

### Sample Fee Schedule 2019

The following is a sampling of charges. Actual charges are based on services performed during your appointment. For detailed questions please contact Bonnie Jenkins at 518-761-0300 ext. 31431.

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	\$ 109.00	E&M CONSULTS
99242	OFC/OUTPT CN NEW/EST. EXPANDED	\$ 206.00	E&M CONSULTS
99243	OFC/OUTPT CN, NEW OR EST. DETAILED	\$ 282.00	E&M CONSULTS
99244	OFC/OUTPT CN NEW/EST COMP, MOD COMPX	\$ 422.00	E&M CONSULTS
99245	OFC/OUTPT CN NEW/EST COMP.HIGH COMP	\$ 515.00	E&M CONSULTS
99251	INITIAL INPT. CONSULT, DETAILED	\$ 113.00	E&M CONSULTS
99252	INITIAL INPT. CONSULT, EXPANDED	\$ 173.00	E&M CONSULTS
99253	INITIAL INPT. CONSULT-DETAILED	\$ 267.00	E&M CONSULTS
99254	INITIAL INPT. CN.-COMP/MOD.COMPLEX	\$ 387.00	E&M CONSULTS
99255	INITIAL INPT. CN-COMPR.-HIGH COMPLX	\$ 466.00	E&M CONSULTS
99282	E.D. VISIT, EXPANDED, LOW COMPLEXIT	\$ 95.00	E&M ER
99283	E.D. VISIT, EXPANDED, MOD. COMPLEXI	\$ 143.00	E&M ER
99284	E.D. VISIT, DETAILED MODERATE COMPL	\$ 271.00	E&M ER
99343	HOME VISIT, DETAILED	\$ 302.00	E&M HOME
99344	HOME VISIT, COMPREHENSIVE	\$ 423.00	E&M HOME
99345	HOME VISIT, HIGH COMPLEX	\$ 513.00	E&M HOME
99347	HOME VISIT, ESTABLISHED, FOCUSED	\$ 128.00	E&M HOME
99348	HOME VISIT, EXPANDED	\$ 195.00	E&M HOME
99349	HOME VISIT, ESTABLISHED,DETAILED	\$ 298.00	E&M HOME
99350	HOME VISIT, COMPREHENSIVE	\$ 414.00	E&M HOME
99217	OAP DISCHARGE MANAGEMENT	\$ 169.00	E&M INPATIENT
99218	INITIAL OBSERV.,COMPREH.,LOW COMPLX	\$ 231.00	E&M INPATIENT
99219	INITIAL OBSERV.CARE-COMPREH.MOD.COM	\$ 315.00	E&M INPATIENT
99220	INIT.OBSERV.CARE-COMPREH.HIGH COMPX	\$ 431.00	E&M INPATIENT
99221	INITIAL HOSPITAL VISIT-DETAILED	\$ 233.00	E&M INPATIENT
99222	INITIAL HOSPITAL VISIT MODERATE COM	\$ 316.00	E&M INPATIENT
99223	INITIAL HOSPITAL CARE,COMPREHENSIVE	\$ 469.00	E&M INPATIENT
99224	SUB OBSERVATION CARE,PER DAY LOW COMPLX	\$ 92.00	E&M INPATIENT
99225	SUB OBSERVATION CARE,PER DAY MOD COMPLX	\$ 170.00	E&M INPATIENT
99226	SUB OBSERVATION CARE,PER DAY HIGH COMPLX	\$ 243.00	E&M INPATIENT
99231	SUBS.HOSP.VISIT LOW COMPLEXITY	\$ 91.00	E&M INPATIENT
99232	SUBSEQUENT HOSP - MODERATE COMPLEXI	\$ 168.00	E&M INPATIENT
99233	HOSPITAL VISIT/SUBSEQUENT/COMPREHEN	\$ 241.00	E&M INPATIENT

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99234	OBSERVATION-ADM/DIS-SAME DAY LOW CO	\$ 308.00	E&M INPATIENT
99235	OBSERV. ADM/DIS-SAME DAY - MOD. COM	\$ 392.00	E&M INPATIENT
99236	OBSERV. ADM/DIS-SAME DAY -HIGH COMP	\$ 506.00	E&M INPATIENT
99238	DISCHARGE SERVICE	\$ 169.00	E&M INPATIENT
99239	DISCHARGE, 30 MIN OR MORE	\$ 250.00	E&M INPATIENT
99291	CRITICAL CARE, INIT.-1ST. 30-74 MIN	\$ 631.00	E&M INPATIENT
99292	CRITICAL CARE EA. ADDITIONAL 30 MIN	\$ 282.00	E&M INPATIENT
99304	INITIAL NURSING FACI;LOW COMPLEXITY	\$ 211.00	E&M NURSING HOME
99305	INITIAL NURSING FACIL; MODERATE COM	\$ 302.00	E&M NURSING HOME
99306	INITIAL NURSING FACIL; HIGH COMPLEX	\$ 387.00	E&M NURSING HOME
99307	SUBSEQUENT NURSING FACIL;PROB FOC	\$ 103.00	E&M NURSING HOME
99308	SUBSEQUENT NURSING FACIL; LOW COMPL	\$ 160.00	E&M NURSING HOME
