

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
0001A	PFIZER COVID-19 VACCINE ADMINISTRATION; FIRST DOSE	\$ 90.00	IMMUN ADMIN	771			
0002A	PFIZER COVID-19 VACCINE ADMINISTRATION; SECOND DOSE	\$ 90.00	IMMUN ADMIN	771			
0003A	PFIZER COVID-19 VACCINE ADMINISTRATION; THIRD DOSE	\$ 90.00	IMMUN ADMIN	771			
0004A	PFIZER COVID-19 VACCINE ADMINISTRATION; BOOSTER	\$ 90.00	IMMUN ADMIN	771			
0011A	MODERNA COVID-19 VACCINE ADMINISTRATION – FIRST DOSE	\$ 90.00	IMMUN ADMIN	771			
0012A	MODERNA COVID-19 VACCINE ADMINISTRATION – SECOND DOSE	\$ 90.00	IMMUN ADMIN	771			
0013A	MODERNA COVID-19 VACCINE ADMINISTRATION – THIRD DOSE	\$ 90.00	IMMUN ADMIN	771			
0031A	JANSSEN COVID-19 VACCINE ADMINISTRATION	\$ 90.00	IMMUN ADMIN	771			
0034A	JANSSEN COVID-19 VACCINE ADMINISTRATION - BOOSTER	\$ 90.00	IMMUN ADMIN	771			
0051A	PFIZER READY TO USE COVID 19 ADMINISTRATION; FIRST DOSE	\$ 90.00	IMMUN ADMIN	771			
0052A	PFIZER READY TO USE COVID 19 ADMINISTRATION; SECOND DOSE	\$ 90.00	IMMUN ADMIN	771			
0053A	PFIZER READY TO USE COVID 19 ADMINISTRATION; THIRD DOSE	\$ 90.00	IMMUN ADMIN	771			
0054A	PFIZER READY TO USE COVID 19 ADMINISTRATION; BOOSTER	\$ 90.00	IMMUN ADMIN	771			
0064A	MODERNA COVID-19 VACCINE ADMINISTRATION – BOOSTER	\$ 90.00	IMMUN ADMIN	771			
0071A	PFIZER 5-11YO COVID 19 ADMINISTRATION - FIRST DOSE	\$ 90.00	IMMUN ADMIN	771			
0072A	PFIZER 5-11YO COVID 19 ADMINISTRATION - SECOND DOSE	\$ 90.00	IMMUN ADMIN	771			
0073A	PFIZER 5-11YO COVID 19 ADMINISTRATION; THIRD DOSE	\$ 90.00	IMMUN ADMIN	771			
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED (GER)	\$ 40.00	ADMIN	521			
0518F	FALL RISK PLAN OF CARE DOCUMENTED	\$ 40.00	ADMIN	521			
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$ 228.00	SURGICAL PROCEDURES	490			
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$ 274.00	SURGICAL PROCEDURES	490			
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$ 469.00	SURGICAL PROCEDURES	490			
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	\$ 544.00	SURGICAL PROCEDURES	490			
10120	REMOVAL OF FOREIGN BODY (SIMPLE)	\$ 339.00	SURGICAL PROCEDURES	490			
10160	PUNCTURE ASPIRATION OF ABSCESS HEMA	\$ 289.00	SURGICAL PROCEDURES	490			
1090F	PRESENCE OR ABSENCE OF URINARY INCONTINENCE ASSESSED (GER)	\$ 10.00	ADMIN	521			
1100F	FALL RISK ASSESSMENT TWO OR MORE FALLS OR FALL WITH INJURY LAST YEAR	\$ 10.00	ADMIN	521			
1101F	FALL SCREENING NO FALLS OR INJURY LAST YEAR	\$ 10.00	ADMIN	521			
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE; FIRST 20 SQCM OR LESS	\$ 288.00	SURGICAL PROCEDURES	490			
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCU	\$ 520.00	SURGICAL PROCEDURES	490			
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSC	\$ 691.00	SURGICAL PROCEDURES	490			
11046	DEBRIDEMENT MUSCLE AND/OR FASCIA; EACH ADDITIONAL 20 SQCM	\$ 163.00	SURGICAL PROCEDURES	490			
11055	PARING/BGN HYPERKEROTOTIC LESION-1	\$ 154.00	SURGICAL PROCEDURES	490			
11056	PARING/BGN HYPERKEROTOTIC LES'N 2-4	\$ 177.00	SURGICAL PROCEDURES	490			
11057	PARING OF BGN HYPERKEROTOTIC L'N(4+	\$ 195.00	SURGICAL PROCEDURES	490			
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESIO	\$ 230.00	SURGICAL PROCEDURES	490			
11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); EACH SEPAR	\$ 117.00	SURGICAL PROCEDURES	490			
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LE	\$ 288.00	SURGICAL PROCEDURES	490			
11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEP	\$ 135.00	SURGICAL PROCEDURES	490			
11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFO	\$ 352.00	SURGICAL PROCEDURES	490			
1111F	MEDICATION RECONCILIATION WITHIN 30 DAYS OF AN INPATIENT DISCHARGE	\$ 75.00	ADMIN	521			
11200	REMOVAL OF SKIN TAGS (UP TO 15)	\$ 199.00	SURGICAL PROCEDURES	490			
11201	REMOV. SKIN TAGS EA. ADDITIONAL 10	\$ 41.00	SURGICAL PROCEDURES	490			
11300	SHAVE EPIDERMAL OR LESION SINGLE .5CM OR LESS	\$ 229.00	SURGICAL PROCEDURES	490			
11301	SHAVE EPIDERMAL LESION,.6-1.0CM	\$ 276.00	SURGICAL PROCEDURES	490			
11302	SHAVING OF LESION 1.1 - 2.0CM	\$ 315.00	SURGICAL PROCEDURES	490			
11303	SHAVE EPIDERM. LESION OVER 2.0CM	\$ 347.00	SURGICAL PROCEDURES	490			
11305	SHAV. LES.SCP,NK,HDS,FT,GENIT,TO .5C	\$ 240.00	SURGICAL PROCEDURES	490			
11306	SHAVE LESION EXTREM 0.6 CM - 1.0 CM	\$ 278.00	SURGICAL PROCEDURES	490			
11307	LESION:SCALP,NECK,EXTREME 1.1-2.0CM	\$ 322.00	SURGICAL PROCEDURES	490			
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FE	\$ 342.00	SURGICAL PROCEDURES	490			
11310	SHAVING EPIDERMAL OR DERMAL LESION, FACE, EARS, 0.5CM OR LESS	\$ 263.00	SURGICAL PROCEDURES	490			
11311	SHAVE LESION FACE,EARS .6- 1.0 CM	\$ 311.00	SURGICAL PROCEDURES	490			
11312	LESION REMOVAL FACE 1.1 - 2.0 CM	\$ 355.00	SURGICAL PROCEDURES	490			
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NC	\$ 412.00	SURGICAL PROCEDURES	490			
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED EL	\$ 286.00	SURGICAL PROCEDURES	490			
11401	EXC.BENIGN LES.TRK,ARMS,LEGS .6-1CM	\$ 348.00	SURGICAL PROCEDURES	490			
11402	EXC.BNIGN LES.TRK,ARMS,LEGS,1.1-2CM	\$ 384.00	SURGICAL PROCEDURES	490			
11403	EXC.BNIGN LES.TRK,ARMS,LEGS,2.1-3CM	\$ 441.00	SURGICAL PROCEDURES	490			
11404	EXC.BNIGN LES.TRK,ARMS,LEGS,3.1-4CM	\$ 501.00	SURGICAL PROCEDURES	490			
11406	EXC.BNIGN LES.TRK,ARMS,LEGS OVR 4CM	\$ 710.00	SURGICAL PROCEDURES	490			
11420	EX.BNIGN LES.SCP,NK,HDS,FT,GEN.>.5C	\$ 287.00	SURGICAL PROCEDURES	490			
11421	EXC.BEN.LES.SCLP,NK,HDS,FT,GEN.6-1C	\$ 357.00	SURGICAL PROCEDURES	490			
11422	EX.BNIN LES.SCP,NK,HDS,FT,GEN1.1-2C	\$ 402.00	SURGICAL PROCEDURES	490			
11423	EXC.EN.LES.SCP,NK,HDS,FT,GEN2.1-3CM	\$ 457.00	SURGICAL PROCEDURES	490			
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED EL	\$ 524.00	SURGICAL PROCEDURES	490			
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED EL	\$ 749.00	SURGICAL PROCEDURES	490			
11440	EXC.BEN.LES.FACE,EARS LESS THAN .5CM	\$ 320.00	SURGICAL PROCEDURES	490			
11441	EXC.BEN.LES.FACE,EARS .6-1.0CM	\$ 388.00	SURGICAL PROCEDURES	490			
11442	ESC.BEN.LES.FACE,EARS 1.1-2.0CM	\$ 430.00	SURGICAL PROCEDURES	490			
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$ 509.00	SURGICAL PROCEDURES	490			
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LIS	\$ 866.00	SURGICAL PROCEDURES	490			
11602	EXC.LES.TRK,EXT MALIG.1.1-2.0CM	\$ 549.00	SURGICAL PROCEDURES	490			
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISEI	\$ 624.00	SURGICAL PROCEDURES	490			
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISEI	\$ 696.00	SURGICAL PROCEDURES	490			
11606	EXC.MALIG.LES.TRK,EXTR. OVER 4CM	\$ 994.00	SURGICAL PROCEDURES	490			

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11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	\$ 515.00	SURGICAL PROCEDURES	490			
11719	TRIM NONDYSTROPHIC NAILS (0-10)	\$ 31.00	SURGICAL PROCEDURES	490			
11720	DEBRIDEMENT 1 - 5 NAILS	\$ 73.00	SURGICAL PROCEDURES	490			
11721	DEBRIDEMENT OF 6 - 10 NAILS	\$ 99.00	SURGICAL PROCEDURES	490			
11730	AVULSION NAIL PLATE (PARTIAL/COMPLE	\$ 259.00	SURGICAL PROCEDURES	490			
11732	AVULSION OF NAIL PLATE (EACH ADDITI	\$ 76.00	SURGICAL PROCEDURES	490			
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$ 124.00	SURGICAL PROCEDURES	490			
11750	EXCISION OF NAIL AND NAIL MATRIX PA	\$ 361.00	SURGICAL PROCEDURES	490			
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	\$ 125.00	SURGICAL PROCEDURES	490			
11981	INSERTION, DRUG-DELIVERY IMPLANT (IE. BIORESORBABLE, BIDEGRADABLE, NON-BIOI	\$ 229.00	SURGICAL PROCEDURES	490			
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$ 259.00	SURGICAL PROCEDURES	490			
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$ 321.00	SURGICAL PROCEDURES	490			
12001	SIMPLE REP.SCLP/NK/AXIL/GEN ETC 2.5CM	\$ 208.00	SURGICAL PROCEDURES	490			
12002	SMPLE REP SCLP/NK,AXIL/GEN 2.6-7.5C	\$ 251.00	SURGICAL PROCEDURES	490			
12004	SMPLE REP.SCLP/NK/AXIL/GEN 7.6-12.5	\$ 292.00	SURGICAL PROCEDURES	490			
12005	SMPLE REP. SCLP/NK/AXIL/GEN 12.6-20	\$ 390.00	SURGICAL PROCEDURES	490			
