CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
0500F	INITIAL PRENATAL VISIT	$ 0.01	ADMIN	0521			
0502F	SUBSEQUENT PRENATAL VISIT	$ 0.01	ADMIN	0521			
0503F	POSTPARTUM VISIT	$ 0.01	ADMIN	0521			
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED (GER)	$ 40.00	ADMIN	0521			
0518F	FALL RISK PLAN OF CARE DOCUMENTED	$ 40.00	ADMIN	0521			
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	$ 315.00	SURGICAL PROCEDURES	0490			
10060,MCD	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	$ 57.73	WRAPAROUND	0519			
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	$ 529.00	SURGICAL PROCEDURES	0490			
10061,MCD	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	$ 57.73	WRAPAROUND	0519			
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	$ 601.00	SURGICAL PROCEDURES	0490			
10080,MCD	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	$ 57.73	WRAPAROUND	0519			
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	$ 828.00	SURGICAL PROCEDURES	0490			
10081,MCD	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	$ 57.73	WRAPAROUND	0519			
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	$ 373.00	SURGICAL PROCEDURES	0490			
10120,MCD	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	$ 57.73	WRAPAROUND	0519			
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	$ 651.00	SURGICAL PROCEDURES	0490			
10121,MCD	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	$ 57.73	WRAPAROUND	0519			
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	$ 417.00	SURGICAL PROCEDURES	0490			
10140,MCD	I&D HEMATOMA SEROMA/FLUID COLLECTION	$ 57.73	WRAPAROUND	0519			
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	$ 321.00	SURGICAL PROCEDURES	0490			
10160,MCD	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	$ 57.73	WRAPAROUND	0519			
1034F	CURRENT TOBACCO SMOKER	$ 0.01	ADMIN	0521			
1035F	CURRENT SMOKELESS TOBACCO USER	$ 0.01	ADMIN	0521			
1036F	CURRENT TOBACCO NON-USER	$ 0.01	ADMIN	0521			
1090F	PRESENCE OR ABSENCE OF URINARY INCONTINENCE ASSESSED (GER)	$ 10.00	ADMIN	0521			
1100F	FALL RISK ASSESSMENT TWO OR MORE FALLS OR FALL WITH INJURY LAST YEAR	$ 10.00	ADMIN	0521			
1101F	FALL SCREENING NO FALLS OR INJURY LAST YEAR	$ 10.00	ADMIN	0521			
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	$ 317.00	SURGICAL PROCEDURES	0490			
11042,MCD	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	$ 57.73	WRAPAROUND	0519			
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	$ 571.00	SURGICAL PROCEDURES	0490			
11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	$ 763.00	SURGICAL PROCEDURES	0490			
11044,MCD	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	$ 57.73	WRAPAROUND	0519			
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE; EACH ADDITIONAL 20 SQCM	$ 98.00	SURGICAL PROCEDURES	0490			
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	$ 172.00	SURGICAL PROCEDURES	0490			
11055,MCD	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	$ 57.73	WRAPAROUND	0519			
11056	PARING/BGN HYPERKERATOTIC LES'N 2-4	$ 200.00	SURGICAL PROCEDURES	0490			
11056,MCD	PARING/BGN HYPERKERATOTIC LES'N 2-4	$ 57.73	WRAPAROUND	0519			
11057	PARING OF BGN HYPERKERATOTIC L'N(4+	$ 218.00	SURGICAL PROCEDURES	0490			
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	$ 243.00	SURGICAL PROCEDURES	0490			
11102,MCD	TANGENTIAL BIOPSY SKIN SINGLE LESION	$ 57.73	WRAPAROUND	0519			
11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	$ 121.00	SURGICAL PROCEDURES	0490			
11104	PUNCH BIOPSY SKIN SINGLE LESION	$ 302.00	SURGICAL PROCEDURES	0490			
11104,MCD	PUNCH BIOPSY SKIN SINGLE LESION	$ 57.73	WRAPAROUND	0519			
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	$ 146.00	SURGICAL PROCEDURES	0490			
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	$ 375.00	SURGICAL PROCEDURES	0490			
11106,MCD	INCISIONAL BIOPSY SKIN SINGLE LESION	$ 57.73	WRAPAROUND	0519			
1111F	MEDICATION RECONCILIATION WITHIN 30 DAYS OF AN INPATIENT DISCHARGE	$ 75.00	ADMIN	0521			
11200	REMOVAL OF SKIN TAGS (UP TO 15)	$ 229.00	SURGICAL PROCEDURES	0490			
11200,MCD	REMOVAL OF SKIN TAGS (UP TO 15)	$ 57.73	WRAPAROUND	0519			
11201	REMOV. SKIN TAGS EA. ADDITIONAL 10	$ 45.00	SURGICAL PROCEDURES	0490			
1125F	PAIN SEVERITY QUANTIFIED; PAIN PRESENT	$ 0.01	ADMIN	0521			
1126F	PAIN SEVERITY QUANTIFIED; NO PAIN PRESENT	$ 0.01	ADMIN	0521			
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	$ 241.00	SURGICAL PROCEDURES	0490			
11300,MCD	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	$ 57.73	WRAPAROUND	0519			
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	$ 294.00	SURGICAL PROCEDURES	0490			
11301,MCD	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	$ 57.73	WRAPAROUND	0519			
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	$ 333.00	SURGICAL PROCEDURES	0490			
11302,MCD	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	$ 57.73	WRAPAROUND	0519			
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	$ 370.00	SURGICAL PROCEDURES	0490			
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	$ 255.00	SURGICAL PROCEDURES	0490			
11305,MCD	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	$ 57.73	WRAPAROUND	0519			
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	$ 296.00	SURGICAL PROCEDURES	0490			
11306,MCD	SHAVE LESION EXTREM 0.6 CM - 1.0 CM	$ 57.73	WRAPAROUND	0519			
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	$ 335.00	SURGICAL PROCEDURES	0490			
11307,MCD	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	$ 57.73	WRAPAROUND	0519			
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	$ 354.00	SURGICAL PROCEDURES	0490			
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	$ 279.00	SURGICAL PROCEDURES	0490			
11310,MCD	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	$ 57.73	WRAPAROUND	0519			
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	$ 333.00	SURGICAL PROCEDURES	0490			
11311,MCD	SHAVE LESION FACE,EARS .6- 1.0 CM	$ 57.73	WRAPAROUND	0519			
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	$ 380.00	SURGICAL PROCEDURES	0490			
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	$ 442.00	SURGICAL PROCEDURES	0490			
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	$ 314.00	SURGICAL PROCEDURES	0490			
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	$ 383.00	SURGICAL PROCEDURES	0490			
11401,MCD	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	$ 57.73	WRAPAROUND	0519			
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	$ 423.00	SURGICAL PROCEDURES	0490			
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	$ 488.00	SURGICAL PROCEDURES	0490			
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	$ 553.00	SURGICAL PROCEDURES	0490			
11406	EXC.BNIGN LES.TRK,ARMS,LEGS OVR 4CM	$ 788.00	SURGICAL PROCEDURES	0490			
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	$ 311.00	SURGICAL PROCEDURES	0490			
11420,MCD	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	$ 57.73	WRAPAROUND	0519			
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	$ 392.00	SURGICAL PROCEDURES	0490			
11421,MCD	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	$ 57.73	WRAPAROUND	0519			
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	$ 442.00	SURGICAL PROCEDURES	0490			
11422,MCD	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	$ 57.73	WRAPAROUND	0519			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	$ 509.00	SURGICAL PROCEDURES	0490			
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	$ 589.00	SURGICAL PROCEDURES	0490			
11424,MCD	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	$ 57.73	WRAPAROUND	0519			
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	$ 815.00	SURGICAL PROCEDURES	0490			
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	$ 350.00	SURGICAL PROCEDURES	0490			
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	$ 426.00	SURGICAL PROCEDURES	0490			
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	$ 476.00	SURGICAL PROCEDURES	0490			
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	$ 564.00	SURGICAL PROCEDURES	0490			
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	$ 0.01	ADMIN	0521			
11600	EXC.LES.TRK,EXT.MALIG <0.5 CM	$ 484.00	SURGICAL PROCEDURES	0490			
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	$ 562.00	SURGICAL PROCEDURES	0490			
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	$ 603.00	SURGICAL PROCEDURES	0490			
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	$ 688.00	SURGICAL PROCEDURES	0490			
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	$ 766.00	SURGICAL PROCEDURES	0490			
11604,MCD	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	$ 57.73	WRAPAROUND	0519			
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	$ 1,103.00	SURGICAL PROCEDURES	0490			
1160F	REVIEW OF ALL MEDICATIONS DOCUMENTED IN THE MEDICAL RECORD	$ 0.01	ADMIN	0521			
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	$ 565.00	SURGICAL PROCEDURES	0490			
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	$ 623.00	SURGICAL PROCEDURES	0490			
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	$ 729.00	SURGICAL PROCEDURES	0490			
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	$ 583.00	SURGICAL PROCEDURES	0490			
1170F	FUNCTIONAL STATUS ASSESSED	$ 0.01	ADMIN	0521			
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	$ 36.00	SURGICAL PROCEDURES	0490			
11719,MCD	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	$ 57.73	WRAPAROUND	0519			
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	$ 81.00	SURGICAL PROCEDURES	0490			
11720,MCD	DEBRIDEMENT NAIL ANY METHOD 1-5	$ 57.73	WRAPAROUND	0519			
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	$ 111.00	SURGICAL PROCEDURES	0490			
11721,MCD	DEBRIDEMENT NAIL ANY METHOD 6/>	$ 57.73	WRAPAROUND	0519			
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	$ 281.00	SURGICAL PROCEDURES	0490			
11730,MCD	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	$ 57.73	WRAPAROUND	0519			
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	$ 81.00	SURGICAL PROCEDURES	0490			
11740	EVACUATION SUBUNGUAL HEMATOMA	$ 142.00	SURGICAL PROCEDURES	0490			
11740,MCD	EVACUATION OF SUBUNGUAL HEMATOMA	$ 57.73	WRAPAROUND	0519			
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	$ 395.00	SURGICAL PROCEDURES	0490			
11750,MCD	EXCISION NAIL MATRIX PERMANENT REMOVAL	$ 57.73	WRAPAROUND	0519			
11760	REPAIR OF NAIL BED	$ 454.00	SURGICAL PROCEDURES	0490			
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	$ 141.00	SURGICAL PROCEDURES	0490			
11981	INSERTION DRUG DELIVERY IMPLANT	$ 248.00	SURGICAL PROCEDURES	0490			
11981,MCD	INSERTION DRUG DELIVERY IMPLANT	$ 57.73	WRAPAROUND	0519			
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$ 271.00	SURGICAL PROCEDURES	0490			
11982,MCD	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$ 57.73	WRAPAROUND	0519			
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	$ 348.00	SURGICAL PROCEDURES	0490			
11983,MCD	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	$ 57.73	WRAPAROUND	0519			
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	$ 230.00	SURGICAL PROCEDURES	0490			
12001,MCD	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	$ 57.73	WRAPAROUND	0519			
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	$ 280.00	SURGICAL PROCEDURES	0490			
12002,MCD	SMPLE REP SCLP/NK,AXIL/GEN 2.6-7.5C	$ 57.73	WRAPAROUND	0519			
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	$ 326.00	SURGICAL PROCEDURES	0490			
12004,MCD	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	$ 57.73	WRAPAROUND	0519			
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	$ 433.00	SURGICAL PROCEDURES	0490			
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	$ 503.00	SURGICAL PROCEDURES	0490			
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	$ 275.00	SURGICAL PROCEDURES	0490			
12011,MCD	SMPLE REP.FACE/EARS/ETC. UP TO 2.5C	$ 57.73	WRAPAROUND	0519			
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	$ 286.00	SURGICAL PROCEDURES	0490			
12013,MCD	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	$ 57.73	WRAPAROUND	0519			
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	$ 348.00	SURGICAL PROCEDURES	0490			
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	$ 640.00	SURGICAL PROCEDURES	0490			
12031,MCD	LAYER CLOSRE SCLP/AXIL/TRK/EXT 2.5C	$ 57.73	WRAPAROUND	0519			
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	$ 745.00	SURGICAL PROCEDURES	0490			
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	$ 818.00	SURGICAL PROCEDURES	0490			
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	$ 644.00	SURGICAL PROCEDURES	0490			
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	$ 759.00	SURGICAL PROCEDURES	0490			
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	$ 936.00	SURGICAL PROCEDURES	0490			
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	$ 691.00	SURGICAL PROCEDURES	0490			
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	$ 772.00	SURGICAL PROCEDURES	0490			
12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	$ 888.00	SURGICAL PROCEDURES	0490			
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	$ 966.00	SURGICAL PROCEDURES	0490			
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	$ 284.00	SURGICAL PROCEDURES	0490			
15851	REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	$ 141.00	SURGICAL PROCEDURES	0490			
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	$ 211.00	SURGICAL PROCEDURES	0490			
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	$ 385.00	SURGICAL PROCEDURES	0490			
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$ 168.00	SURGICAL PROCEDURES	0490			
17000,MCD	DESTRUCTION PREMALIGNANT LESION 1ST	$ 57.73	WRAPAROUND	0519			
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	$ 16.00	SURGICAL PROCEDURES	0490			
17004	DESTRUCTION PREMALIGNANT LESION 15/>	$ 410.00	SURGICAL PROCEDURES	0490			
17110	DESTRUCTION BENIGN LESIONS UP TO 14	$ 279.00	SURGICAL PROCEDURES	0490			
17110,MCD	DESTRUCTION BENIGN LESIONS UP TO 14	$ 57.73	WRAPAROUND	0519			
17111	DESTRUCTION BENIGN LESIONS 15/>	$ 327.00	SURGICAL PROCEDURES	0490			
17111,MCD	DESTRUCTION BENIGN LESIONS 15/>	$ 57.73	WRAPAROUND	0519			
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	$ 207.00	SURGICAL PROCEDURES	0490			
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	$ 246.00	SURGICAL PROCEDURES	0490			
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	$ 366.00	SURGICAL PROCEDURES	0490			
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	$ 439.00	SURGICAL PROCEDURES	0490			
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	$ 476.00	SURGICAL PROCEDURES	0490			
17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	$ 512.00	SURGICAL PROCEDURES	0490			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	$ 371.00	SURGICAL PROCEDURES	0490			
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	$ 411.00	SURGICAL PROCEDURES	0490			
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	$ 465.00	SURGICAL PROCEDURES	0490			
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	$ 348.00	SURGICAL PROCEDURES	0490			
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	$ 444.00	SURGICAL PROCEDURES	0490			
2028F	FOOT EXAMINATION PERFORMED (DM)	$ 50.00	ADMIN	0521			
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	$ 205.00	SURGICAL PROCEDURES	0490			
20526,MCD	INJECTION THERAPEUTIC CARPAL TUNNEL	$ 57.73	WRAPAROUND	0519			
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	$ 144.00	SURGICAL PROCEDURES	0490			
20550,MCD	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	$ 57.73	WRAPAROUND	0519			
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	$ 143.00	SURGICAL PROCEDURES	0490			
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	$ 129.00	SURGICAL PROCEDURES	0490			
20552,MCD	INJ SINGLE OR MULT TRIGGER POINTS	$ 57.73	WRAPAROUND	0519			
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	$ 133.00	SURGICAL PROCEDURES	0490			
20600,MCD	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	$ 57.73	WRAPAROUND	0519			
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	$ 205.00	SURGICAL PROCEDURES	0490			
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	$ 136.00	SURGICAL PROCEDURES	0490			
20605,MCD	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	$ 57.73	WRAPAROUND	0519			
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	$ 160.00	SURGICAL PROCEDURES	0490			
20610,MCD	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	$ 57.73	WRAPAROUND	0519			
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	$ 161.00	SURGICAL PROCEDURES	0490			
20680	REMOVAL IMPLANT DEEP	$ 1,473.00	SURGICAL PROCEDURES	0490			
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	$ 931.00	SURGICAL PROCEDURES	0490			
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	$ 674.00	SURGICAL PROCEDURES	0490			
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	$ 860.00	SURGICAL PROCEDURES	0490			
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	$ 734.00	SURGICAL PROCEDURES	0490			
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	$ 259.00	SURGICAL PROCEDURES	0490			
24640,MCD	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	$ 57.73	WRAPAROUND	0519			
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	$ 878.00	SURGICAL PROCEDURES	0490			
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MNPJ	$ 799.00	SURGICAL PROCEDURES	0490			
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	$ 851.00	SURGICAL PROCEDURES	0490			
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	$ 851.00	SURGICAL PROCEDURES	0490			
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	$ 492.00	SURGICAL PROCEDURES	0490			
26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	$ 750.00	SURGICAL PROCEDURES	0490			
27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	$ 1,663.00	SURGICAL PROCEDURES	0490			
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	$ 1,675.00	SURGICAL PROCEDURES	0490			
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	$ 1,801.00	SURGICAL PROCEDURES	0490			
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	$ 806.00	SURGICAL PROCEDURES	0490			
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	$ 812.00	SURGICAL PROCEDURES	0490			
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	$ 589.00	SURGICAL PROCEDURES	0490			
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	$ 796.00	SURGICAL PROCEDURES	0490			
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	$ 937.00	SURGICAL PROCEDURES	0490			
28043,MCD	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	$ 57.73	WRAPAROUND	0519			
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	$ 1,325.00	SURGICAL PROCEDURES	0490			
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	$ 1,144.00	SURGICAL PROCEDURES	0490			
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	$ 1,036.00	SURGICAL PROCEDURES	0490			
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	$ 1,300.00	SURGICAL PROCEDURES	0490			
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	$ 1,138.00	SURGICAL PROCEDURES	0490			
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	$ 1,165.00	SURGICAL PROCEDURES	0490			
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	$ 1,184.00	SURGICAL PROCEDURES	0490			
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	$ 1,445.00	SURGICAL PROCEDURES	0490			
28118	OSTECTOMY CALCANEUS	$ 1,495.00	SURGICAL PROCEDURES	0490			
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	$ 1,294.00	SURGICAL PROCEDURES	0490			
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	$ 1,463.00	SURGICAL PROCEDURES	0490			
28124	PARTICAL EXCISION BONE PHALANX TOE	$ 1,178.00	SURGICAL PROCEDURES	0490			
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	$ 583.00	SURGICAL PROCEDURES	0490			
28190,MCD	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	$ 57.73	WRAPAROUND	0519			
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	$ 1,064.00	SURGICAL PROCEDURES	0490			
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	$ 922.00	SURGICAL PROCEDURES	0490			
28285	CORRECTION HAMMERTOE	$ 1,334.00	SURGICAL PROCEDURES	0490			
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	$ 1,482.00	SURGICAL PROCEDURES	0490			
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	$ 1,691.00	SURGICAL PROCEDURES	0490			
28295	CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT	$ 2,527.00	SURGICAL PROCEDURES	0490			
28296	CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT	$ 2,162.00	SURGICAL PROCEDURES	0490			
28297	CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS	$ 2,476.00	SURGICAL PROCEDURES	0490			
28298	CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT	$ 2,034.00	SURGICAL PROCEDURES	0490			
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	$ 1,403.00	SURGICAL PROCEDURES	0490			
28315	SESAMOIDECTOMY FIRST TOE SPX	$ 1,179.00	SURGICAL PROCEDURES	0490			
28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	$ 558.00	SURGICAL PROCEDURES	0490			
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	$ 1,413.00	SURGICAL PROCEDURES	0490			
28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	$ 380.00	SURGICAL PROCEDURES	0490			
28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	$ 1,814.00	SURGICAL PROCEDURES	0490			
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	$ 1,914.00	SURGICAL PROCEDURES	0490			
28810	AMPUTATION METATARSAL W/TOE SINGLE	$ 1,051.00	SURGICAL PROCEDURES	0490			
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	$ 725.00	SURGICAL PROCEDURES	0490			
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	$ 711.00	SURGICAL PROCEDURES	0490			
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	$ 224.00	SURGICAL PROCEDURES	0490			
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	$ 210.00	SURGICAL PROCEDURES	0490			
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	$ 170.00	SURGICAL PROCEDURES	0490			
29130	APPLICATION OF FINGER SPLINT; STATIC	$ 106.00	SURGICAL PROCEDURES	0490			
29345	APPLICATION LONG LEG CAST THIGH-TOE	$ 343.00	SURGICAL PROCEDURES	0490			
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	$ 231.00	SURGICAL PROCEDURES	0490			
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	$ 185.00	SURGICAL PROCEDURES	0490			
29515,MCD	APPLICATION SHORT LEG SPLINT CALF FOOT	$ 57.73	WRAPAROUND	0519			
29540	STRAPPING ANKLE &/FOOT	$ 70.00	SURGICAL PROCEDURES	0420			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
29580	STRAPPING UNNA BOOT	$ 155.00	SURGICAL PROCEDURES	0490			
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	$ 1,639.00	SURGICAL PROCEDURES	0490			
3008F	BODY MASS INDEX (BMI), DOCUMENTED	$ 0.01	ADMIN	0521			
3014F	SCR MAMMO RESULTS DOC & REVIEWED	$ 0.01	ADMIN	0521			
3015F	CERV CNCR SCR RESULTS DOC & REVIEWED	$ 0.01	ADMIN	0521			
3017F	COLORCTL CNCR SCR RESULTS DOC & REVIEWED (PV)	$ 0.01	ADMIN	0521			
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	$ 506.00	SURGICAL PROCEDURES	0490			
30300,MCD	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	$ 57.73	WRAPAROUND	0519			
3044F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0% (DM)	$ 40.00	ADMIN	0521			
3045F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0-9.0% (DM)	$ 40.00	ADMIN	0521			
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL GREATER THAN 9.0% (DM)	$ 40.00	ADMIN	0521			
3048F	MOST RECENT LDL-C LESS THAN 100 MG/DL (DM)	$ 10.00	ADMIN	0521			
3049F	MOST RECENT LDL-C LEVEL 100 TO 129	$ 10.00	ADMIN	0521			
3050F	MOST RECENT LDL-C GREATER THAN OR EQUAL TO 130 MG/DL (DM)	$ 10.00	ADMIN	0521			
3051F	HBA1C ≥ 7.0 AND < 8.0	$ 40.00	ADMIN	0521			
3052F	HBA1C ≥ 8.0 AND ≤ 9.0	$ 40.00	ADMIN	0521			
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 10.00	ADMIN	0521			
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 10.00	ADMIN	0521			
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 0.01	ADMIN	0521			
3074F	SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG (HTN)	$ 10.00	ADMIN	0521			
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM),(HTN, CKD, CAD)	$ 10.00	ADMIN	0521			
3077F	SYSTOLIC BLOOD PRESSURE >/= TO 140 MM HG (HTN)	$ 10.00	ADMIN	0521			
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE<LESS THAN<80 MM HG (HTN, CKD, CAD) (DM)	$ 10.00	ADMIN	0521			
3079F	DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN)	$ 10.00	ADMIN	0521			
3080F	DIASTOLIC BLOOD PRESSURE >/= TO 90 MM HG (HTN)	$ 10.00	ADMIN	0521			
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	$ 381.00	SURGICAL PROCEDURES	0490			
30901,MCD	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	$ 57.73	WRAPAROUND	0519			
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	$ 589.00	SURGICAL PROCEDURES	0490			
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	$ 845.00	SURGICAL PROCEDURES	0490			
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	$ 465.00	SURGICAL PROCEDURES	0490			
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	$ 313.00	SURGICAL PROCEDURES	0490			
3288F	FALLS RISK ASSESSMENT DOCUMENTED	$ 0.01	ADMIN	0521			
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	$ 76.00	SURGICAL PROCEDURES	0260			
36416	CAPILLARY BLOOD DRAW (FINGER STICK)	$ -	SURGICAL PROCEDURES	0300			
3725F	SCREENING FOR DEPRESSION PERFORMED	$ 0.01	ADMIN	0521			
40808	BIOPSY VESTIBULE MOUTH	$ 413.00	SURGICAL PROCEDURES	0490			
41010	INCISION LINGUAL FRENUM FRENOTOMY	$ 519.00	SURGICAL PROCEDURES	0490			
41115	EXCISION LINGUAL FRENUM FRENECTOMY	$ 631.00	SURGICAL PROCEDURES	0490			
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	$ 736.00	SURGICAL PROCEDURES	0490			
41800,MCD	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	$ 57.73	WRAPAROUND	0519			
42700	I&D ABSCESS PERITONSILLAR	$ 472.00	SURGICAL PROCEDURES	0490			
43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	$ 535.00	SURGICAL PROCEDURES	0490			
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	$ 574.00	SURGICAL PROCEDURES	0490			
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	$ 609.00	SURGICAL PROCEDURES	0490			
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	$ 280.00	SURGICAL PROCEDURES	0490			
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	$ 635.00	SURGICAL PROCEDURES	0490			
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	$ 758.00	SURGICAL PROCEDURES	0490			
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	$ 1,892.00	SURGICAL PROCEDURES	0490			
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	$ 815.00	SURGICAL PROCEDURES	0490			
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULT	$ 851.00	SURGICAL PROCEDURES	0490			
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	$ 924.00	SURGICAL PROCEDURES	0490			
49329	UNLISTED LAPAROSCOPY PX ABD PERTONEUM & OMENTUM	$ 2,032.00	SURGICAL PROCEDURES	0490			
51701	INSJ NON-NDWELLG BLADDER CATHETER	$ 108.00	SURGICAL PROCEDURES	0490			
51701,MCD	INSJ NON-NDWELLG BLADDER CATHETER	$ 57.73	WRAPAROUND	0519			
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	$ 152.00	SURGICAL PROCEDURES	0490			
52000	CYSTOURETHROSCOPY	$ 539.00	SURGICAL PROCEDURES	0490			
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	$ 517.00	SURGICAL PROCEDURES	0490			
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	$ 899.00	SURGICAL PROCEDURES	0490			
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	$ 470.00	SURGICAL PROCEDURES	0490			
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	$ 366.00	SURGICAL PROCEDURES	0490			
54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	$ 533.00	SURGICAL PROCEDURES	0490			