99309	SUBSEQUENT NURSING FACIL; MODERATE	\$ 211.00	E&M NURSING HOME
99310	SUBSEQUENT NURSING FACIL; HIGH COMP	\$ 315.00	E&M NURSING HOME
99315	NH DISCHARGE, 30 MINS OR LESS	\$ 169.00	E&M NURSING HOME
99316	NH DISCHARGE; MORE THAN 30 MIN	\$ 245.00	E&M NURSING HOME
99318	ANNUAL NURSING FACIL ASSESSMENT	\$ 223.00	E&M NURSING HOME
99201	INITIAL OFFICE VISIT, FOCUSED	\$ 102.00	E&M OFFICE
99202	INITIAL OFFICE VISIT, EXPANDED	\$ 172.00	E&M OFFICE
99203	INITIAL OFFICE VISIT, DETAILED	\$ 247.00	E&M OFFICE
99204	INITIAL OV, COMPREHENSIVE,MOD.COMPL	\$ 377.00	E&M OFFICE
99205	INITIAL OV,COMPREHENSIVE HIGH COMPL	\$ 475.00	E&M OFFICE
99211	ESTABLISHED OV, MINIMAL	\$ 49.00	E&M OFFICE
99212	ESTABLISHED OFFICE VISIT, FOCUSED	\$ 100.00	E&M OFFICE
99213	ESTABLISHED OFFICE VISIT,EXPANDED	\$ 169.00	E&M OFFICE
99214	ESTABLISHED OFFICE VISIT,DETAILED	\$ 248.00	E&M OFFICE
99215	ESTABLISHED OV,COMPREHENSIVE	\$ 334.00	E&M OFFICE
99381	PREV.MED.,NEW PT. UNDER ONE YEAR	\$ 255.00	E&M OFFICE
99382	PREV.MED,NEW PT. AGE 1-4	\$ 267.00	E&M OFFICE
99383	PREV.MED.,NEW PT. AGE 5-11	\$ 277.00	E&M OFFICE
99384	PREV.MED. NEW PT, AGE 12-17	\$ 313.00	E&M OFFICE
99385	PREV.MED.,NEW PT. AGE 18-39	\$ 304.00	E&M OFFICE
99386	PREV.MED. NEW PT. AGE 40-64	\$ 353.00	E&M OFFICE
99387	PREV. MED. NEW PT. 65 AND OVER	\$ 382.00	E&M OFFICE
99391	PREV. MED., ESTABLISHED UNDER 1 YR	\$ 229.00	E&M OFFICE

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99392	PREV.MED., ESTABLISHED, AGE 1-4	\$ 245.00	E&M OFFICE
99393	PREV.MED., ESTABLISHED AGE 5-11	\$ 244.00	E&M OFFICE
99394	PREV.MED. ESTABLISHED AGE 12-17	\$ 268.00	E&M OFFICE
99395	PREV.MED. ESTABLISHED, AGE 18-39	\$ 274.00	E&M OFFICE
99396	PREV. MED. ESTABLISHED AGE 40-64	\$ 292.00	E&M OFFICE
99397	PREV.MED. ESTABLISHED OVER 65	\$ 314.00	E&M OFFICE
99499	DOT PHYSICAL	\$ 175.00	E&M OFFICE
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BR	\$ 112.00	E&M OFFICE
G0402	WELCOME TO MEDICARE VISIT - IPPE	\$ 345.00	E&M OFFICE
G0438	AWV, MEDICARE WELLNESS - INITIAL VISIT	\$ 346.00	E&M OFFICE
G0439	AWV, MEDICARE WELLNESS - SUBSEQUENT VISIT	\$ 250.00	E&M OFFICE
99356	PROLONGED PHYS.-SERV. INPT.-1ST.HR	\$ 214.00	E&M OTHER
99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, R	\$ 215.00	E&M OTHER
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AF	\$ 258.00	E&M OTHER
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AF	\$ 124.00	E&M OTHER
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION	\$ 87.00	E&M OTHER
99406	SMOKING CESSATION; 3 TO 10 MINUTES	\$ 33.00	E&M OTHER
99407	SMOKING CESSATION; INTENSIVE, GREATER THAN 10 MINS	\$ 64.00	E&M OTHER
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSI	\$ 195.00	E&M OTHER
99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSI	\$ 158.00	E&M OTHER
99325	REST HOME VISIT;EXP PROB FOC/NEW PT	\$ 186.00	E&M OTHER HOME
99327	REST HOM VISIT;COMP EXAM,MOD NEW PT	\$ 431.00	E&M OTHER HOME
99334	R HOME VISIT,EST; PROB FOCUSED	\$ 139.00	E&M OTHER HOME
99335	R HOME VISIT, EST; LOW COMPLEX	\$ 219.00	E&M OTHER HOME
99336	R HOME VISIT, EST; MOD COMPLEX	\$ 313.00	E&M OTHER HOME
