIZER THIRD DOSE                                                                                                                                                                                                                                                              | \$45.00    |
| 0011A    | MODERNA COVID VACC ADMIN 1ST DOSE                                                                                                                                                                                                                                                                     | \$45.00    |
| 0012A    | MODERNA COVID VACC ADMIN 2ND DOSE                                                                                                                                                                                                                                                                     | \$45.00    |
| 0013A    | MODERNA COVID VACC ADMIN 3RD DOSE                                                                                                                                                                                                                                                                     | \$45.00    |
| 0031A    | JOHNSON & JOHNSON COVID VACC ADMIN                                                                                                                                                                                                                                                                    | \$45.00    |
| 0051A    | PFIZER COVID VACC 12Y- UP ADMIN 1ST DOSE                                                                                                                                                                                                                                                              | \$45.00    |
| 0052A    | PFIZER COVID VACC 12Y- UP ADMIN 2ND DOSE                                                                                                                                                                                                                                                              | \$45.00    |
| 0064A    | MODERNA COVID VACC ADMIN BOOSTER                                                                                                                                                                                                                                                                      | \$45.00    |
| 0071A    | PFIZER COVID VACC 5-11Y ADMIN 1ST DOSE                                                                                                                                                                                                                                                                | \$45.00    |
| 0072A    | PFIZER COVID VACC 5-11Y ADMIN 2ND DOSE                                                                                                                                                                                                                                                                | \$45.00    |
| 0073A    | PFIZER COVID VACC 5-11Y ADMIN 3RD DOSE                                                                                                                                                                                                                                                                | \$45.00    |
| 0232T    | PRP INJECTION (SPORTS MEDICINE)                                                                                                                                                                                                                                                                       | \$1,260.00 |
| 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   |
| 0241U,QW | [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   |
| 10060    | I&D OF ABSCESS; SIMPLE OR SINGLE                                                                                                                                                                                                                                                                      | \$278.25   |
| 10061    | I&D OF ABSCESS; COMPLICATED OR MULTIPLE                                                                                                                                                                                                                                                               | \$483.00   |
| 11102    | TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION                                                                                                                                                                                                                       | \$231.00   |
| 11104    | PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION                                                                                                                                                                                                                        | \$288.75   |
| 11200    | REMOV SKIN TAGS; TO & INCL 15                                                                                                                                                                                                                                                                         | \$204.75   |
| 11201    | REMOV SKIN TAGS; EA ADD 10 LES                                                                                                                                                                                                                                                                        | \$43.05    |
