

CPT	Description	Fee	Group
MISCNS	PATIENT NO SHOW FEE	\$ 25.00	ADMIN
99241	OFC/OUTPT CN NEW OR EST. FOCUSED	\$ 110.00	E&M CONSULTS
99242	OFC/OUTPT CN NEW/EST. EXPANDED	\$ 209.00	E&M CONSULTS
99243	OFC/OUTPT CN, NEW OR EST. DETAILED	\$ 286.00	E&M CONSULTS
99244	OFC/OUTPT CN NEW/EST COMP, MOD COMPX	\$ 429.00	E&M CONSULTS
99245	OFC/OUTPT CN NEW/EST COMP.HIGH COMP	\$ 523.00	E&M CONSULTS
99252	INITIAL INPT. CONSULT, EXPANDED	\$ 175.00	E&M CONSULTS
99253	INITIAL INPT. CONSULT-DETAILED	\$ 271.00	E&M CONSULTS
99254	INITIAL INPT. CN.-COMP/MOD.COMPLEX	\$ 394.00	E&M CONSULTS
99282	E.D. VISIT, EXPANDED, LOW COMPLEXIT	\$ 101.00	E&M ER
99284	E.D. VISIT, DETAILED MODERATE COMPL	\$ 277.00	E&M ER
99342	HOME VISIT, EXP PROB FOCUSED	\$ 183.00	E&M HOME
99343	HOME VISIT, DETAILED	\$ 300.00	E&M HOME
99344	HOME VISIT, COMPREHENSIVE	\$ 424.00	E&M HOME
99345	HOME VISIT, HIGH COMPLEX	\$ 516.00	E&M HOME
99347	HOME VISIT, ESTABLISHED, FOCUSED	\$ 127.00	E&M HOME
99348	HOME VISIT, EXPANDED	\$ 196.00	E&M HOME
99349	HOME VISIT, ESTABLISHED,DETAILED	\$ 299.00	E&M HOME
99350	HOME VISIT, COMPREHENSIVE	\$ 417.00	E&M HOME
99217	OAP DISCHARGE MANAGEMENT	\$ 169.00	E&M INPATIENT
99218	INITIAL OBSERV.,COMPREH.,LOW COMPLX	\$ 232.00	E&M INPATIENT
99219	INITIAL OBSERV.CARE-COMPREH.MOD.COM	\$ 316.00	E&M INPATIENT
99220	INIT.OBSERV.CARE-COMPREH.HIGH COMPX	\$ 430.00	E&M INPATIENT
99221	INITIAL HOSPITAL VISIT-DETAILED	\$ 236.00	E&M INPATIENT
99222	INITIAL HOSPITAL VISIT MODERATE COM	\$ 320.00	E&M INPATIENT
99223	INITIAL HOSPITAL CARE,COMPREHENSIVE	\$ 470.00	E&M INPATIENT
99224	SUB OBSERVATION CARE,PER DAY LOW COMPLX	\$ 92.00	E&M INPATIENT
99225	SUB OBSERVATION CARE,PER DAY MOD COMPLX	\$ 169.00	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	\$ 242.00	E&M INPATIENT
99234	OBSERVATION-ADM/DIS-SAME DAY LOW CO	\$ 310.00	E&M INPATIENT
99236	OBSERV. ADM/DIS-SAME DAY -HIGH COMP	\$ 506.00	E&M INPATIENT
99238	DISCHARGE SERVICE	\$ 169.00	E&M INPATIENT
99291	CRITICAL CARE, INIT.-1ST. 30-74 MIN	\$ 646.00	E&M INPATIENT
99304	INITIAL NURSING FACI;LOW COMPLEXITY	\$ 210.00	E&M NURSING HOME
99305	INITIAL NURSING FACIL; MODERATE COM	\$ 301.00	E&M NURSING HOME
99306	INITIAL NURSING FACIL; HIGH COMPLEX	\$ 388.00	E&M NURSING HOME
99307	SUBSEQUENT NURSING FACIL;PROB FOC	\$ 102.00	E&M NURSING HOME
99308	SUBSEQUENT NURSING FACIL; LOW COMPL	\$ 160.00	E&M NURSING HOME
99309	SUBSEQUENT NURSING FACIL; MODERATE	\$ 212.00	E&M NURSING HOME
99310	SUBSEQUENT NURSING FACIL; HIGH COMP	\$ 313.00	E&M NURSING HOME
99315	NH DISCHARGE, 30 MINS OR LESS	\$ 170.00	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
99202	INITIAL OFFICE VISIT, EXPANDED	\$ 174.00	E&M OFFICE
99203	INITIAL OFFICE VISIT, DETAILED	\$ 247.00	E&M OFFICE
99204	INITIAL OV, COMPREHENSIVE,MOD.COMPL	\$ 379.00	E&M OFFICE
99205	INITIAL OV,COMPREHENSIVE HIGH COMPL	\$ 479.00	E&M OFFICE
99211	ESTABLISHED OV, MINIMAL	\$ 53.00	E&M OFFICE
99212	ESTABLISHED OFFICE VISIT, FOCUSED	\$ 104.00	E&M OFFICE