99337	R HOME VISIT, EST; HIGH COMPLEX	\$ 448.00	E&M OTHER HOME
90460	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	\$ 47.00	IMMUN ADMIN
90461	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	\$ 29.00	IMMUN ADMIN
90471	IMMUNIZATION ADMINISTRATION,SINGLE	\$ 47.00	IMMUN ADMIN
90472	IMMS. ADMINISTRATION, EA. ADDITIONA	\$ 29.00	IMMUN ADMIN
90473	INTRANASAL IMMUNIZATION ADMINISTRATION, SINGLE	\$ 47.00	IMMUN ADMIN
59025	FETAL NON-STRESS TEST	\$ 109.00	MATERNITY
59025,26	FETAL NON-STRESS TEST	\$ 68.00	MATERNITY
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECT	\$ 1,685.00	MATERNITY
59160	CURETTAGE, POSTPARTUM	\$ 462.00	MATERNITY

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59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	\$ 438.00	MATERNITY
59400	ROUTINE OB CARE-VAG.DEL.-POSTPART.	\$ 4,723.00	MATERNITY
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FOR	\$ 1,843.00	MATERNITY
59410	VAGINAL DEL. WITH POST PART. CARE	\$ 2,353.00	MATERNITY
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$ 207.00	MATERNITY
59425	ANTEPARTUM CARE (VISITS 4-6)	\$ 1,029.00	MATERNITY
59426	ANTEPARTUM CARE (VISITS 7 PLUS)	\$ 1,843.00	MATERNITY
59430	POSTPARTUM CARE ONLY	\$ 417.00	MATERNITY
59510	CESAREAN DELIVERY (INCLUDING CARE)	\$ 5,222.00	MATERNITY
59514	CESAREAN DELIVERY, ONLY	\$ 2,071.00	MATERNITY
59515	CESAREAN DELIVERY W/POST PART.CARE	\$ 2,851.00	MATERNITY
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DE	\$ 4,954.00	MATERNITY
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED S	\$ 717.00	MATERNITY
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TR	\$ 859.00	MATERNITY
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	\$ 491.00	MATERNITY
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 314.00	MENTAL HEALTH
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$ 350.00	MENTAL HEALTH
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	\$ 153.00	MENTAL HEALTH
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED WITH A	\$ 159.00	MENTAL HEALTH
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	\$ 204.00	MENTAL HEALTH
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED WITH A	\$ 200.00	MENTAL HEALTH
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	\$ 306.00	MENTAL HEALTH
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	\$ 264.00	MENTAL HEALTH
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	\$ 319.00	MENTAL HEALTH
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50 MINUT	\$ 246.00	MENTAL HEALTH
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT	\$ 256.00	MENTAL HEALTH
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY N	\$ 35.00	OFFICE LAB
81000	FULL U/A %	\$ 10.00	OFFICE LAB
81001	URINALYSIS, AUTOMATED W/MICROSCOPY	\$ 10.00	OFFICE LAB
81002	URINALYSIS, NON-AUTO., W/OUT MICRO%	\$ 8.00	OFFICE LAB
81003	URINALYSIS, DIP-STICK W/O MICRO	\$ 7.00	OFFICE LAB
81025	URINE PREGNANCY TEST %	\$ 20.00	OFFICE LAB
82270	HEMOCCULT %	\$ 10.00	OFFICE LAB
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITAT	\$ 10.00	OFFICE LAB
82272	HEMOCCULT;SINGLE SPECIMEN (DIGITAL)%	\$ 10.00	OFFICE LAB

CPT	Description	Fee	Group
