

CPT	Description	Fee	Group
MISCFEE	ADMINISTRATIVE FEE	\$ 25.00	ADMIN
MISCNS	PATIENT NO SHOW FEE	\$ 25.00	ADMIN
99241	OFC/OUTPT CN NEW OR EST. FOCUSED	\$ 95.00	E&M CONSULTS
99242	OFC/OUTPT CN NEW/EST. EXPANDED	\$ 179.00	E&M CONSULTS
99243	OFC/OUTPT CN, NEW OR EST. DETAILED	\$ 245.00	E&M CONSULTS
99244	OFC/OUTPT CN NEW/EST COMP, MOD COMPX	\$ 365.00	E&M CONSULTS
99245	OFC/OUTPT CN NEW/EST COMP.HIGH COMP	\$ 446.00	E&M CONSULTS
99251	INITIAL INPT. CONSULT, DETAILED	\$ 98.00	E&M CONSULTS
99252	INITIAL INPT. CONSULT, EXPANDED	\$ 150.00	E&M CONSULTS
99253	INITIAL INPT. CONSULT-DETAILED	\$ 230.00	E&M CONSULTS
99254	INITIAL INPT. CN.-COMP/MOD.COMPLEX	\$ 333.00	E&M CONSULTS
99255	INITIAL INPT. CN-COMPR.-HIGH COMPLX	\$ 414.00	E&M CONSULTS
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND	\$ 42.00	E&M ER
99282	E.D. VISIT, EXPANDED, LOW COMPLEXIT	\$ 83.00	E&M ER
99283	E.D. VISIT, EXPANDED, MOD. COMPLEXI	\$ 124.00	E&M ER
99284	E.D. VISIT, DETAILED MODERATE COMPL	\$ 237.00	E&M ER
99285	E.D.VISIT, COMPREHENSIVE-HIGH COMPL	\$ 347.00	E&M ER
99341	HOME VISIT, PROBLEM FOCUSED	\$ 112.00	E&M HOME
99342	HOME VISIT, EXP PROB FOCUSED	\$ 161.00	E&M HOME
99343	HOME VISIT, DETAILED	\$ 265.00	E&M HOME
99344	HOME VISIT, COMPREHENSIVE	\$ 368.00	E&M HOME
99345	HOME VISIT, HIGH COMPLEX	\$ 444.00	E&M HOME
99347	HOME VISIT, ESTABLISHED, FOCUSED	\$ 112.00	E&M HOME
99348	HOME VISIT, EXPANDED	\$ 170.00	E&M HOME
99349	HOME VISIT, ESTABLISHED,DETAILED	\$ 259.00	E&M HOME
99350	HOME VISIT, COMPREHENSIVE	\$ 359.00	E&M HOME
99217	OAP DISCHARGE MANAGEMENT	\$ 146.00	E&M INPATIENT
99218	INITIAL OBSERV.,COMPREH.,LOW COMPLX	\$ 200.00	E&M INPATIENT
99219	INITIAL OBSERV.CARE-COMPREH.MOD.COM	\$ 273.00	E&M INPATIENT
99220	INIT.OBSERV.CARE-COMPREH.HIGH COMPX	\$ 374.00	E&M INPATIENT
99221	INITIAL HOSPITAL VISIT-DETAILED	\$ 204.00	E&M INPATIENT
99222	INITIAL HOSPITAL VISIT MODERATE COM	\$ 278.00	E&M INPATIENT
99223	INITIAL HOSPITAL CARE,COMPREHENSIVE	\$ 409.00	E&M INPATIENT
99224	SUB OBSERVATION CARE,PER DAY LOW COMPLX	\$ 80.00	E&M INPATIENT
99225	SUB OBSERVATION CARE,PER DAY MOD COMPLX	\$ 146.00	E&M INPATIENT
99226	SUB OBSERVATION CARE,PER DAY HIGH COMPLX	\$ 211.00	E&M INPATIENT
99231	SUBS.HOSP.VISIT LOW COMPLEXITY	\$ 79.00	E&M INPATIENT
99232	SUBSEQUENT HOSP - MODERATE COMPLEXI	\$ 145.00	E&M INPATIENT
99233	HOSPITAL VISIT/SUBSEQUENT/COMPREHEN	\$ 210.00	E&M INPATIENT
99234	OBSERVATION-ADM/DIS-SAME DAY LOW CO	\$ 270.00	E&M INPATIENT
99235	OBSERV. ADM/DIS-SAME DAY - MOD. COM	\$ 340.00	E&M INPATIENT
99236	OBSERV. ADM/DIS-SAME DAY -HIGH COMP	\$ 439.00	E&M INPATIENT
99238	DISCHARGE SERVICE	\$ 147.00	E&M INPATIENT
99239	DISCHARGE, 30 MIN OR MORE	\$ 217.00	E&M INPATIENT
99291	CRITICAL CARE, INIT.-1ST. 30-74 MIN	\$ 560.00	E&M INPATIENT
99292	CRITICAL CARE EA. ADDITIONAL 30 MIN	\$ 249.00	E&M INPATIENT
99460	INITIAL HOSP CARE, PER DAY, NORMAL NEWBORN	\$ 186.00	E&M INPATIENT
99462	SUBSEQUENT INPATIENT, PER DAY, NORMAL NEWBORN	\$ 84.00	E&M INPATIENT
