

NOTICE: INSURANCE ER CO-PAY IS WAIVED FOR COVID-19 TESTING
SELF-PAY RATE & INSURANCE RATES ARE IDENTICAL

Sr. #	Codes	Description	Charges
1	10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$1,100.00
2	10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	\$1,100.00
3	10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	\$1,100.00
4	10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	\$1,100.00
5	10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	\$1,100.00
6	11000	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF	\$1,100.00
7	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	\$1,100.00
8	11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	\$360.00
9	11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	\$1,150.00
10	11740	EVACUATION SUBUNGUAL HEMATOMA	\$560.00
11	11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	\$1,100.00
12	11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLAN	\$1,150.00
13	12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK	\$645.00
14	12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	\$645.00
15	12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	\$625.00
16	12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	\$625.00
17	12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	\$1,180.00
18	12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	\$1,100.00
19	12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	\$1,100.00
20	12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$1,050.00
21	12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	\$1,540.00
22	12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	\$1,650.00
23	12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	\$1,100.00
24	12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	\$1,540.00
25	12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	\$1,180.00
26	13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	\$1,185.00
27	13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	\$1,190.00
28	15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	\$895.00
29	16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	\$1,350.00
30	16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$1,190.00
31	19000	PUNCTURE ASPIRATION CYST BREAST	\$2,600.00
32	19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	\$2,500.00
33	20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	\$890.00
34	20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	\$1,100.00
35	20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	\$1,120.00
36	23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	\$890.00
37	23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	\$1,100.00
38	23665	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MANJ	\$1,320.00
39	24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MAN	\$1,100.00
40	26010	DRAINAGE FINGER ABSCESS SIMPLE	\$999.00
41	26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	\$1,110.00
42	28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	\$1,320.00
43	29075	APPLICATION CAST ELBOW FINGER SHORT ARM	\$950.00
44	29086	APPLICATION CAST FINGER	\$920.00
45	29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	\$1,020.00

46	29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	\$880.00
47	29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$940.00
48	29130	APPLICATION FINGER SPLINT STATIC	\$500.00
49	29131	APPLICATION FINGER SPLINT DYNAMIC	\$560.00
50	29240	STRAPPING SHOULDER	\$1,100.00
51	29280	STRAPPING HAND/FINGER	\$1,000.00
52	29450	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	\$1,150.00
53	29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	\$820.00
54	29515	APPLICATION SHORT LEG SPLINT CALF FOOT	\$890.00
55	29530	STRAPPING KNEE	\$1,600.00
56	29540	STRAPPING ANKLE &/FOOT	\$1,190.00
57	29550	STRAPPING TOES	\$1,200.00
58	29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	\$1,100.00
59	30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDUR	E \$1,300.00
60	30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	\$1,320.00
61	30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	\$1,325.00
62	3120F	12-LEAD ECG PERFORMED	\$250.00
63	31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	\$1,050.00
64	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	\$2,700.00
65	36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	\$200.00
66	36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	\$590.00
67	36410	COLLECTION VENOUS BLOOD VENIPUNCTURE	\$330.00
68	36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	\$390.00
69	36416	COLLECTION CAPILLARY BLOOD SPECIMEN	\$595.00
70	43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	\$2,050.00
71	51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	\$1,100.00
72	51703	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	\$1,110.00
73	57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	\$1,115.00
74	58301	REMOVAL INTRAUTERINE DEVICE IUD	\$1,120.00
75	64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	\$1,180.00
76	65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	\$1,300.00
77	65210	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	\$1,100.00
78	65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	\$1,190.00
79	65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	\$1,320.00
80	65435	RMVL CORNEAL EPITHELIUM W/VO CHEMOCAUTERIZATIO	\$1,190.00
81	69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	\$1,190.00
82	69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	\$1,190.00
83	69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILA	\$1,320.00
84	70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	\$1,900.00
85	70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	\$2,220.00
86	70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	\$1,590.00
87	70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	\$2,050.00
88	70160	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	\$2,640.00
89	70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	\$2,645.00
90	70210	RADEX SINUSES PARANASAL <3 VIEWS	\$2,500.00
91	70220	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	\$2,600.00
92	70250	RADIOLOGIC EXAMINATION SKULL 4/> VIEWS	\$2,350.00
93	70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	\$2,300.00

94	70330	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	\$2,600.00
95	70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	\$2,500.00
96	70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	\$4,800.00
97	70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	\$5,200.00
98	70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	\$5,500.00
99	70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	\$5,600.00
100	70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	\$5,700.00
101	70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	\$5,800.00
102	70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	\$5,500.00
103	70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	\$5,600.00
104	70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	\$5,100.00
105	70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	\$5,200.00
106	70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	\$5,600.00
107	70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	\$5,100.00
108	70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	\$5,200.00
109	70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	\$5,250.00
110	71010	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL	\$2,250.00
111	71020	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL	\$2,300.00
112	71035	RADEX CHEST SPECIAL VIEWS	\$2,600.00
113	71045	Radiologic examination, chest ; single view	\$2,050.00
114	71046	Radiologic examination, chest ; 2 views	\$2,550.00
115	71047	Radiologic examination, chest ; 3 views	\$2,600.00
116	71048	(Radiologic examination, chest ; 4 or more	\$2,600.00
117	71100	RADEX RIBS UNILATERAL 2 VIEWS	\$1,950.00
118	71101	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	\$2,300.00
119	71110	RADEX RIBS BILATERAL 3 VIEWS	\$2,500.00
120	71111	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	\$2,600.00
121	71120	RADEX STERNUM MINIMUM 2 VIEWS	\$2,450.00
122	71250	CT THORAX W/O CONTRAST MATERIAL	\$5,200.00
123	71260	CT THORAX W/CONTRAST MATERIAL	\$5,500.00
124	71270	CT THORAX W/O & W/CONTRAST MATERIAL	\$5,600.00
125	71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	\$5,400.00
126	72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	\$2,200.00
127	72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	\$2,300.00
128	72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	\$2,400.00
129	72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	\$2,500.00
130	72070	RADEX SPINE THORACIC 2 VIEWS	\$2,200.00
131	72072	RADEX SPINE THORACIC 3 VIEWS	\$2,400.00
132	72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS	\$2,300.00
133	72080	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	\$2,100.00
134	72082	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	\$2,250.00
135	72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	\$2,500.00
136	72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	\$2,800.00
137	72114	RADEX SPINE LUMBSACL COMPL W/BENDING VIEWS MIN	6 \$2,400.00
138	72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	\$2,500.00
139	72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	\$5,500.00
140	72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	\$5,000.00
141	72127	CT CERVICAL SPINE W/O & W/CONTRAST MATERIAL	\$5,800.00