12011	SMPLE REP.FACE/EARS/ETC. UP TO 2.5C	\$ 251.00	SURGICAL PROCEDURES	490			
12013	SMPL REP FACE/EARS/ETC 2.6-5 CM	\$ 261.00	SURGICAL PROCEDURES	490			
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OF	\$ 319.00	SURGICAL PROCEDURES	490			
12031	LAYER CLOSRE SCLP/AXIL/TRK/EXT 2.5C	\$ 587.00	SURGICAL PROCEDURES	490			
12032	LYR CLOSRE SCP/AXIL/TRK/EXT 2.6-7.5	\$ 684.00	SURGICAL PROCEDURES	490			
12034	LYR CLOSRE SCP/AXIL/TRK/EXT 7.6-12.	\$ 747.00	SURGICAL PROCEDURES	490			
12041	LAYR CLOS NK/HDS/FT/EXT UNDER 2.5CM	\$ 590.00	SURGICAL PROCEDURES	490			
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITAL	\$ 691.00	SURGICAL PROCEDURES	490			
12051	LAYER CLOSURE FACE/EARS UNDER 2.5CM	\$ 631.00	SURGICAL PROCEDURES	490			
12052	LAYER CLOSURE FACE/EARS 2.6-5.0CM	\$ 703.00	SURGICAL PROCEDURES	490			
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLIC	\$ 1,764.00	SURGICAL PROCEDURES	490			
16020	BURN TX/INITIAL/SUBS.,SMALL W/O ANESTHESI	\$ 188.00	SURGICAL PROCEDURES	490			
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEC	\$ 345.00	SURGICAL PROCEDURES	490			
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEC	\$ 431.00	SURGICAL PROCEDURES	490			
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGE	\$ 146.00	SURGICAL PROCEDURES	490			
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGE	\$ 14.00	SURGICAL PROCEDURES	490			
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGE	\$ 366.00	SURGICAL PROCEDURES	490			
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGE	\$ 251.00	SURGICAL PROCEDURES	490			
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGE	\$ 294.00	SURGICAL PROCEDURES	490			
17250	CHEMICAL CAUTERIZATION TISSUE	\$ 198.00	SURGICAL PROCEDURES	490			
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUF	\$ 328.00	SURGICAL PROCEDURES	490			
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUF	\$ 396.00	SURGICAL PROCEDURES	490			
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUF	\$ 332.00	SURGICAL PROCEDURES	490			
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUF	\$ 312.00	SURGICAL PROCEDURES	490			
2028F	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUGH VISUAL INSPEC	\$ 50.00	ADMIN	521			
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNE	\$ 178.00	SURGICAL PROCEDURES	490			
20550	INJECTION, TENDON SHEATH,LIGAMENT OR	\$ 124.00	SURGICAL PROCEDURES	490			
20551	INJECTION, TENDON ORIGIN/INSERTION	\$ 127.00	SURGICAL PROCEDURES	490			
20552	INJ SINGLE OR MULT TRIGGER POINTS	\$ 120.00	SURGICAL PROCEDURES	490			
20553	INJECTION SINGLE OR MULTIPLE TRIGGER POINTS; 3 OR MORE MUSCLES	\$ 138.00	SURGICAL PROCEDURES	490			
20600	ARTHROCENTESIS, SMALL JOINT	\$ 115.00	SURGICAL PROCEDURES	490			
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FING	\$ 179.00	SURGICAL PROCEDURES	490			
20605	ARTHROCENTESIS, INTERMEDIATE JOINT	\$ 119.00	SURGICAL PROCEDURES	490			
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (	\$ 196.00	SURGICAL PROCEDURES	490			
20610	ARTHROCENTESIS MAJOR JOINT	\$ 142.00	SURGICAL PROCEDURES	490			
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA (EG, SHO	\$ 219.00	SURGICAL PROCEDURES	490			
20612	ASPIRAT AND/OR INJ GANGLION CYST(S)	\$ 140.00	SURGICAL PROCEDURES	490			
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROI	\$ 1,369.00	SURGICAL PROCEDURES	490			
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT A	\$ 721.00	SURGICAL PROCEDURES	490			
24640	TREATMENT OF RADIAL HEAD SUBLUXATIO	\$ 231.00	SURGICAL PROCEDURES	490			
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EAC	\$ 735.00	SURGICAL PROCEDURES	490			
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHAL	\$ 445.00	SURGICAL PROCEDURES	490			
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANII	\$ 634.00	SURGICAL PROCEDURES	490			
28001	INCISION AND DRAINAGE, BURSA, FOOT	\$ 615.00	SURGICAL PROCEDURES	490			
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$ 516.00	SURGICAL PROCEDURES	490			
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREAT	\$ 1,112.00	SURGICAL PROCEDURES	490			
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CN	\$ 875.00	SURGICAL PROCEDURES	490			
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$ 1,174.00	SURGICAL PROCEDURES	490			
28080	EXCISION, INTERDIGITAL NEUROMA	\$ 1,188.00	SURGICAL PROCEDURES	490			
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECT	\$ 945.00	SURGICAL PROCEDURES	490			
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$ 877.00	SURGICAL PROCEDURES	490			
28190	REMOVALFOREIGN BODY,FOOT;SUBCUTANEO	\$ 562.00	SURGICAL PROCEDURES	490			
28285	ARTHROPLASTY, HAMMERTOE	\$ 1,204.00	SURGICAL PROCEDURES	490			
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$ 1,364.00	SURGICAL PROCEDURES	490			
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RE	\$ 1,574.00	SURGICAL PROCEDURES	490			
28296	HALLUX VALGUS,METATARSAL OSTEOTOMY	\$ 2,030.00	SURGICAL PROCEDURES	490			
28297	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PI	\$ 2,358.00	SURGICAL PROCEDURES	490			
28308	OSTEOTOMY, OTH THAN 1ST METATARS,EA	\$ 1,283.00	SURGICAL PROCEDURES	490			
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$ 1,777.00	SURGICAL PROCEDURES	490			
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$ 941.00	SURGICAL PROCEDURES	490			

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28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$ 688.00	SURGICAL PROCEDURES	490			
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$ 674.00	SURGICAL PROCEDURES	490			
29105	APPLICATION OF LONG ARM SPLINT, ADULT AND PEDIATRIC	\$ 180.00	SURGICAL PROCEDURES	490			
29125	APPLICATION OF SHORT ARM SPLINT, ADULT AND PEDIATRIC	\$ 142.00	SURGICAL PROCEDURES	490			
29405	APPLICATION OF SHORT LEG CAST, ADULT AND PEDIATRIC	\$ 175.00	SURGICAL PROCEDURES	490			
29505	APPLICATION OF LONG LEG SPLINT, ADULT AND PEDIATRIC	\$ 191.00	SURGICAL PROCEDURES	490			
29515	APPLICATION OF SHORT LEG SPLINT, ADULT AND PEDIATRIC	\$ 155.00	SURGICAL PROCEDURES	490			
29540	STRAPPING; ANKLE AND/OR FOOT	\$ 62.00	SURGICAL PROCEDURES	420			
29580	UNABOOT	\$ 141.00	SURGICAL PROCEDURES	490			
30300	REMOVAL FOREIGN BODY NOSE	\$ 456.00	SURGICAL PROCEDURES	490			
3044F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0% (DM)	\$ 40.00	ADMIN	521			
3045F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0-9.0% (DM)	\$ 40.00	ADMIN	521			
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL GREATER THAN 9.0% (DM)	\$ 40.00	ADMIN	521			
3048F	MOST RECENT LDL-C LESS THAN 100 MG/DL (DM)	\$ 10.00	ADMIN	521			
3049F	MOST RECENT LDL-C LEVEL 100 TO 129	\$ 10.00	ADMIN	521			
3050F	MOST RECENT LDL-C GREATER THAN OR EQUAL TO 130 MG/DL (DM)	\$ 10.00	ADMIN	521			
3051F	HBA1C ≥ 7.0 AND < 8.0	\$ 40.00	ADMIN	521			
3052F	HBA1C ≥ 8.0 AND ≤ 9.0	\$ 40.00	ADMIN	521			
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	\$ 10.00	ADMIN	521			
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	\$ 10.00	ADMIN	521			
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	\$ 0.01	ADMIN	521			
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG (DM), (HTN, CKD, C	\$ 10.00	ADMIN	521			
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM),(HTN, CKD, CAD)	\$ 10.00	ADMIN	521			
3077F	MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQUAL TO 140 MM HG	\$ 10.00	ADMIN	521			
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE<LESS THAN<80 MM HG (HTN, CKD, CAD) (	\$ 10.00	ADMIN	521			
3079F	MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN, CKD, CAD) (DM)	\$ 10.00	ADMIN	521			
3080F	MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQUAL TO 90 MM HG	\$ 10.00	ADMIN	521			
30901	NASAL HEMORRHAGE,CONTROL OF,SIMPLE	\$ 348.00	SURGICAL PROCEDURES	490			
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR	\$ 548.00	SURGICAL PROCEDURES	490			
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR	\$ 796.00	SURGICAL PROCEDURES	490			
31231	NASAL ENDOSCOPY	\$ 436.00	SURGICAL PROCEDURES	490			