99213	ESTABLISHED OFFICE VISIT,EXPANDED	\$ 172.00	E&M OFFICE
99214	ESTABLISHED OFFICE VISIT,DETAILED	\$ 251.00	E&M OFFICE
99215	ESTABLISHED OV,COMPREHENSIVE	\$ 337.00	E&M OFFICE

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99381	PREV.MED.,NEW PT. UNDER ONE YEAR	\$ 256.00	E&M OFFICE
99382	PREV.MED,NEW PT. AGE 1-4	\$ 269.00	E&M OFFICE
99383	PREV.MED.,NEW PT. AGE 5-11	\$ 280.00	E&M OFFICE
99384	PREV.MED. NEW PT, AGE 12-17	\$ 317.00	E&M OFFICE
99385	PREV.MED.,NEW PT. AGE 18-39	\$ 307.00	E&M OFFICE
99386	PREV.MED. NEW PT. AGE 40-64	\$ 356.00	E&M OFFICE
99387	PREV. MED. NEW PT. 65 AND OVER	\$ 386.00	E&M OFFICE
99391	PREV. MED., ESTABLISHED UNDER 1 YR	\$ 231.00	E&M OFFICE
99392	PREV.MED., ESTABLISHED, AGE 1-4	\$ 247.00	E&M OFFICE
99393	PREV.MED., ESTABLISHED AGE 5-11	\$ 246.00	E&M OFFICE
99394	PREV.MED. ESTABLISHED AGE 12-17	\$ 270.00	E&M OFFICE
99395	PREV.MED. ESTABLISHED, AGE 18-39	\$ 277.00	E&M OFFICE
99396	PREV. MED. ESTABLISHED AGE 40-64	\$ 295.00	E&M OFFICE
99397	PREV.MED. ESTABLISHED OVER 65	\$ 317.00	E&M OFFICE
99499	DOT PHYSICAL	\$ 181.00	E&M OFFICE
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINIC	\$ 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
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/	\$ 260.00	E&M OTHER
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/	\$ 127.00	E&M OTHER
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUC	\$ 91.00	E&M OTHER
99406	SMOKING CESSATION; 3 TO 10 MINUTES	\$ 35.00	E&M OTHER
99407	SMOKING CESSATION; INTENSIVE, GREATER THAN 10 MINS	\$ 67.00	E&M OTHER
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DIS	\$ 199.00	E&M OTHER
99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DIS	\$ 174.00	E&M OTHER
99324	REST HOME VISIT;PROB FOCUSED/NEW PT	\$ 127.00	E&M OTHER HOME
99325	REST HOME VISIT;EXP PROB FOC/NEW PT	\$ 185.00	E&M OTHER HOME
99326	REST HOME VISIT; MOD COMPLEX/NEW PT	\$ 323.00	E&M OTHER HOME
99327	REST HOM VISIT;COMP EXAM,MOD NEW PT	\$ 433.00	E&M OTHER HOME
99334	R HOME VISIT,EST; PROB FOCUSED	\$ 140.00	E&M OTHER HOME
99335	R HOME VISIT, EST; LOW COMPLEX	\$ 222.00	E&M OTHER HOME
99336	R HOME VISIT, EST; MOD COMPLEX	\$ 314.00	E&M OTHER HOME
99337	R HOME VISIT, EST; HIGH COMPLEX	\$ 452.00	E&M OTHER HOME
0011A	MODERNA COVID-19 VACCINE ADMINISTRATION – FIRST DOSE	\$ 40.00	IMMUN ADMIN
0012A	MODERNA COVID-19 VACCINE ADMINISTRATION – SECOND DOSE	\$ 67.00	IMMUN ADMIN
90460	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	\$ 33.00	IMMUN ADMIN
90461	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	\$ 29.00	IMMUN ADMIN
90471	IMMUNIZATION ADMINISTRATION,SINGLE	\$ 33.00	IMMUN ADMIN
90472	IMMS. ADMINISTRATION, EA. ADDITIONA	\$ 29.00	IMMUN ADMIN
90473	INTRANASAL IMMUNIZATION ADMINISTRATION, SINGLE	\$ 33.00	IMMUN ADMIN
77063,TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEP	\$ 57.00	MAMMOGRAPHY
77067,TC	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EAC	\$ 223.00	MAMMOGRAPHY
59025	FETAL NON-STRESS TEST	\$ 110.00	MATERNITY