| 11300    | SHAVING 1 LES TRUNK; 0.5 CM/LE                                                                                                                                                                                                                                                                        | \$231.00   |
| 11301    | SHAVING 1 LES TRUNK; 0.6 TO 1.                                                                                                                                                                                                                                                                        | \$279.30   |
| 11302    | SHAVING 1 LES TRUNK; 1.1 TO 2.                                                                                                                                                                                                                                                                        | \$322.35   |
| 11303    | SHAVING 1 LES TRUNK; OVER 2.0                                                                                                                                                                                                                                                                         | \$357.00   |
| 11305    | SHAVING 1 LES SCALP; 0.5CM/LES                                                                                                                                                                                                                                                                        | \$241.50   |
| 11306    | SHAVING 1 LES SCALP; 0.6 TO 1.                                                                                                                                                                                                                                                                        | \$283.50   |
| 11310    | SHAVING 1 LES FACE; 0.5 CM/LES                                                                                                                                                                                                                                                                        | \$267.75   |
| 11311    | SHAVING 1 LES FACE; 0.6 TO 1.0                                                                                                                                                                                                                                                                        | \$315.00   |

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| 11400    | EXC BEN LES MARG NO SKN TAG TRNK ARM/LEG;.5 CM/<                              | \$288.75 |
| 11401    | EXC BEN LES MARG NO TAG TRNK ARM/LEG;0.6-1.0 CM                               | \$351.75 |
| 11402    | EXC BEN LES MARG NO TAG TRNK ARM/LEG;1.1-2.0 CM                               | \$393.75 |
| 11719    | TRIMMING OF NONDYSTROPHIC NAILS ANY NUMBER                                    | \$45.15  |
| 11981    | NEXPLANON INSERTION                                                           | \$315.00 |
| 11982    | NEXPLANON REMOVAL                                                             | \$351.75 |
| 11983    | NEXPLANON REMOVAL & INSERTION                                                 | \$498.75 |
| 17000    | DESTRUC BEN/PREMA LIG LES OTH THAN SKN TAG; 1 LES                             | \$168.00 |
| 17003    | DESTRUC BEN/PREMA LIG LES OTH THN SKN TAG;2-14 EA                             | \$14.00  |
| 17110    | DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; UP 14                                | \$257.25 |
| 20526    | INJECTION THERAPUTIC CARPAL TUNNEL                                            | \$183.75 |
| 20550    | INJECTION; SINGLE TENDON SHEATH OR LIGAMENT                                   | \$131.25 |
| 20551    | INJECTION; SINGLE TENDON ORIGIN/INSERTION                                     | \$133.35 |
| 20552    | INJ; SINGLE/MX TRIGGER POINT 1/TWO MUSCLE                                     | \$131.25 |
| 20553    | INJ; SINGLE/MX TRIGGER POINT 3/MORE MUSCLE                                    | \$147.00 |
| 20600    | JOINT INJECTION SMALL WITHOUT ULTRASOUND GUIDANCE; SM J                       | \$123.90 |
| 20604    | JOINT INJECTION SMALL W/ ULTRASOUND GUIDANCE W/ PERMANENT RECORDING/REPORTING | \$176.40 |
| 20605    | JOINT INJECTION MEDIUM WITHOUT ULTRASOUND GUIDANCE                            | \$131.25 |
| 20606    | JOINT INJECTION (MEDIUM) WITH ULTRASOUND                                      | \$194.25 |
| 20610    | JOINT INJECTION LARGE WITHOUT ULTRASOUND GUIDANCE                             | \$157.50 |
| 20611    | JOINT INJECTION-LARGE WITH ULTRASOUND                                         | \$216.30 |
| 20611,50 | LARGE JOINT INJECTION, BILATERAL                                              | \$456.00 |
| 36415    | COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE                                    | \$6.30   |
| 36416    | COLLECTON CAPILLARY BLOOD SPEC                                                | \$10.50  |
| 55250    | VASECTOMY UNI/BIL-SEP PROC INCL POSTOP SEMEN EX                               | \$913.50 |
| 57454    | COLPSCPY CERV UP/ADJ VAG; BX CERV&ENDOCERV CURET                              | \$383.25 |
| 58300    | INSERTION OF INTRAUTERINE DEVICE                                              | \$210.00 |
| 58301    | REMOVAL OF INTRAUTERINE DEVICE                                                | \$236.25 |
| 69209    | REMOVAL IMPACTED CERUMEN UNILATERAL USING IRRIGATION/LAVAGE                   | \$33.60  |
| 69209,50 | REMOVAL IMPACTED CERUMEN BILATERAL USING IRRIGATION/LAVAGE                    | \$64.00  |