31575	LARYNGOSCOPY, FLEX FIBEROPTIC; DX	\$ 283.00	SURGICAL PROCEDURES	490			
36000	IV SET-UP	\$ 57.00	SURGICAL PROCEDURES	260			
36415	ROUTINE VENIPUNCTURE %	\$ 7.00	SURGICAL PROCEDURES	300			
36416	CAPILLARY BLOOD DRAW (FINGER STICK)	\$ -	SURGICAL PROCEDURES	300			
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVE	\$ 680.00	SURGICAL PROCEDURES	490			
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	\$ 555.00	SURGICAL PROCEDURES	490			
46600	ANOSCOPY	\$ 268.00	SURGICAL PROCEDURES	490			
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WI	\$ 728.00	SURGICAL PROCEDURES	490			
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$ 1,835.00	SURGICAL PROCEDURES	490			
51701	CATH FOR RESIDUAL URINE	\$ 101.00	SURGICAL PROCEDURES	490			
51702	INSERT TEMP BLADDER CATH (FOLEY)	\$ 141.00	SURGICAL PROCEDURES	490			
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOID	\$ 876.00	SURGICAL PROCEDURES	490			
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLO'	\$ 30.00	SURGICAL PROCEDURES	490			
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THA	\$ 146.00	SURGICAL PROCEDURES	490			
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$ 521.00	SURGICAL PROCEDURES	490			
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDI	\$ 861.00	SURGICAL PROCEDURES	490			
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	\$ 460.00	SURGICAL PROCEDURES	490			
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CON'	\$ 317.00	SURGICAL PROCEDURES	490			
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REG	\$ 339.00	SURGICAL PROCEDURES	490			
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$ 315.00	SURGICAL PROCEDURES	490			
56420	INCISION AND DRAINAGE OF BARTHOLIN'	\$ 391.00	SURGICAL PROCEDURES	490			
56501	DESTRUC'N OF LESION,VULVA,SIMPLE	\$ 407.00	SURGICAL PROCEDURES	490			
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGEI	\$ 600.00	SURGICAL PROCEDURES	490			
56605	BIOPSY OF VULVA; 1 LESION	\$ 211.00	SURGICAL PROCEDURES	490			
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITION,	\$ 86.00	SURGICAL PROCEDURES	490			
56620	VULVECTOMY SIMPLE; PARTIAL	\$ 1,277.00	SURGICAL PROCEDURES	490			
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	\$ 698.00	SURGICAL PROCEDURES	490			
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$ 600.00	SURGICAL PROCEDURES	490			
56820	COLPOSCOPY OF THE VULVA;	\$ 273.00	SURGICAL PROCEDURES	490			
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	\$ 367.00	SURGICAL PROCEDURES	490			
57061	DESTRUC'N OF VAGINAL LESION,SIMPLE	\$ 354.00	SURGICAL PROCEDURES	490			
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROBURG	\$ 533.00	SURGICAL PROCEDURES	490			
57120	COLPOCLEISIS (LE FORT TYPE)	\$ 1,178.00	SURGICAL PROCEDURES	490			
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$ 534.00	SURGICAL PROCEDURES	490			
57160	PESSARY INSERTION	\$ 161.00	SURGICAL PROCEDURES	490			
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$ 729.00	SURGICAL PROCEDURES	490			
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URE	\$ 1,360.00	SURGICAL PROCEDURES	490			
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	\$ 1,367.00	SURGICAL PROCEDURES	490			
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	\$ 1,733.00	SURGICAL PROCEDURES	490			
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGE	\$ 1,544.00	SURGICAL PROCEDURES	490			
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYOI	\$ 1,554.00	SURGICAL PROCEDURES	490			
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETI	\$ 1,637.00	SURGICAL PROCEDURES	490			
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$ 1,649.00	SURGICAL PROCEDURES	490			
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; VAGINAL APPROAC	\$ 1,112.00	SURGICAL PROCEDURES	490			
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$ 288.00	SURGICAL PROCEDURES	490			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF V	\$ 388.00	SURGICAL PROCEDURES	490			
57452	COLPOSCOPY	\$ 277.00	SURGICAL PROCEDURES	490			
57454	COLPOSCOPY W/BIOPSY	\$ 373.00	SURGICAL PROCEDURES	490			
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) C	\$ 355.00	SURGICAL PROCEDURES	490			
57456	COLPOSCOPY OF CERVIX INC UPP/ADJ VAGINA; ENDOCERVI	\$ 333.00	SURGICAL PROCEDURES	490			
57500	BIOPSY OF CERVIX	\$ 342.00	SURGICAL PROCEDURES	490			
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILAT	\$ 776.00	SURGICAL PROCEDURES	490			
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILAT	\$ 667.00	SURGICAL PROCEDURES	490			
58100	ENDOMETRIAL BIOPSY	\$ 227.00	SURGICAL PROCEDURES	490			
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY	\$ 112.00	SURGICAL PROCEDURES	490			
58120	D & C, DIAGNOSTIC	\$ 654.00	SURGICAL PROCEDURES	490			
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR	\$ 2,136.00	SURGICAL PROCEDURES	490			
58300	IUD INSERTION	\$ 231.00	SURGICAL PROCEDURES	490			
58301	IUD REMOVAL	\$ 240.00	SURGICAL PROCEDURES	490			
58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	\$ 201.00	SURGICAL PROCEDURES	490			
58340	CATH AND INFUSION OF CONTRAST; SONOHYSTEROGRAPHY	\$ 518.00	SURGICAL PROCEDURES	490			
58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	\$ 322.00	SURGICAL PROCEDURES	490			
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LE	\$ 1,628.00	SURGICAL PROCEDURES	490			
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LE	\$ 1,853.00	SURGICAL PROCEDURES	490			
58552	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LES	\$ 2,186.00	SURGICAL PROCEDURES	490			
58558	HYSTEROSCOPY,SURGICAL, W/BIOPSY	\$ 3,219.00	SURGICAL PROCEDURES	490			
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$ 632.00	SURGICAL PROCEDURES	490			
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$ 796.00	SURGICAL PROCEDURES	490			
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$ 957.00	SURGICAL PROCEDURES	490			
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESEC	\$ 4,857.00	SURGICAL PROCEDURES	490			
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$ 1,784.00	SURGICAL PROCEDURES	490			
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$ 2,010.00	SURGICAL PROCEDURES	490			
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN	\$ 2,702.00	SURGICAL PROCEDURES	490			
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPRO/	\$ 749.00	SURGICAL PROCEDURES	490			
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CES/	\$ 169.00	SURGICAL PROCEDURES	490			
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) I	\$ 1,512.00	SURGICAL PROCEDURES	490			
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TO	\$ 1,451.00	SURGICAL PROCEDURES	490			
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVA	\$ 1,585.00	SURGICAL PROCEDURES	490			
59025	FETAL NON-STRESS TEST	\$ 108.00	MATERNITY	920			
59025,26	FETAL NON-STRESS TEST	\$ 65.00	MATERNITY	920			
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AN	\$ 1,737.00	MATERNITY	490			
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OI	\$ 1,694.00	MATERNITY	490			
59160	CURETTAGE, POSTPARTUM	\$ 583.00	MATERNITY	490			
59400	ROUTINE OB CARE-VAG.DEL.-POSTPART.	\$ 5,249.00	MATERNITY	521			
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$ 1,766.00	MATERNITY	521			
59410	VAGINAL DEL. WITH POST PART. CARE	\$ 2,329.00	MATERNITY	521			
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	\$ 224.00	SURGICAL PROCEDURES	490			
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$ 199.00	MATERNITY	490			
59425	ANTEPARTUM CARE (VISITS 4-6)	\$ 1,225.00	MATERNITY	521			
59426	ANTEPARTUM CARE (VISITS 7 PLUS)	\$ 2,242.00	MATERNITY	521			
59426,TRK	ANTEPARTUM CARE (VISITS 7 PLUS)	\$ -	MATERNITY	521			
59430	POSTPARTUM CARE ONLY	\$ 570.00	MATERNITY	521			
59430,TRK	POSTPARTUM CARE ONLY	\$ -	MATERNITY	521			
59510	CESAREAN DELIVERY (INCLUDING CARE)	\$ 5,784.00	MATERNITY	521			
59514	CESAREAN DELIVERY, ONLY	\$ 1,993.00	MATERNITY	521			
59515	CESAREAN DELIVERY W/POST PART.CARE	\$ 2,861.00	MATERNITY	521			