142	72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	\$5,450.00
143	72129	CT THORACIC SPINE W/CONTRAST MATERIAL	\$5,200.00
144	72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	\$5,500.00
145	72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	\$5,600.00
146	72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	\$5,550.00
147	72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	\$5,500.00
148	72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	\$1,750.00
149	72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	\$1,800.00
150	72192	CT PELVIS W/O CONTRAST MATERIAL	\$5,200.00
151	72193	CT PELVIS W/CONTRAST MATERIAL	\$5,500.00
152	72220	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	\$2,400.00
153	72270	MYELOGRAPHY 2/MORE REGIONS RS&I	\$2,450.00
154	73000	RADEX CLAVICLE COMPLETE	\$2,400.00
155	73010	RADEX SCAPULA COMPLETE	\$2,450.00
156	73020	RADEX SHOULDER 1 VIEW	\$1,800.00
157	73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	\$2,600.00
158	73050	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	\$2,400.00
159	73060	RADEX HUMERUS MINIMUM 2 VIEWS	\$2,450.00
160	73070	RADEX ELBOW 2 VIEWS	\$2,500.00
161	73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	\$2,500.00
162	73090	RADEX FOREARM 2 VIEWS	\$2,300.00
163	73100	RADEX WRIST 2 VIEWS	\$2,200.00
164	73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	\$2,500.00
165	73120	RADEX HAND 2 VIEWS	\$2,100.00
166	73130	RADEX HAND MINIMUM 3 VIEWS	\$2,400.00
167	73140	RADEX FINGER MINIMUM 2 VIEWS	\$1,800.00
168	73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	\$5,400.00
169	73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL	\$5,500.00
170	73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	\$5,600.00
171	73501	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	\$1,750.00
172	73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$2,300.00
173	73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	\$2,400.00
174	73510	X-RAY HIP UNILATERAL 2 VIEWS	\$1,650.00
175	73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$2,500.00
176	73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	\$1,100.00
177	73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	\$1,950.00
178	73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	\$1,600.00
179	73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	\$2,200.00
180	73564	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	\$2,500.00
181	73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	\$2,650.00
182	73590	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	\$2,300.00
183	73592	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	\$2,400.00
184	73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	\$2,400.00
185	73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	\$2,500.00
186	73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	\$2,100.00
187	73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	\$2,200.00
188	73650	RADEX CALCANEUS MINIMUM 2 VIEWS	\$2,300.00
189	73660	RADEX TOE MINIMUM 2 VIEWS	\$1,500.00

190	73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	\$6,500.00
191	73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL	\$6,200.00
192	73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	\$6,100.00
193	74000	RADEX ABDOMEN 1 ANTEROPOSTERIOR VIEW	\$2,250.00
194	74018	Radiologic examination, abdomen; 1 view	\$1,700.00
195	74019	Radiologic examination, abdomen; 2 views	\$1,800.00
196	74020	RADEX ABDOMEN COMPL W/DCBTS&/ERC VIEWS	\$2,500.00
197	74021	Radiologic examination, abdomen; 3 or more views	\$2,000.00
198	74022	RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	\$1,900.00
199	74150	CT ABDOMEN W/O CONTRAST MATERIAL	\$5,500.00
200	74160	CT ABDOMEN W/CONTRAST MATERIAL	\$5,800.00
201	74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	\$5,900.00
202	74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAS	\$6,000.00
203	74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	\$5,400.00
204	74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	\$5,600.00
205	74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	\$5,700.00
206	74190	PERITONEOGRAM RS&I	\$2,400.00
207	74240	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/O KUB	\$2,300.00
208	74241	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/KUB	\$2,400.00
209	74245	RADEX GI TRACT UPR W/SM INT W/MULT SERIAL IMAGES	\$2,250.00
210	74250	RADEX SMALL INTESTINE W/MULTIPLE SERIAL IMAGES	\$2,200.00
211	74251	RADEX SM INT W/MLT SRL IMGES VIA ENTEROCLSS TUBE	\$2,300.00
212	74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	\$3,200.00
213	74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	\$2,450.00
214	74330	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	\$2,600.00
215	74340	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	\$1,200.00
216	74440	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	\$2,300.00
217	76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY	\$5,500.00
218	76536	US SOFT TISSUE HEAD & NECK REAL TIME IMG DDCM	\$2,300.00
219	76604	US CHEST REAL TIME W/IMAGE DOCUMENTATION	\$2,100.00
220	76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	\$1,500.00
221	76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	\$1,000.00
222	76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	\$2,500.00
223	76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	\$3,250.00
224	76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	\$1,650.00
225	76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	\$2,350.00
226	76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	\$2,100.00
227	76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	\$980.00
228	76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	\$2,200.00
229	76810	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	\$2,400.00
230	76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	\$1,500.00
231	76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	\$2,400.00
232	76830	US TRANSVAGINAL	\$2,600.00
233	76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	\$2,500.00
234	76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	\$2,200.00
235	76870	US SCROTUM & CONTENTS	\$2,800.00
236	76881	US EXTREMITY NON-VASC REAL-TIME IMG COMPL	\$2,400.00
237	76882	US EXTREMITY NON-VASC REAL-TIME IMG LMTD	\$800.00