59025,26	FETAL NON-STRESS TEST	\$ 67.00	MATERNITY
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPI	\$ 1,767.00	MATERNITY
59160	CURETTAGE, POSTPARTUM	\$ 552.00	MATERNITY
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	\$ 491.00	MATERNITY
59400	ROUTINE OB CARE-VAG.DEL.-POSTPART.	\$ 4,906.00	MATERNITY
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/O	\$ 1,873.00	MATERNITY
59410	VAGINAL DEL. WITH POST PART. CARE	\$ 2,412.00	MATERNITY
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$ 211.00	MATERNITY
59425	ANTEPARTUM CARE (VISITS 4-6)	\$ 1,080.00	MATERNITY
59426	ANTEPARTUM CARE (VISITS 7 PLUS)	\$ 1,923.00	MATERNITY
59430	POSTPARTUM CARE ONLY	\$ 470.00	MATERNITY

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59510	CESAREAN DELIVERY (INCLUDING CARE)	\$ 5,424.00	MATERNITY
59514	CESAREAN DELIVERY, ONLY	\$ 2,111.00	MATERNITY
59515	CESAREAN DELIVERY W/POST PART.CARE	\$ 2,928.00	MATERNITY
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGIN	\$ 5,143.00	MATERNITY
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY	\$ 2,620.00	MATERNITY
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLE	\$ 788.00	MATERNITY
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIR	\$ 946.00	MATERNITY
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 335.00	MENTAL HEALTH
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$ 371.00	MENTAL HEALTH
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	\$ 164.00	MENTAL HEALTH
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT WHEN PERFORMED W	\$ 168.00	MENTAL HEALTH
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	\$ 218.00	MENTAL HEALTH
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT WHEN PERFORMED W	\$ 213.00	MENTAL HEALTH
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	\$ 326.00	MENTAL HEALTH
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY ME	\$ 279.00	MENTAL HEALTH
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT), 50	\$ 239.00	MENTAL HEALTH
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PAT	\$ 248.00	MENTAL HEALTH
99000	SPECIMEN HANDLING AND/OR CONVEYANCE	\$ 16.00	MISC MEDICINE
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES,	\$ 30.00	OFFICE LAB
81000	FULL U/A %	\$ 9.00	OFFICE LAB
81001	URINALYSIS, AUTOMATED W/MICROSCOPY	\$ 7.00	OFFICE LAB
81002	URINALYSIS, NON-AUTO., W/OUT MICRO%	\$ 8.00	OFFICE LAB
81003	URINALYSIS, DIP-STICK W/O MICRO	\$ 5.00	OFFICE LAB
81025	URINE PREGNANCY TEST %	\$ 20.00	OFFICE LAB
82270	HEMOCCULT %	\$ 10.00	OFFICE LAB
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUA	\$ 13.00	OFFICE LAB
82272	HEMOCULT;SINGLE SPECIMEN (DIGITAL)%	\$ 10.00	OFFICE LAB
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMM	\$ 37.00	OFFICE LAB
82947	GLUCOSE;QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$ 9.00	OFFICE LAB
83655	LEAD; QUANTITATIVE,BLOOD %	\$ 28.00	OFFICE LAB
85018	HEMOGLOBLIN ANALYSIS	\$ 6.00	OFFICE LAB
85610	PROTHROMBIN TIME	\$ 10.00	OFFICE LAB