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	\$ 789.00	MATERNITY	490			
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	\$ 950.00	MATERNITY	490			
64455	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; PLANTAR COMMON DIGITAL N	\$ 108.00	SURGICAL PROCEDURES	490			
65205	REMOVAL FOREIGN BODY EXTERNAL EYE;C	\$ 66.00	SURGICAL PROCEDURES	490			
65220	REMOVAL FOREIGN BODY CORNEAL (WITHO	\$ 134.00	SURGICAL PROCEDURES	490			
69200	REMOVAL OF FOREIGN BODY--EAR	\$ 180.00	SURGICAL PROCEDURES	490			
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$ 33.00	SURGICAL PROCEDURES	490			
69210	REMOVE IMPACTED CERUMEN	\$ 1,100.00	SURGICAL PROCEDURES	490			
70030,TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$ 51.00	RADIOLOGY	320			
70100,TC	X-RAY MANDIBLE PARTIAL	\$ 64.00	RADIOLOGY	320			
70110,TC	X-RAY MANDIBLE-COMPLETE	\$ 69.00	RADIOLOGY	320			
70140,TC	PARTIAL FACIAL X-RAY	\$ 49.00	RADIOLOGY	320			
70150,TC	COMPLETE FACIAL X-RAY	\$ 76.00	RADIOLOGY	320			
70160,TC	X-RAY NASAL BONES (COMPLETE)	\$ 64.00	RADIOLOGY	320			
70200,TC	X-RAY ORBITS (COMPLETE)	\$ 76.00	RADIOLOGY	320			
70210,TC	X-RAY SINUSES, PARANASAL (PARTIAL)	\$ 52.00	RADIOLOGY	320			
70220,TC	X-RAY SINUSES,PARANASAL,COMPLETE	\$ 59.00	RADIOLOGY	320			
70250,TC	X-RAY SKULL (PARTIAL)	\$ 58.00	RADIOLOGY	320			
70260,TC	X-RAY SKULL (COMPLETE)	\$ 68.00	RADIOLOGY	320			
70360,TC	X-RAY SOFT TISSUE OF NECK	\$ 49.00	RADIOLOGY	320			
71045,TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$ 37.00	RADIOLOGY	320			
71046,TC	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$ 50.00	RADIOLOGY	320			
71047,TC	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	\$ 64.00	RADIOLOGY	320			
71048,TC	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	\$ 66.00	RADIOLOGY	320			
71100,TC	X-RAY RIBS (UNILATERAL)	\$ 56.00	RADIOLOGY	320			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
71101,TC	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST	\$ 64.00	RADIOLOGY	320			
71110,TC	X-RAY RIBS (BILATERAL)	\$ 65.00	RADIOLOGY	320			
71111,TC	XRAY, BILAT RIBS; PA CHEST, 4VIEWS	\$ 81.00	RADIOLOGY	320			
71120,TC	X-RAY STERNUM	\$ 52.00	RADIOLOGY	320			
71130,TC	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF 3 VI	\$ 67.00	RADIOLOGY	320			
72040,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS OR LESS	\$ 62.00	RADIOLOGY	320			
72050,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	\$ 86.00	RADIOLOGY	320			
72052,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	\$ 104.00	RADIOLOGY	320			
72070,TC	X-RAY THORACIC SPINE (AP & LATERAL)	\$ 49.00	RADIOLOGY	320			
72072,TC	XRAY, SPINE, THORACIC, 3 VIEWS	\$ 61.00	RADIOLOGY	320			
72074,TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF 4 VIEWS	\$ 71.00	RADIOLOGY	320			
72080,TC	X-RAY THORACOLUMBAR SPINE (AP & LAT	\$ 53.00	RADIOLOGY	320			
72081,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKUL	\$ 64.00	RADIOLOGY	320			
72082,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKUL	\$ 120.00	RADIOLOGY	320			
72100,TC	X-RAY LUMBOSACRAL SPINE (AP & LATER	\$ 63.00	RADIOLOGY	320			
72110,TC	X-RAY LUMBOSACRAL (COMPLETE)	\$ 83.00	RADIOLOGY	320			
72114,TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING	\$ 103.00	RADIOLOGY	320			
72120,TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIE	\$ 65.00	RADIOLOGY	320			
72170,TC	X-RAY PELVIS (AP)	\$ 42.00	RADIOLOGY	320			
72190,TC	X-RAY PELVIS (COMPLETE)	\$ 64.00	RADIOLOGY	320			
72202,TC	X-RAY SACROILIAC JOINTS (THREE VIEW	\$ 61.00	RADIOLOGY	320			
72220,TC	X-RAY SACRUM & COCCYX	\$ 52.00	RADIOLOGY	320			
73000,TC	X-RAY CLAVICLE (COMPLETE)	\$ 52.00	RADIOLOGY	320			
73010,TC	X-RAY SCAPULA (COMPLETE)	\$ 32.00	RADIOLOGY	320			
73030,TC	X-RAY SHOULDER (COMPLETE)	\$ 55.00	RADIOLOGY	320			
73050,TC	X-RAY ACROMIOCLAVICULAR JOINTS	\$ 42.00	RADIOLOGY	320			
73060,TC	X-RAY HUMERUS	\$ 52.00	RADIOLOGY	320			
73070,TC	X-RAY ELBOW (AP & LATERAL)	\$ 46.00	RADIOLOGY	320			
73080,TC	X-RAY ELBOW (COMPLETE)	\$ 52.00	RADIOLOGY	320			
73090,TC	X-RAY FOREARM (AP & LATERAL)	\$ 46.00	RADIOLOGY	320			
73092,TC	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF 2 VIEWS	\$ 52.00	RADIOLOGY	320			
73100,TC	X-RAY WRIST (AP & LATERAL)	\$ 56.00	RADIOLOGY	320			
73110,TC	X-RAY WRIST COMPLETE (MIM 3 VIEWS)	\$ 70.00	RADIOLOGY	320			
73120,TC	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	\$ 50.00	RADIOLOGY	320			
73130,TC	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS)	\$ 61.00	RADIOLOGY	320			
73140,TC	X-RAY FINGER (S) MIM 2 VIEWS	\$ 67.00	RADIOLOGY	320			
73501,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIE	\$ 50.00	RADIOLOGY	320			
73502,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 V	\$ 78.00	RADIOLOGY	320			
73521,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 2 VIE	\$ 66.00	RADIOLOGY	320			
73522,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 3-4 VI	\$ 85.00	RADIOLOGY	320			
73523,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINI	\$ 101.00	RADIOLOGY	320			
73552,TC	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	\$ 58.00	RADIOLOGY	320			
73560,TC	X-RAY KNEE (AP & LATERAL)	\$ 57.00	RADIOLOGY	320			
73562,TC	AP/LAT OF KNEE (3 VIEWS)	\$ 68.00	RADIOLOGY	320			
73564,TC	X-RAY KNEE (COMPLETE)	\$ 76.00	RADIOLOGY	320			
73590,TC	X-RAY TIBIA/FIBULA (AP & LATERAL)	\$ 52.00	RADIOLOGY	320			
73592,TC	X-RAY (LOWER EXTREMITY) INFANT	\$ 52.00	RADIOLOGY	320			
73600,TC	X-RAY ANKLE (AP & LATERAL)	\$ 53.00	RADIOLOGY	320			
73610,TC	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	\$ 61.00	RADIOLOGY	320			
73620,TC	X-RAY FOOT (AP & LATERAL)	\$ 46.00	RADIOLOGY	320			
73630,TC	X-RAY FOOT. COMPLETE, MINIMUM 3 VIEWS	\$ 57.00	RADIOLOGY	320			
73650,TC	X-RAY CALCANEUS (AP & LATERAL)	\$ 46.00	RADIOLOGY	320			
73660,TC	X-RAY TOES (AP & LATERAL)	\$ 49.00	RADIOLOGY	320			
74018,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$ 46.00	RADIOLOGY	320			
74019,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	\$ 56.00	RADIOLOGY	320			
75809,TC	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCU	\$ 144.00	RADIOLOGY	320			
76010,TC	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIE	\$ 46.00	RADIOLOGY	320			
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPH	\$ 50.00	ULTRASOUND	400			
76536	ULTRASOUND, HEAD AND NECK	\$ 258.00	ULTRASOUND	320			
76536,TC	ULTRASOUND, HEAD AND NECK	\$ 196.00	ULTRASOUND	320			
76604,TC	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMEN	\$ 85.00	ULTRASOUND	402			
76641,TC	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCL	\$ 157.00	ULTRASOUND	402			
76642,TC	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCL	\$ 120.00	ULTRASOUND	402			
76700,TC	ECHOGRAPHY (ABDOMEN),COMPLETE	\$ 182.00	ULTRASOUND	400			
76705,TC	ULTRASOUND (ABDOMEN); LIMITED	\$ 137.00	ULTRASOUND	402			
76706,TC	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREI	\$ 182.00	ULTRASOUND	402			
76770,TC	ULTRASOUND (RETROPERITONEAL),B-SCAN	\$ 169.00	ULTRASOUND	402			
76775,TC	ECHOGRAPHY (RETROPERITONEAL); LIMIT	\$ 67.00	ULTRASOUND	400			
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$ 270.00	ULTRASOUND	402			
76801,26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$ 108.00	ULTRASOUND	402			
76801,TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$ 162.00	ULTRASOUND	402			
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$ 140.00	ULTRASOUND	402			
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$ 310.00	ULTRASOUND	402			
76805,26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$ 108.00	ULTRASOUND	402			
76805,TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL	\$ 202.00	ULTRASOUND	402			
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITI	\$ 187.00	ULTRASOUND	402			

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76815,26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITI	\$ 71.00	ULTRASOUND	402			
76815,TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITI	\$ 115.00	ULTRASOUND	402			