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOAS	\$ 40.00	OFFICE LAB
82947	GLUCOSE;QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$ 13.00	OFFICE LAB
83655	LEAD; QUANTITATIVE,BLOOD %	\$ 39.00	OFFICE LAB
85018	HEMOGLOBLIN ANALYSIS	\$ 8.00	OFFICE LAB
85610	PROTHROMBIN TIME	\$ 13.00	OFFICE LAB
86318	RAPID MONO TEST %	\$ 42.00	OFFICE LAB
86580	PPD	\$ 18.00	OFFICE LAB
87210	WET PREP %	\$ 14.00	OFFICE LAB
87220	KOH PREP %	\$ 14.00	OFFICE LAB
87804	RAPID FLU TEST	\$ 37.00	OFFICE LAB
87880	STREP A 01A, IMMUNOASSAY (IN OFFICE)	\$ 37.00	OFFICE LAB
Q0091	PAP SMEAR; PREP & CONV TO LAB	\$ 100.00	OFFICE LAB
70030,TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$ 44.00	RADIOLOGY
70100,TC	X-RAY MANDIBLE PARTIAL	\$ 54.00	RADIOLOGY
70110,TC	X-RAY MANDIBLE-COMPLETE	\$ 57.00	RADIOLOGY
70130,TC	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF 3 VIE	\$ 83.00	RADIOLOGY
70140,TC	PARTIAL FACIAL X-RAY	\$ 43.00	RADIOLOGY
70150,TC	COMPLETE FACIAL X-RAY	\$ 63.00	RADIOLOGY
70160,TC	X-RAY NASAL BONES (COMPLETE)	\$ 54.00	RADIOLOGY
70190,TC	X-RAY OPTIC FORAMINA	\$ 55.00	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)	\$ 54.00	RADIOLOGY
70260,TC	X-RAY SKULL (COMPLETE)	\$ 63.00	RADIOLOGY
70360,TC	X-RAY SOFT TISSUE OF NECK	\$ 45.00	RADIOLOGY
71045,TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$ 24.00	RADIOLOGY
71046,TC	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$ 44.00	RADIOLOGY
71047,TC	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	\$ 56.00	RADIOLOGY
71048,TC	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	\$ 58.00	RADIOLOGY
71100,TC	X-RAY RIBS (UNILATERAL)	\$ 50.00	RADIOLOGY
71101,TC	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROA	\$ 55.00	RADIOLOGY
71110,TC	X-RAY RIBS (BILATERAL)	\$ 57.00	RADIOLOGY
71111,TC	XRAY, BILAT RIBS; PA CHEST, 4VIEWS	\$ 69.00	RADIOLOGY
71120,TC	X-RAY STERNUM	\$ 44.00	RADIOLOGY

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71130,TC	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MI	\$ 56.00	RADIOLOGY
72020,TC	XRAY,SPINE, SINGLE VIEW (TC CHARGE)	\$ 33.00	RADIOLOGY
72040,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS OR LESS	\$ 50.00	RADIOLOGY
72050,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	\$ 66.00	RADIOLOGY
72052,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	\$ 85.00	RADIOLOGY
72070,TC	X-RAY THORACIC SPINE (AP & LATERAL)	\$ 51.00	RADIOLOGY
72072,TC	XRAY, SPINE, THORACIC, 3 VIEWS	\$ 54.00	RADIOLOGY
72080,TC	X-RAY THORACOLUMBAR SPINE (AP & LAT	\$ 50.00	RADIOLOGY
72081,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, I	\$ 57.00	RADIOLOGY
72082,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, I	\$ 104.00	RADIOLOGY
72084,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, I	\$ 149.00	RADIOLOGY
72100,TC	X-RAY LUMBOSACRAL SPINE (AP & LATER	\$ 54.00	RADIOLOGY
72110,TC	X-RAY LUMBOSACRAL (COMPLETE)	\$ 74.00	RADIOLOGY
72114,TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUD	\$ 102.00	RADIOLOGY
72170,TC	X-RAY PELVIS (AP)	\$ 52.00	RADIOLOGY
72190,TC	X-RAY PELVIS (COMPLETE)	\$ 61.00	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	\$ 44.00	RADIOLOGY