| 69210    | REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL                | \$110.25 |
| 69210,50 | REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, BILATERAL                 | \$248.00 |
| 70220,TC | RAD EXAM SINUSES PARANASAL COM                                                | \$71.40  |
| 71046    | RAD EXAM CHEST 2 VIEWS                                                        | \$51.45  |
| 71046,TC | RAD EXAM CHEST 2 VIEWS                                                        | \$51.45  |
| 71047    | RAD EXAM CHEST 3 VIEWS                                                        | \$63.00  |
| 71047,TC | RAD EXAM CHEST 3 VIEWS                                                        | \$63.00  |
| 71100,TC | RAD EXAM RIBS UNILAT; 2 VIEWS                                                 | \$56.70  |
| 71101,TC | RAD EXAM RIBS UNILAT; W/PA CHE                                                | \$69.30  |

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| 71111,TC | RAD EXAM RIBS BILAT; W/PA CHES                                                       | \$97.65  |
| 72040,TC | RAD EXAM SPINE CERV; AP & LAT                                                        | \$73.50  |
| 72050,TC | RAD EXAM SPINE CERV; MINI 4 VI                                                       | \$97.65  |
| 72052,TC | RAD EXAM SPINE CERV; COMPLT W/                                                       | \$129.15 |
| 72070,TC | RAD EXAM SPINE; THORACIC AP &                                                        | \$58.00  |
| 72100,TC | RAD EXAM SPINE LUMBOSACR; AP &                                                       | \$66.15  |
| 72110,TC | RAD EXAM SPINE LUMBOSACRAL; W/                                                       | \$90.30  |
| 72170,TC | RAD EXAM PELVIS; AP ONLY                                                             | \$49.35  |
| 72202,TC | RAD EXAM SACROILIAC JT; 3/MORE                                                       | \$66.15  |
| 72220,TC | RAD EXAM SACRUM & COCCYX MIN 2                                                       | \$53.55  |
| 73000,TC | RAD EXAM; CLAV COMPLT                                                                | \$52.00  |
| 73030,TC | RAD EXAM SHOULDER; COMPLT MINI                                                       | \$55.65  |
| 73060,TC | RAD EXAM; HUMERUS MINI 2 VIEWS                                                       | \$54.60  |
| 73070,TC | RAD EXAM ELBOW; AP & LAT VIEWS                                                       | \$54.60  |
| 73080,TC | RAD EXAM ELBOW; COMPLT MINI 3                                                        | \$66.15  |
| 73090,TC | RAD EXAM; FOREARM AP & LAT VIE                                                       | \$58.80  |
| 73110,TC | RAD EXAM WRIST; COMPLT MINI 3                                                        | \$75.60  |
| 73130,TC | RAD EXAM HAND; MINI 3 VIEWS                                                          | \$63.00  |
| 73140,TC | RAD EXAM FINGER(S) MINI 2 VIEW                                                       | \$68.25  |
| 73502,TC | RAD EXAM HIP UNILATERAL W/PELVIS WHEN PERFORMED 2-3 VIEWS                            | \$78.75  |
| 73521,TC | RAD EXAM HIP BILATERAL W/PELVIS WHEN PERFORMED 2 VIEWS                               | \$68.25  |
| 73552,TC | RAD EXAM FEMUR MIN 2 VIEWS                                                           | \$58.80  |
| 73560,TC | RAD EXAM KNEE; ONE/TWO VIEWS                                                         | \$57.75  |
| 73564,TC | RAD EXAM KNEE; COMPLT 4/MORE V                                                       | \$82.95  |
| 73590,TC | RAD EXAM; TIB & FIB AP & LAT V                                                       | \$52.50  |
| 73600,TC | RAD EXAM ANK; AP & LAT VIEWS                                                         | \$55.65  |
| 73610,TC | RAD EXAM ANK; COMPLT MINI 3 VI                                                       | \$62.00  |
| 73630,TC | RAD EXAM FT; COMPLT MINI 3 VIE                                                       | \$69.30  |
| 73650,TC | RAD EXAM; CALCAN MINI 2 VIEWS                                                        | \$55.65  |
| 73660,TC | RAD EXAM; TOE(S) MINI 2 VIEWS                                                        | \$60.90  |
| 74018,TC | RAD EXAM ABD 1 VIEW                                                                  | \$47.25  |
| 74022,TC | RAD EXAM ABD; COMPLT ACUTE ABD SERIES, INCLUDING 2 OR MORE VIEWS AND SNGL VIEW CHEST | \$87.15  |
| 76376    | 3D                                                                                   | \$199.50 |
| 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 |
| 76642,TC | ULTRASOUND, BREAST, UNILATERAL, REAL TIME W/ IMAGE DOC INCLUDING AXILLA; LIMITED     | \$132.30 |
| 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)                                 | \$199.50 |
| 76770,TC | ECHO RETROPERITON B-SCAN; COMP                                                       | \$259.35 |
| 76775,TC | ECHO RETROPERITON B-SCAN; LTD                                                        | \$226.80 |

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| 76830,TC | US TRANSVAGINAL NON OB (MP ONLY)                                                                             | \$204.75 |
| 76856,TC | US PELVIC NON OB COMPLETE (MP ONLY)                                                                          | \$189.00 |
| 76857,TC | ECHO PELVIC B-SCAN W/DOCUMENT;                                                                               | \$126.00 |
| 76870,TC | ECHO SCROTUM & CONTENTS                                                                                      | \$191.10 |
| 76882    | US EXTREMITY NON-VASC REAL-TIME IMG LMTD                                                                     | \$131.25 |