56405	I&D VULVA/PERINEAL ABSCESS	$ 358.00	SURGICAL PROCEDURES	0490			
56405,MCD	I&D VULVA/PERINEAL ABSCESS	$ 57.73	WRAPAROUND	0519			
56420	I&D OF BARTHOLINS GLAND ABSCESS	$ 452.00	SURGICAL PROCEDURES	0490			
56420,MCD	I&D OF BARTHOLINS GLAND ABSCESS	$ 57.73	WRAPAROUND	0519			
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	$ 451.00	SURGICAL PROCEDURES	0490			
56501	DESTRUCTION LESIONS VULVA SIMPLE	$ 469.00	SURGICAL PROCEDURES	0490			
56501,MCD	DESTRUCTION LESIONS VULVA SIMPLE	$ 57.73	WRAPAROUND	0519			
56515	DESTRUCTION LESIONS VULVA EXTENSIVE	$ 679.00	SURGICAL PROCEDURES	0490			
56515,MCD	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE	$ 57.73	WRAPAROUND	0519			
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	$ 235.00	SURGICAL PROCEDURES	0490			
56605,MCD	BIOPSY OF VULVA; 1 LESION	$ 57.73	WRAPAROUND	0519			
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	$ 93.00	SURGICAL PROCEDURES	0490			
56620	VULVECTOMY SIMPLE PARTIAL	$ 1,452.00	SURGICAL PROCEDURES	0490			
56700	PRTL HYMENECTOMY/REVJ HYMENAL RING	$ 503.00	SURGICAL PROCEDURES	0490			
56700,MCD	PRTL HYMENECTOMY/REVJ HYMENAL RING	$ 57.73	WRAPAROUND	0519			
56740	EXC BARTHOLINS GLAND/CYST	$ 776.00	SURGICAL PROCEDURES	0490			
56820	COLPOSCOPY VULVA	$ 309.00	SURGICAL PROCEDURES	0490			
56820,MCD	COLPOSCOPY VULVA	$ 57.73	WRAPAROUND	0519			
56821	COLPOSCOPY VULVA W/BIOPSY	$ 412.00	SURGICAL PROCEDURES	0490			
56821,MCD	COLPOSCOPY VULVA W/BIOPSY	$ 57.73	WRAPAROUND	0519			
57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	$ 791.00	SURGICAL PROCEDURES	0490			
57100	BIOPSY VAGINAL MUCOSA SIMPLE	$ 254.00	SURGICAL PROCEDURES	0490			
57120	COLPOCLEISIS LE FORT TYPE	$ 1,314.00	SURGICAL PROCEDURES	0490			
57130	EXCISION OF VAGINAL SEPTUM	$ 563.00	SURGICAL PROCEDURES	0490			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
57135	EXCISION VAGINAL CYST/TUMOR	$ 607.00	SURGICAL PROCEDURES	0490			
57135,MCD	EXCISION VAGINAL CYST/TUMOR	$ 57.73	WRAPAROUND	0519			
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	$ 183.00	SURGICAL PROCEDURES	0490			
57200	COLPORRHAPHY SUTURE INJURY VAGINA	$ 822.00	SURGICAL PROCEDURES	0490			
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	$ 1,520.00	SURGICAL PROCEDURES	0490			
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	$ 1,524.00	SURGICAL PROCEDURES	0490			
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO	$ 1,925.00	SURGICAL PROCEDURES	0490			
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	$ 1,717.00	SURGICAL PROCEDURES	0490			
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	$ 1,729.00	SURGICAL PROCEDURES	0490			
57287	RMVL/REVJ SLING STRESS INCONTINENCE	$ 1,835.00	SURGICAL PROCEDURES	0490			
57288	SLING OPERATION STRESS INCONTINENCE	$ 1,844.00	SURGICAL PROCEDURES	0490			
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	$ 1,243.00	SURGICAL PROCEDURES	0490			
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	$ 262.00	SURGICAL PROCEDURES	0490			
57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	$ 434.00	SURGICAL PROCEDURES	0490			
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	$ 328.00	SURGICAL PROCEDURES	0490			
57420,MCD	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	$ 57.73	WRAPAROUND	0519			
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	$ 438.00	SURGICAL PROCEDURES	0490			
57421,MCD	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	$ 57.73	WRAPAROUND	0519			
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	$ 311.00	SURGICAL PROCEDURES	0490			
57452,MCD	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	$ 57.73	WRAPAROUND	0519			
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	$ 415.00	SURGICAL PROCEDURES	0490			
57454,MCD	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	$ 57.73	WRAPAROUND	0519			
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	$ 398.00	SURGICAL PROCEDURES	0490			
57455,MCD	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	$ 57.73	WRAPAROUND	0519			
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	$ 373.00	SURGICAL PROCEDURES	0490			
57456,MCD	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	$ 57.73	WRAPAROUND	0519			
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	$ 755.00	SURGICAL PROCEDURES	0490			
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	$ 369.00	SURGICAL PROCEDURES	0490			
57500,MCD	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	$ 57.73	WRAPAROUND	0519			
57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	$ 375.00	SURGICAL PROCEDURES	0490			
57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	$ 869.00	SURGICAL PROCEDURES	0490			
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	$ 745.00	SURGICAL PROCEDURES	0490			
57522,MCD	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	$ 57.73	WRAPAROUND	0519			
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	$ 246.00	SURGICAL PROCEDURES	0490			
58100,MCD	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	$ 57.73	WRAPAROUND	0519			
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	$ 123.00	SURGICAL PROCEDURES	0490			
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	$ 732.00	SURGICAL PROCEDURES	0490			
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	$ 2,274.00	SURGICAL PROCEDURES	0490			
58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	$ 2,847.00	SURGICAL PROCEDURES	0490			
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	$ 2,519.00	SURGICAL PROCEDURES	0490			
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	$ 2,073.00	SURGICAL PROCEDURES	0490			
58300	INSERTION INTRAUTERINE DEVICE IUD	$ 267.00	SURGICAL PROCEDURES	0490			
58300,MCD	INSERTION INTRAUTERINE DEVICE IUD	$ 57.73	WRAPAROUND	0519			
58301	REMOVAL INTRAUTERINE DEVICE IUD	$ 268.00	SURGICAL PROCEDURES	0490			
58301,MCD	REMOVAL INTRAUTERINE DEVICE IUD	$ 57.73	WRAPAROUND	0519			
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	$ 224.00	SURGICAL PROCEDURES	0490			
58322,MCD	ARTIFICIAL INSEMINATION INTRA-UTERINE	$ 57.73	WRAPAROUND	0519			
58323	SPERM WASHING ARTIFICIAL INSEMINATION	$ 36.00	SURGICAL PROCEDURES	0490			
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	$ 569.00	SURGICAL PROCEDURES	0490			
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	$ 369.00	SURGICAL PROCEDURES	0490			
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	$ 1,810.00	SURGICAL PROCEDURES	0490			
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	$ 2,051.00	SURGICAL PROCEDURES	0490			
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	$ 3,218.00	SURGICAL PROCEDURES	0490			
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	$ 2,183.00	SURGICAL PROCEDURES	0490			
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	$ 2,427.00	SURGICAL PROCEDURES	0490			
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	$ 3,218.00	SURGICAL PROCEDURES	0490			
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	$ 830.00	SURGICAL PROCEDURES	0490			
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	$ 3,041.00	SURGICAL PROCEDURES	0490			
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	$ 697.00	SURGICAL PROCEDURES	0490			
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	$ 879.00	SURGICAL PROCEDURES	0490			
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	$ 1,000.00	SURGICAL PROCEDURES	0490			
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	$ 4,808.00	SURGICAL PROCEDURES	0490			
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	$ 1,999.00	SURGICAL PROCEDURES	0490			
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	$ 2,247.00	SURGICAL PROCEDURES	0490			
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	$ 2,574.00	SURGICAL PROCEDURES	0490			
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	$ 3,010.00	SURGICAL PROCEDURES	0490			
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	$ 834.00	SURGICAL PROCEDURES	0490			
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	$ 185.00	SURGICAL PROCEDURES	0490			
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	$ 1,693.00	SURGICAL PROCEDURES	0490			
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	$ 1,613.00	SURGICAL PROCEDURES	0490			
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	$ 1,764.00	SURGICAL PROCEDURES	0490			
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	$ 1,981.00	SURGICAL PROCEDURES	0490			
59025	FETAL NONSTRESS TEST	$ 120.00	MATERNITY	0920			
59025,26	FETAL NONSTRESS TEST	$ 71.00	MATERNITY	0920			
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	$ 1,889.00	MATERNITY	0490			
59160	CURETTAGE POSTPARTUM	$ 656.00	MATERNITY	0490			
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	$ 323.00	SURGICAL PROCEDURES	0490			
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	$ 553.00	SURGICAL PROCEDURES	0490			
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	$ 5,898.00	MATERNITY	0521			
59409	VAGINAL DELIVERY ONLY	$ 1,943.00	MATERNITY	0521			
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	$ 2,630.00	MATERNITY	0521			
59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	$ 249.00	SURGICAL PROCEDURES	0490			
59414	DELIVERY PLACENTA SEPARATE PROCEDURE	$ 249.00	MATERNITY	0490			
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	$ 1,374.00	MATERNITY	0521			
59425,MCD	ANTEPARTUM CARE ONLY 4-6 VISITS	$ 57.73	WRAPAROUND	0519			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
59426	ANTEPARTUM CARE ONLY 7/> VISITS	$ 2,514.00	MATERNITY	0521			
59426,MCD	ANTEPARTUM CARE ONLY 7/> VISITS	$ 57.73	WRAPAROUND	0519			
59426,MDP	ANTEPARTUM CARE ONLY 7/> VISITS (NY MEDICAID ONLY)	$ 200.00	MATERNITY	0521			
59426,TRK	ANTEPARTUM CARE ONLY 7/> VISITS	$ -	MATERNITY	0521			
59426,TRK,MCD	ANTEPARTUM CARE ONLY 7/> VISITS	$ 57.73	WRAPAROUND	0519			
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ 641.00	MATERNITY	0521			
59430,MCD	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ 57.73	WRAPAROUND	0519			
59430,MDP	POSTPARTUM CARE ONLY SEPARATE PROCEDURE(MCD ONLY)	$ 200.00	MATERNITY	0521			
59430,TRK	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ -	MATERNITY	0521			
59430,TRK,MCD	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ 57.73	WRAPAROUND	0519			
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	$ 6,531.00	MATERNITY	0521			
59514	CESAREAN DELIVERY ONLY	$ 2,196.00	MATERNITY	0521			
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	$ 3,251.00	MATERNITY	0521			
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	$ 2,191.00	MATERNITY	0521			
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	$ 883.00	MATERNITY	0490			
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	$ 1,072.00	MATERNITY	0490			
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	$ 1,055.00	MATERNITY	0490			
64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	$ 185.00	SURGICAL PROCEDURES	0490			
64435	INJECTION AA&/STRD PARACERVICAL NERVE	$ 194.00	SURGICAL PROCEDURES	0490			
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	$ 183.00	SURGICAL PROCEDURES	0490			
64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	$ 124.00	SURGICAL PROCEDURES	0490			
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	$ 71.00	SURGICAL PROCEDURES	0490			
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	$ 149.00	SURGICAL PROCEDURES	0490			
65220,MCD	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	$ 57.73	WRAPAROUND	0519			
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	$ 675.00	SURGICAL PROCEDURES	0490			
69000	DRAINAGE EXTERNAL EAR,ABSCESS SIMPL	$ 452.00	SURGICAL PROCEDURES	0490			
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	$ 198.00	SURGICAL PROCEDURES	0490			
69200,MCD	RMVL FB XTRNL AUDITORY CANAL W/O ANES	$ 57.73	WRAPAROUND	0519			
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	$ 38.00	SURGICAL PROCEDURES	0490			
69209,MCD	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	$ 57.73	WRAPAROUND	0519			
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	$ 119.00	SURGICAL PROCEDURES	0490			
69210,MCD	REMOVE IMPACTED CERUMEN	$ 57.73	WRAPAROUND	0519			
70030,TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	$ 59.00	RADIOLOGY	0320			
70100,TC	X-RAY MANDIBLE PARTIAL	$ 73.00	RADIOLOGY	0320			
70110,TC	X-RAY MANDIBLE-COMPLETE	$ 77.00	RADIOLOGY	0320			
70140,TC	PARTIAL FACIAL X-RAY	$ 54.00	RADIOLOGY	0320			
70150,TC	COMPLETE FACIAL X-RAY	$ 84.00	RADIOLOGY	0320			
70160,TC	X-RAY NASAL BONES (COMPLETE)	$ 71.00	RADIOLOGY	0320			
70200,TC	X-RAY ORBITS (COMPLETE)	$ 84.00	RADIOLOGY	0320			
70210,TC	X-RAY SINUSES, PARANASAL (PARTIAL)	$ 58.00	RADIOLOGY	0320			
70220,TC	X-RAY SINUSES,PARANASAL,COMPLETE	$ 67.00	RADIOLOGY	0320			
70250,TC	X-RAY SKULL (PARTIAL)	$ 67.00	RADIOLOGY	0320			
70260,TC	X-RAY SKULL (COMPLETE)	$ 76.00	RADIOLOGY	0320			
70360,TC	X-RAY SOFT TISSUE OF NECK	$ 55.00	RADIOLOGY	0320			
71045,MAX	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	$ 53.00	RADIOLOGY	0320			
71045,PCE	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	$ 53.00	RADIOLOGY	0320			
71045,TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	$ 42.00	RADIOLOGY	0320			
71045,TC,WCH	RADIOLOGIC EXAMINATION, CHEST; 1 VIEW	$ 55.00	RADIOLOGY	0320			
71046,TC	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	$ 57.00	RADIOLOGY	0320			
71046,TC,FHH	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	$ 53.00	RADIOLOGY	0320			
71046,TC,HHN	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	$ -	RADIOLOGY	0320			
71046,TC,WCH	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	$ 55.00	RADIOLOGY	0320			
71047,TC	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	$ 71.00	RADIOLOGY	0320			
71048,TC	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	$ 75.00	RADIOLOGY	0320			
71100,TC	X-RAY RIBS (UNILATERAL)	$ 63.00	RADIOLOGY	0320			
71101,TC	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	$ 71.00	RADIOLOGY	0320			
71110,TC	X-RAY RIBS (BILATERAL)	$ 73.00	RADIOLOGY	0320			
71111,TC	XRAY, BILAT RIBS; PA CHEST, 4VIEWS	$ 90.00	RADIOLOGY	0320			
71120,TC	X-RAY STERNUM	$ 58.00	RADIOLOGY	0320			
71130,TC	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	$ 75.00	RADIOLOGY	0320			
72040,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS OR LESS	$ 71.00	RADIOLOGY	0320			
72050,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	$ 100.00	RADIOLOGY	0320			
72052,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	$ 116.00	RADIOLOGY	0320			
72070,TC	X-RAY THORACIC SPINE (AP & LATERAL)	$ 57.00	RADIOLOGY	0320			
72072,TC	XRAY, SPINE, THORACIC, 3 VIEWS	$ 70.00	RADIOLOGY	0320			
72080,TC	X-RAY THORACOLUMBAR SPINE (AP & LAT	$ 60.00	RADIOLOGY	0320			
72081,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	$ 75.00	RADIOLOGY	0320			
72082,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	$ 135.00	RADIOLOGY	0320			
72084,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	$ 191.00	RADIOLOGY	0320			
72100,TC	X-RAY LUMBOSACRAL SPINE (AP & LATER	$ 71.00	RADIOLOGY	0320			
72110,TC	X-RAY LUMBOSACRAL (COMPLETE)	$ 96.00	RADIOLOGY	0320			
72114,TC	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	$ 114.00	RADIOLOGY	0320			
72120,TC	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	$ 73.00	RADIOLOGY	0320			
72170,TC	X-RAY PELVIS (AP)	$ 48.00	RADIOLOGY	0320			
72190,TC	X-RAY PELVIS (COMPLETE)	$ 73.00	RADIOLOGY	0320			
72200,TC	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	$ 62.00	RADIOLOGY	0320			
72202,TC	X-RAY SACROILIAC JOINTS (THREE VIEW	$ 70.00	RADIOLOGY	0320			
72220,TC	X-RAY SACRUM & COCCYX	$ 59.00	RADIOLOGY	0320			
73000,TC	X-RAY CLAVICLE (COMPLETE)	$ 60.00	RADIOLOGY	0320			
73010,TC	X-RAY SCAPULA (COMPLETE)	$ 37.00	RADIOLOGY	0320			
73020,TC	RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	$ 35.00	RADIOLOGY	0320			
73030,TC	X-RAY SHOULDER (COMPLETE)	$ 62.00	RADIOLOGY	0320			
73050,TC	X-RAY ACROMIOCLAVICULAR JOINTS	$ 49.00	RADIOLOGY	0320			
73060,TC	X-RAY HUMERUS	$ 59.00	RADIOLOGY	0320			
73070,TC	X-RAY ELBOW (AP & LATERAL)	$ 52.00	RADIOLOGY	0320			

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73080,TC	X-RAY ELBOW (COMPLETE)	$ 59.00	RADIOLOGY	0320			
73090,TC	X-RAY FOREARM (AP & LATERAL)	$ 53.00	RADIOLOGY	0320			
73092,TC	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	$ 58.00	RADIOLOGY	0320			
73100,TC	X-RAY WRIST (AP & LATERAL)	$ 62.00	RADIOLOGY	0320			
73110,TC	X-RAY WRIST COMPLETE (MIM 3 VIEWS)	$ 80.00	RADIOLOGY	0320			
73120,TC	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	$ 57.00	RADIOLOGY	0320			
73130,TC	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS)	$ 71.00	RADIOLOGY	0320			
73140,TC	X-RAY FINGER (S) MIM 2 VIEWS	$ 77.00	RADIOLOGY	0320			
73501,TC	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	$ 59.00	RADIOLOGY	0320			
73502,TC	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	$ 90.00	RADIOLOGY	0320			
73503,TC	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	$ 115.00	RADIOLOGY	0320			
73521,TC	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	$ 75.00	RADIOLOGY	0320			
73522,TC	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	$ 97.00	RADIOLOGY	0320			
73523,TC	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	$ 115.00	RADIOLOGY	0320			
73552,TC	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	$ 66.00	RADIOLOGY	0320			
73560,TC	X-RAY KNEE (AP & LATERAL)	$ 63.00	RADIOLOGY	0320			
73562,TC	AP/LAT OF KNEE (3 VIEWS)	$ 77.00	RADIOLOGY	0320			
73564,TC	X-RAY KNEE (COMPLETE)	$ 88.00	RADIOLOGY	0320			
73590,TC	X-RAY TIBIA/FIBULA (AP & LATERAL)	$ 58.00	RADIOLOGY	0320			
73592,TC	X-RAY (LOWER EXTREMITY) INFANT	$ 58.00	RADIOLOGY	0320			
73600,TC	X-RAY ANKLE (AP & LATERAL)	$ 59.00	RADIOLOGY	0320			
73610,TC	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	$ 68.00	RADIOLOGY	0320			
73620,TC	X-RAY FOOT (AP & LATERAL)	$ 51.00	RADIOLOGY	0320			
73630,TC	X-RAY FOOT. COMPLETE, MINIMUM 3 VIEWS	$ 63.00	RADIOLOGY	0320			
73650,TC	X-RAY CALCANEUS (AP & LATERAL)	$ 50.00	RADIOLOGY	0320			
73660,TC	X-RAY TOES (AP & LATERAL)	$ 55.00	RADIOLOGY	0320			
74018,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	$ 52.00	RADIOLOGY	0320			
74019,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	$ 63.00	RADIOLOGY	0320			
74021,TC	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	$ 73.00	RADIOLOGY	0320			
76010,TC	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	$ 50.00	RADIOLOGY	0320			
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 63.00	ULTRASOUND	0400			
76376,26	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 23.00	ULTRASOUND	0400			
76376,TC	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 40.00	ULTRASOUND	0400			
76536,TC	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	$ 201.00	ULTRASOUND	0320			
76604,TC	US CHEST REAL TIME W/IMAGE DOCUMENTATION	$ 75.00	ULTRASOUND	0402			
76641,TC	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	$ 164.00	ULTRASOUND	0402			
76642,TC	US BREAST UNI REAL TIME WITH IMAGE LIMITED	$ 128.00	ULTRASOUND	0402			
76700,TC	ECHOGRAPHY (ABDOMEN),COMPLETE	$ 188.00	ULTRASOUND	0400			
76705,TC	ULTRASOUND (ABDOMEN); LIMITED	$ 144.00	ULTRASOUND	0402			
76706,TC	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	$ 197.00	ULTRASOUND	0402			
76770,TC	ULTRASOUND (RETROPERITONEAL),B-SCAN	$ 178.00	ULTRASOUND	0402			
76775,TC	ECHOGRAPHY (RETROPERITONEAL); LIMIT	$ 81.00	ULTRASOUND	0400			
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 287.00	ULTRASOUND	0402			
76801,26	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 117.00	ULTRASOUND	0402			
76801,TC	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 170.00	ULTRASOUND	0402			
76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	$ 149.00	ULTRASOUND	0402			
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 330.00	ULTRASOUND	0402			
76805,26	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 118.00	ULTRASOUND	0402			
76805,TC	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 212.00	ULTRASOUND	0402			
76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 199.00	ULTRASOUND	0402			
76815,26	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 77.00	ULTRASOUND	0402			
76815,TC	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 122.00	ULTRASOUND	0402			
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 268.00	ULTRASOUND	0402			
76816,26	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 100.00	ULTRASOUND	0402			
76816,TC	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 168.00	ULTRASOUND	0402			
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 226.00	ULTRASOUND	0402			
76817,26	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 89.00	ULTRASOUND	0402			
76817,TC	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 137.00	ULTRASOUND	0402			
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	$ 293.00	ULTRASOUND	0402			
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 212.00	ULTRASOUND	0402			
76819,26	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 91.00	ULTRASOUND	0402			
76819,TC	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 121.00	ULTRASOUND	0402			
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	$ 109.00	ULTRASOUND	0402			
76830	US TRANSVAGINAL	$ 289.00	ULTRASOUND	0400			
76830,26	US TRANSVAGINAL	$ 82.00	ULTRASOUND	0400			
76830,TC	US TRANSVAGINAL	$ 207.00	ULTRASOUND	0400			
76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 281.00	ULTRASOUND	0400			
76831,26	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 86.00	ULTRASOUND	0400			
76831,TC	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 195.00	ULTRASOUND	0400			
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 258.00	ULTRASOUND	0402			
76856,26	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 81.00	ULTRASOUND	0402			
76856,TC	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 176.00	ULTRASOUND	0402			
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	$ 124.00	ULTRASOUND	0402			
76857,26	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOL	$ 59.00	ULTRASOUND	0402			
76857,TC	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	$ 65.00	ULTRASOUND	0402			
76870,TC	ULTRASOUND, SCROTUM AND CONTENTS	$ 170.00	ULTRASOUND	0402			
76882	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	$ 159.00	ULTRASOUND	0402			
76882,TC	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	$ 77.00	ULTRASOUND	0402			
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	$ 326.00	ULTRASOUND	0402			
76998,26	ULTRASONIC GUIDANCE, INTRAOPERATIVE	$ 114.00	ULTRASOUND	0402			
77061,TC	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	$ 56.00	RADIOLOGY	0401			
77062,TC	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	$ 256.00	RADIOLOGY	0401			
77063,TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	$ 59.00	MAMMOGRAPHY	0403			
77065,TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	$ 214.00	MAMMOGRAPHY	0401			
77066,TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	$ 272.00	MAMMOGRAPHY	0401			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
77067,TC	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$ 225.00	MAMMOGRAPHY	0403			
77072,TC	BONE AGE STUDIES	$ 40.00	RADIOLOGY	0320			
77080,TC	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	$ 73.00	DEXASCAN	0320			
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 133.00	DEXASCAN	0320			
77085,TC	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 97.00	DEXASCAN	0320			
80053	COMPREHENSIVE METABOLIC PANEL	$ 28.00	OFFICE LAB	0300			
80061	LIPID PANEL	$ 35.00	OFFICE LAB	0300			
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	$ 33.00	OFFICE LAB	0300			
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	$ 11.00	OFFICE LAB	0300			
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$ 8.00	OFFICE LAB	0300			
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	$ 9.00	OFFICE LAB	0300			
81002,SCH	URINALYSIS; SCHOOL EMPLOYEE	$ -	OFFICE LAB	0300			
81002,TRK	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	$ -	OFFICE LAB	0300			
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	$ 6.00	OFFICE LAB	0300			
81003,DOT	URINALYSIS; DOT PHYSICAL	$ -	OFFICE LAB	0300			
81003,JEM	URINALYSIS; JOHNSBURG EMERGENCY MEDICAL SERVICES	$ -	OFFICE LAB	0300			
81003,SCH	URINALYSIS, SCHOOL CONTRACT	$ -	OFFICE LAB	0300			
81015	URINALYSIS; MICROSCOPIC ONLY	$ 8.00	OFFICE LAB	0300			
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	$ 23.00	OFFICE LAB	0300			
81025,HHN	URINE PREGNANCY TEST VISUAL COLOR CMPRS; HHHN	$ -	OFFICE LAB	0300			
82044	URINE ALBUMIN SEMIQUANTITATIVE	$ 17.00	OFFICE LAB	0300			
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	$ 12.00	OFFICE LAB	0300			
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	$ 11.00	OFFICE LAB	0300			
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	$ 42.00	OFFICE LAB	0300			
82570	CREATININE OTHER SOURCE	$ 14.00	OFFICE LAB	0300			
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	$ 10.00	OFFICE LAB	0300			
83036	HEMOGLOBIN GLYCOSYLATED A1C	$ 26.00	OFFICE LAB	0300			
83655	ASSAY OF LEAD	$ 32.00	OFFICE LAB	0300			
83986	PH; BODY FLUID, NOT OTHERWISE SPECIFIED	$ 9.00	OFFICE LAB	0300			
85018	BLOOD COUNT HEMOGLOBIN	$ 6.00	OFFICE LAB	0300			
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	$ 21.00	OFFICE LAB	0300			
85610	PROTHROMBIN TIME	$ 11.00	OFFICE LAB	0300			
86308	HETEROPHILE ANTIBODIES; SCREENING	$ 14.00	OFFICE LAB	0300			
86318	RAPID MONO TEST	$ 48.00	OFFICE LAB	0300			
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	$ 24.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,ARC	SKIN TEST TUBERCULOSIS INTRADERMAL	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,CLC	PPD	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,CSA	PPD; COUNTRYSIDE ADULT HOME	$ 19.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,CWI	PPD; CWI	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,FHH	PPD; FORT HUDSON HEALTH SYSTEM	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,HHN	PPD, HUDSON HEADWATERS HEALTH NETWORK	$ -	OFFICE LAB	0300	49281075221	0.1	ML
86580,JEM	PPD; JOHNSBURG EMERGENCY MEDICAL SERVICES	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,MAX	PPD; MAXOR	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,MCO	PPD, MOREAU COMMUNITY CENTER CONTRACT	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,MES	PPD; MOREAU EMERGENCY SQUAD, INC	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,MLS	PPD, MOUNTAIN LAKE SERVICES CONTRACT	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,NAC	PPD	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,NCH	PPD; NORTH COUNTRY HOME CONTRACT	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,PCE	PPD	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,SBY	PPD; SILVER BAY YMCA	$ 20.00	OFFICE LAB	0300	49281075221	0.1	ML
86580,SCH	PPD	$ -	OFFICE LAB	0300	49281075221	0.1	ML
86580,SLE	PPD; SCHROON LAKE EMS	$ 30.00	OFFICE LAB	0300	49281075221	0.1	ML
87210	WET PREP %	$ 15.00	OFFICE LAB	0300			
87220	KOH PREP %	$ 11.00	OFFICE LAB	0300			
87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	$ 37.00	OFFICE LAB	0300			
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	$ 94.00	OFFICE LAB	0300			
87426,HHN	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS; HHHN	$ -	OFFICE LAB	0300			
87428	IAAD IA RESPIRATORY SYNCTIAL VIRUS & FLU A&B	$ 186.00	OFFICE LAB	0300			
87428,HHN	IAAD IA RESPIRATORY SYNCTIAL VIRUS & FLU A&B	$ -	OFFICE LAB	0300			
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	$ 136.00	OFFICE LAB	0300			
87804	RAPID FLU TEST	$ 44.00	OFFICE LAB	0300			
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	$ 35.00	OFFICE LAB	0300			