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLL	\$ 252.00	ULTRASOUND	402			
76816,26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLL	\$ 93.00	ULTRASOUND	402			
76816,TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLL	\$ 159.00	ULTRASOUND	402			
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRAN	\$ 213.00	ULTRASOUND	402			
76817,26	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRAN	\$ 82.00	ULTRASOUND	402			
76817,TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRAN	\$ 131.00	ULTRASOUND	402			
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$ 259.00	ULTRASOUND	402			
76818,26	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$ 115.00	ULTRASOUND	402			
76818,TC	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$ 144.00	ULTRASOUND	402			
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$ 192.00	ULTRASOUND	402			
76819,26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$ 85.00	ULTRASOUND	402			
76819,TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$ 107.00	ULTRASOUND	402			
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$ 103.00	ULTRASOUND	402			
76820,26	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$ 55.00	ULTRASOUND	402			
76820,TC	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$ 49.00	ULTRASOUND	402			
76830	ULTRASOUND, TRANSVAGINAL	\$ 275.00	ULTRASOUND	400			
76830,26	ULTRASOUND, TRANSVAGINAL	\$ 75.00	ULTRASOUND	400			
76830,TC	ULTRASOUND, TRANSVAGINAL	\$ 199.00	ULTRASOUND	400			
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WI	\$ 268.00	ULTRASOUND	400			
76831,26	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WI	\$ 79.00	ULTRASOUND	400			
76831,TC	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WI	\$ 189.00	ULTRASOUND	400			
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; C	\$ 243.00	ULTRASOUND	402			
76856,26	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; C	\$ 75.00	ULTRASOUND	402			
76856,TC	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; C	\$ 168.00	ULTRASOUND	402			
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; L	\$ 106.00	ULTRASOUND	402			
76857,TC	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; L	\$ 53.00	ULTRASOUND	402			
76870,TC	ULTRASOUND, SCROTUM AND CONTENTS	\$ 163.00	ULTRASOUND	402			
76882	ULTRASOUND, LIMITED, JOINT OR OTHER NONVASCULAR EXTREMITY STRUCTURE(S) (E	\$ 125.00	ULTRASOUND	402			
76882,TC	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATIO	\$ 73.00	ULTRASOUND	402			
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTIO	\$ 128.00	ULTRASOUND	402			
77061,TC	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL	\$ 55.00	RADIOLOGY	401			
77062,TC	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS; BILATERAL	\$ 70.00	RADIOLOGY	401			
77063,TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPARATELY IN ADDITI	\$ 55.00	MAMMOGRAPHY	403			
77065,TC	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHE	\$ 196.00	MAMMOGRAPHY	401			
77066,TC	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHE	\$ 251.00	MAMMOGRAPHY	401			
77067,TC	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDIN	\$ 208.00	MAMMOGRAPHY	403			
77072,TC	BONE AGE STUDIES	\$ 37.00	RADIOLOGY	320			
77080	DXA 1 OR MORE SITES; AXIAL SKELETON	\$ 84.00	DEXASCAN	320			
77080,26	DXA 1 OR MORE SITES; AXIAL SKELETON	\$ 22.00	DEXASCAN	320			
77080,TC	DXA 1 OR MORE SITES; AXIAL SKELETON	\$ 62.00	DEXASCAN	320			
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITE	\$ 115.00	DEXASCAN	320			
77085,26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITE	\$ 33.00	DEXASCAN	320			
77085,TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITE	\$ 82.00	DEXASCAN	320			
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEV	\$ 28.00	OFFICE LAB	300			
81000	FULL U/A %	\$ 9.00	OFFICE LAB	300			
81001	URINALYSIS, AUTOMATED W/MICROSCOPY	\$ 7.00	OFFICE LAB	300			
81002	URINALYSIS, NON-AUTO., W/OUT MICRO%	\$ 8.00	OFFICE LAB	300			
81002,TRK	URINALYSIS, NON-AUTO., W/OUT MICRO%	\$ -	OFFICE LAB	300			
81003	URINALYSIS, DIP-STICK W/O MICRO	\$ 5.00	OFFICE LAB	300			
81003,DOT	URINALYSIS; DOT PHYSICAL	\$ -	OFFICE LAB	300			
81025	URINE PREGNANCY TEST %	\$ 19.00	OFFICE LAB	300			
82044	ALBUMIN; URINE (EG, MICROALBUMIN), SEMIQUANTITATIVE (EG, REAGENT STRIP ASS.	\$ 14.00	OFFICE LAB	300			
82270	HEMOCCULT %	\$ 10.00	OFFICE LAB	300			
82272	HEMOCCULT;SINGLE SPECIMEN (DIGITAL)%	\$ 10.00	OFFICE LAB	300			
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALI	\$ 36.00	OFFICE LAB	300			
82570	CREATININE; OTHER SOURCE	\$ 12.00	OFFICE LAB	300			
82947	GLUCOSE;QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$ 9.00	OFFICE LAB	300			
83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	\$ 22.00	OFFICE LAB	300			
83655	LEAD; QUANTITATIVE,BLOOD %	\$ 27.00	OFFICE LAB	300			
85018	HEMOGLOBLIN ANALYSIS	\$ 5.00	OFFICE LAB	300			
85610	PROTHROMBIN TIME	\$ 10.00	OFFICE LAB	300			
86308	HETEROPHILE ANTIBODIES; SCREENING	\$ 12.00	OFFICE LAB	300			
86318	RAPID MONO TEST	\$ 41.00	OFFICE LAB	300			
86328	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES), QUALITATIVE OR SEMIQUAN	\$ 102.00	OFFICE LAB	300			
86580	PPD	\$ 22.00	OFFICE LAB	300	49281075221	0.1	ML
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	\$ 31.00	OFFICE LAB	300			
86803	HEPATITIS C ANTIBODY;	\$ 32.00	OFFICE LAB	300			
87210	WET PREP %	\$ 13.00	OFFICE LAB	300			
87220	KOH PREP %	\$ 10.00	OFFICE LAB	300			
87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYM	\$ 79.00	OFFICE LAB	300			
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPI	\$ 115.00	OFFICE LAB	300			
87804	RAPID FLU TEST	\$ 37.00	OFFICE LAB	300			
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OF	\$ 29.00	OFFICE LAB	300			
87880	STREP A 01A, IMMUNOASSAY (IN OFFICE)	\$ 37.00	OFFICE LAB	300			

CPT	Description	Fee	Group	Revenue		Drug Dosage	Drug Unit Qualifier
				Code	NDC		
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY	\$ 27.00	OFFICE LAB	300			
90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTR	\$ -	VACCINES	636			
90460	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	\$ 37.00	IMMUN ADMIN	771			
90461	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	\$ 28.00	IMMUN ADMIN	771			
90471	IMMUNIZATION ADMINISTRATION,SINGLE	\$ 37.00	IMMUN ADMIN	771			
90472	IMMS. ADMINISTRATION, EA. ADDITIONA	\$ 28.00	IMMUN ADMIN	771			
90473	INTRANASAL IMMUNIZATION ADMINISTRATION, SINGLE	\$ 37.00	IMMUN ADMIN	771			
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y, QUADRIVALENT, TE	\$ 179.00	VACCINES	636 49281059058		0.5	ML
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE	\$ 306.00	VACCINES	636 58160097620		0.5	ML
90620,SL	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE	\$ -	VACCINES	636 58160097620		0.5	ML
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B (MENB-FHBP	\$ -	VACCINES	636 5010001		0.5	ML
90621,SL	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B (MENB-FHBP	\$ -	VACCINES	636 5010010		0.5	ML
90632	HEPATITIS A VACCINE, ADULT, IM	\$ 117.00	VACCINES	636 6409602		1	ML
90632,SL	HEPATITIS A VACCINE, ADULT, IM	\$ -	VACCINES	636 6409602		1	ML
90633	HEPATITIS A, PEDIATRIC,58160082546	\$ 55.00	VACCINES	636 6409502		0.5	ML
90633,SL	HEPATITIS A, PEDIATRIC,58160082546	\$ -	VACCINES	636 6483101		0.5	ML
90648	ACT HIB	\$ 17.00	VACCINES	636 49281054503		0.5	ML
90648,SL	ACT HIB	\$ -	VACCINES	636 49281054503		0.5	ML
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALEI	\$ 370.00	VACCINES	636 6412102		0.5	ML
90651,SL	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALEI	\$ -	VACCINES	636 6412102		0.5	ML
90662	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUN	\$ 29.00	VACCINES	636 49281040365		0.5	ML
90670	PREVNAR 13 IM	\$ 336.00	VACCINES	636 5197101		0.5	ML
90670,SL	PREVNAR 13; INTRAMUSCULAR USE	\$ -	VACCINES	636 5197101		0.5	ML
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	\$ 38.00	VACCINES	636 66019030710		0.2	ML
90672,SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	\$ -	VACCINES	636 66019030710		0.2	ML