73000,TC	X-RAY CLAVICLE (COMPLETE)	\$ 44.00	RADIOLOGY
73010,TC	X-RAY SCAPULA (COMPLETE)	\$ 48.00	RADIOLOGY
73020,TC	RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	\$ 33.00	RADIOLOGY
73030,TC	X-RAY SHOULDER (COMPLETE)	\$ 45.00	RADIOLOGY
73050,TC	X-RAY ACROMIOCLAVICULAR JOINTS	\$ 57.00	RADIOLOGY
73060,TC	X-RAY HUMERUS	\$ 46.00	RADIOLOGY
73070,TC	X-RAY ELBOW (AP & LATERAL)	\$ 43.00	RADIOLOGY
73080,TC	X-RAY ELBOW (COMPLETE)	\$ 51.00	RADIOLOGY
73090,TC	X-RAY FOREARM (AP & LATERAL)	\$ 39.00	RADIOLOGY
73092,TC	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF	\$ 43.00	RADIOLOGY
73100,TC	X-RAY WRIST (AP & LATERAL)	\$ 51.00	RADIOLOGY
73110,TC	X-RAY WRIST COMPLETE (MIM 3 VIEWS)	\$ 59.00	RADIOLOGY
73120,TC	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	\$ 45.00	RADIOLOGY
73130,TC	X-RAY HAND (COMPLETE)	\$ 52.00	RADIOLOGY
73140,TC	X-RAY FINGER (S) MIM 2 VIEWS	\$ 57.00	RADIOLOGY
73502,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PE	\$ 68.00	RADIOLOGY

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73503,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PE	\$ 84.00	RADIOLOGY
73521,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PE	\$ 59.00	RADIOLOGY
73522,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PE	\$ 76.00	RADIOLOGY
73523,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PE	\$ 91.00	RADIOLOGY
73551,TC	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	\$ 44.00	RADIOLOGY
73552,TC	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	\$ 53.00	RADIOLOGY
73560,TC	X-RAY KNEE (AP & LATERAL)	\$ 51.00	RADIOLOGY
73562,TC	AP/LAT OF KNEE (3 VIEWS)	\$ 59.00	RADIOLOGY
73564,TC	X-RAY KNEE (COMPLETE)	\$ 64.00	RADIOLOGY
73565,TC	X-RAY, BOTH KNEES,STANDING, AP	\$ 61.00	RADIOLOGY
73590,TC	X-RAY TIBIA/FIBULA (AP & LATERAL)	\$ 46.00	RADIOLOGY
73592,TC	X-RAY (LOWER EXTREMITY) INFANT	\$ 43.00	RADIOLOGY
73600,TC	X-RAY ANKLE (AP & LATERAL)	\$ 48.00	RADIOLOGY
73610,TC	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	\$ 51.00	RADIOLOGY
73620,TC	X-RAY FOOT (AP & LATERAL)	\$ 42.00	RADIOLOGY
73630,TC	X-RAY FOOT (COMPLETE)	\$ 47.00	RADIOLOGY
73650,TC	X-RAY CALCANEUS (AP & LATERAL)	\$ 43.00	RADIOLOGY
73660,TC	X-RAY TOES (AP & LATERAL)	\$ 49.00	RADIOLOGY
74018,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$ 41.00	RADIOLOGY
74019,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	\$ 49.00	RADIOLOGY
74021,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	\$ 57.00	RADIOLOGY
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRE	\$ 170.00	RADIOLOGY
75809,TC	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING	\$ 170.00	RADIOLOGY
77072,TC	BONE AGE STUDIES	\$ 30.00	RADIOLOGY
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES	\$ 524.00	RADIOLOGY
A4344	INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA	\$ 35.00	SUPPLIES
A4561	PESSARY, RUBBER, ANY TYPE	\$ 80.00	SUPPLIES
A4565	ARM SLING, ADULT/PEDIATRIC	\$ 28.00	SUPPLIES
A4570	SPLINT	\$ 40.00	SUPPLIES
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. I	\$ 5.00	SUPPLIES