87880	STREP A 01A, IMMUNOASSAY (IN OFFICE)	$ 44.00	OFFICE LAB	0300			
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	$ 32.00	OFFICE LAB	0300			
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCO	$ 19.00	OFFICE LAB	0300			
89320	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL	$ 31.00	OFFICE LAB	0300			
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRIT	$ 39.00	OFFICE LAB	0300			
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	$ -	VACCINES	0636			
90380	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	$ 783.00	VACCINES	0636	49281057515	0.5	ML
90380,SL	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281057515	0.5	ML
90381	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	$ 783.00	VACCINES	0636	49281057415	1	ML
90381,SL	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281057415	1	ML
90460	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	$ 57.00	IMMUN ADMIN	0771			
90460,PH	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	$ 17.85	IMMUN ADMIN	0771			
90461	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	$ 22.00	IMMUN ADMIN	0771			
90461,PH	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	$ 17.85	IMMUN ADMIN	0771			
90471	IMMUNIZATION ADMINISTRATION,SINGLE	$ 51.00	IMMUN ADMIN	0771			
90471,E	IMMUNIZATION ADMINISTRATION,SINGLE; HHHN EMP	$ -	IMMUN ADMIN	0771			
90471,PH	IMMUNIZATION ADMINISTRATION,SINGLE	$ 17.85	IMMUN ADMIN	0771			
90472	IMMS. ADMINISTRATION, EA. ADDITIONA	$ 36.00	IMMUN ADMIN	0771			
90472,E	IMMUN ADMIN; EA. ADD; HHHN EMPLOYEE	$ -	IMMUN ADMIN	0771			
90480	IMM ADMN SARSCOV2 VACC; 1ST OR ONLY COMPONENT	$ 119.00	IMMUN ADMIN	0771			
90480,E	ADMN SARSCOV2 VACC 1 DOSE; HHHN	$ -	IMMUN ADMIN	0771			
90480,PH	ADMN SARSCOV2 VACC 1 DOSE	$ 25.10	IMMUN ADMIN	0771			
90481	IMM ADMIN BY IM INJ SARS-COV-2, COVID-19 VACCINE; EACH ADD COMP ADMIN	$ 22.00	IMMUN ADMIN	0771			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	$ 222.00	VACCINES	0636	49281059058	0.5	ML
90619,SL	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	$ -	VACCINES	0636	49281059058	0.5	ML
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$ 359.00	VACCINES	0636	58160097620	0.5	ML
90620,SL	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$ -	VACCINES	0636	58160097620	0.5	ML
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ 135.00	VACCINES	0636	6409602	1	ML
90632,SL	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	6409602	1	ML
90632,TOH	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ 114.00	VACCINES	0636	6409602	1	ML
90632,VOC	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ 114.00	VACCINES	0636	6409602	1	ML
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$ 61.00	VACCINES	0636	6409502	0.5	ML
90633,SL	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$ -	VACCINES	0636	6483101	0.5	ML
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	$ 19.00	VACCINES	0636	49281054503	0.5	ML
90648,SL	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	$ -	VACCINES	0636	49281054503	0.5	ML
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$ 466.00	VACCINES	0636	6412102	0.5	ML
90651,SL	9VHPV VACC 2/3 DOSE SCHED IM USE	$ -	VACCINES	0636	6412102	0.5	ML
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 37.00	VACCINES	0636	49281042550	0.5	ML
90656,CSA	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 32.00	VACCINES	0636	49281042588	0.5	ML
90656,E	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ -	VACCINES	0636	49281042588	0.5	ML
90656,MAX	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 32.00	VACCINES	0636	49281042550	0.5	ML
90656,NCH	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 32.00	VACCINES	0636	49281042550	0.5	ML
90656,PCE	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 32.00	VACCINES	0636	49281042550	0.5	ML
90656,SL	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ -	VACCINES	0636	49281042550	0.5	ML
90656,TOH	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 32.00	VACCINES	0636	49281042550	0.5	ML
90656,VOC	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 32.00	VACCINES	0636	49281042550	0.5	ML
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$ 100.00	VACCINES	0636	49281012565	0.5	ML
90662,E	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$ -	VACCINES	0636	49281012565	0.5	ML
90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	$ 387.00	VACCINES	0636	5200010	0.5	ML
90677,SL	PCV20 VACCINE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	5200010	0.5	ML
90678	RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	$ 410.00	VACCINES	0636	69034401	0.5	ML
90678,SL	RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	$ -	VACCINES	0636	69034401	0.5	ML
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$ 140.00	VACCINES	0636	6404741	0.5	ML
90680,SL	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$ -	VACCINES	0636	6404741	0.5	ML
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	$ 101.00	VACCINES	0636	58160081243	0.5	ML
90696,SL	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE, VFC	$ -	VACCINES	0636	58160081243	0.5	ML
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	$ 223.00	VACCINES	0636	63361024315	0.5	ML
90697,SL	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	$ -	VACCINES	0636	63361024315	0.5	ML
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	$ 151.00	VACCINES	0636	49281051005	0.5	ML
90698,SL	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281051005	0.5	ML
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$ 80.00	VACCINES	0636	49281028658	0.5	ML
90700,SL	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$ -	VACCINES	0636	49281028658	0.5	ML
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 141.00	VACCINES	0636	6468100	0.5	ML
90707,HHN	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ -	VACCINES	0636	6468100	0.5	ML
90707,JEM	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 123.00	VACCINES	0636	6468100	0.5	ML
90707,MAX	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 123.00	VACCINES	0636	6468100	0.5	ML
90707,MES	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 123.00	VACCINES	0636	6468100	0.5	ML
90707,NCH	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 123.00	VACCINES	0636	6468100	0.5	ML
90707,PCE	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 123.00	VACCINES	0636	6468100	0.5	ML
90707,SL	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ -	VACCINES	0636	6468100	0.5	ML
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$ 409.00	VACCINES	0636	6417100	0.5	ML
90710,SL	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$ -	VACCINES	0636	6417100	0.5	ML
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$ 50.00	VACCINES	0636	49281086010	0.5	ML
90713,JEM	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$ 39.00	VACCINES	0636	49281086010	0.5	ML
90713,SL	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$ -	VACCINES	0636	49281086010	0.5	ML
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$ 63.00	VACCINES	0636	49281021515	0.5	ML
90714,SL	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$ -	VACCINES	0636	49281021515	0.5	ML
90715	TDAP VACCINE 7 YRS/> IM	$ 63.00	VACCINES	0636	49281040020	0.5	ML
90715,CSA	TDAP VACCINE 7 YRS/> IM	$ 55.00	VACCINES	0636			
90715,JEM	TDAP VACCINE 7 YRS/> IM	$ 55.00	VACCINES	0636	49281040015	0.5	ML
90715,SL	TDAP VACCINE 7 YRS/> IM	$ -	VACCINES	0636	49281040020	0.5	ML
90715,TOH	TDAP VACCINE 7 YRS/> IM	$ 55.00	VACCINES	0636	49281040015	0.5	ML
90715,VOC	TDAP VACCINE 7 YRS/> IM	$ 55.00	VACCINES	0636	49281040020	0.5	ML
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$ 277.00	VACCINES	0636	6482700	0.5	ML
90716,JEM	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$ 232.00	VACCINES	0636	6482700	0.5	ML
90716,SL	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$ -	VACCINES	0636	6482700	0.5	ML
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$ 155.00	VACCINES	0636	58160081152	0.5	ML
90723,SL	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$ -	VACCINES	0636	58160081152	0.5	ML
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	$ 187.00	VACCINES	0636	6483703	0.5	ML
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$ -	VACCINES	0636	49281058905	0.5	ML
90734,SL	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$ -	VACCINES	0636	49281058905	0.5	ML
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$ 34.00	VACCINES	0636	6409302	0.5	ML
90744,SL	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$ -	VACCINES	0636	6409302	0.5	ML
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 110.00	VACCINES	0636	58160082101	1	ML
90746,ARC	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	58160082101	1	ML
90746,BRR	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	58160082101	1	ML
90746,CFD	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,CSA	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 93.00	VACCINES	0636	6409402	1	ML
90746,FEU	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,HHN	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ -	VACCINES	0636	6409402	1	ML
90746,JEM	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,MAX	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,MES	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,MFD	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,MLS	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,MVS	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,NAC	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,NCH	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
90746,NCJ	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636			
90746,NWC	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,PCE	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,QCS	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,RPF	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,SL	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ -	VACCINES	0636	6409402	1	ML
90746,SLF	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,TES	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,TIC	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,TOB	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,TOH	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,TSL	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90746,VOC	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 96.00	VACCINES	0636	6409402	1	ML
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$ 435.00	MENTAL HEALTH	0900			
90791,BHS	PSYCHIATRIC DIAGNOSTIC EVALUATION; MEDICAID	$ 435.00	MENTAL HEALTH	0513			
90791,MCD	PSYCHIATRIC DIAGNOSTIC EVALUATION	$ 57.73	WRAPAROUND	0519			
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	$ 488.00	MENTAL HEALTH	0900			
90792,MCD	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	$ 57.73	WRAPAROUND	0519			
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$ 206.00	MENTAL HEALTH	0900			
90832,BHS	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$ 206.00	MENTAL HEALTH	0513			
90832,BRF	PSYCHOTHERAPY W/PATIENT 30 MINUTES; BRIEF UNBILLABLE VISIT	$ -	MENTAL HEALTH	0900			
90832,MCD	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$ 57.73	WRAPAROUND	0519			
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	$ 189.00	MENTAL HEALTH	0900			
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$ 272.00	MENTAL HEALTH	0900			
90834,BHS	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$ 272.00	MENTAL HEALTH	0513			
90834,MCD	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$ 57.73	WRAPAROUND	0519			
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	$ 240.00	MENTAL HEALTH	0900			
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$ 402.00	MENTAL HEALTH	0900			
90837,BHS	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$ 402.00	MENTAL HEALTH	0513			
90837,MCD	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$ 57.73	WRAPAROUND	0519			
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	$ 319.00	MENTAL HEALTH	0900			
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	$ 258.00	MENTAL HEALTH	0900			
90846,MCD	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	$ 57.73	WRAPAROUND	0519			
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	$ 270.00	MENTAL HEALTH	0900			
90847,MCD	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	$ 57.73	WRAPAROUND	0519			
91321	SARSCOV2 VAC 25 MCG/.25ML IM	$ 189.00	VACCINES	0636	80777011309	0.25	ML
91321,SL	SARSCOV2 VAC 25 MCG/.25ML IM	$ -	VACCINES	0636	80777011309	0.25	ML
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	$ 208.00	VACCINES	0636	80777011296	0.5	ML
91322,E	SARSCOV2 VAC 50 MCG/0.5ML IM; HHHN EMPLOYEE	$ -	VACCINES	0636	80777011296	0.5	ML
91322,SL	SARSCOV2 VAC 50 MCG/0.5ML IM	$ -	VACCINES	0636	80777011296	0.5	ML
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	$ 91.00	MISC MEDICINE	0400			
92551,EIP	SCREENING TEST, PURE TONE, AIR ONLY	$ -	MISC MEDICINE	0521			
92567	TYMPANOMETRY	$ 40.00	MISC MEDICINE	0470			
93000	ELECTROCARDIOGRAM (EKG)	$ 35.00	MISC MEDICINE	0730			
93000,BEM	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,CFD	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,CLF	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,DOT	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,GLF	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,HFD	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,HRF	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,MFD	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,NRF	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,PHF	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,RPF	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,RVS	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,SLF	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93000,TFD	ELECTROCARDIOGRAM (EKG)	$ -	MISC MEDICINE	0730			
93005	EKG TRACING ONLY	$ 15.00	MISC MEDICINE	0985			
93010	EKG INTERPRETATION ONLY(OUTPATIENT)	$ 20.00	MISC MEDICINE	0730			
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	$ 33.00	MISC MEDICINE	0730			
93040,TFD	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	$ -	MISC MEDICINE	0730			
93225	XTRNL ECG & 48 HR RECORDING	$ 44.00	MISC MEDICINE	0985			
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	$ 459.00	ULTRASOUND	0402			
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	$ 300.00	ULTRASOUND	0402			
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	$ 199.00	MISC MEDICINE	0409			
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	$ 317.00	ULTRASOUND	0402			
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	$ 578.00	ULTRASOUND	0402			
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	$ 347.00	ULTRASOUND	0402			
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	$ 481.00	ULTRASOUND	0402			
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	$ 299.00	ULTRASOUND	0402			
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	$ 451.00	ULTRASOUND	0402			
93970,TC	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	$ 371.00	ULTRASOUND	0402			
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	$ 289.00	ULTRASOUND	0402			
93971,TC	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	$ 237.00	ULTRASOUND	0402			
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	$ 638.00	ULTRASOUND	0402			
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	$ 387.00	ULTRASOUND	0402			
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	$ 438.00	ULTRASOUND	0402			
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	$ 285.00	ULTRASOUND	0402			
93985	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	$ 601.00	ULTRASOUND	0402			
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	$ 353.00	ULTRASOUND	0402			
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	$ 67.00	MISC MEDICINE	0460			
94010,CFD	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	$ -	MISC MEDICINE	0460			
94010,CLF	SPIROMETRY COMPLETE	$ -	MISC MEDICINE	0460			
94010,HRF	SPIROMETRY COMPLETE; HORICON FIRE DEPARTMENT	$ -	MISC MEDICINE	0460			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
94010,SLF	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	$ -	MISC MEDICINE	0460			
94010,TFD	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	$ -	MISC MEDICINE	0460			
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	$ 96.00	MISC MEDICINE	0460			
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ 62.00	MISC MEDICINE	0460			
94150,GLF	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,HFD	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,HRF	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,MFD	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,NRF	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,PHF	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,RPF	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,RVS	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,SLF	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94150,TFD	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ -	MISC MEDICINE	0460			
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	$ 19.00	MISC MEDICINE	0412			
95115	ALLERGY IMMUNOTHERAPY	$ 26.00	ALLERGY	0510			
95117	ALLERGY IMMUNOTHERAPY,2 OR MORE INJ	$ 30.00	ALLERGY	0510			
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	$ 160.00	MISC MEDICINE	0490			
95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	$ 350.00	MISC MEDICINE	0490			
95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	$ 86.00	MISC MEDICINE	0490			
95992	CANALITH REPOSITIONING PROCEDURE	$ 106.00	MISC MEDICINE	0940			
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	$ 28.00	MISC MEDICINE	0521			
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	$ 11.00	MISC MEDICINE	0521			
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	$ 7.00	MISC MEDICINE	0521			
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	$ 76.00	MISC MEDICINE	0263			
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	$ 29.00	MISC MEDICINE	0263			
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	$ 146.00	MISC MEDICINE	0263			
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	$ 36.00	DIAG INJECTIONS	0761			
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	$ 86.00	DIAG INJECTIONS	0263			
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	$ 36.00	DIAG INJECTIONS	0263			
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	$ 200.00	DIAG INJECTIONS	0263			
96380	ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	$ 57.00	IMMUN ADMIN	0771			
96380,PH	ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	$ 17.85	IMMUN ADMIN	0771			
96381	ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	$ 49.00	IMMUN ADMIN	0771			
96381,PH	ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	$ 17.85	IMMUN ADMIN	0771			
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	$ 246.00	MISC MEDICINE	0490			
97597,MCD	DEBRIDEMENT, OPEN WOUND, PER SESSION; FIRST 20 SQCM OR LESS	$ 57.73	WRAPAROUND	0519			
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	$ 92.00	NUTRITION	0521			
97802,MCD	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	$ 57.73	WRAPAROUND	0519			
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	$ 80.00	NUTRITION	0521			
97803,MCD	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	$ 57.73	WRAPAROUND	0519			
98000	SYNCHRONOUS AUDIO-VIDEO VISIT NEW SF MDM 15 MIN	$ 128.00	TELEMEDICINE	0521			
98000,MCD	SYNCHRONOUS AUDIO-VIDEO VISIT NEW SF MDM 15 MIN	$ 57.73	WRAPAROUND	0519			
98001	SYNCHRONOUS AUDIO-VIDEO VISIT NEW LOW MDM 30 MIN	$ 212.00	TELEMEDICINE	0521			
98001,MCD	SYNCHRONOUS AUDIO-VIDEO VISIT NEW LOW MDM 30 MIN	$ 57.73	WRAPAROUND	0519			
98002	SYNCHRONOUS AUDIO-VIDEO VISIT NEW MOD MDM 45 MIN	$ 338.00	TELEMEDICINE	0521			
98002,MCD	SYNCHRONOUS AUDIO-VIDEO VISIT NEW MOD MDM 45 MIN	$ 57.73	WRAPAROUND	0519			
98003	SYNCHRONOUS AUDIO-VIDEO VST NEW HIGH MDM 60 MIN	$ 448.00	TELEMEDICINE	0521			
98003,MCD	SYNCHRONOUS AUDIO-VIDEO VST NEW HIGH MDM 60 MIN	$ 57.73	WRAPAROUND	0519			
98004	SYNCHRONOUS AUDIO-VIDEO VISIT EST SF MDM 10 MIN	$ 99.00	TELEMEDICINE	0521			
98004,MCD	SYNCHRONOUS AUDIO-VIDEO VISIT EST SF MDM 10 MIN	$ 57.73	WRAPAROUND	0519			
98005	SYNCHRONOUS AUDIO-VIDEO VISIT EST LOW MDM 20 MIN	$ 174.00	TELEMEDICINE	0521			
98005,MCD	SYNCHRONOUS AUDIO-VIDEO VISIT EST LOW MDM 20 MIN	$ 57.73	WRAPAROUND	0519			
98006	SYNCHRONOUS AUDIO-VIDEO VISIT EST MOD MDM 30 MIN	$ 256.00	TELEMEDICINE	0521			
98006,MCD	SYNCHRONOUS AUDIO-VIDEO VISIT EST MOD MDM 30 MIN	$ 57.73	WRAPAROUND	0519			
98007	SYNCHRONOUS AUDIO-VIDEO VST EST HIGH MDM 40 MIN	$ 339.00	TELEMEDICINE	0521			
98007,MCD	SYNCHRONOUS AUDIO-VIDEO VST EST HIGH MDM 40 MIN	$ 57.73	WRAPAROUND	0519			
98008	SYNCHRONOUS AUDIO-ONLY VISIT NEW SF MDM 15 MIN	$ 122.00	TELEMEDICINE	0521			
98008,MCD	SYNCHRONOUS AUDIO-ONLY VISIT NEW SF MDM 15 MIN	$ 57.73	WRAPAROUND	0519			
98009	SYNCHRONOUS AUDIO-ONLY VISIT NEW LOW MDM 30 MIN	$ 202.00	TELEMEDICINE	0521			
98009,MCD	SYNCHRONOUS AUDIO-ONLY VISIT NEW LOW MDM 30 MIN	$ 57.73	WRAPAROUND	0519			
98010	SYNCHRONOUS AUDIO-ONLY VISIT NEW MOD MDM 45 MIN	$ 314.00	TELEMEDICINE	0521			
98010,MCD	SYNCHRONOUS AUDIO-ONLY VISIT NEW MOD MDM 45 MIN	$ 57.73	WRAPAROUND	0519			
98011	SYNCHRONOUS AUDIO-ONLY VISIT NEW HIGH MDM 60 MIN	$ 409.00	TELEMEDICINE	0521			
98011,MCD	SYNCHRONOUS AUDIO-ONLY VISIT NEW HIGH MDM 60 MIN	$ 57.73	WRAPAROUND	0519			
98012	SYNCHRONOUS AUDIO-ONLY VISIT EST SF MDM 10 MIN	$ 91.00	TELEMEDICINE	0521			
98012,MCD	SYNCHRONOUS AUDIO-ONLY VISIT EST SF MDM 10 MIN	$ 57.73	WRAPAROUND	0519			
98013	SYNCHRONOUS AUDIO-ONLY VISIT EST LOW MDM 20 MIN	$ 159.00	TELEMEDICINE	0521			
98013,MCD	SYNCHRONOUS AUDIO-ONLY VISIT EST LOW MDM 20 MIN	$ 57.73	WRAPAROUND	0519			
98014	SYNCHRONOUS AUDIO-ONLY VISIT EST MOD MDM 30 MIN	$ 232.00	TELEMEDICINE	0521			
98014,MCD	SYNCHRONOUS AUDIO-ONLY VISIT EST MOD MDM 30 MIN	$ 57.73	WRAPAROUND	0519			
98015	SYNCHRONOUS AUDIO-ONLY VISIT EST HIGH MDM 40 MIN	$ 337.00	TELEMEDICINE	0521			
98015,MCD	SYNCHRONOUS AUDIO-ONLY VISIT EST HIGH MDM 40 MIN	$ 57.73	WRAPAROUND	0519			
98016	BRIEF COMMUNICATION TECH-BSD SVC EST PT 5-10 MIN	$ 41.00	TELEMEDICINE	0521			
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	$ 78.00	MISC MEDICINE	0531			
98925,MCD	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	$ 57.73	WRAPAROUND	0519			
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	$ 113.00	MISC MEDICINE	0531			
98926,MCD	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	$ 57.73	WRAPAROUND	0519			
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	$ 147.00	MISC MEDICINE	0531			
98927,MCD	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	$ 57.73	WRAPAROUND	0519			
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	$ 179.00	MISC MEDICINE	0531			
98928,MCD	OSTEROPATHIC MANIPULATIVE TREATMENT; 7-8 BODY REGI	$ 57.73	WRAPAROUND	0519			
98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	$ 211.00	MISC MEDICINE	0531			
98929,MCD	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	$ 57.73	WRAPAROUND	0519			
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	$ 30.00	MISC MEDICINE	0971			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
99000,ERR	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	$ -	ADMIN	0971			
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	$ -	MISC MEDICINE	0521			
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	$ 95.00	MISC MEDICINE	0521			
99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	$ 50.00	MISC MEDICINE	0521			
99070	SUPPLIES AND OTHER MATERIALS	$ -	MISC MEDICINE				
99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	$ 43.00	MISC MEDICINE				
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	$ 25.00	MISC MEDICINE	0521			
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	$ 178.00	E&M OFFICE	0521			
99202,MCD	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	$ 57.73	WRAPAROUND	0519			
99202,UC	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	$ 178.00	E&M OFFICE	0456			
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	$ 278.00	E&M OFFICE	0521			
99203,MCD	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	$ 57.73	WRAPAROUND	0519			
99203,UC	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	$ 278.00	E&M OFFICE	0456			
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	$ 418.00	E&M OFFICE	0521			
99204,MCD	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	$ 57.73	WRAPAROUND	0519			
99204,UC	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	$ 418.00	E&M OFFICE	0456			
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	$ 552.00	E&M OFFICE	0521			
99205,MCD	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	$ 57.73	WRAPAROUND	0519			
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 140.00	E&M OFFICE	0521			
99212,MCD	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 57.73	WRAPAROUND	0519			
99212,UC	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 140.00	E&M OFFICE	0456			
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 228.00	E&M OFFICE	0521			
99213,MCD	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 57.73	WRAPAROUND	0519			
99213,UC	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 228.00	E&M OFFICE	0456			
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	E&M OFFICE	0521			
99214,BHS	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	MENTAL HEALTH	0513			
99214,MCD	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 57.73	WRAPAROUND	0519			
99214,UC	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	E&M OFFICE	0456			
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	$ 450.00	E&M OFFICE	0521			
99215,MCD	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	$ 57.73	WRAPAROUND	0519			
99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	$ 204.00	E&M INPATIENT	0528			
99221,MCD	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	$ 57.73	WRAPAROUND	0519			
99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	$ 323.00	E&M INPATIENT	0528			
99222,MCD	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	$ 57.73	WRAPAROUND	0519			
99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	$ 431.00	E&M INPATIENT	0528			
99223,MCD	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	$ 57.73	WRAPAROUND	0519			
99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	$ 122.00	E&M INPATIENT	0528			
99231,MCD	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	$ 57.73	WRAPAROUND	0519			
99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	$ 196.00	E&M INPATIENT	0528			
99232,MCD	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	$ 57.73	WRAPAROUND	0519			
99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	$ 294.00	E&M INPATIENT	0528			
99233,MCD	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	$ 57.73	WRAPAROUND	0519			
99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	$ 242.00	E&M INPATIENT	0528			
99234,MCD	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	$ 57.73	WRAPAROUND	0519			
99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	$ 394.00	E&M INPATIENT	0528			
99235,MCD	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	$ 57.73	WRAPAROUND	0519			
99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	$ 515.00	E&M INPATIENT	0528			
99236,MCD	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	$ 57.73	WRAPAROUND	0519			
99238	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	$ 201.00	E&M INPATIENT	0528			
99238,MCD	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	$ 57.73	WRAPAROUND	0519			