| 76882,TC | US EXTREMITY NON-VASC REAL-TIME IMG LMTD                                                                     | \$75.60  |
| 76942    | US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR                                                                   | \$409.50 |
| 77061,TC | DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL                                                          | \$187.10 |
| 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  |
| 77080,TC | DXA BONE DENSITY STUDY 1+ SITS AXIAL SKEL                                                                    | \$216.30 |
| 80048    | BASIC METABOLIC PANEL                                                                                        | \$23.10  |
| 80050    | GENERAL HEALTH PANEL                                                                                         | \$84.00  |
| 80053    | COMPREHENSIVE METABOLIC PANEL                                                                                | \$29.40  |
| 80061    | LIPID PANEL                                                                                                  | \$36.75  |
| 80069    | RENAL FUNCTION PANEL                                                                                         | \$24.15  |
| 80076    | HEPATIC FUNCTION PANEL                                                                                       | \$23.10  |
| 80305    | DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; READ BY DIRECT OBSERVATION ONLY                       | \$24.15  |
| 80305,QW | DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES; READ BY DIRECT OBSERVATION ONLY                       | \$24.15  |
| 81001    | UA DIP STICK/TABLET REAGENT; AUTO W/MICRO                                                                    | \$9.45   |
| 81001,QW | UA DIP STICK/TABLET REAGENT; AUTO W/MICRO                                                                    | \$9.45   |
| 81003    | UA, AUTOMATED W/O MICROSCOPIC                                                                                | \$6.30   |
| 81003,QW | UA, AUTOMATED W/O MICROSCOPIC                                                                                | \$6.30   |
| 81015    | URINALYSIS; MICROSCOPIC ONLY                                                                                 | \$8.40   |
| 81025    | URINE PREGNANCY TEST VISUAL COLOR COMPAR METHODS                                                             | \$17.85  |
| 82040    | ALBUMIN; SERUM                                                                                               | \$8.40   |
| 82043    | ALBUMIN; URINE MICROALBUMIN QUANTITATIVE                                                                     | \$14.70  |
| 82150    | AMYLASE                                                                                                      | \$17.85  |
| 82247    | BILIRUBIN; TOTAL                                                                                             | \$13.65  |
| 82248    | BILIRUBIN; DIRECT                                                                                            | \$13.65  |
| 82274    | BLD OCCULT FECAL HGB IMMUNOAS QUAL FECES 1-3                                                                 | \$38.85  |
| 82306    | VITAMIN D                                                                                                    | \$80.85  |
| 82310    | CALCIUM; TOTAL                                                                                               | \$14.70  |
| 82465    | CHOLESTEROL SERUM OR WHOLE BLOOD TOTAL                                                                       | \$12.60  |
| 82550    | CREATINE KINASE; TOT                                                                                         | \$17.85  |

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| 82565    | CREATININE; BLD                                  | \$14.70 |
| 82607    | CYANOCOBALAMIN;                                  | \$40.95 |
| 82728    | FERRITIN                                         | \$37.80 |
| 82746    | FOLIC ACID; SERUM                                | \$40.95 |
| 82947    | GLUCOSE; QUANTITATIVE BLOOD                      | \$11.55 |
| 82962    | GLU BLD MONITR CLEARED-FDA-HOM                   | \$7.35  |
| 82962,QW | GLU BLD GLU MON DEVICE CLEARED FDA SPEC HOME USE | \$7.35  |
| 83036    | HEMOGLOBIN; GLYCATED                             | \$27.30 |
| 83036,QW | HEMOGLOBIN; GLYCATED                             | \$27.30 |
| 83037    | HEMOGLOBIN A1C FINGERSTICK                       | \$27.30 |
| 83037,QW | HEMOGLOBIN A1C FINGERSTICK                       | \$27.30 |
| 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 |
| 83721,59 | LIPOPROTEIN DIRECT MEASUR; LDL                   | \$25.20 |
| 83735    | MAGNESIUM                                        | \$18.90 |
| 84075    | PHOSPHATASE ALKALINE;                            | \$14.70 |
| 84100    | PHOSPHORUS INORGANIC;                            | \$13.65 |
| 84132    | POTASSIUM; SERUM                                 | \$12.60 |
| 84153    | PROSTATE SPECIFIC ANTIGEN; TOTAL                 | \$50.40 |
| 84439    | THYROXINE; FREE                                  | \$25.20 |
| 84443    | THYROID STIMULATING HORMONE                      | \$46.20 |
| 84450    | TRANSFERASE; ASPARTATE AMINO                     | \$14.70 |
| 84460    | TRANSFERASE; ALANINE AMINO                       | \$14.70 |
| 84478    | TRIGLYCERIDES                                    | \$15.75 |
| 84520    | UREA NITROGEN; QUANTITATIVE                      | \$11.55 |
| 84550    | URIC ACID; BLOOD                                 | \$12.60 |