99463	E&M, NEWBORN, ADMIT AND DISC SAME DATE	\$ 234.00	E&M INPATIENT
99464	ATTENDANCE AT DELIVERY & INIT STABILIZATION OF NB	\$ 155.00	E&M INPATIENT
99465	DELIVERY ROOM NEWBORN RESUSCITATION	\$ 296.00	E&M INPATIENT
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	\$ 712.00	E&M INPATIENT
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUA	\$ 259.00	E&M INPATIENT
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUA	\$ 242.00	E&M INPATIENT

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99304	INITIAL NURSING FACI;LOW COMPLEXITY	\$ 188.00	E&M NURSING HOME
99305	INITIAL NURSING FACIL; MODERATE COM	\$ 267.00	E&M NURSING HOME
99306	INITIAL NURSING FACIL; HIGH COMPLEX	\$ 339.00	E&M NURSING HOME
99307	SUBSEQUENT NURSING FACIL;PROB FOC	\$ 90.00	E&M NURSING HOME
99308	SUBSEQUENT NURSING FACIL; LOW COMPL	\$ 140.00	E&M NURSING HOME
99309	SUBSEQUENT NURSING FACIL; MODERATE	\$ 184.00	E&M NURSING HOME
99310	SUBSEQUENT NURSING FACIL; HIGH COMPL	\$ 274.00	E&M NURSING HOME
99315	NH DISCHARGE, 30 MINS OR LESS	\$ 148.00	E&M NURSING HOME
99316	NH DISCHARGE; MORE THAN 30 MIN	\$ 212.00	E&M NURSING HOME
99318	ANNUAL NURSING FACIL ASSESSMENT	\$ 194.00	E&M NURSING HOME
99201	INITIAL OFFICE VISIT, FOCUSED	\$ 90.00	E&M OFFICE
99202	INITIAL OFFICE VISIT, EXPANDED	\$ 153.00	E&M OFFICE
99203	INITIAL OFFICE VISIT, DETAILED	\$ 221.00	E&M OFFICE
99204	INITIAL OV, COMPREHENSIVE,MOD.COMPL	\$ 337.00	E&M OFFICE
99205	INITIAL OV,COMPREHENSIVE HIGH COMPL	\$ 418.00	E&M OFFICE
99211	ESTABLISHED OV, MINIMAL	\$ 42.00	E&M OFFICE
99212	ESTABLISHED OFFICE VISIT, FOCUSED	\$ 90.00	E&M OFFICE
99213	ESTABLISHED OFFICE VISIT,EXPANDED	\$ 149.00	E&M OFFICE
99214	ESTABLISHED OFFICE VISIT,DETAILED	\$ 220.00	E&M OFFICE
99215	ESTABLISHED OV,COMPREHENSIVE	\$ 294.00	E&M OFFICE
99354	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERA	\$ 201.00	E&M OFFICE
99381	PREV.MED.,NEW PT. UNDER ONE YEAR	\$ 226.00	E&M OFFICE
99382	PREV.MED,NEW PT. AGE 1-4	\$ 235.00	E&M OFFICE
99383	PREV.MED.,NEW PT. AGE 5-11	\$ 245.00	E&M OFFICE
99384	PREV.MED. NEW PT, AGE 12-17	\$ 277.00	E&M OFFICE
99385	PREV.MED.,NEW PT. AGE 18-39	\$ 269.00	E&M OFFICE
99386	PREV.MED. NEW PT. AGE 40-64	\$ 311.00	E&M OFFICE
99387	PREV. MED. NEW PT. 65 AND OVER	\$ 338.00	E&M OFFICE
99391	PREV. MED., ESTABLISHED UNDER 1 YR	\$ 203.00	E&M OFFICE
99392	PREV.MED., ESTABLISHED, AGE 1-4	\$ 217.00	E&M OFFICE
99393	PREV.MED., ESTABLISHED AGE 5-11	\$ 216.00	E&M OFFICE
99394	PREV.MED. ESTABLISHED AGE 12-17	\$ 236.00	E&M OFFICE
99395	PREV.MED. ESTABLISHED, AGE 18-39	\$ 241.00	E&M OFFICE
99396	PREV. MED. ESTABLISHED AGE 40-64	\$ 257.00	E&M OFFICE
99397	PREV.MED. ESTABLISHED OVER 65	\$ 277.00	E&M OFFICE
99455	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY	\$ 220.00	E&M OFFICE
99456	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY	\$ 337.00	E&M OFFICE
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND C	\$ 78.00	E&M OFFICE