90680	ROTATEQ (ROTAVIRUS VACCINE)	\$ 124.00	VACCINES	636 6404741		0.5	ML
90680,SL	ROTATEQ (ROTAVIRUS VACCINE)	\$ -	VACCINES	636 6404741		0.5	ML
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN	\$ -	VACCINES	636 49281051900		0.25	ML
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN	\$ 88.00	VACCINES	636 49281042050		0.5	ML
90686,SL	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, (	\$ -	VACCINES	636 49281042050		0.5	ML
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VA	\$ 84.00	VACCINES	636 49281056258		0.5	ML
90696,SL	DTAP-IPV, 4 THROUGH 6 YEARS OF AGE, VFC PROGRAM	\$ -	VACCINES	636 49281056258		0.5	ML
90698	PENTACEL	\$ 109.00	VACCINES	636 49281051005		0.5	ML
90698,SL	PENTACEL	\$ -	VACCINES	636 49281051005		0.5	ML
90700	DTAP	\$ 34.00	VACCINES	636 49281028658		0.5	ML
90700,SL	DTAP	\$ -	VACCINES	636 49281028658		0.5	ML
90707	MMR INJECTION	\$ 122.00	VACCINES	636 6468100		0.5	ML
90707,SL	MMR INJECTION	\$ -	VACCINES	636 6468100		0.5	ML
90710	PROQUAD(MMRV)	\$ 354.00	VACCINES	636 6417100		0.5	ML
90710,SL	PROQUAD(MMRV)	\$ -	VACCINES	636 6417100		0.5	ML
90713	POLIO VACCINE, IPV	\$ 39.00	VACCINES	636 49281086010		0.5	ML
90713,SL	POLIO VACCINE, IPV	\$ -	VACCINES	636 49281086010		0.5	ML
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVATIVE FREE, WHEN ADM	\$ 54.00	VACCINES	636 49281021515		0.5	ML
90714,SL	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVATIVE FREE, WHEN ADM	\$ -	VACCINES	636 49281021515		0.5	ML
90715	TDAP/ FOR 7 YRS +	\$ 58.00	VACCINES	636 49281040020		0.5	ML
90715,SL	TDAP/ FOR 7 YRS +	\$ -	VACCINES	636 49281040020		0.5	ML
90716	VARICELLA VIRUS VACCINE (VAR), LIVE, FOR SUBCUTANEOUS USE (VARIVAX)	\$ 215.00	VACCINES	636 6482700		0.5	ML
90716,SL	VARICELLA VIRUS VACCINE (VAR), LIVE, FOR SUBCUTANEOUS USE (VARIVAX)	\$ -	VACCINES	636 6482700		0.5	ML
90723	DTAP-HEPB-IPV (PEDIARIX)	\$ 138.00	VACCINES	636 58160081152		0.5	ML
90723,SL	DTAP-HEPB-IPV (PEDIARIX)	\$ -	VACCINES	636 58160081152		0.5	ML
90732	PNEUMOVAX 23, PNU-IMUNE	\$ 171.00	VACCINES	636 6483703		0.5	ML
90732,SL	PNEUMOVAX 23, PNU-IMUNE	\$ -	VACCINES	636 6483703		0.5	ML
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y, QUADRIVALENT, DII	\$ 175.00	VACCINES	636 49281058905		0.5	ML
90734,SL	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135, QUADRIVA	\$ -	VACCINES	636 49281058905		0.5	ML
90740	HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE, 3 I	\$ 160.00	VACCINES	636 6499200		0.5	ML
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE, 3 DOSE SCHEDULE, FC	\$ 30.00	VACCINES	636 6498100		0.5	ML
90744,SL	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE, 3 DOSE SCHEDULE, FC	\$ -	VACCINES	636 6498100		0.5	ML
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE SCHEDULE, FOR INTRAMUSCUL	\$ 67.00	VACCINES	636 58160082152		1	ML
90746,SL	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	\$ -	VACCINES	636 58160082152		1	ML
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 400.00	MENTAL HEALTH	900			
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$ 446.00	MENTAL HEALTH	900			
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	\$ 172.00	MENTAL HEALTH	900			
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATI	\$ 157.00	MENTAL HEALTH	900			
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	\$ 228.00	MENTAL HEALTH	900			
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATI	\$ 199.00	MENTAL HEALTH	900			
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	\$ 337.00	MENTAL HEALTH	900			
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFC	\$ 264.00	MENTAL HEALTH	900			
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUTES	\$ 220.00	MENTAL HEALTH	900			
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT), 50 P	\$ 228.00	MENTAL HEALTH	900			
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YE.	\$ 796.00	DIALYSIS	889			
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YE.	\$ 659.00	DIALYSIS	889			
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YE.	\$ 451.00	DIALYSIS	889			
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL N	\$ 658.00	DIALYSIS	889			
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	\$ 21.00	DIALYSIS	889			
91300,SL	PFIZER COVID-19 VACCINE	\$ -	VACCINES	636 59267100001		0.5	ML
91301	MODERNA COVID-19 VACCINE	\$ -	VACCINES	636 80777027399		0.5	ML

CPT	Description	Fee	Group	Revenue		Drug Dosage	Drug Unit Qualifier
				Code	NDC		
91301,SL	MODERNA COVID-19 VACCINE	\$ -	VACCINES	636	80777027399	0.5	ML
91303,SL	JANSSEN COVID-19 VACCINE	\$ -	VACCINES	636	59676058005	0.5	ML
91305,SL	PFIZER COVID 19 VACCINE; READY TO USE	\$ -	VACCINES	636	59267102501	0.3	ML
91306,SL	MODERNA COVID-19 VACCINE (LOW DOSE)	\$ -	VACCINES	636	80777027399	0.25	ML
91307,SL	PFIZER COVID 19 VACCINE; 5-11YO	\$ -	VACCINES	636	59267105501	0.2	ML
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$ 87.00	MISC MEDICINE		409		
92504	BINOCULAR MICROSCOPY (SEPERATE PROCEDURE)	\$ 65.00	MISC MEDICINE		279		
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$ 25.00	MISC MEDICINE		479		
92567	TYMPANOMETRY	\$ 37.00	MISC MEDICINE		470		
93000	ELECTROCARDIOGRAM (EKG)	\$ 33.00	MISC MEDICINE		730		
93000,DOT	ELECTROCARDIOGRAM (EKG)	\$ -	MISC MEDICINE		730		
93005	EKG TRACING ONLY	\$ 14.00	MISC MEDICINE		985		
93010	EKG INTERPRETATION ONLY(OUTPATIENT)	\$ 18.00	MISC MEDICINE		730		
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BIC	\$ 156.00	MISC MEDICINE		482		
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BIC	\$ 49.00	MISC MEDICINE		482		
93040	RHYTHM ECG, 1-3 LEADS; WITH INTERPRETATION AND REPORT	\$ 28.00	MISC MEDICINE		730		
93225	HOLTER MONITOR HOOK-UP AND DISCONNE	\$ 43.00	MISC MEDICINE		985		
93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING REPORT-GENERATING SOFT	\$ 102.00	MISC MEDICINE		521		
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$ 440.00	ULTRASOUND		402		
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	\$ 286.00	ULTRASOUND		402		
93922	LIMITED BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMI	\$ 188.00	MISC MEDICINE		409		
93923	COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTI	\$ 291.00	ULTRASOUND		402		
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATE	\$ 330.00	ULTRASOUND		402		
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLE	\$ 454.00	ULTRASOUND		402		
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATE	\$ 284.00	ULTRASOUND		402		
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OI	\$ 432.00	ULTRASOUND		402		
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OI	\$ 271.00	ULTRASOUND		402		
93971,TC	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OI	\$ 223.00	ULTRASOUND		402		
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC,	\$ 612.00	ULTRASOUND		402		
93976	DUPLEX SCAN,ABDOMINAL,PELVIC,LIMITE	\$ 362.00	ULTRASOUND		402		
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAI	\$ 416.00	ULTRASOUND		402		
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAI	\$ 268.00	ULTRASOUND		402		
93985	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESS	\$ 588.00	ULTRASOUND		402		
93986	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATI'	\$ 340.00	MISC MEDICINE		402		
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACC	\$ 338.00	ULTRASOUND		402		
94010	SPIROMETRY COMPLETE	\$ 65.00	MISC MEDICINE		460		
94060	BRONCHOSPASM EVALUATION	\$ 102.00	MISC MEDICINE		460		
94150	PEAK FLOW METER	\$ 55.00	MISC MEDICINE		460		
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OB'	\$ 31.00	MISC MEDICINE		412		
95115	ALLERGY IMMUNOTHERAPY	\$ 20.00	ALLERGY		510		
95117	ALLERGY IMMUNOTHERAPY,2 OR MORE INJ	\$ 25.00	ALLERGY		510		
95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VI	\$ 338.00	MISC MEDICINE		490		
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VI	\$ 78.00	MISC MEDICINE		490		
95976	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANS	\$ 89.00	MISC MEDICINE		920		