| 84703    | GONADOTROPIN CHORIONIC; QUALITATIVE              | \$21.00 |
| 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  |
| 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 |
| 85045    | AUTOMATED RETICULOCYTE COUNT                     | \$11.55 |
| 85610    | INR, FINGERSTICK                                 | \$11.55 |
| 85610,QW | INR, FINGERSTICK                                 | \$11.55 |
| 85652    | ERYTHROCYTE SEDIMENTATION RATE (ESR) AUTOMATED   | \$7.35  |
| 86140    | C-REACTIVE PROTEIN;                              | \$14.00 |
| 86141    | C-REACTIVE PROTEIN; HIGH SENSITIVITY             | \$35.70 |
| 86308    | HETEROPHILE ANTIB; SCREENING                     | \$14.70 |
| 86308,QW | HETEROPHILE ANTIBODIES; SCREENING                | \$14.70 |
| 86431    | RHEUMATOID FACTOR; QUANTITATIVE                  | \$15.75 |
| 86580    | SKIN TEST; TUBERCULOSIS INTRAD                   | \$18.90 |

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| 86618       | ANTIBODY; BORRELIA BURGDORFERI                                                           | \$38.85  |
| 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  |
| 86787       | VARICELLA-ZOSTER VIRUS ANTIBODY (IGG)                                                    | \$35.70  |
| 86803       | HCV RAPID ANTIBODY TEST                                                                  | \$32.55  |
| 87086       | CULTURE BACTERIAL; QUANTITATIVE COLONY CNT URINE                                         | \$22.05  |
| 87210       | SMEAR PRIM SOURCE W/INTEPR; WET MOUNT-INF AGTS                                           | \$12.60  |
| 87480       | CANDIDA SPECIES, DIRECT PROBE                                                            | \$54.60  |
| 87502       | INFLUENZA DNA AMP PROBE                                                                  | \$153.30 |
| 87502,QW    | INFLUENZA DNA AMP PROBE; CLIA WAIVED                                                     | \$153.30 |
| 87510       | GARDNERELLA VAGINALIS, DIRECT PROBE                                                      | \$54.60  |
| 87634       | RSV DNA/RNA AMP PROBE                                                                    | \$173.25 |
| 87634,QW    | RSV DNA/RNA AMP PROBE; CLIA WAIVED                                                       | \$173.25 |
| 87635       | SARS-COV-2 COVID-19 AMP PRB                                                              | \$102.00 |
| 87635,QW    | SARS-COV-2 COVID-19 AMP PRB                                                              | \$102.00 |
| 87651       | STREP A DNA AMP PROBE                                                                    | \$71.40  |
| 87651,QW    | STREP A DNA AMP PROBE; CLIA WAIVED                                                       | \$71.40  |
| 87660       | TRICHOMONAS VAGINALIS, DIRECT PROBE                                                      | \$54.60  |
| 87804       | INF AGT ANTIG DETECT IMMUNOAS;                                                           | \$31.50  |
| 87804,QW    | INFLUENZA A AND B CLIA WAIVED                                                            | \$31.50  |
| 87804,QW,59 | INFLUENZA A AND B (W/MODIFIER)                                                           | \$31.50  |
| 88720       | BILIRUBIN, TOTAL TRANSCUTANEOUS                                                          | \$13.65  |
| 88720,QW    | BILIRUBIN, TOTAL TRANSCUTANEOUS                                                          | \$13.65  |
| 90460       | IMMUNIZ ADMIN THRU 18YRS W/COUNSELING; FIRST/ONLY COMPONENT                              | \$26.00  |
| 90461       | IMMUNIZ ADMIN THRU 18YRS W/COUNSELING; EACH ADD VACC OR COMPONENT                        | \$26.00  |
| 90471       | IMMUNIZATION ADMINISTRATION ; ONE VACCINE                                                | \$26.00  |
| 90472       | RETAIL IMMUNIZ ADMIN; 2/> SING/COMB V                                                    | \$26.00  |
| 90473       | IMMU ADMN INTRANASAL/ORAL; 1 V                                                           | \$26.00  |
| 90474       | IMMU ADMIN INTRANASAL/ORAL; 1V                                                           | \$26.00  |
| 90585       | BACILLUS CALMETTE-GUERIN VACCINE                                                         | \$307.00 |
| 90620       | MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B (MENB) | \$383.25 |
| 90621       | MENINGOCOCCAL RECOMBINANT LIPOPROTEIN, SEROGROUP B (MENB-FHBP)                           | \$0.00   |
| 90632       | HEPATITIS A VACCINE ADULT DOSE                                                           | \$145.95 |
| 90633       | HEP A VACCINE PED/ADOLESC DOSE-                                                          | \$69.30  |
| 90633,SL    | STATE SUPPLIED HEPATITIS A (PEDI / ADOL)                                                 | \$0.00   |
| 90636       | HEP A-HEP B VACCINE ADULT DOSE                                                           | \$224.70 |
| 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                                               | \$329.70 |

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|-------------|------------------------------------------------------------------------------|----------|
| 90649,SL    | STATE SUPPLIED HPV (GARDASIL)                                                | \$0.00   |
| 90651       | GARDASIL 9                                                                   | \$477.75 |
| 90651,SL    | GARDASIL 9 STATE SUPPLIED                                                    | \$0.00   |
| 90662       | FLUZONE HIGH DOSE VACCINE                                                    | \$121.80 |
| 90670       | PNEUMOCOCCAL 13 VACC-POLYVALENT-PREVNAR                                      | \$429.45 |