86318	RAPID MONO TEST %	\$ 43.00	OFFICE LAB
86328	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES), QUALITA	\$ 106.00	OFFICE LAB
86580	PPD	\$ 21.00	OFFICE LAB
87210	WET PREP %	\$ 14.00	OFFICE LAB
87220	KOH PREP %	\$ 10.00	OFFICE LAB
87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHN	\$ 110.00	OFFICE LAB
87804	RAPID FLU TEST	\$ 39.00	OFFICE LAB
87880	STREP A 01A, IMMUNOASSAY (IN OFFICE)	\$ 39.00	OFFICE LAB
Q0091	PAP SMEAR; PREP & CONV TO LAB	\$ 100.00	OFFICE LAB
70030,TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN B	\$ 51.00	RADIOLOGY
70100,TC	X-RAY MANDIBLE PARTIAL	\$ 62.00	RADIOLOGY
70110,TC	X-RAY MANDIBLE-COMplete	\$ 67.00	RADIOLOGY
70140,TC	PARTIAL FACIAL X-RAY	\$ 47.00	RADIOLOGY
70150,TC	COMPLETE FACIAL X-RAY	\$ 73.00	RADIOLOGY
70160,TC	X-RAY NASAL BONES (COMPLETE)	\$ 62.00	RADIOLOGY
70190,TC	X-RAY OPTIC FORAMINA	\$ 61.00	RADIOLOGY
70200,TC	X-RAY ORBITS (COMPLETE)	\$ 73.00	RADIOLOGY
70210,TC	X-RAY SINUSES, PARANASAL (PARTIAL)	\$ 50.00	RADIOLOGY
70220,TC	X-RAY SINUSES,PARANASAL,COMPLETE	\$ 57.00	RADIOLOGY
70250,TC	X-RAY SKULL (PARTIAL)	\$ 57.00	RADIOLOGY
70260,TC	X-RAY SKULL (COMPLETE)	\$ 67.00	RADIOLOGY
70330,TC	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN A	\$ 89.00	RADIOLOGY
70360,TC	X-RAY SOFT TISSUE OF NECK	\$ 48.00	RADIOLOGY

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71045,TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$ 37.00	RADIOLOGY
71046,TC	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$ 49.00	RADIOLOGY
71047,TC	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	\$ 62.00	RADIOLOGY
71100,TC	X-RAY RIBS (UNILATERAL)	\$ 55.00	RADIOLOGY
71101,TC	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POS	\$ 62.00	RADIOLOGY
71110,TC	X-RAY RIBS (BILATERAL)	\$ 64.00	RADIOLOGY
71111,TC	XRAY, BILAT RIBS; PA CHEST, 4VIEWS	\$ 79.00	RADIOLOGY
71120,TC	X-RAY STERNUM	\$ 51.00	RADIOLOGY
71130,TC	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINT	\$ 64.00	RADIOLOGY
72040,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS OR LES	\$ 60.00	RADIOLOGY
72050,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	\$ 83.00	RADIOLOGY
72052,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEW	\$ 100.00	RADIOLOGY
72070,TC	X-RAY THORACIC SPINE (AP & LATERAL)	\$ 48.00	RADIOLOGY
72072,TC	XRAY, SPINE, THORACIC, 3 VIEWS	\$ 60.00	RADIOLOGY
72080,TC	X-RAY THORACOLUMBAR SPINE (AP & LAT	\$ 52.00	RADIOLOGY
72082,TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMB	\$ 116.00	RADIOLOGY
72100,TC	X-RAY LUMBOSACRAL SPINE (AP & LATER	\$ 60.00	RADIOLOGY
72110,TC	X-RAY LUMBOSACRAL (COMPLETE)	\$ 80.00	RADIOLOGY
72114,TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, I	\$ 100.00	RADIOLOGY
72120,TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIE	\$ 64.00	RADIOLOGY
72170,TC	X-RAY PELVIS (AP)	\$ 44.00	RADIOLOGY
72190,TC	X-RAY PELVIS (COMPLETE)	\$ 63.00	RADIOLOGY
72200,TC	X-RAY SACROILIAC JOINTS (TWO VIEWS)	\$ 52.00	RADIOLOGY