95977	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANS	\$ 120.00	MISC MEDICINE		920		
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG., EPLEY MANEUVER, SEMONT MANEUVI	\$ 98.00	MISC MEDICINE		940		
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY	\$ 22.00	MISC MEDICINE		521		
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUA	\$ 294.00	MISC MEDICINE		929		
96360	IV INFUSION,HYDRATION ;INIT. 31 MIN TO 1 HR	\$ 78.00	DIAG INJECTIONS		263		
96361	IV INFUSION, HYDRATION; EA ADD HOUR	\$ 30.00	DIAG INJECTIONS		263		
96365	IV INFUSION, FOR THERAPY, PROPH OR DX; UP TO 1 HR.	\$ 158.00	DIAG INJECTIONS		263		
96372	THERAPEUTIC, PROPH, OR DX INJECT (SPECIFY DRUG)	\$ 31.00	DIAG INJECTIONS		761		
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DF	\$ 90.00	DIAG INJECTIONS		263		
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DF	\$ 37.00	MISC MEDICINE		263		
97597	DEBRIDEMENT, OPEN WOUND, PER SESSION; FIRST 20 SQCM OR LESS	\$ 222.00	MISC MEDICINE		490		
98925	OSTEOPATHIC MANIPULATIVE TREATMENT; 1-2 BODY REGIO	\$ 70.00	MISC MEDICINE		531		
98926	OSTEOPATHIC MANIPULATIVE TREATMENT; 3-4 BODY REGIO	\$ 99.00	MISC MEDICINE		531		
98927	OSTEOPATHIC MANIPULATIVE TREATMENT; 5-6 BODY REGIO	\$ 130.00	MISC MEDICINE		531		
98928	OSTEOPATHIC MANIPULATIVE TREATMENT; 7-8 BODY REGI	\$ 159.00	MISC MEDICINE		531		
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NO	\$ 31.00	TELEMEDICINE		521		
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NO	\$ 59.00	TELEMEDICINE		521		
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NO	\$ 87.00	TELEMEDICINE		521		
99000	SPECIMEN HANDLING AND/OR CONVEYANCE	\$ 27.00	MISC MEDICINE		971		
99024	POSTOPERATIVE F/U(INCLUDED IN GLOBA	\$ -	MISC MEDICINE		521		
99050	SVCS PROVIDED OUTSIDE NORMAL HOURS	\$ 50.00	MISC MEDICINE		521		
99051	SVCS PROVIDED EVENINGS/WEEKENDS UC	\$ 50.00	MISC MEDICINE		521		
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	\$ 7.00	MISC MEDICINE		521		
99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED H	\$ 27.00	MISC MEDICINE		521		
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$ 161.00	E&M OFFICE		521		
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$ 248.00	E&M OFFICE		521		
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$ 371.00	E&M OFFICE		521		
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	\$ 490.00	E&M OFFICE		521		
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AI	\$ 50.00	E&M OFFICE		521		
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AI	\$ 124.00	E&M OFFICE		521		
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AI	\$ 202.00	E&M OFFICE		521		
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AI	\$ 286.00	E&M OFFICE		521		

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AI	\$ 400.00	E&M OFFICE	521			
99217	OAP DISCHARGE MANAGEMENT	\$ 158.00	E&M INPATIENT	528			
99218	INITIAL OBSERV.,COMPREH.,LOW COMPLX	\$ 216.00	E&M INPATIENT	528			
99219	INITIAL OBSERV.CARE-COMPREH.MOD.COM	\$ 295.00	E&M INPATIENT	528			
99220	INIT.OBSERV.CARE-COMPREH.HIGH COMPLX	\$ 399.00	E&M INPATIENT	528			
99221	INITIAL HOSPITAL VISIT-DETAILED	\$ 221.00	E&M INPATIENT	528			
99222	INITIAL HOSPITAL VISIT MODERATE COM	\$ 298.00	E&M INPATIENT	528			
99223	INITIAL HOSPITAL CARE,COMPREHENSIVE	\$ 440.00	E&M INPATIENT	528			
99224	SUB OBSERVATION CARE,PER DAY LOW COMPLX	\$ 85.00	E&M INPATIENT	528			
99225	SUB OBSERVATION CARE,PER DAY MOD COMPLX	\$ 158.00	E&M INPATIENT	528			
99226	SUB OBSERVATION CARE,PER DAY HIGH COMPLX	\$ 227.00	E&M INPATIENT	528			
99231	SUBS.HOSP.VISIT LOW COMPLEXITY	\$ 84.00	E&M INPATIENT	528			
99232	SUBSEQUENT HOSP - MODERATE COMPLEXI	\$ 158.00	E&M INPATIENT	528			
99234	OBSERVATION-ADM/DIS-SAME DAY LOW CO	\$ 288.00	E&M INPATIENT	528			
99238	DISCHARGE SERVICE	\$ 158.00	E&M INPATIENT	528			
99239	DISCHARGE, 30 MIN OR MORE	\$ 233.00	E&M INPATIENT	528			
99241	OFC/OUTPT CN NEW OR EST. FOCUSED	\$ 103.00	E&M CONSULTS	521			
99242	OFC/OUTPT CN NEW/EST. EXPANDED	\$ 194.00	E&M CONSULTS	521			
99243	OFC/OUTPT CN, NEW OR EST. DETAILED	\$ 266.00	E&M CONSULTS	521			
99244	OFC/OUTPT CN NEW/EST COMP, MOD COMPX	\$ 399.00	E&M CONSULTS	521			
99245	OFC/OUTPT CN NEW/EST COMP.HIGH COMP	\$ 486.00	E&M CONSULTS	521			
99282	E.D. VISIT, EXPANDED, LOW COMPLEXIT	\$ 95.00	E&M ER	528			
99304	INITIAL NURSING FACI;LOW COMPLEXITY	\$ 197.00	E&M NURSING HOME	524			
99305	INITIAL NURSING FACIL; MODERATE COM	\$ 284.00	E&M NURSING HOME	524			
99306	INITIAL NURSING FACIL; HIGH COMPLEX	\$ 365.00	E&M NURSING HOME	524			
99307	SUBSEQUENT NURSING FACIL;PROB FOC	\$ 96.00	E&M NURSING HOME	524			
99308	SUBSEQUENT NURSING FACIL; LOW COMPL	\$ 151.00	E&M NURSING HOME	524			
99309	SUBSEQUENT NURSING FACIL; MODERATE	\$ 200.00	E&M NURSING HOME	524			
99310	SUBSEQUENT NURSING FACIL; HIGH COMP	\$ 296.00	E&M NURSING HOME	524			
99315	NH DISCHARGE, 30 MINS OR LESS	\$ 160.00	E&M NURSING HOME	524			
99316	NH DISCHARGE; MORE THAN 30 MIN	\$ 230.00	E&M NURSING HOME	524			
99318	ANNUAL NURSING FACIL ASSESSMENT	\$ 210.00	E&M NURSING HOME	524			
99324	REST HOME VISIT;PROB FOCUSED/NEW PT	\$ 119.00	E&M OTHER HOME	522			
99325	REST HOME VISIT;EXP PROB FOC/NEW PT	\$ 174.00	E&M OTHER HOME	522			
99326	REST HOME VISIT; MOD COMPLEX/NEW PT	\$ 305.00	E&M OTHER HOME	522			
99327	REST HOM VISIT;COMP EXAM,MOD NEW PT	\$ 408.00	E&M OTHER HOME	522			
99334	R HOME VISIT,EST; PROB FOCUSED	\$ 132.00	E&M OTHER HOME	521			
99335	R HOME VISIT, EST; LOW COMPLEX	\$ 210.00	E&M OTHER HOME	521			
99336	R HOME VISIT, EST; MOD COMPLEX	\$ 297.00	E&M OTHER HOME	521			
99337	R HOME VISIT, EST; HIGH COMPLEX	\$ 425.00	E&M OTHER HOME	521			
99341	HOME VISIT, PROBLEM FOCUSED	\$ 120.00	E&M HOME	522			
99342	HOME VISIT, EXP PROB FOCUSED	\$ 169.00	E&M HOME	522			
99343	HOME VISIT, DETAILED	\$ 280.00	E&M HOME	522			
99344	HOME VISIT, COMPREHENSIVE	\$ 398.00	E&M HOME	522			
99345	HOME VISIT, HIGH COMPLEX	\$ 483.00	E&M HOME	522			
99347	HOME VISIT, ESTABLISHED, FOCUSED	\$ 120.00	E&M HOME	522			
99348	HOME VISIT, EXPANDED	\$ 184.00	E&M HOME	522			
99349	HOME VISIT, ESTABLISHED,DETAILED	\$ 283.00	E&M HOME	522			
99350	HOME VISIT, COMPREHENSIVE	\$ 392.00	E&M HOME	522			
99381	PREV.MED.,NEW PT. UNDER ONE YEAR	\$ 245.00	E&M OFFICE	521			
99382	PREV.MED,NEW PT. AGE 1-4	\$ 256.00	E&M OFFICE	521			
99383	PREV.MED.,NEW PT. AGE 5-11	\$ 265.00	E&M OFFICE	521			
99384	PREV.MED. NEW PT, AGE 12-17	\$ 298.00	E&M OFFICE	521			
99385	PREV.MED.,NEW PT. AGE 18-39	\$ 290.00	E&M OFFICE	521			
99386	PREV.MED. NEW PT. AGE 40-64	\$ 336.00	E&M OFFICE	521			
99387	PREV. MED. NEW PT. 65 AND OVER	\$ 364.00	E&M OFFICE	521			
99391	PREV. MED., ESTABLISHED UNDER 1 YR	\$ 220.00	E&M OFFICE	521			
99392	PREV.MED., ESTABLISHED, AGE 1-4	\$ 235.00	E&M OFFICE	521			
99393	PREV.MED., ESTABLISHED AGE 5-11	\$ 234.00	E&M OFFICE	521			
99394	PREV.MED. ESTABLISHED AGE 12-17	\$ 256.00	E&M OFFICE	521			
99395	PREV.MED. ESTABLISHED, AGE 18-39	\$ 262.00	E&M OFFICE	521			
99396	PREV. MED. ESTABLISHED AGE 40-64	\$ 279.00	E&M OFFICE	521			
99397	PREV.MED. ESTABLISHED OVER 65	\$ 299.00	E&M OFFICE	521			
99406	SMOKING CESSATION; 3 TO 10 MINUTES	\$ 34.00	E&M OTHER	521			
99407	SMOKING CESSATION; INTENSIVE, GREATER THAN 10 MINS	\$ 63.00	E&M OTHER	521			
99417	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVIC	\$ 73.00	E&M OFFICE	521			
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE; 5-10M	\$ 124.00	TELEMEDICINE	521			
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE;11-20M	\$ 202.00	TELEMEDICINE	521			
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE;21-30M	\$ 287.00	TELEMEDICINE	521			
99460	INITIAL HOSP CARE, PER DAY, NORMAL NEWBORN	\$ 210.00	E&M INPATIENT	528			
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NO	\$ 91.00	E&M INPATIENT	528			
99464	ATTENDANCE AT DELIVERY & INIT STABILIZATION OF NB	\$ 164.00	E&M INPATIENT	528			
99490	CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS	\$ 90.00	CCM	521			
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVAN	\$ 188.00	E&M OTHER	528			