238	80047	BASIC METABOLIC PANEL CALCIUM IONIZED	\$850.00
239	80048	BASIC METABOLIC PANEL CALCIUM TOTAL	\$900.00
240	80051	ELECTROLYTE PANEL	\$450.00
241	80053	COMPREHENSIVE METABOLIC PANEL	\$850.00
242	80061	LIPID PANEL	\$750.00
243	80076	HEPATIC FUNCTION PANEL	\$750.00
244	80102	Drug confirmation, each procedure	\$250.00
245	80305	DRUG TEST PRSMV QUAL DIR OPTICAL OBS PER DAY	\$400.00
246	80307	DRUG TEST PRSMV INSTRMNT CHEMISTRY ANALYZERS	\$580.00
247	80320	DRUG SCREEN QUANTITATIVE ALCOHOLS	\$545.00
248	80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	\$580.00
249	80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	\$550.00
250	80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	\$230.00
251	80345	DRUG SCREENING BARBITURATES	\$580.00
252	80346	DRUG SCREENING BENZODIAZEPINES 1-12	\$580.00
253	80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	\$450.00
254	80348	DRUG SCREENING BUPRENORPHINE	\$450.00
255	80349	DRUG SCREENING CANNABINOIDS NATURAL	\$420.00
256	80351	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	\$600.00
257	80352	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	\$178.00
258	80353	DRUG SCREENING COCAINE	\$625.00
259	80356	DRUG SCREENING HEROIN METABOLITE	\$110.00
260	80358	DRUG SCREENING METHADONE	\$550.00
261	80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	\$560.00
262	80361	DRUG SCREENING OPIATES 1 OR MORE	\$570.00
263	80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	\$500.00
264	80365	DRUG SCREENING OXYCODONE	\$550.00
265	80366	DRUG SCREENING PREGABALIN	\$250.00
266	80367	DRUG SCREENING PROPOXYPHENE	\$225.00
267	80373	DRUG SCREENING TRAMADOL	\$400.00
268	80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	\$420.00
269	81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCP	\$350.00
270	81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	\$430.00
271	81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	\$210.00
272	81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	\$375.00
273	81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	\$420.00
274	82010	KETONE BODIES SERUM QUANTITATIVE	\$290.00
275	82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD	\$150.00
276	82075	ASSAY OF ALCOHOL BREATH	\$450.00
277	82150	ASSAY OF AMYLASE	\$430.00
278	82247	BILIRUBIN TOTAL	\$280.00
279	82248	BILIRUBIN DIRECT	\$300.00
280	82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	\$750.00
281	82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	\$850.00
282	82310	CALCIUM TOTAL	\$350.00
283	82330	CALCIUM IONIZED	\$360.00
284	82374	CARBON DIOXIDE BICARBONATE	\$370.00
285	82435	CHLORIDE BLD	\$295.00

286	82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	\$330.00
287	82533	CORTISOL TOTAL	\$295.00
288	82550	CREATINE KINASE TOTAL	\$320.00
289	82553	CREATINE KINASE MB FRACTION ONLY	\$425.00
290	82565	CREATININE BLOOD	\$300.00
291	82747	ASSAY OF FOLIC ACID RBC	\$275.00
292	82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	\$590.00
293	82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO	3 \$510.00
294	82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	\$395.00
295	82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	\$195.00
296	82948	GLUCOSE BLOOD REAGENT STRIP	\$490.00
297	82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	\$120.00
298	83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	\$490.00
299	83013	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISOTOPE	\$495.00
300	83036	HEMOGLOBIN GLYCOSYLATED A1C	\$220.00
301	83525	ASSAY OF INSULIN TOTAL	\$225.00
302	83605	ASSAY OF LACTATE	\$395.00
303	83690	ASSAY OF LIPASE	\$380.00
304	83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	\$295.00
305	83874	MYOGLOBIN	\$495.00
306	83880	NATRIURETIC PEPTIDE	\$620.00
307	83992	ASSAY OF PHENCYCLIDINE	\$398.00
308	84075	ASSAY OF PHOSPHATASE ALKALINE	\$210.00
309	84100	ASSAY OF PHOSPHORUS INORGANIC	\$200.00
310	84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	\$305.00
311	84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	\$265.00
312	84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	\$280.00
313	84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	\$265.00
314	84436	ASSAY OF THYROXINE TOTAL	\$290.00
315	84439	ASSAY OF FREE THYROXINE	\$390.00
316	84443	ASSAY OF THYROID STIMULATING HORMONE TSH	\$480.00
317	84450	TRANSFERASE ASPARTATE AMINO AST SGOT	\$255.00
318	84460	TRANSFERASE ALANINE AMINO ALT SGPT	\$200.00
319	84478	ASSAY OF TRIGLYCERIDES	\$600.00
320	84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATI	0 \$280.00
321	84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	\$495.00
322	84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	\$395.00
323	84484	ASSAY OF TROPONIN QUANTITATIVE	\$765.00
324	84512	ASSAY OF TROPONIN QUALITATIVE	\$275.00
325	84520	ASSAY OF UREA NITROGEN QUANTITATIVE	\$275.00
326	84550	ASSAY OF BLOOD/URIC ACID	\$390.00
327	84702	GONADOTROPIN CHORIONIC QUANTITATIVE	\$800.00
328	85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	\$1,010.00
329	85027	BLOOD COUNT COMPLETE AUTOMATED	\$280.00
330	85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	\$805.00
331	85610	PROTHROMBIN TIME	\$710.00
332	85651	SEDIMENTATION RATE RBC NON-AUTOMATED	\$490.00
333	85652	SEDIMENTATION RATE RBC AUTOMATED	\$110.00