G0402	WELCOME TO MEDICARE VISIT - IPPE	\$ 338.00	E&M OFFICE
G0438	AWV, MEDICARE WELLNESS - INITIAL VISIT	\$ 350.00	E&M OFFICE
G0439	AWV, MEDICARE WELLNESS - SUBSEQUENT VISIT	\$ 232.00	E&M OFFICE
99356	PROLONGED PHYS.-SERV. INPT.-1ST.HR	\$ 185.00	E&M OTHER
99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION	\$ 185.00	E&M OTHER
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR	\$ 74.00	E&M OTHER
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR	\$ 126.00	E&M OTHER
99406	SMOKING CESSATION; 3 TO 10 MINUTES	\$ 29.00	E&M OTHER
99407	SMOKING CESSATION; INTENSIVE, GREATER THAN 10 MINS	\$ 56.00	E&M OTHER
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AN	\$ 180.00	E&M OTHER
99325	REST HOME VISIT;EXP PROB FOC/NEW PT	\$ 163.00	E&M OTHER HOME
99326	REST HOME VISIT; MOD COMPLEX/NEW PT	\$ 282.00	E&M OTHER HOME
99327	REST HOM VISIT;COMP EXAM,MOD NEW PT	\$ 376.00	E&M OTHER HOME
99334	R HOME VISIT,EST; PROB FOCUSED	\$ 122.00	E&M OTHER HOME
99335	R HOME VISIT, EST; LOW COMPLEX	\$ 192.00	E&M OTHER HOME
99336	R HOME VISIT, EST; MOD COMPLEX	\$ 272.00	E&M OTHER HOME

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99337	R HOME VISIT, EST; HIGH COMPLEX	\$ 389.00	E&M OTHER HOME
59025	FETAL NON-STRESS TEST	\$ 98.00	MATERNITY
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQ SALPINGECTOMY AND/OR OOPHORECTOMY	\$ 1,603.00	MATERNITY
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	\$ 1,552.00	MATERNITY
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY	\$ 1,508.00	MATERNITY
59160	CURETTAGE, POSTPARTUM	\$ 413.00	MATERNITY
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	\$ 394.00	MATERNITY
59400	ROUTINE OB CARE-VAG.DEL.-POSTPART.	\$ 4,238.00	MATERNITY
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$ 1,643.00	MATERNITY
59410	VAGINAL DEL. WITH POST PART. CARE	\$ 2,095.00	MATERNITY
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$ 184.00	MATERNITY
59425	ANTEPARTUM CARE (VISITS 4-6)	\$ 928.00	MATERNITY
59426	ANTEPARTUM CARE (VISITS 7 PLUS)	\$ 1,663.00	MATERNITY
59430	POSTPARTUM CARE ONLY	\$ 377.00	MATERNITY
59510	CESAREAN DELIVERY (INCLUDING CARE)	\$ 4,678.00	MATERNITY
59514	CESAREAN DELIVERY, ONLY	\$ 1,846.00	MATERNITY
59515	CESAREAN DELIVERY W/POST PART.CARE	\$ 2,539.00	MATERNITY
59610	ROUTINE OB CARE-VAG DEL POSTPART, AFTER PREVIOUS CESAREAN DELIVERY	\$ 4,433.00	MATERNITY
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY	\$ 1,839.00	MATERNITY
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	\$ 645.00	MATERNITY
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	\$ 774.00	MATERNITY
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	\$ 439.00	MATERNITY
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG	\$ 5.00	MATERNITY
90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITIO	\$ 10.00	MENTAL HEALTH
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 314.00	MENTAL HEALTH