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER; 16 SQ. IN. OR LESS	\$ 4.00	SUPPLIES
A6402	GAUZE, NONIMPREGNATED, STERILE, 16 SQ IN OR LESS, W/OUT ADHE	\$ -	SUPPLIES
A6446	CONFIRMING BANDAGE, NONELASTIC, KNITTED/WOVEN, STERILE, WIDT	\$ 1.00	SUPPLIES
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LES	\$ 5.00	SUPPLIES
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH BET	\$ 2.00	SUPPLIES

CPT	Description	Fee	Group
A6450	ACE WRAP OR ELASTIC BANDAGE	\$ 6.00	SUPPLIES
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NONKNITTED/NONWOVEN, WIDTH L	\$ 1.00	SUPPLIES
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH	\$ 2.00	SUPPLIES
E0112	CRUTCH, UNDERARM, WOOD, ADJ OR FIXED, PAIR, WITH PAD, TIP AN	\$ 45.00	SUPPLIES
E0114	CRUTCHES	\$ 75.00	SUPPLIES
J0153	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE US	\$ 14.00	SUPPLIES
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE (MAKENA), 10 MG	\$ 68.00	SUPPLIES
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$ 10.00	SUPPLIES
J3490	UNCLASSIFIED DRUG	\$ -	SUPPLIES
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM,	\$ 1,430.00	SUPPLIES
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$ 1,200.00	SUPPLIES
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (	\$ 1,300.00	SUPPLIES
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLA	\$ 1,340.00	SUPPLIES
L0120	CERVICAL COLLAR, FOAM	\$ 42.00	SUPPLIES
L3260	POST-OP SHOE	\$ 45.00	SUPPLIES
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAIN	\$ 118.00	SUPPLIES
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAIN	\$ 122.00	SUPPLIES
L3908	WRIST COCK UP BRACE	\$ 92.00	SUPPLIES
L3999	FINGER SPLINT, STAX	\$ -	SUPPLIES
L4350	ANKLE CNTRL ORTHOSIS STIRRUP RIGID PRFAB FIT&ADJ	\$ 130.00	SUPPLIES
Q4010	SHORT ARM CAST, ADULT	\$ 60.00	SUPPLIES
Q4018	LONG ARM SPLINT, ADULT	\$ 60.00	SUPPLIES
Q4020	LONG ARM SPLINT, PEDIATRIC	\$ 43.00	SUPPLIES
Q4022	SHORT ARM SPLINT, ADULT	\$ 59.00	SUPPLIES
Q4024	SHORT ARM SPLINT, PEDIATRIC	\$ 42.00	SUPPLIES
Q4038	SHORT LEG CAST, ADULT	\$ 103.00	SUPPLIES
Q4042	LONG LEG SPLINT, ADULT	\$ 98.00	SUPPLIES
Q4044	LONG LEG SPLINT, PEDIATRIC	\$ 60.00	SUPPLIES
Q4046	SHORT LEG SPLINT, ADULT	\$ 60.00	SUPPLIES
Q4049	FINGER SPLINT, 4 PRONG	\$ 26.00	SUPPLIES
10004	FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; EAC	\$ 120.00	SURGICAL PROCEDURES
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	\$ 273.00	SURGICAL PROCEDURES
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	\$ 473.00	SURGICAL PROCEDURES
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	\$ 376.00	SURGICAL PROCEDURES
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	\$ 618.00	SURGICAL PROCEDURES



CPT	Description	Fee	Group
10120	REMOVAL OF FOREIGN BODY (SIMPLE)	\$ 353.00	SURGICAL PROCEDURES
10140	I&D OF HEMATOMA	\$ 378.00	SURGICAL PROCEDURES
10160	PUNCTURE ASPIRATION OF ABSCESS HEMA	\$ 299.00	SURGICAL PROCEDURES
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTIO	\$ 562.00	SURGICAL PROCEDURES
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO	\$ 126.00	SURGICAL PROCEDURES
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE; FIRST 20 SQCM OR LESS	\$ 270.00	SURGICAL PROCEDURES