334	85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	\$240.00
335	86038	ANTINUCLEAR ANTIBODIES ANA	\$250.00
336	86039	ANTINUCLEAR ANTIBODIES ANA TITER	\$350.00
337	86060	ANTISTREPTOLYSIN O TITER	\$120.00
338	86140	C-REACTIVE PROTEIN	\$340.00
339	86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	\$480.00
340	86308	HETEROPHILE ANTIBODIES SCREEN	\$325.00
341	86431	RHEUMATOID FACTOR QUANTITATIVE	\$180.00
342	86677	ANTIBODY HELICOBACTER PYLORI	\$420.00
343	86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	\$300.00
344	86701	ANTIBODY HIV-1	\$450.00
345	87015	CONCENTRATION INFECTIOUS AGENTS	\$250.00
346	87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	\$320.00
347	87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	\$620.00
348	87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	\$430.00
349	87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	\$490.00
350	87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	\$350.00
351	87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	\$480.00
352	87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTI	M \$490.00
353	87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	\$300.00
354	87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	\$210.00
355	87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	\$250.00
356	87338	IAAD IA HPYLORI STOOL	\$560.00
357	87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	\$380.00
358	87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	\$525.00
359	87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	\$225.00
360	87804	IAADIADOO INFLUENZA	\$300.00
361	87806	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	\$700.00
362	87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	\$550.00
363	87880	IAADIADOO STREPTOCOCCUS GROUP A	\$820.00
364	89051	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	\$325.00
365	89055	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	\$490.00
366	89240	UNLIS MISC	\$150.00
367	90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$160.00
368	90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	\$580.00
369	90715	TDAP VACCINE 7 YRS/> IM	\$540.00
370	93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$530.00
371	93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	\$690.00
372	93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	\$700.00
373	93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	\$710.00
374	93042	RHYTHM ECG 1-3 LEADS INTERPRETATION & REPRT ON	\$550.00
375	93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	\$800.00
376	93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	\$2,200.00
377	93631	INTRAOP EPICAR& ENDOCAR PACG& MAPG	\$650.00
378	93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	\$2,000.00
379	93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	\$2,400.00
380	93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	\$2,500.00
381	93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	\$2,900.00

382	93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	\$2,150.00
383	93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	\$2,650.00
384	93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	\$2,550.00
385	93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	\$2,800.00
386	93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	\$2,500.00
387	93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	\$3,200.00
388	93980	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	\$1,700.00
389	94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	\$220.00
390	94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	\$280.00
391	94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	\$225.00
392	94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITO	R \$480.00
393	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$1,200.00
394	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$520.00
395	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	\$1,200.00
396	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	\$700.00
397	96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	\$990.00
398	96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	\$710.00
399	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	\$1,200.00
400	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	\$990.00
401	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	\$620.00
402	96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	\$625.00
403	96377	APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	\$720.00
404	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	\$120.00
405	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINJ W/STAIR	\$580.00
406	97542	WHEELCHAIR MGMT EA 15 MIN	\$430.00
407	97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	\$920.00
408	99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	\$650.00
409	99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QH	P \$160.00
410	99151	MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	\$425.00
411	99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	\$1,300.00
412	99217	OBSERVATION CARE DISCHARGE MANAGEMENT	\$1,200.00
413	99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	\$1,500.00
414	99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	\$1,600.00
415	99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	\$1,800.00
416	99234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	\$1,800.00
417	99235	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	\$2,000.00
418	99236	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	\$2,200.00
419	99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	\$1,000.00
420	99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	\$1,800.00
421	99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	\$2,800.00
422	99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	\$3,800.00
423	99285	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	\$4,800.00
424	99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	\$2,500.00
425	99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	\$2,000.00
426	A0382	BASIC SUPPORT ROUTINE SUPPLS	\$18.00
427	A0394	ALS IV DRUG THERAPY SUPPLIES	\$20.00
428	A4206	1 CC STERILE SYRINGE&NEEDLE	\$15.00
429	A4207	2 CC STERILE SYRINGE&NEEDLE	\$18.00