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SER	\$ 261.00	MENTAL HEALTH
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	\$ 131.00	MENTAL HEALTH
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFOR	\$ 87.00	MENTAL HEALTH
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	\$ 169.00	MENTAL HEALTH
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFOR	\$ 141.00	MENTAL HEALTH
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	\$ 248.00	MENTAL HEALTH
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	\$ 430.00	MENTAL HEALTH
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUT	\$ 120.00	MENTAL HEALTH
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$ 155.00	MENTAL HEALTH
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WIT	\$ 186.00	MENTAL HEALTH
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATI	\$ 149.00	MENTAL HEALTH
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED	\$ 41.00	MENTAL HEALTH
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES,	\$ 39.00	MENTAL HEALTH
81000	FULL U/A %	\$ 9.00	OFFICE LAB
81001	URINALYSIS, AUTOMATED W/MICROSCOPY	\$ 9.00	OFFICE LAB
81002	URINALYSIS, NON-AUTO., W/OUT MICRO%	\$ 8.00	OFFICE LAB
81003	URINALYSIS, DIP-STICK W/O MICRO	\$ 7.00	OFFICE LAB
81015	URINALYSIS; MICROSCOPIC ONLY	\$ 9.00	OFFICE LAB
81025	URINE PREGNANCY TEST %	\$ 19.00	OFFICE LAB
82270	HEMOCCULT %	\$ 10.00	OFFICE LAB
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC)	\$ 10.00	OFFICE LAB
82272	HEMOCCULT;SINGLE SPECIMEN (DIGITAL)%	\$ 10.00	OFFICE LAB
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION B	\$ 37.00	OFFICE LAB
82947	GLUCOSE;QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$ 12.00	OFFICE LAB
83655	LEAD; QUANTITATIVE,BLOOD %	\$ 36.00	OFFICE LAB
85018	HEMOGLOBLIN ANALYSIS	\$ 7.00	OFFICE LAB
85610	PROTHROMBIN TIME	\$ 12.00	OFFICE LAB
86318	RAPID MONO TEST %	\$ 38.00	OFFICE LAB
86580	PPD	\$ 16.00	OFFICE LAB

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87210	WET PREP %	\$ 12.00	OFFICE LAB
87220	KOH PREP %	\$ 13.00	OFFICE LAB
87804	RAPID FLU TEST	\$ 34.00	OFFICE LAB
87880	STREP A 01A, IMMUNOASSAY (IN OFFICE)	\$ 34.00	OFFICE LAB
Q0091	PAP SMEAR; PREP & CONV TO LAB	\$ 94.00	OFFICE LAB
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$ 13.00	OFFICE LAB
70030,TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FORE	\$ 44.00	RADIOLOGY
70100,TC	X-RAY MANDIBLE PARTIAL	\$ 54.00	RADIOLOGY
70110,TC	X-RAY MANDIBLE-COMplete	\$ 57.00	RADIOLOGY
70120,TC	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN 3 VIEW	\$ 57.00	RADIOLOGY
70130,TC	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMU	\$ 88.00	RADIOLOGY
70140,TC	PARTIAL FACIAL X-RAY	\$ 42.00	RADIOLOGY
70150,TC	COMPLETE FACIAL X-RAY	\$ 63.00	RADIOLOGY
70160,TC	X-RAY NASAL BONES (COMPLETE)	\$ 53.00	RADIOLOGY
70190,TC	X-RAY OPTIC FORAMINA	\$ 54.00	RADIOLOGY
70200,TC	X-RAY ORBITS (COMPLETE)	\$ 63.00	RADIOLOGY
70210,TC	X-RAY SINUSES, PARANASAL (PARTIAL)	\$ 47.00	RADIOLOGY