99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVAN	\$ 163.00	E&M OTHER	528			
99499,DOT	DOT PHYSICAL	\$ 185.00	E&M OFFICE				

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY	\$ 17.00	SUPPLIES	273			
A4561	PESSARY, RUBBER, ANY TYPE	\$ 69.00	SUPPLIES	270			
A4565	ARM SLING, ADULT/PEDIATRIC	\$ 20.00	SUPPLIES	290			
A4570	SPLINT	\$ 35.00	SUPPLIES	290			
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	\$ 102.00	SUPPLIES	272			
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD	\$ 11.00	SUPPLIES	273			
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN 16 SQ. IN. OR LESS W/OUT ADHESIVE BORDER, EACH	\$ 4.00	SUPPLIES	270			
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER; 16 SQ. IN. OR LESS W/OUT ADHESIVE BORDER, EACH	\$ 3.00	SUPPLIES	270			
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ADHESIVE BORDER, EACH	\$ 9.00	SUPPLIES	279			
A6402	GAUZE, NONIMPREGNATED, STERILE, 16 SQ IN OR LESS, W/OUT ADHESIVE BORDER, EACH	\$ -	SUPPLIES	270			
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN 3 IN, P	\$ 4.00	SUPPLIES	270			
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH BETWEEN 3 AND 4 IN, P	\$ 2.00	SUPPLIES	270			
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN 4 IN, P	\$ 3.00	SUPPLIES	270			
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NONKNITTED/NONWOVEN, WIDTH LESS THAN 3 IN, P	\$ 1.00	SUPPLIES	270			
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNIT	\$ 2.00	SUPPLIES	273			
E0114,NU	CRUTCHES	\$ 67.00	SUPPLIES	279			
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$ 45.00	IMMUN ADMIN	771			
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$ 48.00	IMMUN ADMIN	771			
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$ 50.00	IMMUN ADMIN	771			
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$ 86.00	E&M OFFICE	521			
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$ 53.00	SURGICAL PROCEDURES	490			
G0279,TC	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATELY)	\$ 55.00	MAMMOGRAPHY	401			
G0402	WELCOME TO MEDICARE VISIT - IPPE	\$ 371.00	E&M OFFICE	521			
G0403	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FUNCTION	\$ 33.00	MISC MEDICINE	730			
G0404	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	\$ 14.00	MISC MEDICINE	985			
G0405	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; INTERPRETATION AND REPORT	\$ 18.00	MISC MEDICINE	730			
G0438	AWV, MEDICARE WELLNESS - INITIAL VISIT	\$ 370.00	E&M OFFICE	521			
G0439	AWV, MEDICARE WELLNESS - SUBSEQUENT VISIT	\$ 292.00	E&M OFFICE	521			
G0466	FQHC VISIT, NEW PATIENT	\$ 294.00	E&M OFFICE	521			
G0467	FQHC VISIT, ESTABLISHED PATIENT	\$ 214.00	E&M OFFICE	521			
G0468	FQHC VISIT, IPPE OR AWV	\$ 267.00	E&M OFFICE	521			
G0470	FQHC VISIT, MENTAL HEALTH, EST	\$ 214.00	MENTAL HEALTH	900			
G0511	RHC OR FQHC ONLY, GENERAL CARE MANAGEMENT, 20 MINUTES OR MORE OF CLINIC TIME	\$ 85.00	CCM	521			
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROVIDER	\$ 34.00	TELEMEDICINE	521			
G2025	SERVICES FURNISHED VIA TELEHEALTH	\$ 225.00	TELEMEDICINE	521			
G2212	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE	\$ 73.00	E&M OFFICE	521			
J0153	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANOTHER CPT CODE)	\$ 10.00	SUPPLIES	636			
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	\$ 9.00	VACCINES	636 54288010310			
J0401	INJECTION ARIPIRAZOLE EXTENDED RELEASE 1MG	\$ -	SUPPLIES	636			
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$ 23.00	VACCINES	636			
J0696	ROCEPHIN, 250 MG	\$ 15.00	VACCINES	636 68180063301			
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	\$ -	VACCINES	636			
J0897	INJECTION, DENOSUMAB, 1 MG	\$ -	VACCINES	636 55513071001			1 ML
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$ 12.00	VACCINES	636 9027401			20 ME
J1030	DEPOMEDROL INJ (PER 40 MG)	\$ 15.00	VACCINES	636 9307301			40 ME
J1040	DEPOMEDROL, 80 MG INJ	\$ 26.00	VACCINES	636 9347501			80 ME
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	\$ -	VACCINES	636 59762453701			150 ME
J1071	INJECTION TESTOSTERONE CYPIONATE 1MG	\$ -	SUPPLIES	636			
J1100	DEXAMETHASONE SOD PHOSPH (1MG)	\$ 2.00	VACCINES	636 63323016501			1 ME
J1200	BENADRYL INJ, UP TO 50 MG	\$ 4.00	VACCINES	636 641037621			50 ME
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	\$ 35.00	ADMIN	636 63323047401			
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	\$ 50.00	SUPPLIES	636 71225010401			1 ML
J1885	TORADOL, PER 15 MG.	\$ 8.00	VACCINES	636 409379301			
J1940	LASIX IV/IM (20 MG)	\$ 7.00	VACCINES	636			
J1944	INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG	\$ -	VACCINES	636			
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	\$ -	VACCINES	636			
J2060	INJECTION LORAZEPAM 2 MG	\$ 3.00	VACCINES	636 409677802			
J2270	MORPHINE INJ (UP TO 10 MG)	\$ 6.00	VACCINES	636 409189101			
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	\$ 30.00	VACCINES	636			
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$ -	SUPPLIES	636			
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	\$ -	SUPPLIES	636 78081881			20 ME
J2357	INJECTION, OMALIZUMAB, 5 MG	\$ -	SUPPLIES	636			
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$ 2.00	SUPPLIES	636 36000001225			1 ME
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 UNITS)	\$ 185.00	VACCINES	636 562780505			1500 F2
J2930	SOLUMEDROL IM INJ(UP TO 125 MG)	\$ 16.00	VACCINES	636 9004722			125 ME
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN OTHER CPT CODE IS USED)	\$ 100.00	SUPPLIES	636			
J3301	KENALOG INJ (PER 10 MG)	\$ 6.00	VACCINES	636 3029328			
J3420	B - 12	\$ 10.00	VACCINES	636 517003125			1 ML
J3490	VALPROATE SODIUM 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION	\$ -	SUPPLIES	636			
J3590	TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	\$ -	VACCINES	636			
J7120	RINGERS LACTATE INFUSION UP TO 1000 CC	\$ 17.00	SUPPLIES	636			
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 RINGERS	\$ 1,055.00	SUPPLIES	636 23585801			52 ME
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 RINGERS	\$ 1,430.00	SUPPLIES	636 50419042301			1 UN
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$ 1,191.00	SUPPLIES	636 59365512801			1 UN
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 RINGERS	\$ 1,200.00	SUPPLIES	636 50419042201			13.5 ME
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	\$ 1,290.00	SUPPLIES	636 78206014501			68 ME

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
L0120	CERVICAL COLLAR, FOAM	\$ 36.00	SUPPLIES	270			
L1906	ANKLE FOOT ORTHOSIS (AFO), MULTILIGAMENOUS ANKLE SUPPORT, PREFABRICATED	\$ 150.00	SUPPLIES	274			
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED	\$ 51.00	SUPPLIES	274			
L3260	POST-OP SHOE	\$ 40.00	SUPPLIES	273			
L3660	SO FIG 8 DESN ABDUCT RESTRNER CANVAS&WEB PRFAB	\$ 120.00	SUPPLIES	273			
L3908	WRIST COCK UP BRACE	\$ 77.00	SUPPLIES	270			
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEA	\$ 45.00	SUPPLIES	274			
MISCFEE	ADMINISTRATIVE FEE	\$ -	ADMIN				
MISCNS	PATIENT NO SHOW FEE	\$ 25.00	ADMIN				
Q0091	PAP SMEAR; PREP & CONV TO LAB	\$ 95.00	OFFICE LAB	770			
Q4018	LONG ARM SPLINT, ADULT	\$ 40.00	SUPPLIES	270			
Q4020	LONG ARM SPLINT, PEDIATRIC	\$ 22.00	SUPPLIES	270			
Q4022	SHORT ARM SPLINT, ADULT	\$ 35.00	SUPPLIES	273			
Q4024	SHORT ARM SPLINT, PEDIATRIC	\$ 21.00	SUPPLIES	273			
Q4042	LONG LEG SPLINT, ADULT	\$ 65.00	SUPPLIES	270			
Q4044	LONG LEG SPLINT, PEDIATRIC	\$ 38.00	SUPPLIES	270			
Q4046	SHORT LEG SPLINT, ADULT	\$ 45.00	SUPPLIES	270			
Q4049	FINGER SPLINT, 4 PRONG	\$ 15.00	SUPPLIES	270			
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENI	\$ -	SUPPLIES	270			
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	\$ 325.00	E&M OFFICE	521			
S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	\$ 242.00	E&M OFFICE	521			
S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARAT	\$ 15.00	SUPPLIES	699			
S9083	GLOBAL FEE URGENT CARE CENTERS	\$ 236.00	MISC MEDICINE	526			