430	A4208	STERILE SYRINGE&NEEDLE	\$25.00
431	A4209	FIVE PLUS CC STERILE SYRINGE&NEEDLE	\$20.00
432	A4210	NONNEEDLE INJECTION DEVICE	\$30.00
433	A4211	SUPP FOR SELF-ADM INJECTIONS	\$15.00
434	A4212	NON CORING NEEDLE OR STYLET	\$15.00
435	A4213	20+ CC SYRINGE ONLY	\$12.00
436	A4215	STERILE NEEDLE	\$10.00
437	A4216	STERILE WATER/SALINE, 10 ML	\$20.00
438	A4217	STERILE WATER/SALINE, 500 ML	\$25.00
439	A4221	SUPP NON-INSULIN INF CATH/WK	\$20.00
440	A4224	SUPPLY INSULIN INF CATH/WK	\$22.00
441	A4232	SYRINGE W/NEEDLE INSULIN 3CC	\$15.00
442	A4244	ALCOHOL OR PEROXIDE PER PINT	\$3.00
443	A4245	ALCOHOL WIPES PER BOX	\$5.00
444	A4246	BETADINE/PHISOHEX SOLUTION	\$10.00
445	A4247	BETADINE/IODINE SWABS/WIPES	\$12.00
446	A4248	CHLORHEXIDINE ANTISEPT	\$10.00
447	A4253	BLOOD GLUCOSE/REAGENT STRIPS	\$10.00
448	A4281	REPLACEMENT BREASTPUMP TUBE	\$15.00
449	A4283	REPLACEMENT BREASTPUMP CAP	\$15.00
450	A4300	CATH IMPL VASC ACCESS PORTAL	\$10.00
451	A4310	INSERT TRAY W/O BAG/CATH	\$15.00
452	A4314	CATH W/DRAINAGE 2-WAY LATEX	\$15.00
453	A4315	CATH W/DRAINAGE 2-WAY SILCNE	\$18.00
454	A4322	IRRIGATION SYRINGE	\$15.00
455	A4327	FEM URINARY COLLECT DEV CUP	\$10.00
456	A4332	LUBE STERILE PACKET	\$12.00
457	A4338	INDWELLING CATHETER LATEX	\$15.00
458	A4352	COUDE TIP URINARY CATHETER	\$20.00
459	A4353	INTERMITTENT URINARY CATH	\$25.00
460	A4358	URINARY LEG OR ABDOMEN BAG	\$15.00
461	A4369	SKIN BARRIER LIQUID PER OZ	\$10.00
462	A4402	LUBRICANT PER OUNCE	\$10.00
463	A4406	PECTIN BASED OSTOMY PASTE	\$12.00
464	A4450	NON-WATERPROOF TAPE	\$10.00
465	A4452	WATERPROOF TAPE	\$12.00
466	A4458	REUSABLE ENEMA BAG	\$25.00
467	A4465	NON-ELASTIC EXTREMITY BINDER	\$20.00
468	A4470	GRAVLEE JET WASHER	\$15.00
469	A4550	SURGICAL TRAYS	\$50.00
470	A4554	DISPOSABLE UNDERPADS	\$18.00
471	A4556	ELECTRODES, PAIR	\$60.00
472	A4558	CONDUCTIVE GEL OR PASTE	\$15.00
473	A4562	PESSARY, NON RUBBER,ANY TYPE	\$12.00
474	A4565	SLINGS	\$20.00
475	A4566	SHOULD SLING/VEST/ABRESTRAIN	\$25.00
476	A4570	SPLINT	\$50.00
477	A4580	CAST SUPPLIES (PLASTER)	\$35.00

478	A4606	OXYGEN PROBE USED W OXIMETER	\$20.00
479	A4613	BATTERY CHARGER	\$60.00
480	A4615	CANNULA NASAL	\$20.00
481	A4616	TUBING (OXYGEN) PER FOOT	\$25.00
482	A4620	VARIABLE CONCENTRATION MASK	\$15.00
483	A4628	OROPHARYNGEAL SUCTION CATH	\$20.00
484	A4629	TRACHEOSTOMY CARE KIT	\$35.00
485	A4649	SURGICAL SUPPLIES	\$40.00
486	A4653	PD CATHETER ANCHOR BELT	\$20.00
487	A4657	SYRINGE W/WO NEEDLE	\$10.00
488	A4670	AUTOMATIC BP MONITOR, DIAL	\$30.00
489	A4673	EXT LINE W EASY LOCK CONNECT	\$15.00
490	A4750	ART OR VENOUS BLOOD TUBING	\$20.00
491	A4770	BLOOD COLLECTION TUBE/VACUUM	\$25.00
492	A4927	NON-STERILE GLOVES	\$10.00
493	A4930	STERILE, GLOVES PER PAIR	\$12.00
494	A5112	URINARY LEG BAG	\$20.00
495	A5120	SKIN BARRIER, WIPE OR SWAB	\$12.00
496	A5126	DISK/FOAM PAD +OR- ADHESIVE	\$15.00
497	A6021	COLLAGEN DRESSING <=16 SQ IN	\$15.00
498	A6196	ALGINATE DRESSING <=16 SQ IN	\$20.00
499	A6203	COMPOSITE DRSG <= 16 SQ IN	\$15.00
500	A6208	CONTACT LAYER > 48 SQ IN	\$20.00
501	A6209	FOAM DRSG <=16 SQ IN W/O BDR	\$15.00
502	A6212	FOAM DRG <=16 SQ IN W/BORDER	\$15.00
503	A6216	NON-STERILE GAUZE<=16 SQ IN	\$10.00
504	A6217	NON-STERILE GAUZE>16<=48 SQ	\$12.00
505	A6218	NON-STERILE GAUZE > 48 SQ IN	\$15.00
506	A6219	GAUZE <= 16 SQ IN W/BORDER	\$10.00
507	A6220	GAUZE >16 <=48 SQ IN W/BORDR	\$12.00
508	A6221	GAUZE > 48 SQ IN W/BORDER	\$15.00
509	A6222	GAUZE <=16 IN NO W/SAL W/O B	\$12.00
510	A6223	GAUZE >16<=48 NO W/SAL W/O B	\$15.00
511	A6224	GAUZE > 48 IN NO W/SAL W/O B	\$20.00
512	A6231	HYDROGEL DSG<=16 SQ IN	\$12.00
513	A6233	HYDROGEL DRESSING >48 SQ IN	\$15.00
514	A6235	HYDROCOLLD DRG >16<=48 W/O B	\$18.00
515	A6238	HYDROCOLLD DRG >16<=48 W/BDR	\$20.00
516	A6239	HYDROCOLLD DRG > 48 IN W/BDR	\$22.00
517	A6246	HYDROGEL DRG >16<=48 IN W/B	\$25.00
518	A6248	HYDROGEL DRSG GEL FILLER	\$15.00
519	A6250	SKIN SEAL PROTECT MOISTURIZR	\$10.00
520	A6251	ABSORPT DRG <=16 SQ IN W/O B	\$10.00
521	A6252	ABSORPT DRG >16 <=48 W/O BDR	\$15.00
522	A6253	ABSORPT DRG > 48 SQ IN W/O B	\$18.00
523	A6254	ABSORPT DRG <=16 SQ IN W/BDR	\$10.00
524	A6255	ABSORPT DRG >16<=48 IN W/BDR	\$15.00
525	A6257	TRANSPARENT FILM <= 16 SQ IN	\$18.00