70220,TC	X-RAY SINUSES,PARANASAL,COMPLETE	\$ 56.00	RADIOLOGY
70250,TC	X-RAY SKULL (PARTIAL)	\$ 53.00	RADIOLOGY
70260,TC	X-RAY SKULL (COMPLETE)	\$ 64.00	RADIOLOGY
70330,TC	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, O	\$ 76.00	RADIOLOGY
70360,TC	X-RAY SOFT TISSUE OF NECK	\$ 41.00	RADIOLOGY
71010,HHN	X-RAY CHEST; HUDSON HEADWATERS HEALTH NETWORK EMP	\$ -	RADIOLOGY
71010,TC	X-RAY CHEST (SINGLE)	\$ 30.00	RADIOLOGY
71010,WCH	CHEST XRAY (SINGLE)	\$ 40.00	RADIOLOGY
71020,HHN	X-RAY CHEST (TWO VIEWS)	\$ -	RADIOLOGY
71020,TC	X-RAY CHEST (TWO VIEWS)	\$ 41.00	RADIOLOGY
71020,WCH	X-RAY CHEST (TWO VIEWS)	\$ 40.00	RADIOLOGY
71021,TC	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AN	\$ 51.00	RADIOLOGY
71022,TC	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AN	\$ 68.00	RADIOLOGY
71030,TC	X-RAY CHEST (COMPLETE)	\$ 65.00	RADIOLOGY
71035,TC	XRAY, CHEST, SPECIAL VIEW	\$ 57.00	RADIOLOGY
71100,TC	X-RAY RIBS (UNILATERAL)	\$ 45.00	RADIOLOGY
71101,TC	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDIN	\$ 55.00	RADIOLOGY
71110,TC	X-RAY RIBS (BILATERAL)	\$ 57.00	RADIOLOGY
71111,TC	XRAY, BILAT RIBS; PA CHEST, 4VIEWS	\$ 79.00	RADIOLOGY
71120,TC	X-RAY STERNUM	\$ 46.00	RADIOLOGY
71130,TC	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR	\$ 78.00	RADIOLOGY
72020,TC	XRAY,SPINE, SINGLE VIEW (TC CHARGE)	\$ 33.00	RADIOLOGY
72040,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS O	\$ 51.00	RADIOLOGY
72050,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VI	\$ 68.00	RADIOLOGY
72052,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE	\$ 92.00	RADIOLOGY
72070,TC	X-RAY THORACIC SPINE (AP & LATERAL)	\$ 48.00	RADIOLOGY
72072,TC	XRAY, SPINE, THORACIC, 3 VIEWS	\$ 55.00	RADIOLOGY
72080,TC	X-RAY THORACOLUMBAR SPINE (AP & LAT	\$ 53.00	RADIOLOGY
72081,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND	\$ 52.00	RADIOLOGY
72082,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND	\$ 94.00	RADIOLOGY
72083,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND	\$ 102.00	RADIOLOGY
72084,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND	\$ 122.00	RADIOLOGY
72100,TC	X-RAY LUMBOSACRAL SPINE (AP & LATER	\$ 51.00	RADIOLOGY
72110,TC	X-RAY LUMBOSACRAL (COMPLETE)	\$ 70.00	RADIOLOGY
72114,TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLE	\$ 99.00	RADIOLOGY
72120,TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDIN	\$ 64.00	RADIOLOGY
72170,TC	X-RAY PELVIS (AP)	\$ 42.00	RADIOLOGY

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72190,TC	X-RAY PELVIS (COMPLETE)	\$ 68.00	RADIOLOGY
72200,TC	X-RAY SACROILIAC JOINTS (TWO VIEWS)	\$ 44.00	RADIOLOGY
72202,TC	X-RAY SACROILIAC JOINTS (THREE VIEW)	\$ 53.00	RADIOLOGY
72220,TC	X-RAY SACRUM & COCCYX	\$ 43.00	RADIOLOGY
73000,TC	X-RAY CLAVICLE (COMPLETE)	\$ 44.00	RADIOLOGY
73010,TC	X-RAY SCAPULA (COMPLETE)	\$ 48.00	RADIOLOGY
73020,TC	X-RAY SHOULDER (1 VIEW)	\$ 34.00	RADIOLOGY
73030,TC	X-RAY SHOULDER (COMPLETE)	\$ 44.00	RADIOLOGY