11043	DEBRIDEMENT MUSCLE AND/OR FASCIA; FIRST 20 SQCM OR LESS	\$ 525.00	SURGICAL PROCEDURES
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS	\$ 717.00	SURGICAL PROCEDURES
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE; EACH ADDITIONAL 20 SQCM	\$ 95.00	SURGICAL PROCEDURES
11055	PARING/BGN HYPERKEROTOTIC LESION-1	\$ 111.00	SURGICAL PROCEDURES
11056	PARING/BGN HYPERKERATOTIC LES'N 2-4	\$ 135.00	SURGICAL PROCEDURES
11200	REMOVAL OF SKIN TAGS (UP TO 15)	\$ 205.00	SURGICAL PROCEDURES
11201	REMOV. SKIN TAGS EA. ADDITIONAL 10	\$ 44.00	SURGICAL PROCEDURES
11719	TRIM NONDYSTROPHIC NAILS (0-10)	\$ 33.00	SURGICAL PROCEDURES
11720	DEBRIDEMENT 1 - 5 NAILS	\$ 76.00	SURGICAL PROCEDURES
11721	DEBRIDEMENT OF 6 - 10 NAILS	\$ 105.00	SURGICAL PROCEDURES
12001	SIMPLE REP.SC/NK/AXIL/GEN ETC 2.5CM	\$ 208.00	SURGICAL PROCEDURES
20600	ARTHROCENTESIS, SMALL JOINT	\$ 111.00	SURGICAL PROCEDURES
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR	\$ 166.00	SURGICAL PROCEDURES
20605	ARTHROCENTESIS, INTERMEDIATE JOINT	\$ 116.00	SURGICAL PROCEDURES
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JO	\$ 184.00	SURGICAL PROCEDURES
20610	ARTHROCENTESIS MAJOR JOINT (SHOULDE	\$ 138.00	SURGICAL PROCEDURES
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR	\$ 208.00	SURGICAL PROCEDURES
20612	ASPIRAT AND/OR INJ GANGLION CYST(S)	\$ 138.00	SURGICAL PROCEDURES
20680	INTRODUCT/REMOVAL DEEP HARDWARE	\$ 1,416.00	SURGICAL PROCEDURES
23650	TREATMENT OF SHOULDER DISLOCATION	\$ 724.00	SURGICAL PROCEDURES
24640	TREATMENT OF RADIAL HEAD SUBLUXATIO	\$ 231.00	SURGICAL PROCEDURES
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOU	\$ 639.00	SURGICAL PROCEDURES
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MAN	\$ 675.00	SURGICAL PROCEDURES
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPU	\$ 737.00	SURGICAL PROCEDURES
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR TH	\$ 424.00	SURGICAL PROCEDURES
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGL	\$ 635.00	SURGICAL PROCEDURES
28285	ARTHROPLASTY, HAMMERTOES	\$ 1,253.00	SURGICAL PROCEDURES
29540	STRAPPING; ANKLE AND/OR FOOT	\$ 61.00	SURGICAL PROCEDURES
29580	UNABOOT	\$ 141.00	SURGICAL PROCEDURES

CPT	Description	Fee	Group
36415	ROUTINE VENIPUNCTURE %	\$ 7.00	SURGICAL PROCEDURES
51701	CATH FOR RESIDUAL URINE	\$ 109.00	SURGICAL PROCEDURES
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REG	\$ 361.00	SURGICAL PROCEDURES
57452	COLPOSCOPY	\$ 249.00	SURGICAL PROCEDURES
57454	COLPOSCOPY W/BIOPSY	\$ 348.00	SURGICAL PROCEDURES
58100	ENDOMETRIAL BIOPSY	\$ 248.00	SURGICAL PROCEDURES
58300	IUD INSERTION	\$ 168.00	SURGICAL PROCEDURES
58301	IUD REMOVAL	\$ 218.00	SURGICAL PROCEDURES
58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	\$ 197.00	SURGICAL PROCEDURES
58340	CATH AND INFUSION OF CONTRAST; SONOHYSTEROGRAPHY	\$ 274.00	SURGICAL PROCEDURES
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BI	\$ 1,536.00	SURGICAL PROCEDURES
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	\$ 234.00	SURGICAL PROCEDURES
62270	SPINAL PUNCTURE LUMBAR	\$ 363.00	SURGICAL PROCEDURES