526	A6258	TRANSPARENT FILM >16<=48 IN	\$20.00
527	A6266	IMPREG GAUZE NO H2O/SAL/YARD	\$22.00
528	A6402	MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062	\$15.00
529	A6403	STERILE GAUZE>16 <= 48 SQ IN	\$15.00
530	A6404	STERILE GAUZE > 48 SQ IN	\$18.00
531	A6407	PACKING STRIPS, NON-IMPREG	\$15.00
532	A6412	OCCLUSIVE EYE PATCH	\$15.00
533	A6413	ADHESIVE BANDAGE, FIRST-AID	\$18.00
534	A6441	PAD BAND W>=3 <5/YD	\$15.00
535	A6442	CONFORM BAND N/S W<3/YD	\$10.00
536	A6445	CONFORM BAND S W <3/YD	\$12.00
537	A6446	CONFORM BAND S W>=3 <5/YD	\$15.00
538	A6447	CONFORM BAND S W >=5/YD	\$18.00
539	A6448	LT COMPRES BAND <3/YD	\$12.00
540	A6449	LT COMPRES BAND >=3 <5/YD	\$15.00
541	A6450	LT COMPRES BAND >=5/YD	\$18.00
542	A6453	SELF-ADHER BAND W <3/YD	\$25.00
543	A6454	SELF-ADHER BAND W>=3 <5/YD	\$12.00
544	A6455	SELF-ADHER BAND >=5/YD	\$15.00
545	A6456	ZINC PASTE BAND W >=3<5/YD	\$15.00
546	A6457	TUBULAR DRESSING	\$30.00
547	A6530	COMPRESSION STOCKING BK18-30	\$15.00
548	A6545	GRAD COMP NON-ELASTIC BK	\$20.00
549	A7002	TUBING USED W SUCTION PUMP	\$40.00
550	A7003	NEBULIZER ADMINISTRATION SET	\$35.00
551	A7004	DISPOSABLE NEBULIZER SML VOL	\$35.00
552	A7005	NONDISPOSABLE NEBULIZER SET	\$30.00
553	A7006	FILTERED NEBULIZER ADMIN SET	\$25.00
554	A7015	AEROSOL MASK USED W NEBULIZE	\$25.00
555	A7030	CPAP FULL FACE MASK	\$20.00
556	A7046	REPL WATER CHAMBER, PAP DEV	\$30.00
557	A7047	RESP SUCTION ORAL INTERFACE	\$25.00
558	A9150	MISC/EXPER NON-PRESCRIPT DRU	\$35.00
559	A9270	NON-COVERED ITEM OR SERVICE	\$50.00
560	A9273	HOT/COLD H2OBOT/CAP/COL/WRAP	\$35.00
561	A9281	REACHING/GRABBING DEVICE	\$80.00
562	C1722	AICD, SINGLE CHAMBER	\$400.00
563	C1751	CATH, INF, PER/CENT/MIDLINE	\$450.00
564	C1781	MESH (IMPLANTABLE)	\$200.00
565	C2618	PROBE/NEEDLE, CRYO	\$35.00
566	C9285	PATCH, LIDOCAINE/TETRACAINE	\$20.00
567	E0110	CRUTCH FOREARM PAIR	\$225.00
568	E0114	CRUTCH UNDERARM PAIR NO WOOD	\$250.00
569	E0116	CRUTCH UNDERARM EACH NO WOOD	\$200.00
570	E0240	BATH/SHOWER CHAIR	\$80.00
571	E0275	BED PAN STANDARD	\$100.00
572	E0325	URINAL MALE JUG-TYPE	\$50.00
573	E0326	URINAL FEMALE JUG-TYPE	\$50.00