73050,TC	X-RAY ACROMIOCLAVICULAR JOINTS	\$ 62.00	RADIOLOGY
73060,TC	X-RAY HUMERUS	\$ 43.00	RADIOLOGY
73070,TC	X-RAY ELBOW (AP & LATERAL)	\$ 44.00	RADIOLOGY
73080,TC	X-RAY ELBOW (COMPLETE)	\$ 53.00	RADIOLOGY
73090,TC	X-RAY FOREARM (AP & LATERAL)	\$ 42.00	RADIOLOGY
73092,TC	X-RAY FOREARM (UPPER EXTREMITY, INF	\$ 51.00	RADIOLOGY
73100,TC	X-RAY WRIST (AP & LATERAL)	\$ 48.00	RADIOLOGY
73110,TC	X-RAY WRIST COMPLETE (MIM 3 VIEWS)	\$ 62.00	RADIOLOGY
73120,TC	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	\$ 41.00	RADIOLOGY
73130,TC	X-RAY HAND (COMPLETE)	\$ 51.00	RADIOLOGY
73130,TC,SPE	X-RAY HAND (COMPLETE); SPECIALTY VISIT	\$ 51.00	RADIOLOGY
73140,TC	X-RAY FINGER (S) MIM 2 VIEWS	\$ 57.00	RADIOLOGY
73501,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELV	\$ 41.00	RADIOLOGY
73502,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELV	\$ 61.00	RADIOLOGY
73503,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELV	\$ 76.00	RADIOLOGY
73521,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELV	\$ 57.00	RADIOLOGY
73522,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELV	\$ 68.00	RADIOLOGY
73523,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELV	\$ 82.00	RADIOLOGY
73551,TC	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	\$ 39.00	RADIOLOGY
73552,TC	RADIOLOGIC EXAMINATION, FEMUR; MINIMUM 2 VIEWS	\$ 46.00	RADIOLOGY
73560,TC	X-RAY KNEE (AP & LATERAL)	\$ 46.00	RADIOLOGY
73562,TC	AP/LAT OF KNEE (3 VIEWS)	\$ 59.00	RADIOLOGY
73564,TC	X-RAY KNEE (COMPLETE)	\$ 68.00	RADIOLOGY
73564,TC,SPE	X-RAY KNEE (COMPLETE); SPECIALTY VISIT	\$ 68.00	RADIOLOGY
73565,TC	X-RAY, BOTH KNEES,STANDING, AP	\$ 55.00	RADIOLOGY
73590,TC	X-RAY TIBIA/FIBULA (AP & LATERAL)	\$ 40.00	RADIOLOGY
73592,TC	X-RAY (LOWER EXTREMITY) INFANT	\$ 42.00	RADIOLOGY
73600,TC	X-RAY ANKLE (AP & LATERAL)	\$ 44.00	RADIOLOGY
73610,TC	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM O	\$ 53.00	RADIOLOGY
73620,TC	X-RAY FOOT (AP & LATERAL)	\$ 42.00	RADIOLOGY
73630,TC	X-RAY FOOT (COMPLETE)	\$ 49.00	RADIOLOGY
73630,TC,SPE	X-RAY FOOT (COMPLETE); SPECIALTY VISIT	\$ 49.00	RADIOLOGY
73650,TC	X-RAY CALCANEUS (AP & LATERAL)	\$ 44.00	RADIOLOGY
73660,TC	X-RAY TOES (AP & LATERAL)	\$ 51.00	RADIOLOGY
74000,TC	X-RAY ABDOMEN (SINGLE)	\$ 32.00	RADIOLOGY
74010,TC	X-RAY ABDOMEN (AP & OBLIQ)	\$ 57.00	RADIOLOGY
74020,TC	X-RAY ABDOMEN (COMPLETE)	\$ 57.00	RADIOLOGY
74022,TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE AB	\$ 70.00	RADIOLOGY
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AN	\$ 161.00	RADIOLOGY
74740,TC	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AN	\$ 123.00	RADIOLOGY
77072,TC	BONE AGE STUDIES	\$ 29.00	RADIOLOGY
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION	\$ 1,297.00	SUPPLIES
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$ 1,182.00	SUPPLIES
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	\$ 1,041.00	SUPPLIES