69200	REMOVAL OF FOREIGN BODY--EAR	\$ 188.00	SURGICAL PROCEDURES
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$ 32.00	SURGICAL PROCEDURES
69210	REMOVE IMPACTED CERUMEN	\$ 111.00	SURGICAL PROCEDURES
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$ 55.00	SURGICAL PROCEDURES
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE	\$ 200.00	VACCINES
90632	HEPATITIS A VACCINE, ADULT, IM	\$ 84.00	VACCINES
90633	HEPATITIS A, PEDIATRIC,58160082546	\$ 60.00	VACCINES
90648	ACT HIB	\$ 30.00	VACCINES
90649	HPV VACCINE (GARDASIL)	\$ 392.00	VACCINES
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45	\$ 275.00	VACCINES
90658	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, WHEN ADMINI	\$ 50.00	VACCINES
90662	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESERVATIVE FRE	\$ 57.00	VACCINES
90670	PREVNAR 13 IM	\$ 208.00	VACCINES
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL	\$ 50.00	VACCINES
90680	ROTATEQ (ROTAVIRUS VACCINE)	\$ 135.00	VACCINES
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVA	\$ 36.00	VACCINES
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVA	\$ 36.00	VACCINES
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND	\$ 65.00	VACCINES
90698	PENTACEL	\$ 140.00	VACCINES
90700	DTAP	\$ 51.00	VACCINES
90707	MMR INJECTION	\$ 80.00	VACCINES
90710	PROQUAD(MMRV)	\$ 238.00	VACCINES

CPT	Description	Fee	Group
90713	POLIO VACCINE, IPV	\$ 41.00	VACCINES
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVATIVE F	\$ 50.00	VACCINES
90715	TDAP/ FOR 7 YRS +	\$ 65.00	VACCINES
90716	VARICELLA VIRUS VACCINE (VAR), LIVE, FOR SUBCUTANEOUS USE (V	\$ 140.00	VACCINES
90723	DTAP-HEPB-IPV (PEDIARIX)	\$ 120.00	VACCINES
90732	PNEUMOVAX 23, PNU-IMUNE	\$ 104.00	VACCINES
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-13	\$ 184.00	VACCINES
90740	HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSED PAT	\$ 363.00	VACCINES
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE, 3 D	\$ 70.00	VACCINES
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE SCHEDULE, F	\$ 80.00	VACCINES
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	\$ 3.00	VACCINES
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$ 20.00	VACCINES
J0696	ROCEPHIN, 250 MG	\$ 28.00	VACCINES
J0897	INJECTION, DENOSUMAB, 1 MG	\$ 43.00	VACCINES
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$ 15.00	VACCINES
J1030	DEPOMEDROL INJ (PER 40 MG)	\$ 21.00	VACCINES
J1040	DEPOMEDROL, 80 MG INJ	\$ 33.00	VACCINES
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	\$ 1.00	VACCINES
J1100	DEXAMETHASONE SOD PHOSPH (1MG)	\$ 5.00	VACCINES
J1200	BENADRYL INJ, UP TO 50 MG	\$ 8.00	VACCINES
J1885	TORADOL, PER 15 MG.	\$ 17.00	VACCINES
J1940	LASIX IV/IM (20 MG)	\$ 11.00	VACCINES
J2060	INJECTION LORAZEPAM 2 MG	\$ 8.00	VACCINES
J2270	MORPHINE INJ (UP TO 10 MG)	\$ 8.00	VACCINES
J2550	PHENERGAN INJ (UP TO 50 MG)	\$ 20.00	VACCINES
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICR	\$ 225.00	VACCINES
J2930	SOLUMEDROL IM INJ(UP TO 125 MG)	\$ 22.00	VACCINES
J3301	KENALOG INJ (PER 10 MG)	\$ 11.00	VACCINES
J3420	B - 12	\$ 19.00	VACCINES