99239	HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	$ 285.00	E&M INPATIENT	0528			
99239,MCD	HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	$ 57.73	WRAPAROUND	0519			
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	$ 184.00	E&M CONSULTS	0521			
99242,MCD	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	$ 57.73	WRAPAROUND	0519			
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	$ 276.00	E&M CONSULTS	0521			
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	$ 395.00	E&M CONSULTS	0521			
99244,MCD	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	$ 57.73	WRAPAROUND	0519			
99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	$ 516.00	E&M CONSULTS	0521			
99252	IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	$ 174.00	E&M CONSULTS	0528			
99253	IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	$ 244.00	E&M CONSULTS	0528			
99253,MCD	IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	$ 57.73	WRAPAROUND	0519			
99254	IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	$ 339.00	E&M CONSULTS	0528			
99255	IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	$ 456.00	E&M CONSULTS	0528			
99281	EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	$ 28.00	E&M ER	0528			
99281,MCD	EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	$ 57.73	WRAPAROUND	0519			
99282	EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	$ 104.00	E&M ER	0528			
99282,MCD	EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	$ 57.73	WRAPAROUND	0519			
99283	EMERGENCY DEPARTMENT VISIT LOW MDM	$ 176.00	E&M ER	0528			
99283,MCD	EMERGENCY DEPARTMENT VISIT LOW MDM	$ 57.73	WRAPAROUND	0519			
99284	EMERGENCY DEPARTMENT VISIT MODERATE MDM	$ 299.00	E&M ER	0528			
99284,MCD	EMERGENCY DEPARTMENT VISIT MODERATE MDM	$ 57.73	WRAPAROUND	0519			
99285	EMERGENCY DEPARTMENT VISIT HIGH MDM	$ 434.00	E&M ER	0528			
99285,MCD	EMERGENCY DEPARTMENT VISIT HIGH MDM	$ 57.73	WRAPAROUND	0519			
99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	$ 200.00	E&M NURSING HOME	0524			
99304,MCD	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	$ 57.73	WRAPAROUND	0519			
99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	$ 331.00	E&M NURSING HOME	0524			
99305,MCD	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	$ 57.73	WRAPAROUND	0519			
99305,NMA	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	$ 331.00	E&M NURSING HOME	0525			
99306	INITIAL NURSING FACILITY CARE HI MDM 45 MINUTES	$ 452.00	E&M NURSING HOME	0524			
99306,MCD	INITIAL NURSING FACILITY CARE HI MDM 45 MINUTES	$ 57.73	WRAPAROUND	0519			
99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	$ 99.00	E&M NURSING HOME	0524			
99307,MCD	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	$ 57.73	WRAPAROUND	0519			
99307,NMA	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	$ 99.00	E&M NURSING HOME	0525			
99308	SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	$ 185.00	E&M NURSING HOME	0524			
99308,MCD	SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	$ 57.73	WRAPAROUND	0519			

CPT		Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
99308,NMA		SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	$ 185.00	E&M NURSING HOME	0525			
99309		SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	$ 168.00	E&M NURSING HOME	0524			
99309,MCD		SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	$ 57.73	WRAPAROUND	0519			
99309,NMA		SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	$ 268.00	E&M NURSING HOME	0525			
99310		SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	$ 382.00	E&M NURSING HOME	0524			
99310,MCD		SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	$ 57.73	WRAPAROUND	0519			
99310,NMA		SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	$ 382.00	E&M NURSING HOME	0525			
99315		NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	$ 202.00	E&M NURSING HOME	0524			
99315,MCD		NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	$ 57.73	WRAPAROUND	0519			
99315,NMA		NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	$ 202.00	E&M NURSING HOME	0525			
99316		NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	$ 324.00	E&M NURSING HOME	0524			
99316,MCD		NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	$ 57.73	WRAPAROUND	0519			
99316,NMA		NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	$ 324.00	E&M NURSING HOME	0525			
	99341	HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	$ 123.00	E&M HOME	0522			
	99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	$ 196.00	E&M HOME	0522			
99342,MCD		HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	$ 57.73	WRAPAROUND	0519			
	99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	$ 354.00	E&M HOME	0522			
99344,MCD		HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	$ 57.73	WRAPAROUND	0519			
	99347	HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	$ 113.00	E&M HOME	0522			
99347,MCD		HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	$ 57.73	WRAPAROUND	0519			
	99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	$ 191.00	E&M HOME	0522			
99348,MCD		HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	$ 57.73	WRAPAROUND	0519			
	99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	$ 316.00	E&M HOME	0522			
99349,MCD		HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	$ 57.73	WRAPAROUND	0519			
	99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	$ 459.00	E&M HOME	0522			
99350,MCD		HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	$ 57.73	WRAPAROUND	0519			
	99381	PREV.MED.,NEW PT. UNDER ONE YEAR	$ 272.00	E&M OFFICE	0521			
99381,MCD		PREV.MED.,NEW PT. UNDER ONE YEAR	$ 57.73	WRAPAROUND	0519			
	99382	PREV.MED,NEW PT. AGE 1-4	$ 285.00	E&M OFFICE	0521			
99382,MCD		PREV.MED,NEW PT. AGE 1-4	$ 57.73	WRAPAROUND	0519			
	99383	PREV.MED.,NEW PT. AGE 5-11	$ 296.00	E&M OFFICE	0521			
99383,MCD		PREV.MED.,NEW PT. AGE 5-11	$ 57.73	WRAPAROUND	0519			
	99384	PREV.MED. NEW PT, AGE 12-17	$ 333.00	E&M OFFICE	0521			
99384,MCD		PREV.MED. NEW PT, AGE 12-17	$ 57.73	WRAPAROUND	0519			
	99385	PREV.MED.,NEW PT. AGE 18-39	$ 323.00	E&M OFFICE	0521			
99385,MCD		PREV.MED.,NEW PT. AGE 18-39	$ 57.73	WRAPAROUND	0519			
	99386	PREV.MED. NEW PT. AGE 40-64	$ 373.00	E&M OFFICE	0521			
99386,MCD		PREV.MED. NEW PT. AGE 40-64	$ 57.73	WRAPAROUND	0519			
	99387	PREV. MED. NEW PT. 65 AND OVER	$ 405.00	E&M OFFICE	0521			
99387,MCD		PREV. MED. NEW PT. 65 AND OVER	$ 57.73	WRAPAROUND	0519			
	99391	PREV. MED., ESTABLISHED UNDER 1 YR	$ 244.00	E&M OFFICE	0521			
99391,MCD		PREV. MED., ESTABLISHED UNDER 1 YR	$ 57.73	WRAPAROUND	0519			
	99392	PREV.MED., ESTABLISHED, AGE 1-4	$ 260.00	E&M OFFICE	0521			
99392,MCD		PREV.MED., ESTABLISHED, AGE 1-4	$ 57.73	WRAPAROUND	0519			
	99393	PREV.MED., ESTABLISHED AGE 5-11	$ 260.00	E&M OFFICE	0521			
99393,MCD		PREV.MED., ESTABLISHED AGE 5-11	$ 57.73	WRAPAROUND	0519			
	99394	PREV.MED. ESTABLISHED AGE 12-17	$ 284.00	E&M OFFICE	0521			
99394,MCD		PREV.MED. ESTABLISHED AGE 12-17	$ 57.73	WRAPAROUND	0519			
	99395	PREV.MED. ESTABLISHED, AGE 18-39	$ 292.00	E&M OFFICE	0521			
99395,MCD		PREV.MED. ESTABLISHED, AGE 18-39	$ 57.73	WRAPAROUND	0519			
	99396	PREV. MED. ESTABLISHED AGE 40-64	$ 310.00	E&M OFFICE	0521			
99396,MCD		PREV. MED. ESTABLISHED AGE 40-64	$ 57.73	WRAPAROUND	0519			
	99397	PREV.MED. ESTABLISHED OVER 65	$ 334.00	E&M OFFICE	0521			
99397,MCD		PREV.MED. ESTABLISHED OVER 65	$ 57.73	WRAPAROUND	0519			
	99401	PREV MEDI COUNSEL AND/OR RSK RED INTVI PROV TO AN IND (SEP PROC); APPROX 15 MINUTES	$ 95.00	E&M OTHER	0521			
99401,MCD		PREV MEDI COUNSEL AND/OR RSK RED INTVI PROV TO AN IND (SEP PROC); APPROX 15 MINUTES	$ 57.73	WRAPAROUND	0519			
	99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	$ 36.00	E&M OTHER	0521			
	99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	$ 68.00	E&M OTHER	0521			
	99417	PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	$ 77.00	E&M OFFICE	0521			
	99439	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	$ 118.00	CHRONIC CARE MANAGEMENT	0521			
	99445	REM MNTR PHYSIOL PARAM DEV SPLY W/REC 2-15 DAYS	$ 119.00	REMOTE PATIENT MONITORING	0521			
	99453	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	$ 49.00	REMOTE PATIENT MONITORING	0521			
	99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	$ 108.00	REMOTE PATIENT MONITORING	0521			
	99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH	$ 122.00	REMOTE PATIENT MONITORING	0521			
	99458	REMOTE PHYSIOLOGIC MONITORING ; EACH ADD 20 MIN	$ 99.00	REMOTE PATIENT MONITORING	0521			
	99459	PELVIC EXAMINATION	$ 52.00	E&M OFFICE	0521			
	99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	$ 229.00	E&M INPATIENT	0528			
99460,MCD		1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	$ 57.73	WRAPAROUND	0519			
	99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	$ 100.00	E&M INPATIENT	0528			
99462,MCD		SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	$ 57.73	WRAPAROUND	0519			
	99463	E&M, NEWBORN, ADMIT AND DISC SAME DATE	$ 267.00	E&M INPATIENT	0528			
	99470	RPM TX MGMT 1 R-T IA COMUNICAJ CAL MO 1ST 10 MIN	$ 67.00	REMOTE PATIENT MONITORING	0521			
	99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	$ 155.00	CHRONIC CARE MANAGEMENT	0521			
	99497	ADVANCE CARE PLANNING FIRST 30 MINS	$ 205.00	E&M OTHER	0528			
	99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	$ 178.00	E&M OTHER	0528			
99499,DOT		DOT PHYSICAL	$ 195.00	E&M OFFICE				
A4338		INDWELLING CATHETER; FOLEY TYPE, TWO-WAY	$ 29.00	SUPPLIES	0273			
A4561		PESSARY, RUBBER, ANY TYPE	$ 84.00	SUPPLIES	0270			
A4565		ARM SLING, ADULT/PEDIATRIC	$ 30.00	SUPPLIES	0290			
A4570		SPLINT	$ 40.00	SUPPLIES	0290			
A6237		HYDROCOLLD DRG <=16 IN W/BDR	$ 14.00	SUPPLIES	0279			
A6449		LT COMPRES BAND >=3 <5"/YD"	$ 3.00	SUPPLIES	0270			
A6450		LT COMPRES BAND >=5/YD"	$ 3.00	SUPPLIES	0270			
AWVCHECK		MISSING AWV ELIGIBILITY CHECK	$ 0.01	ADMIN	0521			
AWVREQ		MISSING AWV ELEMENT	$ 0.01	ADMIN	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
CONSENT	MISSING CONSENT	$ 0.01	ADMIN	0521			
CONTRACT	NEED CONTRACT INSURANCE ADDED	$ 0.01	ADMIN	0521			
DRUG	MISSING NDC, SITE, ETC.	$ 0.01	ADMIN	0521			
DRUGMIS	DRUG ADMINISTRATION MISMATCH DATE	$ 0.01	ADMIN	0521			
E0114,NU	CRUTCHES	$ 95.00	SUPPLIES	0279			
EKG	MISSING EKG RESULT	$ 0.01	ADMIN	0521			
EMPPHY,BEM	EMPLOYMENT PHYSICAL; BOLTON EMS	$ 160.00	E&M OFFICE	0521			
EMPPHY,CFD	EMPLOYMENT PHYSICAL; CHESTERTOWN FIRE DISTRICT	$ 160.00	E&M OFFICE	0521			
EMPPHY,CLC	EMPLOYMENT PHYSICAL; CHAMPLAIN CHILDERN'S LEARNING CENTER	$ 160.00	E&M OFFICE	0521			
EMPPHY,CLF	EMPLOYMENT PHYSICAL; CHILSON FIRE DEPARTMENT	$ 160.00	E&M OFFICE	0521			
EMPPHY,CSA	EMPLOYMENT PHYSICAL; COUNTRYSIDE ADULT HOME	$ 155.00	E&M OFFICE	0521			
EMPPHY,EIP	PHYSICAL FOR CONTRACTS	$ 165.00	E&M OFFICE	0521			
EMPPHY,FHH	EMPLOYMENT PHYSICAL; FORT HUDSON HEALTH SYSTEM	$ 160.00	E&M OFFICE	0521			
EMPPHY,HHN	EMPLOYMENT PHYSICAL; HUDSON HEADWATERS HEALTH NETWORK	$ -	E&M OFFICE	0521			
EMPPHY,HRF	EMPLOYMENT PHYSICAL; HORICON FIRE DEPARTMENT	$ 160.00	E&M OFFICE	0521			
EMPPHY,JEM	EMPLOYMENT PHYSICAL; JOHNSBURG EMS	$ 149.00	E&M OFFICE	0521			
EMPPHY,MAS	EMPLOYMENT PHYSICAL; MORIAH AMBULANCE SQUAD	$ 160.00	E&M OFFICE	0521			
EMPPHY,MAX	EMPLOYMENT PHYSICAL; MAXOR	$ 160.00	E&M OFFICE	0521			
EMPPHY,MFD	EMPLOYMENT PHYSICAL; MORIAH FIRE DISTRICT #1	$ 160.00	E&M OFFICE	0521			
EMPPHY,MLS	EMPLOYMENT PHYSICAL; MOUNTAIN LAKE SERVICES	$ 160.00	E&M OFFICE	0521			
EMPPHY,NCH	EMPLOYMENT PHYSICAL; NORTH COUNTRY HOME SERVICES	$ 160.00	E&M OFFICE	0521			
EMPPHY,NRF	EMPLOYMENT PHYSICAL; NORTH RIVER FIRE DEPARTMENT	$ 116.00	E&M OFFICE	0521			
EMPPHY,PCE	EMPLOYMENT PHYSICAL; PACE AT HH	$ 160.00	E&M OFFICE	0521			
EMPPHY,PHF	EMPLOYMENT PHYSICAL; PORT HENRY FIRE DISTRICT	$ 122.00	E&M OTHER	0521			
EMPPHY,PRO	EMPLOYMENT PHYSICAL; PROBUILD CONTRACT	$ 160.00	E&M OFFICE	0521			
EMPPHY,RPF	EMPLOYMENT PHYSICAL; ROUSES POINT FIRE DEPARTMENT	$ 160.00	E&M OFFICE	0521			
EMPPHY,RVS	EMPLOYMENT PHYSICAL; RIVERSIDE VOLUNTEER FIRE DEPT	$ 116.00	E&M OFFICE	0521			
EMPPHY,SBY	EMPLOYMENT PHYSICAL; SILVER BAY YMCA	$ 160.00	E&M OFFICE	0521			
EMPPHY,SCH	EMPLOYMENT PHYSICAL; SCHOOL CONTRACTS	$ -	E&M OFFICE	0521			
EMPPHY,SLF	EMPLOYMENT PHYSICAL; SCHROON LAKE FIRE DEPARTMENT	$ 160.00	E&M OFFICE	0521			
EMPPHY,TES	EMPLOYMENT PHYSICAL; TICONDEROGA EMS	$ 160.00	E&M OFFICE	0521			
EMPPHY,TFD	EMPLOYMENT PHYSICAL; TICONDEROGA FIRE DEPARTMENT	$ 160.00	E&M OFFICE	0521			
EMPPHY,TFE	EMPLOYMENT PHYSICAL; TOWN OF FORT EDWARD	$ 160.00	E&M OFFICE	0521			
EMPPHY,TIC	EMPLOYMENT PHYSICAL; TOWN OF TICONDEROGA	$ 127.00	E&M OFFICE	0521			
EMPPHY,TMV	EMPLOYMENT PHYSICAL; TOWN OF MINERVA	$ 160.00	E&M OFFICE	0521			
EMPPHY,TNH	EMPLOYMENT PHYSICAL; TOWN OF NORTH HUDSON CONTRACT	$ 160.00	E&M OFFICE	0521			
EMPPHY,TSL	EMPLOYMENT PHYSICAL; TOWN OF SCHROON LAKE	$ 160.00	E&M OFFICE	0521			
EMPPHY,VOC	EMPLOYMENT PHYSICAL; VILLAGE OF CHAMPLAIN	$ 160.00	E&M OFFICE	0521			
EMPPHYPIN	EMPLOYMENT PHYSICAL; THE PINES AT GLENS FALLS	$ -	E&M OFFICE	0521			
FEESCHED	CODE NEEDS TO BE ADDED TO THE FEE SCHEDULE	$ 0.01	ADMIN	0521			
FUNDUS	MISSING IRIS RESULTS	$ 0.01	ADMIN	0521			
FUNMIS	IRIS DOS MISMATCH	$ 0.01	ADMIN	0521			
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$ 65.00	IMMUN ADMIN	0771			
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	$ 69.00	IMMUN ADMIN	0771			
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	$ 74.00	IMMUN ADMIN	0771			
G0101	CA SCREEN;PELVIC/BREAST EXAM	$ 142.00	E&M OFFICE	0521			
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	$ 59.00	SURGICAL PROCEDURES	0490			
G0127,MCD	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	$ 57.73	WRAPAROUND	0519			
G0136	ADM OF SOC DTR ASSESS 5-15 M	$ 47.00	MISC MEDICINE	0521			
G0279,TC	TOMOSYNTHESIS, MAMMO (LIST SEPARATELY IN ADDITION TO 77065 OR 77066)	$ 38.00	MAMMOGRAPHY	0401			
G0317	PROLONGED NF EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M NURSING HOME	0524			
G0317,NMA	PROLONGED NF EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M NURSING HOME	0525			
G0318	PRLNG HM/RES EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M HOME	0522			
G0328	FECAL BLOOD SCRN IMMUNOASSAY	$ 100.00	OFFICE LAB	0300			
G0402	WELCOME TO MEDICARE VISIT - IPPE	$ 413.00	E&M OFFICE	0521			
G0403	EKG FOR INITIAL PREVENT EXAM	$ 35.00	MISC MEDICINE	0730			
G0404	EKG TRACING FOR INITIAL PREV	$ 15.00	MISC MEDICINE	0985			
G0405	EKG INTERPRET & REPORT PREVE	$ 20.00	MISC MEDICINE	0730			
G0438	AWV, MEDICARE WELLNESS - INITIAL VISIT	$ 412.00	E&M OFFICE	0521			
G0438,MCD	AWV, MEDICARE WELLNESS - INITIAL VISIT	$ 57.73	WRAPAROUND	0519			
G0439	AWV, MEDICARE WELLNESS - SUBSEQUENT VISIT	$ 324.00	E&M OFFICE	0521			
G0447	BEHAVIOR COUNSEL OBESITY 15M	$ 82.00	E&M OTHER	0521			
G0466	FQHC VISIT, NEW PATIENT	$ 320.00	E&M OFFICE	0521			
G0467	FQHC VISIT, ESTABLISHED PATIENT	$ 268.00	E&M OFFICE	0521			
G0467,NMA	FQHC VISIT, ESTABLISHED PATIENT	$ 268.00	E&M OFFICE	0525			
G0468	FQHC VISIT, IPPE OR AWV	$ 339.00	E&M OFFICE	0521			
G0470	FQHC VISIT, MENTAL HEALTH, EST	$ 268.00	MENTAL HEALTH	0900			
G0511	CCM/BHI BY RHC/FQHC 20MIN MO	$ 113.00	CHRONIC CARE MANAGEMENT	0521			
G2025	SERVICES FURNISHED VIA TELEHEALTH	$ 187.00	TELEMEDICINE	0521			
G2212	PROLONG OUTPT/OFFICE VIS	$ 80.00	E&M OFFICE	0521			
G9432	ASTHMA WELL-CNTRL ACT C-ACT ACQ/ATAQ SC RSLT DOC	$ 0.01	ADMIN	0521			
G9434	ASTHMA NOT WC SPEC CTR TOOL NOT USED RSN NOT GVN	$ 0.01	ADMIN	0521			
G9919	SCREENING PERF & POS & PROVISION RECOMMENDATIONS	$ 0.01	ADMIN	0521			
G9920	SCREENING PERFORMED AND NEGATIVE	$ 0.01	ADMIN	0521			
G9931	DOC CHA2DS2-VASC RS 0/1 FOR MN; /0 1/ 2 FOR WOMN	$ 0.01	ADMIN	0521			
HOLTER	MISSING HOLTER RESULTS	$ 0.01	ADMIN	0521			
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	$ 14.00	VACCINES	0636	54288010310		
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	$ 53.00	VACCINES	0636			
J0585	INJECTION,ONABOTULINUMTOXINA	$ -	SUPPLIES	0636			
J0696	ROCEPHIN, 250 MG	$ 26.00	VACCINES	0636	68180063301		
J0696,JZ	ROCEPHIN, 250 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 26.00	VACCINES	0636	68180063301		
J0897	INJECTION, DENOSUMAB, 1 MG	$ -	VACCINES	0636	55513071001	1	ML
J1010	INJECTION METHYLPREDNISOLONE ACETATE 1 MG	$ 1.00	SUPPLIES	0636	9307301	1	ME
J1010,JZ	INJECTION METHYLPREDNISOLONE ACETATE 1 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINIST	$ 1.00	VACCINES	0636	9307301	1	ME
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	$ -	VACCINES	0636	9027401	20	ME

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
J1030	DEPOMEDROL INJ (PER 40 MG)8.	$ -	VACCINES	0636	9307301	40	ME
J1030,JZ	DEPOMEDROL INJ (PER 40 MG)8, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATI	$ -	VACCINES	0636	9307301	40	ME
J1040	DEPOMEDROL, 80 MG INJ	$ -	VACCINES	0636	9347501	80	ME
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	$ -	VACCINES	0636	59762453701	150	ME
J1071	INJECTION TESTOSTERONE CYPIONATE 1MG	$ -	SUPPLIES	0636			
J1100	DEXAMETHASONE SOD PHOSPH (1MG)	$ 5.00	VACCINES	0636	63323016501	1	ME
J1100,JZ	DEXAMETHASONE SOD PHOSPH (1MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO AN	$ 5.00	VACCINES	0636	63323016501	1	ME
J1200	BENADRYL INJ, UP TO 50 MG	$ 7.00	VACCINES	0636	641037621	50	ME
J1200,JZ	BENADRYL INJ, UP TO 50 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIEN	$ 7.00	VACCINES	0636	641037621	50	ME
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	$ 38.00	ADMIN	0636	63323047401		
J1885	TORADOL, PER 15 MG.	$ 15.00	VACCINES	0636	409379301		
J1885,JZ	TORADOL, PER 15 MG., ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 15.00	VACCINES	0636	409379301		
J1944	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	$ -	VACCINES	0636			
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	$ -	VACCINES	0636			
J2060	INJECTION LORAZEPAM 2 MG	$ 12.00	VACCINES	0636	409677802		
J2270	MORPHINE INJ (UP TO 10 MG)	$ 28.00	VACCINES	0636	409189101		
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	$ -	SUPPLIES	0636	78081881	20	ME
J2357	INJECTION, OMALIZUMAB, 5 MG	$ -	SUPPLIES	0636			
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	$ 5.00	SUPPLIES	0636	36000001225	1	ME
J2405,JZ	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADM	$ 5.00	SUPPLIES	0636	36000001225	1	ME
J2765	METOCLOPRAMIDE HCL INJECTION	$ 14.00	SUPPLIES	0636			
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	$ 245.00	VACCINES	0636	562780500	1500	F2
J2791	RHOPHYLAC INJECTION 100 IU	$ 19.00	SUPPLIES	0636	44206030010	1500	F2
J2919	INJECTION METHYLPREDNISOLONE NA SUCCINATE 5 MG	$ 1.00	SUPPLIES	0636	9004725	5	ME
J2919,JZ	INJECTION METHYLPREDNISOLONE NA SUCCINATE 5 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADM	$ 1.00	SUPPLIES	0636	9004725	5	ME
J2930	SOLUMEDROL IM INJ(UP TO 125 MG)	$ -	VACCINES	0636	9004722	125	ME
J2930,JZ	SOLUMEDROL IM INJ(UP TO 125 MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY	$ -	VACCINES	0636	9004722	125	ME
J3030	SUMATRIPTAN SUCCINATE / 6 MG	$ 149.00	SUPPLIES	0636			
J3301	KENALOG INJ (PER 10 MG)	$ 10.00	VACCINES	0636	3029328	10	ME
J3301,JW	KENALOG INJ (PER 10 MG), DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 10.00	VACCINES	0636	3029328	10	ME
J3301,JZ	KENALOG INJ (PER 10 MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 10.00	VACCINES	0636	3029328	10	ME
J3420	B - 12	$ 18.00	VACCINES	0636	517003125	1	ML
J3420,JZ	B - 12, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 18.00	VACCINES	0636	517003125	1	ML
J3490	VALPROATE SODIUM 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION	$ -	SUPPLIES	0636			
J3590	TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	$ -	VACCINES	0636			
J7042	5% DEXTROSE/NORMAL SALINE	$ 20.00	SUPPLIES	0636			
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	$ 23.00	SUPPLIES	0260			
J7120	RINGERS LACTATE INFUSION UP TO 1000 CC	$ 35.00	SUPPLIES	0636	338011704	1000	ML
J7120,JZ	RINGERS LACTATE INFUSION UP TO 1000 CC, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED T	$ 35.00	SUPPLIES	0636	338011704	1000	ML
J7121	5% DEXTROSE IN LAC RINGERS	$ 47.00	SUPPLIES	0636			
J7296	LEVONORGESTREL-RELEASING IUD, (KYLEENA), 19.5 MG	$ 2,441.00	SUPPLIES	0636	50419042401	1	UN
J7296,M	LEVONORGESTREL-RELEASING IUD, (KYLEENA), 19.5 MG	$ 1,141.75	SUPPLIES	0636	50419042401	1	UN
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	$ 1,805.00	SUPPLIES	0636	23585801	52	ME
J7297,M	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	$ 842.99	SUPPLIES	0636	23585801	52	ME
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	$ 2,470.00	SUPPLIES	0636	50419042301	1	UN
J7298,M	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	$ 1,214.63	SUPPLIES	0636	50419042301	1	UN
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	$ 1,984.00	SUPPLIES	0636	59365512901	1	UN
J7300,M	INTRAUTERINE COPPER CONTRACEPTIVE	$ 1,139.00	SUPPLIES	0636	59365512901	1	UN
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	$ 1,948.00	SUPPLIES	0636	50419042201	13.5	ME
J7301,M	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	$ 950.71	SUPPLIES	0636	50419042201	13.5	ME
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	$ 1,943.00	SUPPLIES	0636	78206014501	68	ME
J7307,M	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	$ 1,275.36	SUPPLIES	0636	78206014501	68	ME
J7609	ALBUTEROL COMP UNIT DOSE 1MG	$ 15.00	SUPPLIES	0636			
J7613	ALBUTEROL NON-COMP UNIT DOSE 1MG	$ 5.00	SUPPLIES	0636			
J7620	ALBUTEROL IPRATROP NON-COMP	$ 6.00	SUPPLIES	0636	487020103	3	ML
L0120	CERVICAL COLLAR, FOAM	$ 56.00	SUPPLIES	0270			
L3260	POST-OP SHOE	$ 50.00	SUPPLIES	0273			
L3660	SO FIG 8 DESN ABDUCT RESTRNER CANVAS&WEB PRFAB	$ 147.00	SUPPLIES	0273			
L3908	WRIST COCK UP BRACE	$ 109.00	SUPPLIES	0270			
LABTEST	MISSING LAB TEST RESULTS	$ 0.01	ADMIN	0521			
MCDWRAP	MEDICAID WRAP AROUND	$ 57.73	WRAPAROUND	0519			
MCRWRAP	MEDICARE WRAP AROUND	$ 200.00	WRAPAROUND	0519			
MISCNS	PATIENT NO SHOW FEE - NOT COVERED BY INSURANCE	$ 25.00	ADMIN				
MISNFCOMPINS	MISSING NO-FAULT/WORKERS COMP INSURANCE	$ 0.01	ADMIN	0521			
OMEGA	OMEGA AUDIT	$ 0.01	ADMIN	0521			
PATHOLOGY	MISSING PATHOLOGY REPORT	$ 0.01	ADMIN	0521			
Q0091	PAP SMEAR; PREP & CONV TO LAB	$ 131.00	OFFICE LAB	0770			
Q0091,ERR	PAP SMEAR; PREP & CONV TO LAB; COLLECTION ERROR	$ -	ADMIN	0521			
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	$ 45.00	OFFICE LAB	0300			
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	$ 15.00	OFFICE LAB	0300			
Q0114	FERN TEST	$ 44.00	OFFICE LAB	0300			
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	$ 82.00	TELEMEDICINE	0780			
Q4018	LONG ARM SPLINT, ADULT	$ 62.00	SUPPLIES	0270			
Q4020	CAST SUP LNG ARM SPLNT PED F	$ 48.00	SUPPLIES	0273			
Q4022	SHORT ARM SPLINT, ADULT	$ 58.00	SUPPLIES	0273			
Q4024	SHORT ARM SPLINT, PEDIATRIC	$ 43.00	SUPPLIES	0273			
Q4042	CAST SUP LNG LEG SPLNT FBRGL	$ 101.00	SUPPLIES	0270			
Q4044	CAST SUP LNG LEG SPLNT PED F	$ 61.00	SUPPLIES	0270			
Q4046	SHORT LEG SPLINT, ADULT	$ 69.00	SUPPLIES	0270			
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$ 49.00	SUPPLIES	0270			
Q4049	FINGER SPLINT, 4 PRONG	$ 25.00	SUPPLIES	0270			
Q5136	INJECTION, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	$ -	SUPPLIES	0636			
S0190	MIFEPRISTONE, ORAL, 200 MG	$ 236.00	SUPPLIES	0636	43393000101	200	ME
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	$ 347.00	E&M OFFICE	0521			
S0610,MCD	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	$ 57.73	WRAPAROUND	0519			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	$ 241.00	E&M OFFICE	0521			
S0612,MCD	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	$ 57.73	WRAPAROUND	0519			
S2900	ROBOTIC SURGICAL SYSTEM	$ 20.00	SUPPLIES	0699			
S9083	GLOBAL FEE URGENT CARE CENTERS	$ 360.00	MISC MEDICINE	0526			
SCHPHY,SCH	STUDENT PHYSICAL; AT HC LOCATION	$ -	E&M OFFICE	0521			
SPIRO	MISSING SPIROMETRY RESULTS	$ 0.01	ADMIN	0521			
UNBILLABLE	SERVICE UNBILLABLE DUE TO OPEN ENCOUNTER AND NO SERVICE PROVIDED	$ -	ADMIN				
UNBILLABLE,AWV	SERVICE UNBILLABLE	$ -	ADMIN				
UNBILLABLE,EST	SERVICE UNBILLABLE	$ -	ADMIN				
UNBILLABLE,GYN	SERVICE UNBILLABLE	$ -	ADMIN				
URIN	MISSING URINALYSIS RESULT	$ 0.01	ADMIN	0521			
VACCINE	MISSING VACCINE ADMIN DETAILS	$ 0.01	ADMIN	0521			
VACMIS	VACCINE ADMINISTRATION MISMATCH DATE	$ 0.01	ADMIN	0521			
XRAY	XRAY RESULT IS MISSING	$ 0.01	ADMIN	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
0500F	INITIAL PRENATAL VISIT	$ 0.01	ADMIN	0521			
0502F	SUBSEQUENT PRENATAL VISIT	$ 0.01	ADMIN	0521			
0503F	POSTPARTUM VISIT	$ 0.01	ADMIN	0521			
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED (GER)	$ 40.00	ADMIN	0521			
0518F	FALL RISK PLAN OF CARE DOCUMENTED	$ 40.00	ADMIN	0521			
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	$ 315.00	SURGICAL PROCEDURES	0490			
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	$ 529.00	SURGICAL PROCEDURES	0490			
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	$ 601.00	SURGICAL PROCEDURES	0490			
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	$ 828.00	SURGICAL PROCEDURES	0490			
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	$ 373.00	SURGICAL PROCEDURES	0490			
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	$ 651.00	SURGICAL PROCEDURES	0490			
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	$ 417.00	SURGICAL PROCEDURES	0490			
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	$ 321.00	SURGICAL PROCEDURES	0490			
1034F	CURRENT TOBACCO SMOKER	$ 0.01	ADMIN	0521			
1035F	CURRENT SMOKELESS TOBACCO USER	$ 0.01	ADMIN	0521			
1036F	CURRENT TOBACCO NON-USER	$ 0.01	ADMIN	0521			
1090F	PRESENCE OR ABSENCE OF URINARY INCONTINENCE ASSESSED (GER)	$ 10.00	ADMIN	0521			
1100F	FALL RISK ASSESSMENT TWO OR MORE FALLS OR FALL WITH INJURY LAST YEAR	$ 10.00	ADMIN	0521			
1101F	FALL SCREENING NO FALLS OR INJURY LAST YEAR	$ 10.00	ADMIN	0521			
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	$ 317.00	SURGICAL PROCEDURES	0490			
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	$ 571.00	SURGICAL PROCEDURES	0490			
11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	$ 763.00	SURGICAL PROCEDURES	0490			
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE; EACH ADDITIONAL 20 SQCM	$ 98.00	SURGICAL PROCEDURES	0490			
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	$ 172.00	SURGICAL PROCEDURES	0490			
11056	PARING/BGN HYPERKERATOTIC LES'N 2-4	$ 200.00	SURGICAL PROCEDURES	0490			
11057	PARING OF BGN HYPERKERATOTIC L'N(4+	$ 218.00	SURGICAL PROCEDURES	0490			
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	$ 243.00	SURGICAL PROCEDURES	0490			
11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	$ 121.00	SURGICAL PROCEDURES	0490			
11104	PUNCH BIOPSY SKIN SINGLE LESION	$ 302.00	SURGICAL PROCEDURES	0490			
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	$ 146.00	SURGICAL PROCEDURES	0490			
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	$ 375.00	SURGICAL PROCEDURES	0490			
1111F	MEDICATION RECONCILIATION WITHIN 30 DAYS OF AN INPATIENT DISCHARGE	$ 75.00	ADMIN	0521			
11200	REMOVAL OF SKIN TAGS (UP TO 15)	$ 229.00	SURGICAL PROCEDURES	0490			
11201	REMOV. SKIN TAGS EA. ADDITIONAL 10	$ 45.00	SURGICAL PROCEDURES	0490			
1125F	PAIN SEVERITY QUANTIFIED; PAIN PRESENT	$ 0.01	ADMIN	0521			
1126F	PAIN SEVERITY QUANTIFIED; NO PAIN PRESENT	$ 0.01	ADMIN	0521			
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	$ 241.00	SURGICAL PROCEDURES	0490			
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	$ 294.00	SURGICAL PROCEDURES	0490			
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	$ 333.00	SURGICAL PROCEDURES	0490			