72202,TC	X-RAY SACROILIAC JOINTS (THREE VIEW	\$ 60.00	RADIOLOGY
72220,TC	X-RAY SACRUM & COCCYX	\$ 51.00	RADIOLOGY
73000,TC	X-RAY CLAVICLE (COMPLETE)	\$ 51.00	RADIOLOGY
73010,TC	X-RAY SCAPULA (COMPLETE)	\$ 42.00	RADIOLOGY
73030,TC	X-RAY SHOULDER (COMPLETE)	\$ 53.00	RADIOLOGY
73050,TC	X-RAY ACROMIOCLAVICULAR JOINTS	\$ 49.00	RADIOLOGY
73060,TC	X-RAY HUMERUS	\$ 51.00	RADIOLOGY
73070,TC	X-RAY ELBOW (AP & LATERAL)	\$ 45.00	RADIOLOGY
73080,TC	X-RAY ELBOW (COMPLETE)	\$ 50.00	RADIOLOGY
73090,TC	X-RAY FOREARM (AP & LATERAL)	\$ 46.00	RADIOLOGY
73100,TC	X-RAY WRIST (AP & LATERAL)	\$ 55.00	RADIOLOGY
73110,TC	X-RAY WRIST COMPLETE (MIM 3 VIEWS)	\$ 68.00	RADIOLOGY
73120,TC	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	\$ 49.00	RADIOLOGY
73130,TC	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS)	\$ 59.00	RADIOLOGY
73140,TC	X-RAY FINGER (S) MIM 2 VIEWS	\$ 64.00	RADIOLOGY
73501,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WH	\$ 50.00	RADIOLOGY
73502,TC	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WH	\$ 76.00	RADIOLOGY
73521,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WH	\$ 64.00	RADIOLOGY
73522,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WH	\$ 84.00	RADIOLOGY
73523,TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WH	\$ 97.00	RADIOLOGY
73551,TC	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	\$ 47.00	RADIOLOGY
73552,TC	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	\$ 57.00	RADIOLOGY
73560,TC	X-RAY KNEE (AP & LATERAL)	\$ 56.00	RADIOLOGY
73562,TC	AP/LAT OF KNEE (3 VIEWS)	\$ 67.00	RADIOLOGY
73564,TC	X-RAY KNEE (COMPLETE)	\$ 73.00	RADIOLOGY
73565,TC	X-RAY, BOTH KNEES,STANDING, AP	\$ 68.00	RADIOLOGY
73590,TC	X-RAY TIBIA/FIBULA (AP & LATERAL)	\$ 51.00	RADIOLOGY
73592,TC	X-RAY (LOWER EXTREMITY) INFANT	\$ 50.00	RADIOLOGY
73600,TC	X-RAY ANKLE (AP & LATERAL)	\$ 52.00	RADIOLOGY
73610,TC	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 V	\$ 59.00	RADIOLOGY
73620,TC	X-RAY FOOT (AP & LATERAL)	\$ 45.00	RADIOLOGY
73630,TC	X-RAY FOOT. COMPLETE, MINIMUM 3 VIEWS	\$ 55.00	RADIOLOGY

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73650,TC	X-RAY CALCANEUS (AP & LATERAL)	\$ 45.00	RADIOLOGY
73660,TC	X-RAY TOES (AP & LATERAL)	\$ 48.00	RADIOLOGY
74018,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$ 45.00	RADIOLOGY
74019,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	\$ 55.00	RADIOLOGY
74021,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	\$ 64.00	RADIOLOGY
76010,TC	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN	\$ 44.00	RADIOLOGY
77072,TC	BONE AGE STUDIES	\$ 35.00	RADIOLOGY
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY	\$ 25.00	SUPPLIES
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
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR	\$ 60.00	SUPPLIES
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE	\$ 30.00	SUPPLIES
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THA	\$ 5.00	SUPPLIES