| 90670,SL    | STATE SUPPLIED PNEUMOCOCCAL(PREVNAR13)                                       | \$0.00   |
| 90675       | RABIES VACCINE-IM USE                                                        | \$623.70 |
| 90680       | ROTAVIRUS VACC TETRAVLNT-LIVE-                                               | \$175.35 |
| 90680,SL    | STATE SUPPLIED ROTAVIRUS (ROTATEQ)                                           | \$0.00   |
| 90682       | FLUBLOK - RIV4 VACC RECOMBINANT DNA IM                                       | \$60.00  |
| 90686       | FLU QUAD 0.5 ML PFS                                                          | \$38.85  |
| 90686,FQ    | AFLURIA QUAD 0.5ML PFS                                                       | \$38.85  |
| 90686,FV    | FLULAVAL QUAD 0.5 ML PFS                                                     | \$38.85  |
| 90686,FZ    | FLUZONE QUAD 0.5 ML PFS                                                      | \$38.85  |
| 90686,SL    | FLU (STATE ) QUAD 0.5 ML PFS                                                 | \$0.00   |
| 90686,SL,FV | FLULAVAL (STATE) QUAD 0.5 ML PFS                                             | \$0.00   |
| 90686,SL,FX | FLUARIX (STATE) QUAD 0.5 ML PF                                               | \$0.00   |
| 90686,SL,FZ | FLUZONE (STATE) QUAD 0.5 PFS                                                 | \$0.00   |
| 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   |
| 90707       | MEASLES/MUMPS/RUBELLA VAC LIVE                                               | \$164.85 |
| 90707,SL    | STATE SUPPLIED MUMPS, MEASLES, RUBELLA (MMR)                                 | \$0.00   |
| 90710       | MEASLES/MUMPS/RUBELLA/VARICELLA                                              | \$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                                                | \$284.55 |
| 90716,SL    | STATE SUPPLIED VARICELLA                                                     | \$0.00   |
| 90732       | PNEUMOVAX PPV 23-VALENT ADLT//IM                                             | \$229.95 |
| 90734       | MNINGOCOCL CONJ VAC A C Y&W-1                                                | \$275.10 |
| 90734,SL    | STATE SUPPLIED MENINGOCCAL CONJUGATED VACCINE                                | \$0.00   |
| 90739       | HEPATITIS B VACCINE, ADULT DOSAGE 2-DOSE SCHEDULE, FOR INTRAMUSCULAR USE     | \$175.00 |
| 90744       | HEPATITIS B VAC PED/ADOLEES DOS                                              | \$54.60  |
| 90744,SL    | STATE SUPPLIED HEPATITIS B (PEDI/ADOL)                                       | \$0.00   |
| 90746       | HEPATITIS B VACCINE ADULT DOSE INTRAMUSCULAR USE                             | \$135.45 |
| 90750       | SHINGRIX HERPES ZOSTER RECOMBINANT VACCINE IM                                | \$323.40 |

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| 91300    | PFIZER COVID-19 VACCINE MRNALNP, PRESERVATIVE FREE 30MCG/0.3ML                                                                                                            | \$0.00   |
| 91301    | MODERNA COVID-19 VACCINE MRNALNP, PRESERVATIVE FREE 100MCG/0.5ML                                                                                                          | \$0.00   |
| 91301,SL | MODERNA COVID-19 VACCINE MRNALNP, PRESERVATIVE FREE 100MCG/0.5ML                                                                                                          | \$0.00   |
| 91303    | JOHNSON & JOHNSON(COVID-19) VACCINE, DNA, SPIKE PROTEIN, ADENOVIRUS TYPE 26 (AD26) VECTOR, PRESERVATIVE FREE, 5X1010 VIRAL PARTICLES/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE | \$0.00   |
| 91303,SL | JOHNSON & JOHNSON(COVID-19) VACCINE, DNA, SPIKE PROTEIN, ADENOVIRUS TYPE 26 (AD26) VECTOR, PRESERVATIVE FREE, 5X1010 VIRAL PARTICLES/0.5 ML DOSAGE, FOR INTRAMUSCULAR USE | \$0.00   |
| 91305    | PFIZER COVID-19 VACCINE, MRNA LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, IM USE                                               | \$0.00   |
| 91305,SL | PFIZER COVID-19 VACCINE, MRNA LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, IM USE                                               | \$0.00   |
| 91306    | MODERNA BOOSTER COVID-19 VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 50 MCG/0.25 ML DOSAGE, FOR INTRAMUSCULAR USE                                                | \$0.00   |
| 91306,SL | MODERNA BOOSTER COVID-19 VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 50 MCG/0.25 ML DOSAGE, FOR INTRAMUSCULAR USE                                                | \$0.00   |
| 91307    | PFIZER COVID-19 VACCINE, MRNA LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 10 MCG/0.2 ML DOSAGE, DILUENT RECONSTITUTED,                                                         | \$0.00   |
| 91307,SL | PFIZER COVID-19 VACCINE, MRNA LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 10 MCG/0.2 ML DOSAGE, DILUENT RECONSTITUTED,                                                         | \$0.00   |
| 92551    | SCREENING TEST PURE TONE AIR ONLY                                                                                                                                         | \$30.45  |
| 93000    | ECG ROUTINE ECG W/AT LEAST 12 LEADS; W/I&R                                                                                                                                | \$52.50  |
| 93005    | ECG-ROUTINE 12 LEAD; TRACING O                                                                                                                                            | \$21.00  |
| 93015    | CV STRESS TEST W/TREADMILL-PHARM; INTRPT & REPRT                                                                                                                          | \$236.25 |