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	$ 370.00	SURGICAL PROCEDURES	0490			
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	$ 255.00	SURGICAL PROCEDURES	0490			
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	$ 296.00	SURGICAL PROCEDURES	0490			
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	$ 335.00	SURGICAL PROCEDURES	0490			
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	$ 354.00	SURGICAL PROCEDURES	0490			
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	$ 279.00	SURGICAL PROCEDURES	0490			
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	$ 333.00	SURGICAL PROCEDURES	0490			
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	$ 380.00	SURGICAL PROCEDURES	0490			
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	$ 442.00	SURGICAL PROCEDURES	0490			
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	$ 314.00	SURGICAL PROCEDURES	0490			
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	$ 383.00	SURGICAL PROCEDURES	0490			
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	$ 423.00	SURGICAL PROCEDURES	0490			
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	$ 488.00	SURGICAL PROCEDURES	0490			
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	$ 553.00	SURGICAL PROCEDURES	0490			
11406	EXC.BNIGN LES.TRK,ARMS,LEGS OVR 4CM	$ 788.00	SURGICAL PROCEDURES	0490			
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	$ 311.00	SURGICAL PROCEDURES	0490			
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	$ 392.00	SURGICAL PROCEDURES	0490			
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	$ 442.00	SURGICAL PROCEDURES	0490			
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	$ 509.00	SURGICAL PROCEDURES	0490			
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	$ 589.00	SURGICAL PROCEDURES	0490			
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	$ 815.00	SURGICAL PROCEDURES	0490			
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	$ 350.00	SURGICAL PROCEDURES	0490			
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	$ 426.00	SURGICAL PROCEDURES	0490			
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	$ 476.00	SURGICAL PROCEDURES	0490			
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	$ 564.00	SURGICAL PROCEDURES	0490			
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	$ 0.01	ADMIN	0521			
11600	EXC.LES.TRK,EXT.MALIG <0.5 CM	$ 484.00	SURGICAL PROCEDURES	0490			
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	$ 562.00	SURGICAL PROCEDURES	0490			
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	$ 603.00	SURGICAL PROCEDURES	0490			
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	$ 688.00	SURGICAL PROCEDURES	0490			
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	$ 766.00	SURGICAL PROCEDURES	0490			
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	$ 1,103.00	SURGICAL PROCEDURES	0490			
1160F	REVIEW OF ALL MEDICATIONS DOCUMENTED IN THE MEDICAL RECORD	$ 0.01	ADMIN	0521			
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	$ 565.00	SURGICAL PROCEDURES	0490			
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	$ 623.00	SURGICAL PROCEDURES	0490			
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	$ 729.00	SURGICAL PROCEDURES	0490			
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	$ 583.00	SURGICAL PROCEDURES	0490			
1170F	FUNCTIONAL STATUS ASSESSED	$ 0.01	ADMIN	0521			
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	$ 36.00	SURGICAL PROCEDURES	0490			
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	$ 81.00	SURGICAL PROCEDURES	0490			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	$ 111.00	SURGICAL PROCEDURES	0490			
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	$ 281.00	SURGICAL PROCEDURES	0490			
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	$ 81.00	SURGICAL PROCEDURES	0490			
11740	EVACUATION SUBUNGUAL HEMATOMA	$ 142.00	SURGICAL PROCEDURES	0490			
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	$ 395.00	SURGICAL PROCEDURES	0490			
11760	REPAIR OF NAIL BED	$ 454.00	SURGICAL PROCEDURES	0490			
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	$ 141.00	SURGICAL PROCEDURES	0490			
11981	INSERTION DRUG DELIVERY IMPLANT	$ 248.00	SURGICAL PROCEDURES	0490			
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$ 271.00	SURGICAL PROCEDURES	0490			
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	$ 348.00	SURGICAL PROCEDURES	0490			
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	$ 230.00	SURGICAL PROCEDURES	0490			
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	$ 280.00	SURGICAL PROCEDURES	0490			
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	$ 326.00	SURGICAL PROCEDURES	0490			
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	$ 433.00	SURGICAL PROCEDURES	0490			
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	$ 503.00	SURGICAL PROCEDURES	0490			
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	$ 275.00	SURGICAL PROCEDURES	0490			
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	$ 286.00	SURGICAL PROCEDURES	0490			
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	$ 348.00	SURGICAL PROCEDURES	0490			
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	$ 640.00	SURGICAL PROCEDURES	0490			
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	$ 745.00	SURGICAL PROCEDURES	0490			
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	$ 818.00	SURGICAL PROCEDURES	0490			
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	$ 644.00	SURGICAL PROCEDURES	0490			
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	$ 759.00	SURGICAL PROCEDURES	0490			
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	$ 326.00	SURGICAL PROCEDURES	0490			
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	$ 691.00	SURGICAL PROCEDURES	0490			
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	$ 772.00	SURGICAL PROCEDURES	0490			
12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	$ 888.00	SURGICAL PROCEDURES	0490			
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	$ 966.00	SURGICAL PROCEDURES	0490			
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	$ 284.00	SURGICAL PROCEDURES	0490			
15851	REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	$ 141.00	SURGICAL PROCEDURES	0490			
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	$ 211.00	SURGICAL PROCEDURES	0490			
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	$ 385.00	SURGICAL PROCEDURES	0490			
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$ 168.00	SURGICAL PROCEDURES	0490			
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	$ 16.00	SURGICAL PROCEDURES	0490			
17004	DESTRUCTION PREMALIGNANT LESION 15/>	$ 410.00	SURGICAL PROCEDURES	0490			
17110	DESTRUCTION BENIGN LESIONS UP TO 14	$ 279.00	SURGICAL PROCEDURES	0490			
17111	DESTRUCTION BENIGN LESIONS 15/>	$ 327.00	SURGICAL PROCEDURES	0490			
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	$ 207.00	SURGICAL PROCEDURES	0490			
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	$ 246.00	SURGICAL PROCEDURES	0490			
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	$ 366.00	SURGICAL PROCEDURES	0490			
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	$ 439.00	SURGICAL PROCEDURES	0490			
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	$ 476.00	SURGICAL PROCEDURES	0490			
17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	$ 512.00	SURGICAL PROCEDURES	0490			
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	$ 371.00	SURGICAL PROCEDURES	0490			
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	$ 411.00	SURGICAL PROCEDURES	0490			
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	$ 465.00	SURGICAL PROCEDURES	0490			
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	$ 348.00	SURGICAL PROCEDURES	0490			
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	$ 444.00	SURGICAL PROCEDURES	0490			
2028F	FOOT EXAMINATION PERFORMED (DM)	$ 50.00	ADMIN	0521			
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	$ 205.00	SURGICAL PROCEDURES	0490			
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	$ 144.00	SURGICAL PROCEDURES	0490			
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	$ 143.00	SURGICAL PROCEDURES	0490			
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	$ 129.00	SURGICAL PROCEDURES	0490			
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	$ 133.00	SURGICAL PROCEDURES	0490			
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	$ 205.00	SURGICAL PROCEDURES	0490			
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	$ 136.00	SURGICAL PROCEDURES	0490			
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	$ 160.00	SURGICAL PROCEDURES	0490			
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	$ 161.00	SURGICAL PROCEDURES	0490			
20680	REMOVAL IMPLANT DEEP	$ 1,473.00	SURGICAL PROCEDURES	0490			
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	$ 931.00	SURGICAL PROCEDURES	0490			
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	$ 674.00	SURGICAL PROCEDURES	0490			
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	$ 860.00	SURGICAL PROCEDURES	0490			
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	$ 734.00	SURGICAL PROCEDURES	0490			
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	$ 259.00	SURGICAL PROCEDURES	0490			
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	$ 878.00	SURGICAL PROCEDURES	0490			
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MNPJ	$ 799.00	SURGICAL PROCEDURES	0490			
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	$ 851.00	SURGICAL PROCEDURES	0490			
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	$ 851.00	SURGICAL PROCEDURES	0490			
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	$ 492.00	SURGICAL PROCEDURES	0490			
26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	$ 750.00	SURGICAL PROCEDURES	0490			
27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	$ 1,663.00	SURGICAL PROCEDURES	0490			
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	$ 1,675.00	SURGICAL PROCEDURES	0490			
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	$ 1,801.00	SURGICAL PROCEDURES	0490			
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	$ 806.00	SURGICAL PROCEDURES	0490			
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	$ 812.00	SURGICAL PROCEDURES	0490			
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	$ 589.00	SURGICAL PROCEDURES	0490			
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	$ 796.00	SURGICAL PROCEDURES	0490			
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	$ 937.00	SURGICAL PROCEDURES	0490			
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	$ 1,325.00	SURGICAL PROCEDURES	0490			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	$ 1,144.00	SURGICAL PROCEDURES	0490			
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	$ 1,036.00	SURGICAL PROCEDURES	0490			
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	$ 1,300.00	SURGICAL PROCEDURES	0490			
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	$ 1,138.00	SURGICAL PROCEDURES	0490			
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	$ 1,165.00	SURGICAL PROCEDURES	0490			
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	$ 1,184.00	SURGICAL PROCEDURES	0490			
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	$ 1,445.00	SURGICAL PROCEDURES	0490			
28118	OSTECTOMY CALCANEUS	$ 1,495.00	SURGICAL PROCEDURES	0490			
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	$ 1,294.00	SURGICAL PROCEDURES	0490			
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	$ 1,463.00	SURGICAL PROCEDURES	0490			
28124	PARTICAL EXCISION BONE PHALANX TOE	$ 1,178.00	SURGICAL PROCEDURES	0490			
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	$ 583.00	SURGICAL PROCEDURES	0490			
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	$ 1,064.00	SURGICAL PROCEDURES	0490			
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	$ 922.00	SURGICAL PROCEDURES	0490			
28285	CORRECTION HAMMERTOE	$ 1,334.00	SURGICAL PROCEDURES	0490			
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	$ 1,482.00	SURGICAL PROCEDURES	0490			
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	$ 1,691.00	SURGICAL PROCEDURES	0490			
28295	CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT	$ 2,527.00	SURGICAL PROCEDURES	0490			
28296	CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT	$ 2,162.00	SURGICAL PROCEDURES	0490			
28297	CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS	$ 2,476.00	SURGICAL PROCEDURES	0490			
28298	CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT	$ 2,034.00	SURGICAL PROCEDURES	0490			
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	$ 1,403.00	SURGICAL PROCEDURES	0490			
28315	SESAMOIDECTOMY FIRST TOE SPX	$ 1,179.00	SURGICAL PROCEDURES	0490			
28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	$ 558.00	SURGICAL PROCEDURES	0490			
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	$ 1,413.00	SURGICAL PROCEDURES	0490			
28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	$ 380.00	SURGICAL PROCEDURES	0490			
28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	$ 1,814.00	SURGICAL PROCEDURES	0490			
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	$ 1,914.00	SURGICAL PROCEDURES	0490			
28810	AMPUTATION METATARSAL W/TOE SINGLE	$ 1,051.00	SURGICAL PROCEDURES	0490			
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	$ 725.00	SURGICAL PROCEDURES	0490			
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	$ 711.00	SURGICAL PROCEDURES	0490			
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	$ 224.00	SURGICAL PROCEDURES	0490			
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	$ 210.00	SURGICAL PROCEDURES	0490			
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	$ 170.00	SURGICAL PROCEDURES	0490			
29130	APPLICATION OF FINGER SPLINT; STATIC	$ 106.00	SURGICAL PROCEDURES	0490			
29345	APPLICATION LONG LEG CAST THIGH-TOE	$ 343.00	SURGICAL PROCEDURES	0490			
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	$ 231.00	SURGICAL PROCEDURES	0490			
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	$ 185.00	SURGICAL PROCEDURES	0490			
29540	STRAPPING ANKLE &/FOOT	$ 70.00	SURGICAL PROCEDURES	0420			
29580	STRAPPING UNNA BOOT	$ 155.00	SURGICAL PROCEDURES	0490			
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	$ 1,639.00	SURGICAL PROCEDURES	0490			
3008F	BODY MASS INDEX (BMI), DOCUMENTED	$ 0.01	ADMIN	0521			
3014F	SCR MAMMO RESULTS DOC & REVIEWED	$ 0.01	ADMIN	0521			
3015F	CERV CNCR SCR RESULTS DOC & REVIEWED	$ 0.01	ADMIN	0521			
3017F	COLORCTL CNCR SCR RESULTS DOC & REVIEWED (PV)	$ 0.01	ADMIN	0521			
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	$ 506.00	SURGICAL PROCEDURES	0490			
3044F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0% (DM)	$ 40.00	ADMIN	0521			
3045F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0-9.0% (DM)	$ 40.00	ADMIN	0521			
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL GREATER THAN 9.0% (DM)	$ 40.00	ADMIN	0521			
3048F	MOST RECENT LDL-C LESS THAN 100 MG/DL (DM)	$ 10.00	ADMIN	0521			
3049F	MOST RECENT LDL-C LEVEL 100 TO 129	$ 10.00	ADMIN	0521			
3050F	MOST RECENT LDL-C GREATER THAN OR EQUAL TO 130 MG/DL (DM)	$ 10.00	ADMIN	0521			
3051F	HBA1C ≥ 7.0 AND < 8.0	$ 40.00	ADMIN	0521			
3052F	HBA1C ≥ 8.0 AND ≤ 9.0	$ 40.00	ADMIN	0521			
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 10.00	ADMIN	0521			
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 10.00	ADMIN	0521			
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 0.01	ADMIN	0521			
3074F	SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG (HTN)	$ 10.00	ADMIN	0521			
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM),(HTN, CKD, CAD)	$ 10.00	ADMIN	0521			
3077F	SYSTOLIC BLOOD PRESSURE >/= TO 140 MM HG (HTN)	$ 10.00	ADMIN	0521			
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE<LESS THAN<80 MM HG (HTN, CKD, CAD) (DM)	$ 10.00	ADMIN	0521			
3079F	DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN)	$ 10.00	ADMIN	0521			
3080F	DIASTOLIC BLOOD PRESSURE >/= TO 90 MM HG (HTN)	$ 10.00	ADMIN	0521			
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	$ 381.00	SURGICAL PROCEDURES	0490			
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	$ 589.00	SURGICAL PROCEDURES	0490			
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	$ 845.00	SURGICAL PROCEDURES	0490			
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	$ 465.00	SURGICAL PROCEDURES	0490			
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	$ 313.00	SURGICAL PROCEDURES	0490			
3288F	FALLS RISK ASSESSMENT DOCUMENTED	$ 0.01	ADMIN	0521			
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	$ 76.00	SURGICAL PROCEDURES	0260			
36416	CAPILLARY BLOOD DRAW (FINGER STICK)	$ -	SURGICAL PROCEDURES	0300			
3725F	SCREENING FOR DEPRESSION PERFORMED	$ 0.01	ADMIN	0521			
40808	BIOPSY VESTIBULE MOUTH	$ 413.00	SURGICAL PROCEDURES	0490			
41010	INCISION LINGUAL FRENUM FRENOTOMY	$ 519.00	SURGICAL PROCEDURES	0490			
41115	EXCISION LINGUAL FRENUM FRENECTOMY	$ 631.00	SURGICAL PROCEDURES	0490			
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	$ 736.00	SURGICAL PROCEDURES	0490			
42700	I&D ABSCESS PERITONSILLAR	$ 472.00	SURGICAL PROCEDURES	0490			
43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	$ 535.00	SURGICAL PROCEDURES	0490			
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	$ 574.00	SURGICAL PROCEDURES	0490			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	$ 609.00	SURGICAL PROCEDURES	0490			
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	$ 280.00	SURGICAL PROCEDURES	0490			
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	$ 635.00	SURGICAL PROCEDURES	0490			
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	$ 758.00	SURGICAL PROCEDURES	0490			
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	$ 1,892.00	SURGICAL PROCEDURES	0490			
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	$ 815.00	SURGICAL PROCEDURES	0490			
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULT	$ 851.00	SURGICAL PROCEDURES	0490			
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	$ 924.00	SURGICAL PROCEDURES	0490			
49329	UNLISTED LAPAROSCOPY PX ABD PERTONEUM & OMENTUM	$ 2,032.00	SURGICAL PROCEDURES	0490			
51701	INSJ NON-NDWELLG BLADDER CATHETER	$ 108.00	SURGICAL PROCEDURES	0490			
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	$ 152.00	SURGICAL PROCEDURES	0490			
52000	CYSTOURETHROSCOPY	$ 539.00	SURGICAL PROCEDURES	0490			
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	$ 517.00	SURGICAL PROCEDURES	0490			
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	$ 899.00	SURGICAL PROCEDURES	0490			
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	$ 470.00	SURGICAL PROCEDURES	0490			
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	$ 366.00	SURGICAL PROCEDURES	0490			
54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	$ 533.00	SURGICAL PROCEDURES	0490			
56405	I&D VULVA/PERINEAL ABSCESS	$ 358.00	SURGICAL PROCEDURES	0490			
56420	I&D OF BARTHOLINS GLAND ABSCESS	$ 452.00	SURGICAL PROCEDURES	0490			
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	$ 451.00	SURGICAL PROCEDURES	0490			
56501	DESTRUCTION LESIONS VULVA SIMPLE	$ 469.00	SURGICAL PROCEDURES	0490			
56515	DESTRUCTION LESIONS VULVA EXTENSIVE	$ 679.00	SURGICAL PROCEDURES	0490			
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	$ 235.00	SURGICAL PROCEDURES	0490			
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	$ 93.00	SURGICAL PROCEDURES	0490			
56620	VULVECTOMY SIMPLE PARTIAL	$ 1,452.00	SURGICAL PROCEDURES	0490			
56700	PRTL HYMENECTOMY/REVJ HYMENAL RING	$ 503.00	SURGICAL PROCEDURES	0490			
56740	EXC BARTHOLINS GLAND/CYST	$ 776.00	SURGICAL PROCEDURES	0490			
56820	COLPOSCOPY VULVA	$ 309.00	SURGICAL PROCEDURES	0490			
56821	COLPOSCOPY VULVA W/BIOPSY	$ 412.00	SURGICAL PROCEDURES	0490			
57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	$ 791.00	SURGICAL PROCEDURES	0490			
57100	BIOPSY VAGINAL MUCOSA SIMPLE	$ 254.00	SURGICAL PROCEDURES	0490			
57120	COLPOCLEISIS LE FORT TYPE	$ 1,314.00	SURGICAL PROCEDURES	0490			
57130	EXCISION OF VAGINAL SEPTUM	$ 563.00	SURGICAL PROCEDURES	0490			
57135	EXCISION VAGINAL CYST/TUMOR	$ 607.00	SURGICAL PROCEDURES	0490			
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	$ 183.00	SURGICAL PROCEDURES	0490			
57200	COLPORRHAPHY SUTURE INJURY VAGINA	$ 822.00	SURGICAL PROCEDURES	0490			
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	$ 1,520.00	SURGICAL PROCEDURES	0490			
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	$ 1,524.00	SURGICAL PROCEDURES	0490			
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO	$ 1,925.00	SURGICAL PROCEDURES	0490			
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	$ 1,717.00	SURGICAL PROCEDURES	0490			
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	$ 1,729.00	SURGICAL PROCEDURES	0490			
57287	RMVL/REVJ SLING STRESS INCONTINENCE	$ 1,835.00	SURGICAL PROCEDURES	0490			
57288	SLING OPERATION STRESS INCONTINENCE	$ 1,844.00	SURGICAL PROCEDURES	0490			
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	$ 1,243.00	SURGICAL PROCEDURES	0490			
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	$ 262.00	SURGICAL PROCEDURES	0490			
57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	$ 434.00	SURGICAL PROCEDURES	0490			
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	$ 328.00	SURGICAL PROCEDURES	0490			
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	$ 438.00	SURGICAL PROCEDURES	0490			
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	$ 311.00	SURGICAL PROCEDURES	0490			
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	$ 415.00	SURGICAL PROCEDURES	0490			
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	$ 398.00	SURGICAL PROCEDURES	0490			
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	$ 373.00	SURGICAL PROCEDURES	0490			
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	$ 755.00	SURGICAL PROCEDURES	0490			
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	$ 369.00	SURGICAL PROCEDURES	0490			
57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	$ 375.00	SURGICAL PROCEDURES	0490			
57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	$ 869.00	SURGICAL PROCEDURES	0490			
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	$ 745.00	SURGICAL PROCEDURES	0490			
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	$ 246.00	SURGICAL PROCEDURES	0490			
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	$ 123.00	SURGICAL PROCEDURES	0490			
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	$ 732.00	SURGICAL PROCEDURES	0490			
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	$ 2,274.00	SURGICAL PROCEDURES	0490			
58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	$ 2,847.00	SURGICAL PROCEDURES	0490			
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	$ 2,519.00	SURGICAL PROCEDURES	0490			
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	$ 2,073.00	SURGICAL PROCEDURES	0490			
58300	INSERTION INTRAUTERINE DEVICE IUD	$ 267.00	SURGICAL PROCEDURES	0490			
58301	REMOVAL INTRAUTERINE DEVICE IUD	$ 268.00	SURGICAL PROCEDURES	0490			
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	$ 224.00	SURGICAL PROCEDURES	0490			
58323	SPERM WASHING ARTIFICIAL INSEMINATION	$ 36.00	SURGICAL PROCEDURES	0490			
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	$ 569.00	SURGICAL PROCEDURES	0490			
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	$ 369.00	SURGICAL PROCEDURES	0490			
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	$ 1,810.00	SURGICAL PROCEDURES	0490			
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	$ 2,051.00	SURGICAL PROCEDURES	0490			
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	$ 3,218.00	SURGICAL PROCEDURES	0490			
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	$ 2,183.00	SURGICAL PROCEDURES	0490			
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	$ 2,427.00	SURGICAL PROCEDURES	0490			
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	$ 3,218.00	SURGICAL PROCEDURES	0490			
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	$ 830.00	SURGICAL PROCEDURES	0490			
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	$ 3,041.00	SURGICAL PROCEDURES	0490			
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	$ 697.00	SURGICAL PROCEDURES	0490			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	$ 879.00	SURGICAL PROCEDURES	0490			
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	$ 1,000.00	SURGICAL PROCEDURES	0490			
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	$ 4,808.00	SURGICAL PROCEDURES	0490			
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	$ 1,999.00	SURGICAL PROCEDURES	0490			
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	$ 2,247.00	SURGICAL PROCEDURES	0490			
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	$ 2,574.00	SURGICAL PROCEDURES	0490			
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	$ 3,010.00	SURGICAL PROCEDURES	0490			
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	$ 834.00	SURGICAL PROCEDURES	0490			
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	$ 185.00	SURGICAL PROCEDURES	0490			
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	$ 1,693.00	SURGICAL PROCEDURES	0490			
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	$ 1,613.00	SURGICAL PROCEDURES	0490			
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	$ 1,764.00	SURGICAL PROCEDURES	0490			
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	$ 1,981.00	SURGICAL PROCEDURES	0490			
59025	FETAL NONSTRESS TEST	$ 120.00	MATERNITY	0920			
59025,26	FETAL NONSTRESS TEST	$ 71.00	MATERNITY	0920			
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	$ 1,889.00	MATERNITY	0490			
59160	CURETTAGE POSTPARTUM	$ 656.00	MATERNITY	0490			
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	$ 323.00	SURGICAL PROCEDURES	0490			
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	$ 553.00	SURGICAL PROCEDURES	0490			
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	$ 5,898.00	MATERNITY	0521			
59409	VAGINAL DELIVERY ONLY	$ 1,943.00	MATERNITY	0521			
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	$ 2,630.00	MATERNITY	0521			
59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	$ 249.00	SURGICAL PROCEDURES	0490			
59414	DELIVERY PLACENTA SEPARATE PROCEDURE	$ 249.00	MATERNITY	0490			
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	$ 1,374.00	MATERNITY	0521			
59426	ANTEPARTUM CARE ONLY 7/> VISITS	$ 2,514.00	MATERNITY	0521			
59426,TRK	ANTEPARTUM CARE ONLY 7/> VISITS	$ -	MATERNITY	0521			
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ 641.00	MATERNITY	0521			
59430,TRK	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ -	MATERNITY	0521			
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	$ 6,531.00	MATERNITY	0521			
59514	CESAREAN DELIVERY ONLY	$ 2,196.00	MATERNITY	0521			
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	$ 3,251.00	MATERNITY	0521			
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	$ 2,191.00	MATERNITY	0521			
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	$ 883.00	MATERNITY	0490			
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	$ 1,072.00	MATERNITY	0490			
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	$ 1,055.00	MATERNITY	0490			
64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	$ 185.00	SURGICAL PROCEDURES	0490			
64435	INJECTION AA&/STRD PARACERVICAL NERVE	$ 194.00	SURGICAL PROCEDURES	0490			