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	\$ 1,234.00	SUPPLIES
10060	INCISION AND DRAINAGE OF ABSCESS (EG,CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST); SIMPLE OR SINGLE	\$ 240.00	SURGICAL PROCEDURES

CPT	Description	Fee	Group
11055	PARING/BGN HYPERKEROTOTIC LESION-1	\$ 99.00	SURGICAL PROCEDURES
11056	PARING/BGN HYPERKERATOTIC LES'N 2-4	\$ 120.00	SURGICAL PROCEDURES
11100	BIOPSY (ONE LESION), SKIN	\$ 216.00	SURGICAL PROCEDURES
11200	REMOVAL OF SKIN TAGS (UP TO 15)	\$ 181.00	SURGICAL PROCEDURES
11719	TRIM NONDYSTROPHIC NAILS (0-10)	\$ 24.00	SURGICAL PROCEDURES
11720	DEBRIDEMENT 1 - 5 NAILS	\$ 67.00	SURGICAL PROCEDURES
11721	DEBRIDEMENT OF 6 - 10 NAILS	\$ 92.00	SURGICAL PROCEDURES
11730	AVULSION NAIL PLATE (PARTIAL/COMPLE	\$ 204.00	SURGICAL PROCEDURES
11750	EXCISION OF NAIL AND NAIL MATRIX PA	\$ 463.00	SURGICAL PROCEDURES
12001	SIMPLE REP.SC/NK/AXIL/GEN ETC 2.5CM	\$ 187.00	SURGICAL PROCEDURES
17000	DESTRUCTION (EG, LASER SURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS; FIRST LESION	\$ 169.00	SURGICAL PROCEDURES
17003	DESTRUCTION (EG, LASER SURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS; SECOND THROUGH 14 LESIONS, EACH	\$ 14.00	SURGICAL PROCEDURES
17110	DESTRUCTION (EG, LASER SURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS ; UP TO 14 LESIONS	\$ 232.00	SURGICAL PROCEDURES
20550	INJECTION,TENDON SHEATH,LIGAMENT OR	\$ 119.00	SURGICAL PROCEDURES
20600	ARTHROCENTESIS, SMALL JOINT	\$ 96.00	SURGICAL PROCEDURES
20605	ARTHROCENTESIS, INTERMEDIATE JOINT	\$ 134.00	SURGICAL PROCEDURES
20610	ARTHROCENTESIS MAJOR JOINT (SHOULDDE	\$ 122.00	SURGICAL PROCEDURES
29540	STRAPPING; ANKLE AND/OR FOOT	\$ 77.00	SURGICAL PROCEDURES
29580	UNABOOT	\$ 110.00	SURGICAL PROCEDURES
36416	CAPILLARY BLOOD DRAW (FINGER STICK)	\$ -	SURGICAL PROCEDURES
51701	CATH FOR RESIDUAL URINE	\$ 112.00	SURGICAL PROCEDURES
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REG	\$ 315.00	SURGICAL PROCEDURES
57454	COLPOSCOPY W/BIOPSY	\$ 315.00	SURGICAL PROCEDURES
58100	ENDOMETRIAL BIOPSY	\$ 225.00	SURGICAL PROCEDURES
58300	IUD INSERTION	\$ 144.00	SURGICAL PROCEDURES
58301	IUD REMOVAL	\$ 197.00	SURGICAL PROCEDURES
58571	LAPAROSCOPY,SURGICAL,WITH TOTAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	\$ 2,129.00	SURGICAL PROCEDURES
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$ 26.00	SURGICAL PROCEDURES
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$ 48.00	SURGICAL PROCEDURES
90632	HEPATITIS A VACCINE, ADULT, IM	\$ 84.00	VACCINES
90633	HEPATITIS A, PEDIATRIC,58160082546	\$ 38.00	VACCINES
90648	ACT HIB	\$ 27.00	VACCINES
90649	HPV VACCINE (GARDASIL)	\$ 206.00	VACCINES
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18,	\$ 278.00	VACCINES
90662	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESER	\$ 61.00	VACCINES
90670	PREVNAR 13 IM	\$ 205.00	VACCINES
90680	ROTATEQ (ROTAVIRUS VACCINE)	\$ 111.00	VACCINES
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLI	\$ 38.00	VACCINES