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER; 16 SQ. I	\$ 4.00	SUPPLIES
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL S	\$ 6.00	SUPPLIES
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD S	\$ 14.00	SUPPLIES
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, MORE T	\$ 14.00	SUPPLIES
A6402	GAUZE, NONIMPREGNATED, STERILE, 16 SQ IN OR LESS,	\$ 1.00	SUPPLIES
A6446	CONFIRMING BANDAGE, NONELASTIC, KNITTED/WOVEN, STE	\$ 1.00	SUPPLIES
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN,	\$ 5.00	SUPPLIES
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN,	\$ 2.00	SUPPLIES
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN,	\$ 6.00	SUPPLIES
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NONKNITTED/NONWOVE	\$ 1.00	SUPPLIES
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WO	\$ 2.00	SUPPLIES
A9284	SPIROMETER NONELECTRONIC INCL ALL ACCESSORIES	\$ 16.00	SUPPLIES
E0112	CRUTCH, UNDERARM, WOOD, ADJ OR FIXED, PAIR, WITH PAD, T	\$ 45.00	SUPPLIES
E0114	CRUTCHES	\$ 75.00	SUPPLIES
J0153	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO	\$ 14.00	SUPPLIES
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE	\$ 68.00	SUPPLIES
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$ 10.00	SUPPLIES
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTR (LILETTA), 52 MG	\$ 1,250.00	SUPPLIES
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE, 52 MG, 5 YEAR DURATION	\$ 1,430.00	SUPPLIES
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$ 1,200.00	SUPPLIES
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYS	\$ 1,300.00	SUPPLIES
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING	\$ 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 RES	\$ 118.00	SUPPLIES
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RES	\$ 122.00	SUPPLIES
L3908	WRIST COCK UP BRACE	\$ 92.00	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
Q4042	LONG LEG SPLINT, ADULT	\$ 98.00	SUPPLIES
Q4046	SHORT LEG SPLINT, ADULT	\$ 60.00	SUPPLIES
Q4049	FINGER SPLINT, 4 PRONG	\$ 26.00	SUPPLIES
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPUR	\$ 280.00	SURGICAL PROCEDURES
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPUR	\$ 484.00	SURGICAL PROCEDURES
10120	REMOVAL OF FOREIGN BODY (SIMPLE)	\$ 350.00	SURGICAL PROCEDURES
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE; FIRST 20 SQCM OR LESS	\$ 290.00	SURGICAL PROCEDURES
11055	PARING/BGN HYPERKEROTOTIC LESION-1	\$ 144.00	SURGICAL PROCEDURES

CPT	Description	Fee	Group
11056	PARING/BGN HYPERKERATOTIC LES'N 2-4	\$ 170.00	SURGICAL PROCEDURES
11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE,	\$ 230.00	SURGICAL PROCEDURES
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PE	\$ 289.00	SURGICAL PROCEDURES
11200	REMOVAL OF SKIN TAGS (UP TO 15)	\$ 205.00	SURGICAL PROCEDURES
11300	SHAVE EPIDERMAL OR LESION SINGLE .5CM OR LESS	\$ 230.00	SURGICAL PROCEDURES
11301	SHAVE EPIDERMAL LESION,.6-1.0CM	\$ 280.00	SURGICAL PROCEDURES