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	$ 183.00	SURGICAL PROCEDURES	0490			
64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	$ 124.00	SURGICAL PROCEDURES	0490			
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	$ 71.00	SURGICAL PROCEDURES	0490			
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	$ 149.00	SURGICAL PROCEDURES	0490			
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	$ 675.00	SURGICAL PROCEDURES	0490			
69000	DRAINAGE EXTERNAL EAR,ABSCESS SIMPL	$ 452.00	SURGICAL PROCEDURES	0490			
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	$ 198.00	SURGICAL PROCEDURES	0490			
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	$ 38.00	SURGICAL PROCEDURES	0490			
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	$ 119.00	SURGICAL PROCEDURES	0490			
70030,TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	$ 59.00	RADIOLOGY	0320			
70100,TC	X-RAY MANDIBLE PARTIAL	$ 73.00	RADIOLOGY	0320			
70110,TC	X-RAY MANDIBLE-COMPLETE	$ 77.00	RADIOLOGY	0320			
70140,TC	PARTIAL FACIAL X-RAY	$ 54.00	RADIOLOGY	0320			
70150,TC	COMPLETE FACIAL X-RAY	$ 84.00	RADIOLOGY	0320			
70160,TC	X-RAY NASAL BONES (COMPLETE)	$ 71.00	RADIOLOGY	0320			
70200,TC	X-RAY ORBITS (COMPLETE)	$ 84.00	RADIOLOGY	0320			
70210,TC	X-RAY SINUSES, PARANASAL (PARTIAL)	$ 58.00	RADIOLOGY	0320			
70220,TC	X-RAY SINUSES,PARANASAL,COMPLETE	$ 67.00	RADIOLOGY	0320			
70250,TC	X-RAY SKULL (PARTIAL)	$ 67.00	RADIOLOGY	0320			
70260,TC	X-RAY SKULL (COMPLETE)	$ 76.00	RADIOLOGY	0320			
70360,TC	X-RAY SOFT TISSUE OF NECK	$ 55.00	RADIOLOGY	0320			
71045,TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	$ 42.00	RADIOLOGY	0320			
71046,TC	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	$ 57.00	RADIOLOGY	0320			
71047,TC	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	$ 71.00	RADIOLOGY	0320			
71048,TC	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	$ 75.00	RADIOLOGY	0320			
71100,TC	X-RAY RIBS (UNILATERAL)	$ 63.00	RADIOLOGY	0320			
71101,TC	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	$ 71.00	RADIOLOGY	0320			
71110,TC	X-RAY RIBS (BILATERAL)	$ 73.00	RADIOLOGY	0320			
71111,TC	XRAY, BILAT RIBS; PA CHEST, 4VIEWS	$ 90.00	RADIOLOGY	0320			
71120,TC	X-RAY STERNUM	$ 58.00	RADIOLOGY	0320			
71130,TC	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	$ 75.00	RADIOLOGY	0320			
72040,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS OR LESS	$ 71.00	RADIOLOGY	0320			
72050,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	$ 100.00	RADIOLOGY	0320			
72052,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	$ 116.00	RADIOLOGY	0320			
72070,TC	X-RAY THORACIC SPINE (AP & LATERAL)	$ 57.00	RADIOLOGY	0320			
72072,TC	XRAY, SPINE, THORACIC, 3 VIEWS	$ 70.00	RADIOLOGY	0320			
72080,TC	X-RAY THORACOLUMBAR SPINE (AP & LAT	$ 60.00	RADIOLOGY	0320			
72081,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	$ 75.00	RADIOLOGY	0320			
72082,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	$ 135.00	RADIOLOGY	0320			
72084,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	$ 191.00	RADIOLOGY	0320			
72100,TC	X-RAY LUMBOSACRAL SPINE (AP & LATER	$ 71.00	RADIOLOGY	0320			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
72110,TC	X-RAY LUMBOSACRAL (COMPLETE)	$ 96.00	RADIOLOGY	0320			
72114,TC	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	$ 114.00	RADIOLOGY	0320			
72120,TC	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	$ 73.00	RADIOLOGY	0320			
72170,TC	X-RAY PELVIS (AP)	$ 48.00	RADIOLOGY	0320			
72190,TC	X-RAY PELVIS (COMPLETE)	$ 73.00	RADIOLOGY	0320			
72200,TC	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	$ 62.00	RADIOLOGY	0320			
72202,TC	X-RAY SACROILIAC JOINTS (THREE VIEW	$ 70.00	RADIOLOGY	0320			
72220,TC	X-RAY SACRUM & COCCYX	$ 59.00	RADIOLOGY	0320			
73000,TC	X-RAY CLAVICLE (COMPLETE)	$ 60.00	RADIOLOGY	0320			
73010,TC	X-RAY SCAPULA (COMPLETE)	$ 37.00	RADIOLOGY	0320			
73020,TC	RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	$ 35.00	RADIOLOGY	0320			
73030,TC	X-RAY SHOULDER (COMPLETE)	$ 62.00	RADIOLOGY	0320			
73050,TC	X-RAY ACROMIOCLAVICULAR JOINTS	$ 49.00	RADIOLOGY	0320			
73060,TC	X-RAY HUMERUS	$ 59.00	RADIOLOGY	0320			
73070,TC	X-RAY ELBOW (AP & LATERAL)	$ 52.00	RADIOLOGY	0320			
73080,TC	X-RAY ELBOW (COMPLETE)	$ 59.00	RADIOLOGY	0320			
73090,TC	X-RAY FOREARM (AP & LATERAL)	$ 53.00	RADIOLOGY	0320			
73092,TC	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	$ 58.00	RADIOLOGY	0320			
73100,TC	X-RAY WRIST (AP & LATERAL)	$ 62.00	RADIOLOGY	0320			
73110,TC	X-RAY WRIST COMPLETE (MIM 3 VIEWS)	$ 80.00	RADIOLOGY	0320			
73120,TC	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	$ 57.00	RADIOLOGY	0320			
73130,TC	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS)	$ 71.00	RADIOLOGY	0320			
73140,TC	X-RAY FINGER (S) MIM 2 VIEWS	$ 77.00	RADIOLOGY	0320			
73501,TC	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	$ 59.00	RADIOLOGY	0320			
73502,TC	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	$ 90.00	RADIOLOGY	0320			
73503,TC	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	$ 115.00	RADIOLOGY	0320			
73521,TC	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	$ 75.00	RADIOLOGY	0320			
73522,TC	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	$ 97.00	RADIOLOGY	0320			
73523,TC	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	$ 115.00	RADIOLOGY	0320			
73552,TC	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	$ 66.00	RADIOLOGY	0320			
73560,TC	X-RAY KNEE (AP & LATERAL)	$ 63.00	RADIOLOGY	0320			
73562,TC	AP/LAT OF KNEE (3 VIEWS)	$ 77.00	RADIOLOGY	0320			
73564,TC	X-RAY KNEE (COMPLETE)	$ 88.00	RADIOLOGY	0320			
73590,TC	X-RAY TIBIA/FIBULA (AP & LATERAL)	$ 58.00	RADIOLOGY	0320			
73592,TC	X-RAY (LOWER EXTREMITY) INFANT	$ 58.00	RADIOLOGY	0320			
73600,TC	X-RAY ANKLE (AP & LATERAL)	$ 59.00	RADIOLOGY	0320			
73610,TC	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	$ 68.00	RADIOLOGY	0320			
73620,TC	X-RAY FOOT (AP & LATERAL)	$ 51.00	RADIOLOGY	0320			
73630,TC	X-RAY FOOT. COMPLETE, MINIMUM 3 VIEWS	$ 63.00	RADIOLOGY	0320			
73650,TC	X-RAY CALCANEUS (AP & LATERAL)	$ 50.00	RADIOLOGY	0320			
73660,TC	X-RAY TOES (AP & LATERAL)	$ 55.00	RADIOLOGY	0320			
74018,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	$ 52.00	RADIOLOGY	0320			
74019,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	$ 63.00	RADIOLOGY	0320			
76010,TC	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	$ 50.00	RADIOLOGY	0320			
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 63.00	ULTRASOUND	0400			
76376,26	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 23.00	ULTRASOUND	0400			
76376,TC	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 40.00	ULTRASOUND	0400			
76536,TC	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	$ 201.00	ULTRASOUND	0320			
76604,TC	US CHEST REAL TIME W/IMAGE DOCUMENTATION	$ 75.00	ULTRASOUND	0402			
76641,TC	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	$ 164.00	ULTRASOUND	0402			
76642,TC	US BREAST UNI REAL TIME WITH IMAGE LIMITED	$ 128.00	ULTRASOUND	0402			
76642,TC	US BREAST UNI REAL TIME WITH IMAGE LIMITED	$ 128.00	ULTRASOUND	0402			
76700,TC	ECHOGRAPHY (ABDOMEN),COMPLETE	$ 188.00	ULTRASOUND	0400			
76705,TC	ULTRASOUND (ABDOMEN); LIMITED	$ 144.00	ULTRASOUND	0402			
76706,TC	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	$ 197.00	ULTRASOUND	0402			
76770,TC	ULTRASOUND (RETROPERITONEAL),B-SCAN	$ 178.00	ULTRASOUND	0402			
76775,TC	ECHOGRAPHY (RETROPERITONEAL); LIMIT	$ 81.00	ULTRASOUND	0400			
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 287.00	ULTRASOUND	0402			
76801,26	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 117.00	ULTRASOUND	0402			
76801,TC	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 170.00	ULTRASOUND	0402			
76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	$ 149.00	ULTRASOUND	0402			
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 330.00	ULTRASOUND	0402			
76805,26	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 118.00	ULTRASOUND	0402			
76805,TC	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 212.00	ULTRASOUND	0402			
76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 199.00	ULTRASOUND	0402			
76815,26	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 77.00	ULTRASOUND	0402			
76815,TC	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 122.00	ULTRASOUND	0402			
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 268.00	ULTRASOUND	0402			
76816,26	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 100.00	ULTRASOUND	0402			
76816,TC	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 168.00	ULTRASOUND	0402			
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 226.00	ULTRASOUND	0402			
76817,26	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 89.00	ULTRASOUND	0402			
76817,TC	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 137.00	ULTRASOUND	0402			
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	$ 293.00	ULTRASOUND	0402			
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 212.00	ULTRASOUND	0402			
76819,26	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 91.00	ULTRASOUND	0402			
76819,TC	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 121.00	ULTRASOUND	0402			
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	$ 109.00	ULTRASOUND	0402			
76830	US TRANSVAGINAL	$ 289.00	ULTRASOUND	0400			

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76830,26	US TRANSVAGINAL	$ 82.00	ULTRASOUND	0400			
76830,TC	US TRANSVAGINAL	$ 207.00	ULTRASOUND	0400			
76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 281.00	ULTRASOUND	0400			
76831,26	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 86.00	ULTRASOUND	0400			
76831,TC	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 195.00	ULTRASOUND	0400			
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 258.00	ULTRASOUND	0402			
76856,26	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 81.00	ULTRASOUND	0402			
76856,TC	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 176.00	ULTRASOUND	0402			
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	$ 124.00	ULTRASOUND	0402			
76857,26	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOL	$ 59.00	ULTRASOUND	0402			
76857,TC	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	$ 65.00	ULTRASOUND	0402			
76870,TC	ULTRASOUND, SCROTUM AND CONTENTS	$ 170.00	ULTRASOUND	0402			
76882	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	$ 159.00	ULTRASOUND	0402			
76882,TC	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	$ 77.00	ULTRASOUND	0402			
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	$ 326.00	ULTRASOUND	0402			
76998,26	ULTRASONIC GUIDANCE, INTRAOPERATIVE	$ 114.00	ULTRASOUND	0402			
77061,TC	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	$ 56.00	RADIOLOGY	0401			
77062,TC	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	$ 256.00	RADIOLOGY	0401			
77063,TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	$ 59.00	MAMMOGRAPHY	0403			
77065,TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	$ 214.00	MAMMOGRAPHY	0401			
77066,TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	$ 272.00	MAMMOGRAPHY	0401			
77067,TC	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$ 225.00	MAMMOGRAPHY	0403			
77072,TC	BONE AGE STUDIES	$ 40.00	RADIOLOGY	0320			
77080,TC	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	$ 73.00	DEXASCAN	0320			
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 133.00	DEXASCAN	0320			
77085,TC	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 97.00	DEXASCAN	0320			
80053	COMPREHENSIVE METABOLIC PANEL	$ 28.00	OFFICE LAB	0300			
80061	LIPID PANEL	$ 35.00	OFFICE LAB	0300			
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	$ 33.00	OFFICE LAB	0300			
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	$ 11.00	OFFICE LAB	0300			
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$ 8.00	OFFICE LAB	0300			
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	$ 9.00	OFFICE LAB	0300			
81002,TRK	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	$ -	OFFICE LAB	0300			
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	$ 6.00	OFFICE LAB	0300			
81015	URINALYSIS; MICROSCOPIC ONLY	$ 8.00	OFFICE LAB	0300			
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	$ 23.00	OFFICE LAB	0300			
82044	URINE ALBUMIN SEMIQUANTITATIVE	$ 17.00	OFFICE LAB	0300			
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	$ 12.00	OFFICE LAB	0300			
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	$ 11.00	OFFICE LAB	0300			
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	$ 42.00	OFFICE LAB	0300			
82570	CREATININE OTHER SOURCE	$ 14.00	OFFICE LAB	0300			
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	$ 10.00	OFFICE LAB	0300			
83036	HEMOGLOBIN GLYCOSYLATED A1C	$ 26.00	OFFICE LAB	0300			
83655	ASSAY OF LEAD	$ 32.00	OFFICE LAB	0300			
83986	PH; BODY FLUID, NOT OTHERWISE SPECIFIED	$ 9.00	OFFICE LAB	0300			
85018	BLOOD COUNT HEMOGLOBIN	$ 6.00	OFFICE LAB	0300			
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	$ 21.00	OFFICE LAB	0300			
85610	PROTHROMBIN TIME	$ 11.00	OFFICE LAB	0300			
86308	HETEROPHILE ANTIBODIES; SCREENING	$ 14.00	OFFICE LAB	0300			
86318	RAPID MONO TEST	$ 48.00	OFFICE LAB	0300			
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	$ 24.00	OFFICE LAB	0300	49281075221	0.1	ML
87210	WET PREP %	$ 15.00	OFFICE LAB	0300			
87220	KOH PREP %	$ 11.00	OFFICE LAB	0300			
87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	$ 37.00	OFFICE LAB	0300			
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	$ 94.00	OFFICE LAB	0300			
87428	IAAD IA RESPIRATORY SYNCTIAL VIRUS & FLU A&B	$ 186.00	OFFICE LAB	0300			
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	$ 136.00	OFFICE LAB	0300			
87804	RAPID FLU TEST	$ 44.00	OFFICE LAB	0300			
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	$ 35.00	OFFICE LAB	0300			
87880	STREP A 01A, IMMUNOASSAY (IN OFFICE)	$ 44.00	OFFICE LAB	0300			
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	$ 32.00	OFFICE LAB	0300			
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCO	$ 19.00	OFFICE LAB	0300			
89320	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL	$ 31.00	OFFICE LAB	0300			
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRI	$ 39.00	OFFICE LAB	0300			
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	$ -	VACCINES	0636			
90380	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	$ 783.00	VACCINES	0636	49281057515	0.5	ML
90380,SL	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281057515	0.5	ML
90381	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	$ 783.00	VACCINES	0636	49281057415	1	ML
90381,SL	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281057415	1	ML
90460	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	$ 57.00	IMMUN ADMIN	0771			
90460,PH	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	$ 17.85	IMMUN ADMIN	0771			
90461	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	$ 22.00	IMMUN ADMIN	0771			
90461,PH	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	$ 17.85	IMMUN ADMIN	0771			
90471	IMMUNIZATION ADMINISTRATION,SINGLE	$ 51.00	IMMUN ADMIN	0771			
90471,E	IMMUNIZATION ADMINISTRATION,SINGLE; HHHN EMP	$ -	IMMUN ADMIN	0771			
90471,PH	IMMUNIZATION ADMINISTRATION,SINGLE	$ 17.85	IMMUN ADMIN	0771			
90472	IMMS. ADMINISTRATION, EA. ADDITIONA	$ 36.00	IMMUN ADMIN	0771			
90472,E	IMMUN ADMIN; EA. ADD; HHHN EMPLOYEE	$ -	IMMUN ADMIN	0771			
90480	IMM ADMN SARSCOV2 VACC; 1ST OR ONLY COMPONENT	$ 119.00	IMMUN ADMIN	0771			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
90480,E	ADMN SARSCOV2 VACC 1 DOSE; HHHN	$ -	IMMUN ADMIN	0771			
90480,PH	ADMN SARSCOV2 VACC 1 DOSE	$ 25.10	IMMUN ADMIN	0771			
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	$ 222.00	VACCINES	0636	49281059058	0.5	ML
90619,SL	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	$ -	VACCINES	0636	49281059058	0.5	ML
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$ 359.00	VACCINES	0636	58160097620	0.5	ML
90620,SL	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$ -	VACCINES	0636	58160097620	0.5	ML
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ 135.00	VACCINES	0636	00006409602	1	ML
90632,SL	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	00006409602	1	ML
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$ 61.00	VACCINES	0636	00006409502	0.5	ML
90633,SL	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$ -	VACCINES	0636	00006483101	0.5	ML
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	$ 19.00	VACCINES	0636	49281054503	0.5	ML
90648,SL	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	$ -	VACCINES	0636	49281054503	0.5	ML
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$ 466.00	VACCINES	0636	00006412102	0.5	ML
90651,SL	9VHPV VACC 2/3 DOSE SCHED IM USE	$ -	VACCINES	0636	00006412102	0.5	ML
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 37.00	VACCINES	0636	49281042550	0.5	ML
90656,SL	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ -	VACCINES	0636	49281042550	0.5	ML
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$ 100.00	VACCINES	0636	49281012565	0.5	ML
90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	$ 387.00	VACCINES	0636	00005200010	0.5	ML
90677,SL	PCV20 VACCINE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	00005200010	0.5	ML
90678	RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	$ 410.00	VACCINES	0636	00069034401	0.5	ML
90678,SL	RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	$ -	VACCINES	0636	00069034401	0.5	ML
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$ 140.00	VACCINES	0636	00006404741	0.5	ML
90680,SL	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$ -	VACCINES	0636	00006404741	0.5	ML
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	$ 101.00	VACCINES	0636	58160081243	0.5	ML
90696,SL	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE, VFC	$ -	VACCINES	0636	58160081243	0.5	ML
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	$ 223.00	VACCINES	0636	63361024315	0.5	ML
90697,SL	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	$ -	VACCINES	0636	63361024315	0.5	ML
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	$ 151.00	VACCINES	0636	49281051005	0.5	ML
90698,SL	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281051005	0.5	ML
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$ 80.00	VACCINES	0636	49281028658	0.5	ML
90700,SL	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$ -	VACCINES	0636	49281028658	0.5	ML
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 141.00	VACCINES	0636	00006468100	0.5	ML
90707,SL	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ -	VACCINES	0636	00006468100	0.5	ML
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$ 409.00	VACCINES	0636	00006417100	0.5	ML
90710,SL	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$ -	VACCINES	0636	00006417100	0.5	ML
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$ 50.00	VACCINES	0636	49281086010	0.5	ML
90713,SL	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$ -	VACCINES	0636	49281086010	0.5	ML
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$ 63.00	VACCINES	0636	49281021515	0.5	ML
90714,SL	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$ -	VACCINES	0636	49281021515	0.5	ML
90715	TDAP VACCINE 7 YRS/> IM	$ 63.00	VACCINES	0636	49281040020	0.5	ML
90715,SL	TDAP VACCINE 7 YRS/> IM	$ -	VACCINES	0636	49281040020	0.5	ML
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$ 277.00	VACCINES	0636	00006482700	0.5	ML
90716,SL	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$ -	VACCINES	0636	00006482700	0.5	ML
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$ 155.00	VACCINES	0636	58160081152	0.5	ML
90723,SL	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$ -	VACCINES	0636	58160081152	0.5	ML
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	$ 187.00	VACCINES	0636	00006483703	0.5	ML
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$ -	VACCINES	0636	49281058905	0.5	ML
90734,SL	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$ -	VACCINES	0636	49281058905	0.5	ML
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$ 34.00	VACCINES	0636	00006409302	0.5	ML
90744,SL	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$ -	VACCINES	0636	00006409302	0.5	ML
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 110.00	VACCINES	0636	58160082101	1	ML
90746,SL	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ -	VACCINES	0636	00006409402	1	ML
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$ 435.00	MENTAL HEALTH	0900			
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	$ 488.00	MENTAL HEALTH	0900			
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$ 206.00	MENTAL HEALTH	0900			
90832,BRF	PSYCHOTHERAPY W/PATIENT 30 MINUTES; BRIEF UNBILLABLE VISIT	$ -	MENTAL HEALTH	0900			
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	$ 202.73	MENTAL HEALTH	0900			
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$ 272.00	MENTAL HEALTH	0900			
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	$ 240.00	MENTAL HEALTH	0900			
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$ 402.00	MENTAL HEALTH	0900			
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	$ 319.00	MENTAL HEALTH	0900			
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	$ 258.00	MENTAL HEALTH	0900			
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	$ 270.00	MENTAL HEALTH	0900			
91321	SARSCOV2 VAC 25 MCG/.25ML IM	$ 189.00	VACCINES	0636	80777011309	0.25	ML
91321,SL	SARSCOV2 VAC 25 MCG/.25ML IM	$ -	VACCINES	0636	80777011309	0.25	ML
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	$ 208.00	VACCINES	0636	80777011296	0.5	ML
91322,SL	SARSCOV2 VAC 50 MCG/0.5ML IM	$ -	VACCINES	0636	80777011296	0.5	ML
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	$ 91.00	MISC MEDICINE	0400			
92567	TYMPANOMETRY	$ 40.00	MISC MEDICINE	0470			
93000	ELECTROCARDIOGRAM (EKG)	$ 35.00	MISC MEDICINE	0730			
93005	EKG TRACING ONLY	$ 15.00	MISC MEDICINE	0985			
93010	EKG INTERPRETATION ONLY(OUTPATIENT)	$ 20.00	MISC MEDICINE	0730			
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	$ 33.00	MISC MEDICINE	0730			
93225	XTRNL ECG & 48 HR RECORDING	$ 44.00	MISC MEDICINE	0985			
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	$ 459.00	ULTRASOUND	0402			
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	$ 300.00	ULTRASOUND	0402			
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	$ 199.00	MISC MEDICINE	0409			
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	$ 317.00	ULTRASOUND	0402			
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	$ 578.00	ULTRASOUND	0402			

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93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	$ 347.00	ULTRASOUND	0402			
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	$ 481.00	ULTRASOUND	0402			
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	$ 299.00	ULTRASOUND	0402			
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	$ 451.00	ULTRASOUND	0402			
93970,TC	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	$ 371.00	ULTRASOUND	0402			
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	$ 289.00	ULTRASOUND	0402			
93971,TC	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	$ 237.00	ULTRASOUND	0402			
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	$ 638.00	ULTRASOUND	0402			
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	$ 387.00	ULTRASOUND	0402			
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	$ 438.00	ULTRASOUND	0402			
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	$ 285.00	ULTRASOUND	0402			
93985	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	$ 601.00	ULTRASOUND	0402			
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	$ 353.00	ULTRASOUND	0402			
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	$ 67.00	MISC MEDICINE	0460			
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	$ 96.00	MISC MEDICINE	0460			
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ 62.00	MISC MEDICINE	0460			
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	$ 19.00	MISC MEDICINE	0412			
95115	ALLERGY IMMUNOTHERAPY	$ 26.00	ALLERGY	0510			
95117	ALLERGY IMMUNOTHERAPY,2 OR MORE INJ	$ 30.00	ALLERGY	0510			
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	$ 160.00	MISC MEDICINE	0490			
95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	$ 350.00	MISC MEDICINE	0490			
95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	$ 86.00	MISC MEDICINE	0490			
95992	CANALITH REPOSITIONING PROCEDURE	$ 106.00	MISC MEDICINE	0940			
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	$ 28.00	MISC MEDICINE	0521			
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	$ 11.00	MISC MEDICINE	0521			
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	$ 7.00	MISC MEDICINE	0521			
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	$ 76.00	MISC MEDICINE	0263			
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	$ 29.00	MISC MEDICINE	0263			
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	$ 146.00	MISC MEDICINE	0263			
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	$ 36.00	DIAG INJECTIONS	0761			
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	$ 86.00	DIAG INJECTIONS	0263			
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	$ 36.00	DIAG INJECTIONS	0263			
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	$ 200.00	DIAG INJECTIONS	0263			
96380	ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	$ 57.00	IMMUN ADMIN	0771			
96380,PH	ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	$ 17.85	IMMUN ADMIN	0771			
96381	ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	$ 49.00	IMMUN ADMIN	0771			
96381,PH	ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	$ 17.85	IMMUN ADMIN	0771			
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	$ 246.00	MISC MEDICINE	0490			
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	$ 92.00	NUTRITION	0521			
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	$ 80.00	NUTRITION	0521			
98000	SYNCHRONOUS AUDIO-VIDEO VISIT NEW SF MDM 15 MIN	$ 128.00	TELEMEDICINE	0521			
98001	SYNCHRONOUS AUDIO-VIDEO VISIT NEW LOW MDM 30 MIN	$ 212.00	TELEMEDICINE	0521			
98002	SYNCHRONOUS AUDIO-VIDEO VISIT NEW MOD MDM 45 MIN	$ 338.00	TELEMEDICINE	0521			
98003	SYNCHRONOUS AUDIO-VIDEO VST NEW HIGH MDM 60 MIN	$ 448.00	TELEMEDICINE	0521			
98004	SYNCHRONOUS AUDIO-VIDEO VISIT EST SF MDM 10 MIN	$ 99.00	TELEMEDICINE	0521			
98005	SYNCHRONOUS AUDIO-VIDEO VISIT EST LOW MDM 20 MIN	$ 174.00	TELEMEDICINE	0521			
98006	SYNCHRONOUS AUDIO-VIDEO VISIT EST MOD MDM 30 MIN	$ 256.00	TELEMEDICINE	0521			
98007	SYNCHRONOUS AUDIO-VIDEO VST EST HIGH MDM 40 MIN	$ 339.00	TELEMEDICINE	0521			
98008	SYNCHRONOUS AUDIO-ONLY VISIT NEW SF MDM 15 MIN	$ 122.00	TELEMEDICINE	0521			
98009	SYNCHRONOUS AUDIO-ONLY VISIT NEW LOW MDM 30 MIN	$ 202.00	TELEMEDICINE	0521			
98010	SYNCHRONOUS AUDIO-ONLY VISIT NEW MOD MDM 45 MIN	$ 314.00	TELEMEDICINE	0521			
98011	SYNCHRONOUS AUDIO-ONLY VISIT NEW HIGH MDM 60 MIN	$ 409.00	TELEMEDICINE	0521			
98012	SYNCHRONOUS AUDIO-ONLY VISIT EST SF MDM 10 MIN	$ 91.00	TELEMEDICINE	0521			
98013	SYNCHRONOUS AUDIO-ONLY VISIT EST LOW MDM 20 MIN	$ 159.00	TELEMEDICINE	0521			
98014	SYNCHRONOUS AUDIO-ONLY VISIT EST MOD MDM 30 MIN	$ 232.00	TELEMEDICINE	0521			
98015	SYNCHRONOUS AUDIO-ONLY VISIT EST HIGH MDM 40 MIN	$ 337.00	TELEMEDICINE	0521			
98016	BRIEF COMMUNICATION TECH-BSD SVC EST PT 5-10 MIN	$ 41.00	TELEMEDICINE	0521			