| 93227    | ECG-24 HR W/SCAN; MD REVW & RE                                                                                                                                            | \$63.00  |
| 93228    | EXT MOBILE CARDIO TELE WITH EKG RECORDING/INT                                                                                                                             | \$63.00  |
| 93244    | EXTERNAL ECG RECORDING 48 HOURS TO 7 DAYS; REVIEW/INTERP                                                                                                                  | \$58.00  |
| 93272    | PT DMND EVENT RECRD30 DAY; RVW/INT                                                                                                                                        | \$59.85  |
| 93306    | TTE W/DOPPLER, COMPLETE                                                                                                                                                   | \$630.00 |
| 93306,TC | TTE W/DOPPLER, COMPLETE                                                                                                                                                   | \$341.00 |
| 93350    | ECHO TRNSTHORAC DUR REST & STRESS W/INTERP & RPT                                                                                                                          | \$551.25 |
| 93880,TC | US DUPLEX SCAN EXTRACRAN ART; BILAT                                                                                                                                       | \$365.40 |
| 93971,TC | DUPLEX SCAN-EXTREM VEINS UNI                                                                                                                                              | \$228.90 |
| 93976,TC | DUPLEX SCAN FLO ABD/PEL ORGANS                                                                                                                                            | \$325.50 |



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| 93976,TC,59 | DUPLEX SCAN FLO ABD/PEL ORGANS                                                                    | \$325.50 |
| 94010       | SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO RATE                                                  | \$91.35  |
| 94060       | BRONCHOSPSM EVAL: SPIRO-BRONCH                                                                    | \$154.35 |
| 94640       | PRESS/NONPRESS INHAL TX AC OBST/SPUTUM INDUCT DX                                                  | \$42.00  |
| 94760       | NONINVASV EAR/PULSE OXM O2 SAT; SINGLE DETERM                                                     | \$8.00   |
| 96110       | GENERAL DEVELOPMENTAL SCREENING PER USE OF STANDARDIZED INSTRUMENT FORM: TOOL PEDS/ASQ            | \$22.00  |
| 96127       | BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT | \$11.55  |
| 96160       | PATIENT FOCUSED HEALTH RISK ASSESSMENT                                                            | \$9.45   |
| 96161       | ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT                             | \$9.45   |
| 96372       | THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM                                                     | \$52.50  |
| 97810       | ACUPUNCT 1/> NDLES W/O E-STIM; INIT 15 MIN 1-1?                                                   | \$86.10  |
| 97813       | ACUP 1/> NDLS W/ELEC STIMJ 1ST 15 MINS.                                                           | \$94.50  |
| 98925       | OSTEOPATHIC MANIP TX; 1 2 BODY REGIONS INVLV                                                      | \$73.50  |
| 98926       | OSTEOPATHIC MANIP TX; 3 4 BODY REGIONS INVLV                                                      | \$105.00 |
| 98927       | OSTEOPATHIC MANIP TX; 5 6 BODY REGIONS INVLV                                                      | \$136.50 |
| 98928       | OSTEOPATHIC MANIP TX; 7 8 BODY REGIONS INVLV                                                      | \$168.00 |
| 98929       | OSTEOPATH MANIP TX; 9-10 BOD R                                                                    | \$199.50 |
| 99000       | HANDL/CONVEY SPECMN-OFFIC TO L                                                                    | \$0.00   |
| 99024       | POSTOP F/U VISIT INCLD GLOBAL                                                                     | \$0.00   |
| 99173       | VISION TEST SNELLEN QUANTITATIVE BIL                                                              | \$7.35   |
| 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                                                         | \$98.70  |
| 99213       | OV ESTABLISHED PT LOW LVL MDM                                                                     | \$159.60 |
| 99214       | OV ESTABLISHED PT MOD LVL MDM                                                                     | \$231.00 |
| 99215       | OV ESTABLISHED PT HIGH LVL MDM                                                                    | \$309.75 |
| 99223       | INIT HOSP CARE-DAY E&M HIGH SEVERITY 70 MIN                                                       | \$462.00 |
| 99243       | OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN                                                   | \$294.00 |
| 99244       | OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN                                                   | \$432.60 |
| 99335       | DOM/R-HOME E/M EST PT LW MOD SEVERITY                                                             | \$218.40 |
| 99336       | DOM/R-HOME E/M EST PT MOD HI SEVERITY                                                             | \$309.75 |
| 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 |

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| 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 |