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN	\$ 289.00	SURGICAL PROCEDURES
11401	EXC.BENIGN LES.TRK,ARMS,LEGS .6-1CM	\$ 353.00	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
11730	AVULSION NAIL PLATE (PARTIAL/COMPLE	\$ 256.00	SURGICAL PROCEDURES
11750	EXCISION OF NAIL AND NAIL MATRIX PA	\$ 363.00	SURGICAL PROCEDURES
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$ 238.00	SURGICAL PROCEDURES
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$ 271.00	SURGICAL PROCEDURES
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVE	\$ 336.00	SURGICAL PROCEDURES
12001	SIMPLE REP.SC/NK/AXIL/GEN ETC 2.5CM	\$ 208.00	SURGICAL PROCEDURES
12002	SMPLE REP SCLP/NK,AXIL/GEN 2.6-7.5C	\$ 255.00	SURGICAL PROCEDURES
12011	SMPLE REP.FACE/EARS/ETC. UP TO 2.5C	\$ 254.00	SURGICAL PROCEDURES
12031	LAYER CLOSRE SCLP/AXIL/TRK/EXT 2.5C	\$ 581.00	SURGICAL PROCEDURES
12032	LYR CLOSRE SCP/AXIL/TRK/EXT 2.6-7.5	\$ 697.00	SURGICAL PROCEDURES
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUR	\$ 150.00	SURGICAL PROCEDURES
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUR	\$ 14.00	SURGICAL PROCEDURES
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSUR	\$ 257.00	SURGICAL PROCEDURES
20550	INJECTION,TENDON SHEATH,LIGAMENT OR	\$ 127.00	SURGICAL PROCEDURES
20600	ARTHROCENTESIS, SMALL JOINT	\$ 117.00	SURGICAL PROCEDURES
20605	ARTHROCENTESIS, INTERMEDIATE JOINT	\$ 121.00	SURGICAL PROCEDURES
20610	ARTHROCENTESIS MAJOR JOINT	\$ 143.00	SURGICAL PROCEDURES
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOIN	\$ 218.00	SURGICAL PROCEDURES
29540	STRAPPING; ANKLE AND/OR FOOT	\$ 66.00	SURGICAL PROCEDURES
29580	UNABOOT	\$ 146.00	SURGICAL PROCEDURES
36000	IV SET-UP	\$ 64.00	SURGICAL PROCEDURES
36416	CAPILLARY BLOOD DRAW (FINGER STICK)	\$ -	SURGICAL PROCEDURES
51701	CATH FOR RESIDUAL URINE	\$ 103.00	SURGICAL PROCEDURES
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REG	\$ 357.00	SURGICAL PROCEDURES
57454	COLPOSCOPY W/BIOPSY	\$ 381.00	SURGICAL PROCEDURES
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGIN	\$ 359.00	SURGICAL PROCEDURES
57456	COLPOSCOPY OF CERVIX INC UPP/ADJ VAGINA; ENDOCERVI	\$ 338.00	SURGICAL PROCEDURES
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH	\$ 668.00	SURGICAL PROCEDURES
58100	ENDOMETRIAL BIOPSY	\$ 226.00	SURGICAL PROCEDURES
58300	IUD INSERTION	\$ 212.00	SURGICAL PROCEDURES
58301	IUD REMOVAL	\$ 236.00	SURGICAL PROCEDURES
58340	CATH AND INFUSION OF CONTRAST; SONOHYSTEROGRAPHY	\$ 447.00	SURGICAL PROCEDURES
58558	HYSTEROSCOPY,SURGICAL, W/BIOPSY	\$ 3,200.00	SURGICAL PROCEDURES
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTE	\$ 2,099.00	SURGICAL PROCEDURES
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE	\$ 181.00	SURGICAL PROCEDURES
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTUR	\$ 1,526.00	SURGICAL PROCEDURES
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILA	\$ 32.00	SURGICAL PROCEDURES
69210	REMOVE IMPACTED CERUMEN	\$ 110.00	SURGICAL PROCEDURES