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	$ 78.00	MISC MEDICINE	0531			
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	$ 113.00	MISC MEDICINE	0531			
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	$ 147.00	MISC MEDICINE	0531			
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	$ 179.00	MISC MEDICINE	0531			
98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	$ 211.00	MISC MEDICINE	0531			
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	$ 30.00	MISC MEDICINE	0971			
99000,ERR	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	$ -	ADMIN	0971			
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	$ -	MISC MEDICINE	0521			
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	$ 95.00	MISC MEDICINE	0521			
99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	$ 50.00	MISC MEDICINE	0521			
99070	SUPPLIES AND OTHER MATERIALS	$ -	MISC MEDICINE				
99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	$ 43.00	MISC MEDICINE				
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	$ 25.00	MISC MEDICINE	0521			
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	$ 271.98	E&M OFFICE	0521			
99202,UC	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	$ 271.98	E&M OFFICE	0456			
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	$ 278.00	E&M OFFICE	0521			
99203,UC	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	$ 278.00	E&M OFFICE	0456			
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	$ 418.00	E&M OFFICE	0521			
99204,UC	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	$ 418.00	E&M OFFICE	0456			
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	$ 552.00	E&M OFFICE	0521			
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 202.73	E&M OFFICE	0521			
99212,UC	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 202.73	E&M OFFICE	0456			

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99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 228.00	E&M OFFICE	0521			
99213,UC	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 228.00	E&M OFFICE	0456			
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	E&M OFFICE	0521			
99214,BHS	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	MENTAL HEALTH	0513			
99214,UC	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	E&M OFFICE	0456			
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	$ 450.00	E&M OFFICE	0521			
99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	$ 204.00	E&M INPATIENT	0528			
99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	$ 323.00	E&M INPATIENT	0528			
99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	$ 431.00	E&M INPATIENT	0528			
99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	$ 122.00	E&M INPATIENT	0528			
99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	$ 196.00	E&M INPATIENT	0528			
99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	$ 294.00	E&M INPATIENT	0528			
99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	$ 242.00	E&M INPATIENT	0528			
99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	$ 394.00	E&M INPATIENT	0528			
99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	$ 515.00	E&M INPATIENT	0528			
99238	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	$ 201.00	E&M INPATIENT	0528			
99239	HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	$ 285.00	E&M INPATIENT	0528			
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	$ 184.00	E&M CONSULTS	0521			
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	$ 276.00	E&M CONSULTS	0521			
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	$ 395.00	E&M CONSULTS	0521			
99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	$ 516.00	E&M CONSULTS	0521			
99252	IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	$ 174.00	E&M CONSULTS	0528			
99253	IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	$ 244.00	E&M CONSULTS	0528			
99254	IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	$ 339.00	E&M CONSULTS	0528			
99255	IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	$ 456.00	E&M CONSULTS	0528			
99281	EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	$ 28.00	E&M ER	0528			
99282	EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	$ 104.00	E&M ER	0528			
99283	EMERGENCY DEPARTMENT VISIT LOW MDM	$ 176.00	E&M ER	0528			
99284	EMERGENCY DEPARTMENT VISIT MODERATE MDM	$ 299.00	E&M ER	0528			
99285	EMERGENCY DEPARTMENT VISIT HIGH MDM	$ 434.00	E&M ER	0528			
99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	$ 271.98	E&M NURSING HOME	0524			
99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	$ 331.00	E&M NURSING HOME	0524			
99305,NMA	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	$ 331.00	E&M NURSING HOME	0525			
99306	INITIAL NURSING FACILITY CARE HI MDM 45 MINUTES	$ 452.00	E&M NURSING HOME	0524			
99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	$ 202.73	E&M NURSING HOME	0524			
99307,NMA	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	$ 202.73	E&M NURSING HOME	0525			
99308	SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	$ 202.73	E&M NURSING HOME	0524			
99308,NMA	SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	$ 202.73	E&M NURSING HOME	0525			
99309	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	$ 268.00	E&M NURSING HOME	0524			
99309,NMA	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	$ 268.00	E&M NURSING HOME	0525			
99310	SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	$ 382.00	E&M NURSING HOME	0524			
99310,NMA	SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	$ 382.00	E&M NURSING HOME	0525			
99315	NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	$ 202.73	E&M NURSING HOME	0524			
99315,NMA	NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	$ 202.73	E&M NURSING HOME	0525			
99316	NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	$ 324.00	E&M NURSING HOME	0524			
99316,NMA	NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	$ 324.00	E&M NURSING HOME	0525			
99341	HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	$ 271.98	E&M HOME	0522			
99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	$ 271.98	E&M HOME	0522			
99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	$ 354.00	E&M HOME	0522			
99347	HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	$ 202.73	E&M HOME	0522			
99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	$ 202.73	E&M HOME	0522			
99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	$ 316.00	E&M HOME	0522			
99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	$ 459.00	E&M HOME	0522			
99381	PREV.MED.,NEW PT. UNDER ONE YEAR	$ 272.00	E&M OFFICE	0521			
99382	PREV.MED,NEW PT. AGE 1-4	$ 285.00	E&M OFFICE	0521			
99383	PREV.MED.,NEW PT. AGE 5-11	$ 296.00	E&M OFFICE	0521			
99384	PREV.MED. NEW PT, AGE 12-17	$ 333.00	E&M OFFICE	0521			
99385	PREV.MED.,NEW PT. AGE 18-39	$ 323.00	E&M OFFICE	0521			
99386	PREV.MED. NEW PT. AGE 40-64	$ 373.00	E&M OFFICE	0521			
99387	PREV. MED. NEW PT. 65 AND OVER	$ 405.00	E&M OFFICE	0521			
99391	PREV. MED., ESTABLISHED UNDER 1 YR	$ 244.00	E&M OFFICE	0521			
99392	PREV.MED., ESTABLISHED, AGE 1-4	$ 260.00	E&M OFFICE	0521			
99393	PREV.MED., ESTABLISHED AGE 5-11	$ 260.00	E&M OFFICE	0521			
99394	PREV.MED. ESTABLISHED AGE 12-17	$ 284.00	E&M OFFICE	0521			
99395	PREV.MED. ESTABLISHED, AGE 18-39	$ 292.00	E&M OFFICE	0521			
99396	PREV. MED. ESTABLISHED AGE 40-64	$ 310.00	E&M OFFICE	0521			
99397	PREV.MED. ESTABLISHED OVER 65	$ 334.00	E&M OFFICE	0521			
99401	PREV MEDI COUNSEL AND/OR RSK RED INTVI PROV TO AN IND (SEP PROC); APPROX 15 MINUTES	$ 95.00	E&M OTHER	0521			
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	$ 36.00	E&M OTHER	0521			
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	$ 68.00	E&M OTHER	0521			
99417	PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	$ 77.00	E&M OFFICE	0521			
99439	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	$ 118.00	CHRONIC CARE MANAGEMENT	0521			
99445	REM MNTR PHYSIOL PARAM DEV SPLY W/REC 2-15 DAYS	$ 119.00	REMOTE PATIENT MONITORING	0521			
99453	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	$ 49.00	REMOTE PATIENT MONITORING	0521			
99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	$ 108.00	REMOTE PATIENT MONITORING	0521			
99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH	$ 122.00	REMOTE PATIENT MONITORING	0521			
99458	REMOTE PHYSIOLOGIC MONITORING ; EACH ADD 20 MIN	$ 99.00	REMOTE PATIENT MONITORING	0521			
99459	PELVIC EXAMINATION	$ 52.00	E&M OFFICE	0521			
99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	$ 229.00	E&M INPATIENT	0528			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	$ 100.00	E&M INPATIENT	0528			
99463	E&M, NEWBORN, ADMIT AND DISC SAME DATE	$ 267.00	E&M INPATIENT	0528			
99470	RPM TX MGMT 1 R-T IA COMUNICAJ CAL MO 1ST 10 MIN	$ 67.00	REMOTE PATIENT MONITORING	0521			
99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	$ 155.00	CHRONIC CARE MANAGEMENT	0521			
99497	ADVANCE CARE PLANNING FIRST 30 MINS	$ 205.00	E&M OTHER	0528			
99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	$ 178.00	E&M OTHER	0528			
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY	$ 29.00	SUPPLIES	0273			
A4561	PESSARY, RUBBER, ANY TYPE	$ 84.00	SUPPLIES	0270			
A4565	ARM SLING, ADULT/PEDIATRIC	$ 30.00	SUPPLIES	0290			
A4570	SPLINT	$ 40.00	SUPPLIES	0290			
A6237	HYDROCOLLD DRG <=16 IN W/BDR	$ 14.00	SUPPLIES	0279			
A6449	LT COMPRES BAND >=3 <5"/YD"	$ 3.00	SUPPLIES	0270			
A6450	LT COMPRES BAND >=5/YD"	$ 3.00	SUPPLIES	0270			
AWVCHECK	MISSING AWV ELIGIBILITY CHECK	$ 0.01	ADMIN	0521			
AWVREQ	MISSING AWV ELEMENT	$ 0.01	ADMIN	0521			
CONSENT	MISSING CONSENT	$ 0.01	ADMIN	0521			
DRUG	MISSING NDC, SITE, ETC.	$ 0.01	ADMIN	0521			
DRUGMIS	DRUG ADMINISTRATION MISMATCH DATE	$ 0.01	ADMIN	0521			
E0114,NU	CRUTCHES	$ 95.00	SUPPLIES	0279			
EKG	MISSING EKG RESULT	$ 0.01	ADMIN	0521			
FEESCHED	CODE NEEDS TO BE ADDED TO THE FEE SCHEDULE	$ 0.01	ADMIN	0521			
FUNDUS	MISSING IRIS RESULTS	$ 0.01	ADMIN	0521			
FUNMIS	IRIS DOS MISMATCH	$ 0.01	ADMIN	0521			
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$ 65.00	IMMUN ADMIN	0771			
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	$ 69.00	IMMUN ADMIN	0771			
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	$ 74.00	IMMUN ADMIN	0771			
G0101	CA SCREEN;PELVIC/BREAST EXAM	$ 142.00	E&M OFFICE	0521			
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	$ 59.00	SURGICAL PROCEDURES	0490			
G0136	ADM OF SOC DTR ASSESS 5-15 M	$ 47.00	MISC MEDICINE	0521			
G0279,TC	TOMOSYNTHESIS, MAMMO (LIST SEPARATELY IN ADDITION TO 77065 OR 77066)	$ 38.00	MAMMOGRAPHY	0401			
G0317	PROLONGED NF EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M NURSING HOME	0524			
G0317,NMA	PROLONGED NF EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M NURSING HOME	0525			
G0318	PRLNG HM/RES EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M HOME	0522			
G0328	FECAL BLOOD SCRN IMMUNOASSAY	$ 100.00	OFFICE LAB	0300			
G0402	WELCOME TO MEDICARE VISIT - IPPE	$ 413.00	E&M OFFICE	0521			
G0403	EKG FOR INITIAL PREVENT EXAM	$ 35.00	MISC MEDICINE	0730			
G0404	EKG TRACING FOR INITIAL PREV	$ 15.00	MISC MEDICINE	0985			
G0405	EKG INTERPRET & REPORT PREVE	$ 20.00	MISC MEDICINE	0730			
G0438	AWV, MEDICARE WELLNESS - INITIAL VISIT	$ 412.00	E&M OFFICE	0521			
G0439	AWV, MEDICARE WELLNESS - SUBSEQUENT VISIT	$ 324.00	E&M OFFICE	0521			
G0447	BEHAVIOR COUNSEL OBESITY 15M	$ 271.98	E&M OTHER	0521			
G0466	FQHC VISIT, NEW PATIENT	$ 320.00	E&M OFFICE	0521			
G0467	FQHC VISIT, ESTABLISHED PATIENT	$ 268.00	E&M OFFICE	0521			
G0467,NMA	FQHC VISIT, ESTABLISHED PATIENT	$ 268.00	E&M OFFICE	0525			
G0468	FQHC VISIT, IPPE OR AWV	$ 339.00	E&M OFFICE	0521			
G0470	FQHC VISIT, MENTAL HEALTH, EST	$ 268.00	MENTAL HEALTH	0900			
G0511	CCM/BHI BY RHC/FQHC 20MIN MO	$ 113.00	CHRONIC CARE MANAGEMENT	0521			
G2025	SERVICES FURNISHED VIA TELEHEALTH	$ 187.00	TELEMEDICINE	0521			
G2212	PROLONG OUTPT/OFFICE VIS	$ 80.00	E&M OFFICE	0521			
G9432	ASTHMA WELL-CNTRL ACT C-ACT ACQ/ATAQ SC RSLT DOC	$ 0.01	ADMIN	0521			
G9434	ASTHMA NOT WC SPEC CTR TOOL NOT USED RSN NOT GVN	$ 0.01	ADMIN	0521			
G9919	SCREENING PERF & POS & PROVISION RECOMMENDATIONS	$ 0.01	ADMIN	0521			
G9920	SCREENING PERFORMED AND NEGATIVE	$ 0.01	ADMIN	0521			
G9931	DOC CHA2DS2-VASC RS 0/1 FOR MN; /0 1/ 2 FOR WOMN	$ 0.01	ADMIN	0521			
HOLTER	MISSING HOLTER RESULTS	$ 0.01	ADMIN	0521			
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	$ 14.00	VACCINES	0636	54288010310		
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	$ 53.00	VACCINES	0636			
J0585	INJECTION,ONABOTULINUMTOXINA	$ -	SUPPLIES	0636			
J0696	ROCEPHIN, 250 MG	$ 26.00	VACCINES	0636	68180063301		
J0696,JZ	ROCEPHIN, 250 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 26.00	VACCINES	0636	68180063301		
J0897	INJECTION, DENOSUMAB, 1 MG	$ -	VACCINES	0636	55513071001	1	ML
J1010	INJECTION METHYLPREDNISOLONE ACETATE 1 MG	$ 1.00	SUPPLIES	0636	00009307301	1	ME
J1010,JZ	INJECTION METHYLPREDNISOLONE ACETATE 1 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINIST	$ 1.00	VACCINES	0636	00009307301	1	ME
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	$ -	VACCINES	0636	00009027401	20	ME
J1030	DEPOMEDROL INJ (PER 40 MG)8.	$ -	VACCINES	0636	00009307301	40	ME
J1030,JZ	DEPOMEDROL INJ (PER 40 MG)8, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATI	$ -	VACCINES	0636	00009307301	40	ME
J1040	DEPOMEDROL, 80 MG INJ	$ -	VACCINES	0636	00009347501	80	ME
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	$ -	VACCINES	0636	59762453701	150	ME
J1071	INJECTION TESTOSTERONE CYPIONATE 1MG	$ -	SUPPLIES	0636			
J1100	DEXAMETHASONE SOD PHOSPH (1MG)	$ 5.00	VACCINES	0636	63323016501	1	ME
J1100,JZ	DEXAMETHASONE SOD PHOSPH (1MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO AN	$ 5.00	VACCINES	0636	63323016501	1	ME
J1200	BENADRYL INJ, UP TO 50 MG	$ 7.00	VACCINES	0636	00641037621	50	ME
J1200,JZ	BENADRYL INJ, UP TO 50 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 7.00	VACCINES	0636	00641037621	50	ME
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	$ 38.00	ADMIN	0636	63323047401		
J1885	TORADOL, PER 15 MG.	$ 15.00	VACCINES	0636	00409379301		
J1885,JZ	TORADOL, PER 15 MG., ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 15.00	VACCINES	0636	00409379301		
J1944	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	$ -	VACCINES	0636			
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	$ -	VACCINES	0636			
J2060	INJECTION LORAZEPAM 2 MG	$ 12.00	VACCINES	0636	00409677802		

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
J2270	MORPHINE INJ (UP TO 10 MG)	$ 28.00	VACCINES	0636	00409189101		
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	$ -	SUPPLIES	0636	00078081881	20	ME
J2357	INJECTION, OMALIZUMAB, 5 MG	$ -	SUPPLIES	0636			
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	$ 5.00	SUPPLIES	0636	36000001225	1	ME
J2405,JZ	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADM	$ 5.00	SUPPLIES	0636	36000001225	1	ME
J2765	METOCLOPRAMIDE HCL INJECTION	$ 14.00	SUPPLIES	0636			
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	$ 245.00	VACCINES	0636	00562780500	1500	F2
J2791	RHOPHYLAC INJECTION 100 IU	$ 19.00	SUPPLIES	0636	44206030010	1500	F2
J2919	INJECTION METHYLPREDNISOLONE NA SUCCINATE 5 MG	$ 1.00	SUPPLIES	0636	00009004725	5	ME
J2919,JZ	INJECTION METHYLPREDNISOLONE NA SUCCINATE 5 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADM	$ 1.00	SUPPLIES	0636	00009004725	5	ME
J2930	SOLUMEDROL IM INJ(UP TO 125 MG)	$ -	VACCINES	0636	00009004722	125	ME
J2930,JZ	SOLUMEDROL IM INJ(UP TO 125 MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY	$ -	VACCINES	0636	00009004722	125	ME
J3030	SUMATRIPTAN SUCCINATE / 6 MG	$ 149.00	SUPPLIES	0636			
J3301	KENALOG INJ (PER 10 MG)	$ 10.00	VACCINES	0636	00003029328	10	ME
J3301,JW	KENALOG INJ (PER 10 MG), DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 10.00	VACCINES	0636	00003029328	10	ME
J3301,JZ	KENALOG INJ (PER 10 MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 10.00	VACCINES	0636	00003029328	10	ME
J3420	B - 12	$ 18.00	VACCINES	0636	00517003125	1	ML
J3420,JZ	B - 12, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 18.00	VACCINES	0636	00517003125	1	ML
J3490	VALPROATE SODIUM 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION	$ -	SUPPLIES	0636			
J3590	TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	$ -	VACCINES	0636			
J7042	5% DEXTROSE/NORMAL SALINE	$ 20.00	SUPPLIES	0636			
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	$ 23.00	SUPPLIES	0260			
J7120	RINGERS LACTATE INFUSION UP TO 1000 CC	$ 35.00	SUPPLIES	0636	00338011704	1000	ML
J7120,JZ	RINGERS LACTATE INFUSION UP TO 1000 CC, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED T	$ 35.00	SUPPLIES	0636	00338011704	1000	ML
J7121	5% DEXTROSE IN LAC RINGERS	$ 47.00	SUPPLIES	0636			
J7296	LEVONORGESTREL-RELEASING IUD, (KYLEENA), 19.5 MG	$ 2,441.00	SUPPLIES	0636	50419042401	1	UN
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	$ 1,805.00	SUPPLIES	0636	00023585801	52	ME
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	$ 2,470.00	SUPPLIES	0636	50419042301	1	UN
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	$ 1,984.00	SUPPLIES	0636	59365512901	1	UN
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	$ 1,948.00	SUPPLIES	0636	50419042201	13.5	ME
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	$ 1,943.00	SUPPLIES	0636	78206014501	68	ME
J7609	ALBUTEROL COMP UNIT DOSE 1MG	$ 15.00	SUPPLIES	0636			
J7613	ALBUTEROL NON-COMP UNIT DOSE 1MG	$ 5.00	SUPPLIES	0636			
J7620	ALBUTEROL IPRATROP NON-COMP	$ 6.00	SUPPLIES	0636	00487020103	3	ML
L0120	CERVICAL COLLAR, FOAM	$ 56.00	SUPPLIES	0270			
L3260	POST-OP SHOE	$ 50.00	SUPPLIES	0273			
L3660	SO FIG 8 DESN ABDUCT RESTRNER CANVAS&WEB PRFAB	$ 147.00	SUPPLIES	0273			
L3908	WRIST COCK UP BRACE	$ 109.00	SUPPLIES	0270			
LABTEST	MISSING LAB TEST RESULTS	$ 0.01	ADMIN	0521			
MISCNS	PATIENT NO SHOW FEE - NOT COVERED BY INSURANCE	$ 25.00	ADMIN				
MISNFCOMPII	MISSING NO-FAULT/WORKERS COMP INSURANCE	$ 0.01	ADMIN	0521			
OMEGA	OMEGA AUDIT	$ 0.01	ADMIN	0521			
PATHOLOGY	MISSING PATHOLOGY REPORT	$ 0.01	ADMIN	0521			
Q0091	PAP SMEAR; PREP & CONV TO LAB	$ 131.00	OFFICE LAB	0770			
Q0091,ERR	PAP SMEAR; PREP & CONV TO LAB; COLLECTION ERROR	$ -	ADMIN	0521			
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	$ 45.00	OFFICE LAB	0300			
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	$ 15.00	OFFICE LAB	0300			
Q0114	FERN TEST	$ 25.00	OFFICE LAB	0300			
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	$ 82.00	TELEMEDICINE	0780			
Q4018	LONG ARM SPLINT, ADULT	$ 62.00	SUPPLIES	0270			
Q4020	CAST SUP LNG ARM SPLNT PED F	$ 48.00	SUPPLIES	0273			
Q4022	SHORT ARM SPLINT, ADULT	$ 58.00	SUPPLIES	0273			
Q4024	SHORT ARM SPLINT, PEDIATRIC	$ 43.00	SUPPLIES	0273			
Q4042	CAST SUP LNG LEG SPLNT FBRGL	$ 101.00	SUPPLIES	0270			
Q4044	CAST SUP LNG LEG SPLNT PED F	$ 61.00	SUPPLIES	0270			
Q4046	SHORT LEG SPLINT, ADULT	$ 69.00	SUPPLIES	0270			
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$ 49.00	SUPPLIES	0270			
Q4049	FINGER SPLINT, 4 PRONG	$ 25.00	SUPPLIES	0270			
Q5136	INJECTION, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	$ -	SUPPLIES	0636			
S0190	MIFEPRISTONE, ORAL, 200 MG	$ 236.00	SUPPLIES	0636	43393000101	200	ME
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	$ 347.00	E&M OFFICE	0521			
S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	$ 241.00	E&M OFFICE	0521			
S2900	ROBOTIC SURGICAL SYSTEM	$ 20.00	SUPPLIES	0699			
S9083	GLOBAL FEE URGENT CARE CENTERS	$ 360.00	MISC MEDICINE	0526			
SPIRO	MISSING SPIROMETRY RESULTS	$ 0.01	ADMIN	0521			
UNBILLABLE	SERVICE UNBILLABLE DUE TO OPEN ENCOUNTER AND NO SERVICE PROVIDED	$ -	ADMIN				
UNBILLABLE,A	SERVICE UNBILLABLE	$ -	ADMIN				
UNBILLABLE,E	SERVICE UNBILLABLE	$ -	ADMIN				
UNBILLABLE,C	SERVICE UNBILLABLE	$ -	ADMIN				
URIN	MISSING URINALYSIS RESULT	$ 0.01	ADMIN	0521			
VACCINE	MISSING VACCINE ADMIN DETAILS	$ 0.01	ADMIN	0521			
VACMIS	VACCINE ADMINISTRATION MISMATCH DATE	$ 0.01	ADMIN	0521			
XRAY	XRAY RESULT IS MISSING	$ 0.01	ADMIN	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
0500F	INITIAL PRENATAL VISIT	$ 0.01	ADMIN	0521			
0502F	SUBSEQUENT PRENATAL VISIT	$ 0.01	ADMIN	0521			
0503F	POSTPARTUM VISIT	$ 0.01	ADMIN	0521			
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED (GER)	$ 40.00	ADMIN	0521			
0518F	FALL RISK PLAN OF CARE DOCUMENTED	$ 40.00	ADMIN	0521			
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	$ 315.00	SURGICAL PROCEDURES	0521			
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	$ 529.00	SURGICAL PROCEDURES	0521			
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	$ 601.00	SURGICAL PROCEDURES	0521			
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	$ 828.00	SURGICAL PROCEDURES	0521			
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	$ 373.00	SURGICAL PROCEDURES	0521			
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	$ 651.00	SURGICAL PROCEDURES	0521			
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	$ 417.00	SURGICAL PROCEDURES	0521			
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	$ 321.00	SURGICAL PROCEDURES	0521			
1034F	CURRENT TOBACCO SMOKER	$ 0.01	ADMIN	0521			
1035F	CURRENT SMOKELESS TOBACCO USER	$ 0.01	ADMIN	0521			
1036F	CURRENT TOBACCO NON-USER	$ 0.01	ADMIN	0521			
1090F	PRESENCE OR ABSENCE OF URINARY INCONTINENCE ASSESSED (GER)	$ 10.00	ADMIN	0521			
1100F	FALL RISK ASSESSMENT TWO OR MORE FALLS OR FALL WITH INJURY LAST YEAR	$ 10.00	ADMIN	0521			
1101F	FALL SCREENING NO FALLS OR INJURY LAST YEAR	$ 10.00	ADMIN	0521			
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	$ 317.00	SURGICAL PROCEDURES	0521			
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	$ 571.00	SURGICAL PROCEDURES	0521			
11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	$ 763.00	SURGICAL PROCEDURES	0521			
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE; EACH ADDITIONAL 20 SQCM	$ 98.00	SURGICAL PROCEDURES	0521			
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	$ 172.00	SURGICAL PROCEDURES	0521			
11056	PARING/BGN HYPERKERATOTIC LES'N 2-4	$ 200.00	SURGICAL PROCEDURES	0521			
11057	PARING OF BGN HYPERKERATOTIC L'N(4+	$ 218.00	SURGICAL PROCEDURES	0521			
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	$ 243.00	SURGICAL PROCEDURES	0521			
11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	$ 121.00	SURGICAL PROCEDURES	0521			
11104	PUNCH BIOPSY SKIN SINGLE LESION	$ 302.00	SURGICAL PROCEDURES	0521			
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	$ 146.00	SURGICAL PROCEDURES	0521			
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	$ 375.00	SURGICAL PROCEDURES	0521			
1111F	MEDICATION RECONCILIATION WITHIN 30 DAYS OF AN INPATIENT DISCHARGE	$ 75.00	ADMIN	0521			
11200	REMOVAL OF SKIN TAGS (UP TO 15)	$ 229.00	SURGICAL PROCEDURES	0521			
11201	REMOV. SKIN TAGS EA. ADDITIONAL 10	$ 45.00	SURGICAL PROCEDURES	0521			
1125F	PAIN SEVERITY QUANTIFIED; PAIN PRESENT	$ 0.01	ADMIN	0521			
1126F	PAIN SEVERITY QUANTIFIED; NO PAIN PRESENT	$ 0.01	ADMIN	0521			
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	$ 241.00	SURGICAL PROCEDURES	0521			
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	$ 294.00	SURGICAL PROCEDURES	0521			
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	$ 333.00	SURGICAL PROCEDURES	0521			
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	$ 370.00	SURGICAL PROCEDURES	0521			
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	$ 255.00	SURGICAL PROCEDURES	0521			
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	$ 296.00	SURGICAL PROCEDURES	0521			
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	$ 335.00	SURGICAL PROCEDURES	0521			
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	$ 354.00	SURGICAL PROCEDURES	0521			
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	$ 279.00	SURGICAL PROCEDURES	0521			
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	$ 333.00	SURGICAL PROCEDURES	0521			
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	$ 380.00	SURGICAL PROCEDURES	0521			
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	$ 442.00	SURGICAL PROCEDURES	0521			
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	$ 314.00	SURGICAL PROCEDURES	0521			
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	$ 383.00	SURGICAL PROCEDURES	0521			
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	$ 423.00	SURGICAL PROCEDURES	0521			
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	$ 488.00	SURGICAL PROCEDURES	0521			
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	$ 553.00	SURGICAL PROCEDURES	0521			
11406	EXC.BNIGN LES.TRK,ARMS,LEGS OVR 4CM	$ 788.00	SURGICAL PROCEDURES	0521			
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	$ 311.00	SURGICAL PROCEDURES	0521			
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	$ 392.00	SURGICAL PROCEDURES	0521			
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	$ 442.00	SURGICAL PROCEDURES	0521			
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	$ 509.00	SURGICAL PROCEDURES	0521			
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	$ 589.00	SURGICAL PROCEDURES	0521			
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	$ 815.00	SURGICAL PROCEDURES	0521			
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	$ 350.00	SURGICAL PROCEDURES	0521			
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	$ 426.00	SURGICAL PROCEDURES	0521			
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	$ 476.00	SURGICAL PROCEDURES	0521			
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	$ 564.00	SURGICAL PROCEDURES	0521			
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	$ 0.01	ADMIN	0521			
11600	EXC.LES.TRK,EXT.MALIG <0.5 CM	$ 484.00	SURGICAL PROCEDURES	0521			
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	$ 562.00	SURGICAL PROCEDURES	0521			
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	$ 603.00	SURGICAL PROCEDURES	0521			
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	$ 688.00	SURGICAL PROCEDURES	0521			
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	$ 766.00	SURGICAL PROCEDURES	0521			
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	$ 1,103.00	SURGICAL PROCEDURES	0521			
1160F	REVIEW OF ALL MEDICATIONS DOCUMENTED IN THE MEDICAL RECORD	$ 0.01	ADMIN	0521			
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	$ 565.00	SURGICAL PROCEDURES	0521			
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	$ 623.00	SURGICAL PROCEDURES	0521			
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	$ 729.00	SURGICAL PROCEDURES	0521			
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	$ 583.00	SURGICAL PROCEDURES	0521			
1170F	FUNCTIONAL STATUS ASSESSED	$ 0.01	ADMIN	0521			
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	$ 36.00	SURGICAL PROCEDURES	0521			
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	$ 81.00	SURGICAL PROCEDURES	0521			
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	$ 111.00	SURGICAL PROCEDURES	0521			
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	$ 281.00	SURGICAL PROCEDURES	0521			
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	$ 81.00	SURGICAL PROCEDURES	0521			
11740	EVACUATION SUBUNGUAL HEMATOMA	$ 142.00	SURGICAL PROCEDURES	0521			
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	$ 395.00	SURGICAL PROCEDURES	0521			
11760	REPAIR OF NAIL BED	$ 454.00	SURGICAL PROCEDURES	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	$ 141.00	SURGICAL PROCEDURES	0521			
11981	INSERTION DRUG DELIVERY IMPLANT	$ 248.00	SURGICAL PROCEDURES	0521			