| 99406    | TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES                                             | \$36.75  |
| 99407    | TOBACCO USE CESSATION INTENSIVE >10 MINUTES                                                 | \$67.20  |
| 99417    | PROLONGED OV OR OUTPT E/M BEYOND MAX TIME OF PRIMARY PROC;<br>EACH ADDTNL 15 MINS           | \$77.00  |
| 99441    | PHONE E/M BY PHYS 5-10 MIN                                                                  | \$59.85  |
| 99442    | PHONE E/M BY PHYS 11-20 MIN                                                                 | \$96.60  |
| 99443    | PHONE E/M BY PHYS 21-30 MIN                                                                 | \$136.50 |
| 99495    | TRANSITIONAL CARE MNGMNT 14 DAY DISCHARGE                                                   | \$421.05 |
| 99496    | TRANSITIONAL CARE MNGMNT 7 DAY DISCHARGE                                                    | \$555.45 |
| 99497    | ADVANCED CARE PLANNING W/AWV FIRST 30 MINUTES                                               | \$196.35 |
| D1206    | TOPICAL APPLICATION OF FLUORIDE VARNISH (MAINECARE)                                         | \$57.19  |
| G0008    | MEDICARE FLU SHOT ADMIN                                                                     | \$71.40  |
| G0009    | MEDICARE PNEUMONIA VACCINE ADMIN                                                            | \$71.40  |
| G0103    | MEDICARE PROSTATE/PSA SCREENING                                                             | \$50.40  |
| G0279,TC | DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL                            | \$63.00  |
| G0328    | FECAL BLOOD SCRNM IMMUNOASSAY                                                               | \$38.85  |
| G0328,QW | OCCULT BLOOD, IFOB KIT                                                                      | \$38.85  |
| G0402    | MEDICARE WELCOME INITIAL PE 1ST YEAR (WELL)                                                 | \$378.00 |
| G0438    | MEDICARE ANNUAL WELLNESS INITIAL                                                            | \$388.50 |
| G0439    | MEDICARE ANNUAL WELL SUBSQT                                                                 | \$262.50 |
| G0472    | HCV RAPID ANTIBODY TEST                                                                     | \$94.50  |
| G0475    | HIV ANTIGEN/ANTIBODY COMBINATION ASSAY, SCREENING                                           | \$59.00  |
| G2012    | VIRTUAL CHECK-IN; TECHNOLOGY BASED COMMUNICATION                                            | \$30.00  |
| G2212    | MEDICARE -PROLONGED OV OR OUTPT E/M BEYOND MAX TIME OF PRIMARY<br>PROC; EACH ADDTNL 15 MINS | \$77.00  |
| J0696    | INJECTION CEFTRIAXONE SODIUM PER 250 MG                                                     | \$2.10   |
| J0897    | PROLIA 60 MG/ML                                                                             | \$0.00   |
| J1020    | INJECTION METHYLPREDNISOLONE ACETATE 20 MG                                                  | \$7.35   |
| J1030    | INJECTION METHYLPREDNISOLONE ACETATE 40 MG                                                  | \$12.60  |
| J1040    | INJECTION METHYLPREDNISOLONE ACETATE 80 MG                                                  | \$25.20  |
| J1050    | DEPO-PROVERA 150 (MEDROXYPROGESTERONE ACETATE)                                              | \$0.00   |
| J1071    | TESTOSTERONE CYPIONATE, 1 MG                                                                | \$0.00   |
| J1885    | INJECTION KETOROLAC TROMETHAMINE PER 15 MG                                                  | \$2.00   |
| J3301    | INJECTION TRIAMCINOLONE ACETONIDE PER 10 MG                                                 | \$3.15   |
| J3420    | VIT B-12 CYANOCOBALAMIN-1000 M                                                              | \$0.00   |

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| J3490    | UNCLASSIFIED DRUGS                                                                                                                           | \$554.00   |
| J7296    | KYLEENA LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 19.5MG                                                                   | \$2,053.80 |
| 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 |
| J7323    | EUFLEXXA 2 CC                                                                                                                                | \$289.80   |
| J7325    | HYALURONAN/DERIV SYNVISCO-ONE/SYNVISCO IA INJ 1 MG                                                                                           | \$23.10    |
| J7327    | MONOVISC INJ PER DOSE                                                                                                                        | \$1,561.35 |
| J7620    | ALBUTEROL TO 2.5 MG & IPRATROPIUM BR TO 0.5 MG                                                                                               | \$1.05     |
| M0243    | INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING | \$472.50   |
| Q0244    | INJECTION, CASIRIVIMAB AND IMDEVIMAB, 1200 MG                                                                                                | \$0.00     |
| T1013    | INTERPRETING SERVICES 15 MIN/UNIT                                                                                                            | \$20.00    |
| U0002    | SARS-COV-2 COVID-19 AMP PRB                                                                                                                  | \$102.00   |
| U0002,QW | SARS-COV-2 COVID-19 AMP PRB                                                                                                                  | \$102.00   |