574	E0570	NEBULIZER WITH COMPRESSION	\$200.00
575	E0607	BLOOD GLUCOSE MONITOR HOME	\$80.00
576	E0625	PATIENT LIFT BATHROOM OR TOI	\$200.00
577	G0168	WOUND CLOSURE BY ADHESIVE	\$20.00
578	G0378	HOSPITAL OBSERVATION PER HR	\$2,000.00
579	G0402	INITIAL PREVENTIVE EXAM	\$1,500.00
580	G6058	Drug confirmation, each procedure	\$250.00
581	G8598	ASA/ANTIPLAT THER USED	\$65.00
582	G8601	NO ELIG TPA INIT W/IN 3 HRS	\$800.00
583	G8602	NO TPA INIT W/IN 3 HRS	\$750.00
584	J0120	TETRACYCLIN INJECTION	\$30.00
585	J0129	ABATACEPT INJECTION	\$25.00
586	J0131	ACETAMINOPHEN INJECTION	\$30.00
587	J0150	ADENOSINE INJ 6MG	\$35.00
588	J0153	ADENOSINE INJ 1MG	\$40.00
589	J0171	ADRENALIN EPINEPHRINE INJECT	\$30.00
590	J0282	AMIODARONE HCL	\$25.00
591	J0290	AMPICILLIN 500 MG INJ	\$50.00
592	J0360	HYDRALAZINE HCL INJECTION	\$30.00
593	J0456	AZITHROMYCIN	\$25.00
594	J0461	ATROPINE SULFATE INJECTION	\$20.00
595	J0500	DICYCLOMINE INJECTION	\$45.00
596	J0561	PENICILLIN G BENZATHINE INJ	\$30.00
597	J0610	CALCIUM GLUCONATE INJECTION	\$30.00
598	J0690	CEFAZOLIN SODIUM INJECTION	\$25.00
599	J0696	CEFTRIAXONE SODIUM INJECTION	\$30.00
600	J0697	STERILE CEFUROXIME INJECTION	\$25.00
601	J0735	CLONIDINE HYDROCHLORIDE	\$25.00
602	J0744	CIPROFLOXACIN IV	\$30.00
603	J1020	METHYLPREDNISOLONE 20 MG INJ	\$20.00
604	J1030	METHYLPREDNISOLONE 40 MG INJ	\$22.00
605	J1040	METHYLPREDNISOLONE 80 MG INJ	\$25.00
606	J1100	DEXAMETHASONE SODIUM PHOS	\$21.00
607	J1170	HYDROMORPHONE INJECTION	\$35.00
608	J1200	DIPHENHYDRAMINE HCL INJECTIO	\$20.00
609	J1550	Injection, gamma globulin, intramuscular, 10 cc	\$25.00
610	J1610	GLUCAGON HYDROCHLORIDE/1 MG	\$50.00
611	J1631	HALOPERIDOL DECANOATE INJ	\$45.00
612	J1642	INJ HEPARIN SODIUM PER 10 U	\$20.00
613	J1644	INJ HEPARIN SODIUM PER 1000U	\$30.00
614	J1650	INJ ENOXAPARIN SODIUM	\$25.00
615	J1741	IBUPROFEN INJECTION	\$22.00
616	J1810	DROPERIDOL/FENTANYL INJ	\$25.00
617	J1815	INSULIN INJECTION	\$20.00
618	J1817	INSULIN FOR INSULIN PUMP USE	\$22.00
619	J1885	KETOROLAC TROMETHAMINE INJ	\$20.00
620	J1930	LANREOTIDE INJECTION	\$45.00
621	J1940	FUROSEMIDE INJECTION	\$35.00

622	J1956	LEVOFLOXACIN INJECTION	\$45.00
623	J2001	Injection, lidocaine hcl for intravenous infusion	\$30.00
624	J2060	LORAZEPAM INJECTION	\$35.00
625	J2175	MEPERIDINE HYDROCHL /100 MG	\$25.00
626	J2250	INJ MIDAZOLAM HYDROCHLORIDE	\$30.00
627	J2270	MORPHINE SULFATE INJECTION	\$30.00
628	J2274	IN MORPHINE PRESERVATIV FREE	\$30.00
629	J2360	ORPHENADRINE INJECTION	\$30.00
630	J2405	ONDANSETRON HCL INJECTION	\$21.00
631	J2410	OXYMORPHONE HCL INJECTION	\$25.00
632	J2425	PALIFERMIN INJECTION	\$25.00
633	J2504	PEGADEMASE BOVINE, 25 IU	\$25.00
634	J2543	PIPERACILLIN/TAZOBACTAM	\$30.00
635	J2550	PROMETHAZINE HCL INJECTION	\$35.00
636	J2704	INJ, PROPOFOL, 10 MG	\$22.00
637	J2765	METOCLOPRAMIDE HCL INJECTION	\$30.00
638	J2780	RANITIDINE HYDROCHLORIDE INJ	\$20.00
639	J2800	METHOCARBAMOL INJECTION	\$50.00
640	J2920	METHYLPREDNISOLONE INJECTION	\$32.00
641	J2930	METHYLPREDNISOLONE INJECTION	\$35.00
642	J3010	FENTANYL CITRATE INJECITON	\$33.00
643	J3030	SUMATRIPTAN SUCCINATE / 6 MG	\$50.00
644	J3260	TOBRAMYCIN SULFATE INJECTION	\$50.00
645	J3360	DIAZEPAM INJECTION	\$25.00
646	J3370	VANCOMYCIN HCL INJECTION	\$30.00
647	J3430	VITAMIN K PHYTONADIONE INJ	\$50.00
648	J3475	INJ MAGNESIUM SULFATE	\$20.00
649	J3480	INJ POTASSIUM CHLORIDE	\$125.00
650	J3490	DRUGS UNCLASSIFIED INJECTION	\$31.00
651	J7030	NORMAL SALINE SOLUTION INFUS	\$45.00
652	J7040	NORMAL SALINE SOLUTION INFUS	\$40.00
653	J7042	5% DEXTROSE/NORMAL SALINE	\$45.00
654	J7050	NORMAL SALINE SOLUTION INFUS	\$48.00
655	J7070	D5W INFUSION	\$20.00
656	J7120	RINGERS LACTATE INFUSION	\$50.00
657	J7121	5% DEXTROSE IN LAC RINGERS	\$50.00
658	J7131	HYPERTONIC SALINE SOL	\$20.00
659	J7192	FACTOR VIII RECOMBINANT NOS	\$20.00
660	J7313	FLUOCINOL ACET INTRAVIT IMP	\$20.00
661	J7510	PREDNISOLONE ORAL PER 5 MG	\$15.00
662	J7611	ALBUTEROL NON-COMP CON	\$35.00
663	J7613	ALBUTEROL NON-COMP UNIT	\$35.00
664	J7614	LEVALBUTEROL NON-COMP UNIT	\$35.00
665	J7615	LEVALBUTEROL COMP UNIT	\$35.00
666	J7620	ALBUTEROL IPRATROP NON-COMP	\$35.00
667	J7631	CROMOLYN SODIUM NONCOMP UNIT	\$20.00
668	J7637	DEXAMETHASONE COMP CON	\$20.00
669	J7644	IPRATROPIUM BROMIDE NON-COMP	\$50.00