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$ 55.00	SURGICAL PROCEDURES
98966	TELEPHONE ASSESSMENT AND MANAGEMENT; 5-10 MINUTES OF MDM	\$ 33.00	TELEMEDICINE
98967	TELEPHONE ASSESSMENT AND MANAGEMENT; 11-20 MINUTES OF MDM	\$ 64.00	TELEMEDICINE
98968	TELEPHONE ASSESSMENT AND MANAGEMENT; 21-30 MINUTES OF MDM	\$ 94.00	TELEMEDICINE
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE; 5-10M	\$ 104.00	TELEMEDICINE
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE;11-20M	\$ 172.00	TELEMEDICINE

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99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE;21-30M	\$ 251.00	TELEMEDICINE
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE BY A PHYSICIA	\$ 34.00	TELEMEDICINE
G2025	SERVICES FURNISHED VIA TELEHEALTH	\$ 209.00	TELEMEDICINE
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VE	\$ 286.00	VACCINES
90632	HEPATITIS A VACCINE, ADULT, IM	\$ 95.00	VACCINES
90633	HEPATITIS A, PEDIATRIC,58160082546	\$ 60.00	VACCINES
90648	ACT HIB	\$ 30.00	VACCINES
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 3	\$ 353.00	VACCINES
90662	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESERVATIV	\$ 80.00	VACCINES
90670	PREVNAR 13 IM	\$ 323.00	VACCINES
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRAN	\$ 50.00	VACCINES
90680	ROTATEQ (ROTAVIRUS VACCINE)	\$ 135.00	VACCINES
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRE	\$ 36.00	VACCINES
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCIN	\$ 65.00	VACCINES
90698	PENTACEL	\$ 140.00	VACCINES
90700	DTAP	\$ 51.00	VACCINES
90707	MMR INJECTION	\$ 116.00	VACCINES
90710	PROQUAD(MMRV)	\$ 337.00	VACCINES
90713	POLIO VACCINE, IPV	\$ 41.00	VACCINES
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD), PRESERVAT	\$ 54.00	VACCINES
90715	TDAP/ FOR 7 YRS +	\$ 65.00	VACCINES
90716	VARICELLA VIRUS VACCINE (VAR), LIVE, FOR SUBCUTANEOUS U	\$ 205.00	VACCINES
90723	DTAP-HEPB-IPV (PEDIARIX)	\$ 127.00	VACCINES
90732	PNEUMOVAX 23, PNU-IMUNE	\$ 163.00	VACCINES
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND	\$ 184.00	VACCINES
90740	HEPATITIS B VACCINE (HEPB), DIALYSIS OR IMMUNOSUPPRESSE	\$ 363.00	VACCINES
90744	HEPATITIS B VACCINE (HEPB), PEDIATRIC/ADOLESCENT DOSAGE	\$ 70.00	VACCINES
90746	HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOSE SCHEDU	\$ 98.00	VACCINES
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	\$ 23.00	VACCINES
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$ 157.00	VACCINES
J0696	ROCEPHIN, 250 MG	\$ 28.00	VACCINES
J0897	INJECTION, DENOSUMAB, 1 MG	\$ 31.05	VACCINES
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$ 59.00	VACCINES
J1030	DEPOMEDROL INJ (PER 40 MG)	\$ 21.00	VACCINES
J1040	DEPOMEDROL, 80 MG INJ	\$ 33.00	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	\$ 225.00	VACCINES
J2930	SOLUMEDROL IM INJ(UP TO 125 MG)	\$ 22.00	VACCINES
J3301	KENALOG INJ (PER 10 MG)	\$ 26.00	VACCINES
J3420	B - 12	\$ 19.00	VACCINES