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLI	\$ 30.00	VACCINES
90696	DIPHThERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS V	\$ 58.00	VACCINES
90698	PENTACEL	\$ 90.00	VACCINES
90700	DTAP	\$ 29.00	VACCINES
90707	MMR INJECTION	\$ 82.00	VACCINES
90710	PROQUAD(MMRV)	\$ 220.00	VACCINES
90713	POLIO VACCINE, IPV	\$ 30.00	VACCINES
90714	TETANUS AND DIPHThERIA TOXOIDS ADSORBED (TD), PRES	\$ 33.00	VACCINES
90715	TDAP/ FOR 7 YRS +	\$ 52.00	VACCINES
90716	VARICELLA VIRUS VACCINE (VAR), LIVE, FOR SUBCUTANE	\$ 138.00	VACCINES
90723	DTAP-HEPB-IPV (PEDIARIX)	\$ 89.00	VACCINES
90732	PNEUMOVAX 23, PNU-IMUNE	\$ 98.00	VACCINES
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C,	\$ 152.00	VACCINES
90740	HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPP	\$ 264.00	VACCINES
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT D	\$ 17.00	VACCINES
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE S	\$ 68.00	VACCINES



CPT	Description	Fee	Group
90748	HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACC	\$ 46.00	VACCINES
90749	UNLISTED VACCINE TOXOID	\$ -	VACCINES
J0150	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NO	\$ 15.00	VACCINES
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	\$ 1.00	VACCINES
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN	\$ 9.00	VACCINES
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$ 11.00	VACCINES
J0696	ROCEPHIN, 250 MG	\$ 3.00	VACCINES
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP U	\$ 27.00	VACCINES
J0897	INJECTION, DENOSUMAB, 1 MG	\$ 31.00	VACCINES
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$ 7.00	VACCINES
J1030	DEPOMEDROL INJ (PER 40 MG)	\$ 6.00	VACCINES
J1040	DEPOMEDROL, 80 MG INJ	\$ 12.00	VACCINES
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	\$ 1.00	VACCINES
J1094	DEXAMTHEASONE ACETATE, 1 MG.	\$ 2.00	VACCINES
J1100	DEXAMETHASONE SOD PHOSPH (1MG)	\$ 1.00	VACCINES
J1200	BENADRYL INJ, UP TO 50 MG	\$ 2.00	VACCINES
J1815	INJECTION, INSULIN, PER 5 UNITS	\$ 1.00	VACCINES
J1885	TORADOL, PER 15 MG.	\$ 1.00	VACCINES
J1940	LASIX IV/IM (20 MG)	\$ 6.00	VACCINES
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSIO	\$ 1,601.00	VACCINES
J2060	INJECTION LORAZEPAM 2 MG	\$ 2.00	VACCINES
J2270	MORPHINE INJ (UP TO 10 MG)	\$ 10.00	VACCINES
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	\$ 69.00	VACCINES
J2550	PHENERGAN INJ (UP TO 50 MG)	\$ 5.00	VACCINES
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE	\$ 221.00	VACCINES
J2920	SOLU-MEDRL (40 MG) IM	\$ 5.00	VACCINES
J2930	SOLUMEDROL IM INJ(UP TO 125 MG)	\$ 10.00	VACCINES
J3301	KENALOG INJ (PER 10 MG)	\$ 4.00	VACCINES
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	\$ 7.00	VACCINES
J3420	B - 12	\$ 5.00	VACCINES
J7324	ORTHOVISC, PER DOSE	\$ 300.00	VACCINES
J7325	SYNVISC 1MG INTRA-ARTICULAR INJECTION	\$ 13.00	VACCINES
Q2038	INFLUENZA VIRUS VACCINE, SLIT VIRUS >3 YEARS IM	\$ 26.00	VACCINES