670	J7682	TOBRAMYCIN NON-COMP UNIT	\$25.00
671	J7699	INHALATION SOLUTION FOR DME	\$25.00
672	J8498	ANTIEMETIC RECTAL/SUPP NOS	\$25.00
673	J8499	ORAL PRESCRIP DRUG NON CHEMO	\$25.00
674	J9206	IRINOTECAN INJECTION	\$25.00
675	L0112	CRANIAL CERVICAL ORTHOSIS	\$250.00
676	L0120	CERV FLEX N/ADJ FOAM PRE OTS	\$350.00
677	L0150	CERV SEMI-RIG ADJ MOLDED CHN	\$150.00
678	L0172	CERV COL SR FOAM 2PC PRE OTS	\$150.00
679	L0174	CERV SR 2PC THOR EXT PRE OTS	\$300.00
680	L1810	KO ELASTIC WITH JOINTS	\$750.00
681	L1830	KO IMMOB CANVAS LONG PRE OTS	\$500.00
682	L1902	AFO ANKLE GAUNTLET PRE OTS	\$20.00
683	L2360	EXTENDED STEEL SHANK	\$350.00
684	L3031	FOOT LAMIN/PREPREG COMPOSITE	\$450.00
685	L3201	OXFORD W SUPINAT/PRONAT INF	\$400.00
686	L3209	SURGICAL BOOT EACH CHILD	\$400.00
687	L3250	CUSTOM MOLD SHOE REMOV PROST	\$400.00
688	L3260	AMBULATORY SURGICAL BOOT EAC	\$350.00
689	L3310	SHOE LIFT ELEV HEEL/SOLE NEO	\$300.00
690	L3500	ORTHO SHOE ADD LEATHER INSOL	\$350.00
691	L3540	ORTHO SHOE ADD FULL SOLE	\$450.00
692	L3650	SO 8 ABD RESTRAINT PRE OTS	\$90.00
693	L3660	SO 8 AB RSTR CAN/WEB PRE OTS	\$375.00
694	L3670	SO ACRO/CLAV CAN WEB PRE OTS	\$400.00
695	L3720	FOREARM/ARM CUFFS FREE MOTIO	\$550.00
696	L3808	WHFO, RIGID W/O JOINTS	\$600.00
697	L3809	WHFO W/O JOINTS PRE OTS	\$700.00
698	L3905	WHO W/NONTORSION JNT(S) CF	\$800.00
699	L3906	WHO W/O JOINTS CF	\$900.00
700	L3908	WHO COCK-UP NONMOLDE PRE OTS	\$150.00
701	L4350	ANKLE CONTROL ORTHO PRE OTS	\$250.00
702	L4360	PNEUMAT WALKING BOOT PRE CST	\$250.00
703	L4361	PNEUMA/VAC WALK BOOT PRE OTS	\$250.00
704	L4386	NON-PNEUM WALK BOOT PRE CST	\$250.00
705	L4387	NON-PNEUM WALK BOOT PRE OTS	\$250.00
706	L4398	FOOT DROP SPLINT PRE OTS	\$80.00
707	L4631	AFO, WALK BOOT TYPE, CUS FAB	\$250.00
708	P9612	CATHETERIZE FOR URINE SPEC	\$60.00
709	Q0144	AZITHROMYCIN DIHYDRATE, ORAL	\$15.00
710	Q0169	PROMETHAZINE HCL 12.5MG ORAL	\$10.00
711	Q4001	CAST SUP BODY CAST PLASTER	\$900.00
712	Q4006	CAST SUP LONG ARM ADULT FBRG	\$950.00
713	Q4018	CAST SUP LNG ARM SPLINT FBRG	\$320.00
714	Q4019	CAST SUP LNG ARM SPLNT PED P	\$750.00
715	Q4020	CAST SUP LNG ARM SPLNT PED F	\$620.00
716	Q4021	CAST SUP SHT ARM SPLINT PLST	\$650.00
717	Q4022	CAST SUP SHT ARM SPLINT FBRG	\$500.00

718	Q4023	CAST SUP SHT ARM SPLNT PED P	\$525.00
719	Q4024	CAST SUP SHT ARM SPLNT PED F	\$550.00
720	Q4042	CAST SUP LNG LEG SPLNT FBRGL	\$800.00
721	Q4046	CAST SUP SHT LEG SPLNT FBRGL	\$850.00
722	Q4049	FINGER SPLINT, STATIC	\$100.00
723	Q9962	HOCM 300-349MG/ML IODINE,1ML	\$60.00
724	Q9963	HOCM 350-399MG/ML IODINE,1ML	\$40.00
725	Q9967	LOCM 300-399MG/ML IODINE,1ML	\$20.00
726	S0020	INJECTION, BUPIVICAINE HYDRO	\$55.00
727	S0028	INJECTION, FAMOTIDINE, 20 MG	\$45.00
728	S0030	INJECTION, METRONIDAZOLE	\$50.00
729	S0077	INJECTION, CLINDAMYCIN PHOSP	\$48.00
730	S0164	INJECTION PANTROPIRAZOLE	\$45.00
731	S0630	REMOVAL OF SUTURES	\$300.00
732	S1015	IV TUBING EXTENSION SET	\$30.00
733	S8100	SPACER WITHOUT MASK	\$38.00
734	S8101	SPACER WITH MASK	\$40.00
735	S8430	PADDING FOR COMPRSSN BDG	\$35.00
736	S8431	COMPRESSION BANDAGE	\$45.00
737	S8451	SPLINT WRIST OR ANKLE	\$125.00
	M0239	IV INFUSION, BAMLANIVIMAB, & MONITORING	\$550.00
	Q0239	INJECTION, BAMLANIVIMAB, 700MG	\$0.01