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$ 271.00	SURGICAL PROCEDURES	0521			
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	$ 348.00	SURGICAL PROCEDURES	0521			
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	$ 230.00	SURGICAL PROCEDURES	0521			
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	$ 280.00	SURGICAL PROCEDURES	0521			
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	$ 326.00	SURGICAL PROCEDURES	0521			
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	$ 433.00	SURGICAL PROCEDURES	0521			
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	$ 503.00	SURGICAL PROCEDURES	0521			
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	$ 275.00	SURGICAL PROCEDURES	0521			
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	$ 286.00	SURGICAL PROCEDURES	0521			
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	$ 348.00	SURGICAL PROCEDURES	0521			
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	$ 640.00	SURGICAL PROCEDURES	0521			
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	$ 745.00	SURGICAL PROCEDURES	0521			
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	$ 818.00	SURGICAL PROCEDURES	0521			
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	$ 644.00	SURGICAL PROCEDURES	0521			
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	$ 759.00	SURGICAL PROCEDURES	0521			
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	$ 936.00	SURGICAL PROCEDURES	0521			
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	$ 691.00	SURGICAL PROCEDURES	0521			
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	$ 772.00	SURGICAL PROCEDURES	0521			
12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	$ 888.00	SURGICAL PROCEDURES	0521			
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	$ 966.00	SURGICAL PROCEDURES	0521			
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	$ 284.00	SURGICAL PROCEDURES	0521			
15851	REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	$ 141.00	SURGICAL PROCEDURES	0521			
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	$ 211.00	SURGICAL PROCEDURES	0521			
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	$ 385.00	SURGICAL PROCEDURES	0521			
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$ 168.00	SURGICAL PROCEDURES	0521			
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	$ 16.00	SURGICAL PROCEDURES	0521			
17004	DESTRUCTION PREMALIGNANT LESION 15/>	$ 410.00	SURGICAL PROCEDURES	0521			
17110	DESTRUCTION BENIGN LESIONS UP TO 14	$ 279.00	SURGICAL PROCEDURES	0521			
17111	DESTRUCTION BENIGN LESIONS 15/>	$ 327.00	SURGICAL PROCEDURES	0521			
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	$ 207.00	SURGICAL PROCEDURES	0521			
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	$ 246.00	SURGICAL PROCEDURES	0521			
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	$ 366.00	SURGICAL PROCEDURES	0521			
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	$ 439.00	SURGICAL PROCEDURES	0521			
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	$ 476.00	SURGICAL PROCEDURES	0521			
17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	$ 512.00	SURGICAL PROCEDURES	0521			
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	$ 371.00	SURGICAL PROCEDURES	0490			
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	$ 411.00	SURGICAL PROCEDURES	0521			
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	$ 465.00	SURGICAL PROCEDURES	0521			
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	$ 348.00	SURGICAL PROCEDURES	0521			
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	$ 444.00	SURGICAL PROCEDURES	0521			
2028F	FOOT EXAMINATION PERFORMED (DM)	$ 50.00	ADMIN	0521			
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	$ 205.00	SURGICAL PROCEDURES	0521			
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	$ 144.00	SURGICAL PROCEDURES	0521			
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	$ 143.00	SURGICAL PROCEDURES	0521			
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	$ 129.00	SURGICAL PROCEDURES	0521			
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	$ 133.00	SURGICAL PROCEDURES	0521			
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	$ 205.00	SURGICAL PROCEDURES	0521			
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	$ 136.00	SURGICAL PROCEDURES	0521			
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	$ 160.00	SURGICAL PROCEDURES	0521			
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	$ 161.00	SURGICAL PROCEDURES	0521			
20680	REMOVAL IMPLANT DEEP	$ 1,473.00	SURGICAL PROCEDURES	0521			
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	$ 931.00	SURGICAL PROCEDURES	0521			
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	$ 674.00	SURGICAL PROCEDURES	0521			
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	$ 860.00	SURGICAL PROCEDURES	0521			
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	$ 734.00	SURGICAL PROCEDURES	0521			
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	$ 259.00	SURGICAL PROCEDURES	0521			
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	$ 878.00	SURGICAL PROCEDURES	0521			
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MNPJ	$ 799.00	SURGICAL PROCEDURES	0521			
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	$ 851.00	SURGICAL PROCEDURES	0521			
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	$ 851.00	SURGICAL PROCEDURES	0521			
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	$ 492.00	SURGICAL PROCEDURES	0521			
26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	$ 750.00	SURGICAL PROCEDURES	0521			
27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	$ 1,663.00	SURGICAL PROCEDURES	0521			
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	$ 1,675.00	SURGICAL PROCEDURES	0521			
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	$ 1,801.00	SURGICAL PROCEDURES	0521			
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	$ 806.00	SURGICAL PROCEDURES	0521			
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	$ 812.00	SURGICAL PROCEDURES	0521			
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	$ 589.00	SURGICAL PROCEDURES	0521			
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	$ 796.00	SURGICAL PROCEDURES	0521			
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	$ 937.00	SURGICAL PROCEDURES	0521			
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	$ 1,325.00	SURGICAL PROCEDURES	0521			
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	$ 1,144.00	SURGICAL PROCEDURES	0521			
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	$ 1,036.00	SURGICAL PROCEDURES	0521			
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	$ 1,300.00	SURGICAL PROCEDURES	0521			
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	$ 1,138.00	SURGICAL PROCEDURES	0521			
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	$ 1,165.00	SURGICAL PROCEDURES	0521			
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	$ 1,184.00	SURGICAL PROCEDURES	0521			
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	$ 1,445.00	SURGICAL PROCEDURES	0521			
28118	OSTECTOMY CALCANEUS	$ 1,495.00	SURGICAL PROCEDURES	0521			
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	$ 1,294.00	SURGICAL PROCEDURES	0521			
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	$ 1,463.00	SURGICAL PROCEDURES	0521			
28124	PARTICAL EXCISION BONE PHALANX TOE	$ 1,178.00	SURGICAL PROCEDURES	0521			
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	$ 583.00	SURGICAL PROCEDURES	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	$ 1,064.00	SURGICAL PROCEDURES	0521			
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	$ 922.00	SURGICAL PROCEDURES	0521			
28285	CORRECTION HAMMERTOE	$ 1,334.00	SURGICAL PROCEDURES	0521			
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	$ 1,482.00	SURGICAL PROCEDURES	0521			
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	$ 1,691.00	SURGICAL PROCEDURES	0521			
28295	CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT	$ 2,527.00	SURGICAL PROCEDURES	0521			
28296	CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT	$ 2,162.00	SURGICAL PROCEDURES	0521			
28297	CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS	$ 2,476.00	SURGICAL PROCEDURES	0521			
28298	CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT	$ 2,034.00	SURGICAL PROCEDURES	0521			
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	$ 1,403.00	SURGICAL PROCEDURES	0521			
28315	SESAMOIDECTOMY FIRST TOE SPX	$ 1,179.00	SURGICAL PROCEDURES	0521			
28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	$ 558.00	SURGICAL PROCEDURES	0521			
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	$ 1,413.00	SURGICAL PROCEDURES	0521			
28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	$ 380.00	SURGICAL PROCEDURES	0521			
28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	$ 1,814.00	SURGICAL PROCEDURES	0521			
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	$ 1,914.00	SURGICAL PROCEDURES	0521			
28810	AMPUTATION METATARSAL W/TOE SINGLE	$ 1,051.00	SURGICAL PROCEDURES	0521			
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	$ 725.00	SURGICAL PROCEDURES	0521			
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	$ 711.00	SURGICAL PROCEDURES	0521			
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	$ 224.00	SURGICAL PROCEDURES	0521			
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	$ 210.00	SURGICAL PROCEDURES	0521			
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	$ 170.00	SURGICAL PROCEDURES	0521			
29130	APPLICATION OF FINGER SPLINT; STATIC	$ 106.00	SURGICAL PROCEDURES	0521			
29345	APPLICATION LONG LEG CAST THIGH-TOE	$ 343.00	SURGICAL PROCEDURES	0521			
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	$ 231.00	SURGICAL PROCEDURES	0521			
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	$ 185.00	SURGICAL PROCEDURES	0521			
29540	STRAPPING ANKLE &/FOOT	$ 70.00	SURGICAL PROCEDURES	0521			
29580	STRAPPING UNNA BOOT	$ 155.00	SURGICAL PROCEDURES	0521			
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	$ 1,639.00	SURGICAL PROCEDURES	0521			
3008F	BODY MASS INDEX (BMI), DOCUMENTED	$ 0.01	ADMIN	0521			
3014F	SCR MAMMO RESULTS DOC & REVIEWED	$ 0.01	ADMIN	0521			
3015F	CERV CNCR SCR RESULTS DOC & REVIEWED	$ 0.01	ADMIN	0521			
3017F	COLORCTL CNCR SCR RESULTS DOC & REVIEWED (PV)	$ 0.01	ADMIN	0521			
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	$ 506.00	SURGICAL PROCEDURES	0521			
3044F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL LESS THAN 7.0% (DM)	$ 40.00	ADMIN	0521			
3045F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0-9.0% (DM)	$ 40.00	ADMIN	0521			
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL GREATER THAN 9.0% (DM)	$ 40.00	ADMIN	0521			
3048F	MOST RECENT LDL-C LESS THAN 100 MG/DL (DM)	$ 10.00	ADMIN	0521			
3049F	MOST RECENT LDL-C LEVEL 100 TO 129	$ 10.00	ADMIN	0521			
3050F	MOST RECENT LDL-C GREATER THAN OR EQUAL TO 130 MG/DL (DM)	$ 10.00	ADMIN	0521			
3051F	HBA1C ≥ 7.0 AND < 8.0	$ 40.00	ADMIN	0521			
3052F	HBA1C ≥ 8.0 AND ≤ 9.0	$ 40.00	ADMIN	0521			
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 10.00	ADMIN	0521			
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 10.00	ADMIN	0521			
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)	$ 0.01	ADMIN	0521			
3074F	SYSTOLIC BLOOD PRESSURE LESS THAN 130 MM HG (HTN)	$ 10.00	ADMIN	0521			
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM),(HTN, CKD, CAD)	$ 10.00	ADMIN	0521			
3077F	SYSTOLIC BLOOD PRESSURE >/= TO 140 MM HG (HTN)	$ 10.00	ADMIN	0521			
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE<LESS THAN<80 MM HG (HTN, CKD, CAD) (DM)	$ 10.00	ADMIN	0521			
3079F	DIASTOLIC BLOOD PRESSURE 80-89 MM HG (HTN)	$ 10.00	ADMIN	0521			
3080F	DIASTOLIC BLOOD PRESSURE >/= TO 90 MM HG (HTN)	$ 10.00	ADMIN	0521			
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	$ 381.00	SURGICAL PROCEDURES	0521			
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	$ 589.00	SURGICAL PROCEDURES	0521			
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	$ 845.00	SURGICAL PROCEDURES	0521			
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	$ 465.00	SURGICAL PROCEDURES	0521			
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	$ 313.00	SURGICAL PROCEDURES	0521			
3288F	FALLS RISK ASSESSMENT DOCUMENTED	$ 0.01	ADMIN	0521			
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	$ 76.00	SURGICAL PROCEDURES	0521			
36416	CAPILLARY BLOOD DRAW (FINGER STICK)	$ -	SURGICAL PROCEDURES	0521			
3725F	SCREENING FOR DEPRESSION PERFORMED	$ 0.01	ADMIN	0521			
40808	BIOPSY VESTIBULE MOUTH	$ 413.00	SURGICAL PROCEDURES	0521			
41010	INCISION LINGUAL FRENUM FRENOTOMY	$ 519.00	SURGICAL PROCEDURES	0521			
41115	EXCISION LINGUAL FRENUM FRENECTOMY	$ 631.00	SURGICAL PROCEDURES	0521			
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	$ 736.00	SURGICAL PROCEDURES	0521			
42700	I&D ABSCESS PERITONSILLAR	$ 472.00	SURGICAL PROCEDURES	0521			
43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	$ 535.00	SURGICAL PROCEDURES	0521			
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	$ 574.00	SURGICAL PROCEDURES	0521			
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	$ 609.00	SURGICAL PROCEDURES	0521			
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	$ 280.00	SURGICAL PROCEDURES	0521			
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	$ 635.00	SURGICAL PROCEDURES	0490			
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	$ 758.00	SURGICAL PROCEDURES	0490			
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	$ 1,892.00	SURGICAL PROCEDURES	0521			
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	$ 815.00	SURGICAL PROCEDURES	0521			
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULT	$ 851.00	SURGICAL PROCEDURES	0521			
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	$ 924.00	SURGICAL PROCEDURES	0521			
49329	UNLISTED LAPAROSCOPY PX ABD PERTONEUM & OMENTUM	$ 2,032.00	SURGICAL PROCEDURES	0521			
51701	INSJ NON-NDWELLG BLADDER CATHETER	$ 108.00	SURGICAL PROCEDURES	0521			
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	$ 152.00	SURGICAL PROCEDURES	0521			
52000	CYSTOURETHROSCOPY	$ 539.00	SURGICAL PROCEDURES	0521			
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	$ 517.00	SURGICAL PROCEDURES	0521			
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	$ 899.00	SURGICAL PROCEDURES	0521			
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	$ 470.00	SURGICAL PROCEDURES	0490			
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	$ 366.00	SURGICAL PROCEDURES	0521			
54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	$ 533.00	SURGICAL PROCEDURES	0521			
56405	I&D VULVA/PERINEAL ABSCESS	$ 358.00	SURGICAL PROCEDURES	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
56420	I&D OF BARTHOLINS GLAND ABSCESS	$ 452.00	SURGICAL PROCEDURES	0521			
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	$ 451.00	SURGICAL PROCEDURES	0521			
56501	DESTRUCTION LESIONS VULVA SIMPLE	$ 469.00	SURGICAL PROCEDURES	0521			
56515	DESTRUCTION LESIONS VULVA EXTENSIVE	$ 679.00	SURGICAL PROCEDURES	0521			
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	$ 235.00	SURGICAL PROCEDURES	0521			
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	$ 93.00	SURGICAL PROCEDURES	0521			
56620	VULVECTOMY SIMPLE PARTIAL	$ 1,452.00	SURGICAL PROCEDURES	0521			
56700	PRTL HYMENECTOMY/REVJ HYMENAL RING	$ 503.00	SURGICAL PROCEDURES	0521			
56740	EXC BARTHOLINS GLAND/CYST	$ 776.00	SURGICAL PROCEDURES	0521			
56820	COLPOSCOPY VULVA	$ 309.00	SURGICAL PROCEDURES	0521			
56821	COLPOSCOPY VULVA W/BIOPSY	$ 412.00	SURGICAL PROCEDURES	0521			
57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	$ 791.00	SURGICAL PROCEDURES	0521			
57100	BIOPSY VAGINAL MUCOSA SIMPLE	$ 254.00	SURGICAL PROCEDURES	0521			
57120	COLPOCLEISIS LE FORT TYPE	$ 1,314.00	SURGICAL PROCEDURES	0521			
57130	EXCISION OF VAGINAL SEPTUM	$ 563.00	SURGICAL PROCEDURES	0521			
57135	EXCISION VAGINAL CYST/TUMOR	$ 607.00	SURGICAL PROCEDURES	0521			
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	$ 183.00	SURGICAL PROCEDURES	0521			
57200	COLPORRHAPHY SUTURE INJURY VAGINA	$ 822.00	SURGICAL PROCEDURES	0521			
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	$ 1,520.00	SURGICAL PROCEDURES	0521			
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	$ 1,524.00	SURGICAL PROCEDURES	0521			
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO	$ 1,925.00	SURGICAL PROCEDURES	0521			
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	$ 1,717.00	SURGICAL PROCEDURES	0521			
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	$ 1,729.00	SURGICAL PROCEDURES	0521			
57287	RMVL/REVJ SLING STRESS INCONTINENCE	$ 1,835.00	SURGICAL PROCEDURES	0521			
57288	SLING OPERATION STRESS INCONTINENCE	$ 1,844.00	SURGICAL PROCEDURES	0521			
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	$ 1,243.00	SURGICAL PROCEDURES	0521			
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	$ 262.00	SURGICAL PROCEDURES	0521			
57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	$ 434.00	SURGICAL PROCEDURES	0521			
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	$ 328.00	SURGICAL PROCEDURES	0521			
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	$ 438.00	SURGICAL PROCEDURES	0521			
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	$ 311.00	SURGICAL PROCEDURES	0521			
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	$ 415.00	SURGICAL PROCEDURES	0521			
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	$ 398.00	SURGICAL PROCEDURES	0521			
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	$ 373.00	SURGICAL PROCEDURES	0521			
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	$ 755.00	SURGICAL PROCEDURES	0490			
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	$ 369.00	SURGICAL PROCEDURES	0521			
57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	$ 375.00	SURGICAL PROCEDURES	0521			
57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	$ 869.00	SURGICAL PROCEDURES	0521			
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	$ 745.00	SURGICAL PROCEDURES	0521			
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	$ 246.00	SURGICAL PROCEDURES	0521			
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	$ 123.00	SURGICAL PROCEDURES	0521			
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	$ 732.00	SURGICAL PROCEDURES	0521			
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	$ 2,274.00	SURGICAL PROCEDURES	0521			
58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	$ 2,847.00	SURGICAL PROCEDURES	0521			
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	$ 2,519.00	SURGICAL PROCEDURES	0490			
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	$ 2,073.00	SURGICAL PROCEDURES	0521			
58300	INSERTION INTRAUTERINE DEVICE IUD	$ 267.00	SURGICAL PROCEDURES	0521			
58301	REMOVAL INTRAUTERINE DEVICE IUD	$ 268.00	SURGICAL PROCEDURES	0521			
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	$ 224.00	SURGICAL PROCEDURES	0521			
58323	SPERM WASHING ARTIFICIAL INSEMINATION	$ 36.00	SURGICAL PROCEDURES	0521			
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	$ 569.00	SURGICAL PROCEDURES	0521			
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	$ 369.00	SURGICAL PROCEDURES	0521			
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	$ 1,810.00	SURGICAL PROCEDURES	0490			
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	$ 2,051.00	SURGICAL PROCEDURES	0521			
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	$ 3,218.00	SURGICAL PROCEDURES	0521			
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	$ 2,183.00	SURGICAL PROCEDURES	0521			
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	$ 2,427.00	SURGICAL PROCEDURES	0521			
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	$ 3,218.00	SURGICAL PROCEDURES	0490			
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	$ 830.00	SURGICAL PROCEDURES	0521			
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	$ 3,041.00	SURGICAL PROCEDURES	0521			
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	$ 697.00	SURGICAL PROCEDURES	0521			
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	$ 879.00	SURGICAL PROCEDURES	0521			
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	$ 1,000.00	SURGICAL PROCEDURES	0521			
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	$ 4,808.00	SURGICAL PROCEDURES	0521			
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	$ 1,999.00	SURGICAL PROCEDURES	0521			
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	$ 2,247.00	SURGICAL PROCEDURES	0521			
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	$ 2,574.00	SURGICAL PROCEDURES	0521			
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	$ 3,010.00	SURGICAL PROCEDURES	0521			
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	$ 834.00	SURGICAL PROCEDURES	0521			
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	$ 185.00	SURGICAL PROCEDURES	0521			
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	$ 1,693.00	SURGICAL PROCEDURES	0521			
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	$ 1,613.00	SURGICAL PROCEDURES	0521			
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	$ 1,764.00	SURGICAL PROCEDURES	0521			
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	$ 1,981.00	SURGICAL PROCEDURES	0521			
59025	FETAL NONSTRESS TEST	$ 120.00	MATERNITY	0521			
59025,26	FETAL NONSTRESS TEST	$ 71.00	MATERNITY	0920			
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	$ 1,889.00	MATERNITY	0521			
59160	CURETTAGE POSTPARTUM	$ 656.00	MATERNITY	0521			
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	$ 323.00	SURGICAL PROCEDURES	0521			
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	$ 553.00	SURGICAL PROCEDURES	0521			
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	$ 5,898.00	MATERNITY	0521			
59409	VAGINAL DELIVERY ONLY	$ 1,943.00	MATERNITY	0521			
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	$ 2,630.00	MATERNITY	0521			
59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	$ 249.00	SURGICAL PROCEDURES	0521			
59414	DELIVERY PLACENTA SEPARATE PROCEDURE	$ 249.00	MATERNITY	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	$ 1,374.00	MATERNITY	0521			
59426	ANTEPARTUM CARE ONLY 7/> VISITS	$ 2,514.00	MATERNITY	0521			
59426,TRK	ANTEPARTUM CARE ONLY 7/> VISITS	$ -	MATERNITY	0521			
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ 641.00	MATERNITY	0521			
59430,TRK	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ -	MATERNITY	0521			
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	$ 6,531.00	MATERNITY	0521			
59514	CESAREAN DELIVERY ONLY	$ 2,196.00	MATERNITY	0521			
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	$ 3,251.00	MATERNITY	0521			
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	$ 2,191.00	MATERNITY	0521			
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	$ 883.00	MATERNITY	0521			
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	$ 1,072.00	MATERNITY	0521			
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	$ 1,055.00	MATERNITY	0521			
64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	$ 185.00	SURGICAL PROCEDURES	0521			
64435	INJECTION AA&/STRD PARACERVICAL NERVE	$ 194.00	SURGICAL PROCEDURES	0521			
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	$ 183.00	SURGICAL PROCEDURES	0521			
64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	$ 124.00	SURGICAL PROCEDURES	0521			
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	$ 71.00	SURGICAL PROCEDURES	0521			
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	$ 149.00	SURGICAL PROCEDURES	0521			
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	$ 675.00	SURGICAL PROCEDURES	0521			
69000	DRAINAGE EXTERNAL EAR,ABSCESS SIMPL	$ 452.00	SURGICAL PROCEDURES	0521			
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	$ 198.00	SURGICAL PROCEDURES	0521			
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	$ 38.00	SURGICAL PROCEDURES	0521			
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	$ 119.00	SURGICAL PROCEDURES	0521			
70030,TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	$ 59.00	RADIOLOGY	0320			
70100,TC	X-RAY MANDIBLE PARTIAL	$ 73.00	RADIOLOGY	0320			
70110,TC	X-RAY MANDIBLE-COMPLETE	$ 77.00	RADIOLOGY	0320			
70140,TC	PARTIAL FACIAL X-RAY	$ 54.00	RADIOLOGY	0320			
70150,TC	COMPLETE FACIAL X-RAY	$ 84.00	RADIOLOGY	0320			
70160,TC	X-RAY NASAL BONES (COMPLETE)	$ 71.00	RADIOLOGY	0320			
70200,TC	X-RAY ORBITS (COMPLETE)	$ 84.00	RADIOLOGY	0320			
70210,TC	X-RAY SINUSES, PARANASAL (PARTIAL)	$ 58.00	RADIOLOGY	0320			
70220,TC	X-RAY SINUSES,PARANASAL,COMPLETE	$ 67.00	RADIOLOGY	0320			
70250,TC	X-RAY SKULL (PARTIAL)	$ 67.00	RADIOLOGY	0320			
70260,TC	X-RAY SKULL (COMPLETE)	$ 76.00	RADIOLOGY	0320			
70360,TC	X-RAY SOFT TISSUE OF NECK	$ 55.00	RADIOLOGY	0320			
71045,TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	$ 42.00	RADIOLOGY	0320			
71046,TC	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	$ 57.00	RADIOLOGY	0320			
71047,TC	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	$ 71.00	RADIOLOGY	0320			
71048,TC	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	$ 75.00	RADIOLOGY	0320			
71100,TC	X-RAY RIBS (UNILATERAL)	$ 63.00	RADIOLOGY	0320			
71101,TC	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	$ 71.00	RADIOLOGY	0320			
71110,TC	X-RAY RIBS (BILATERAL)	$ 73.00	RADIOLOGY	0320			
71111,TC	XRAY, BILAT RIBS; PA CHEST, 4VIEWS	$ 90.00	RADIOLOGY	0320			
71120,TC	X-RAY STERNUM	$ 58.00	RADIOLOGY	0320			
71130,TC	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	$ 75.00	RADIOLOGY	0320			
72040,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS OR LESS	$ 71.00	RADIOLOGY	0320			
72050,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	$ 100.00	RADIOLOGY	0320			
72052,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	$ 116.00	RADIOLOGY	0320			
72070,TC	X-RAY THORACIC SPINE (AP & LATERAL)	$ 57.00	RADIOLOGY	0320			
72072,TC	XRAY, SPINE, THORACIC, 3 VIEWS	$ 70.00	RADIOLOGY	0320			
72080,TC	X-RAY THORACOLUMBAR SPINE (AP & LAT	$ 60.00	RADIOLOGY	0320			
72081,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	$ 75.00	RADIOLOGY	0320			
72082,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	$ 135.00	RADIOLOGY	0320			
72084,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	$ 191.00	RADIOLOGY	0320			
72100,TC	X-RAY LUMBOSACRAL SPINE (AP & LATER	$ 71.00	RADIOLOGY	0320			
72110,TC	X-RAY LUMBOSACRAL (COMPLETE)	$ 96.00	RADIOLOGY	0320			
72114,TC	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	$ 114.00	RADIOLOGY	0320			
72120,TC	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	$ 73.00	RADIOLOGY	0320			
72170,TC	X-RAY PELVIS (AP)	$ 48.00	RADIOLOGY	0320			
72190,TC	X-RAY PELVIS (COMPLETE)	$ 73.00	RADIOLOGY	0320			
72200,TC	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	$ 62.00	RADIOLOGY	0320			
72202,TC	X-RAY SACROILIAC JOINTS (THREE VIEW	$ 70.00	RADIOLOGY	0320			
72220,TC	X-RAY SACRUM & COCCYX	$ 59.00	RADIOLOGY	0320			
73000,TC	X-RAY CLAVICLE (COMPLETE)	$ 60.00	RADIOLOGY	0320			
73010,TC	X-RAY SCAPULA (COMPLETE)	$ 37.00	RADIOLOGY	0320			
73020,TC	RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	$ 35.00	RADIOLOGY	0320			
73030,TC	X-RAY SHOULDER (COMPLETE)	$ 62.00	RADIOLOGY	0320			
73050,TC	X-RAY ACROMIOCLAVICULAR JOINTS	$ 49.00	RADIOLOGY	0320			
73060,TC	X-RAY HUMERUS	$ 59.00	RADIOLOGY	0320			
73070,TC	X-RAY ELBOW (AP & LATERAL)	$ 52.00	RADIOLOGY	0320			
73080,TC	X-RAY ELBOW (COMPLETE)	$ 59.00	RADIOLOGY	0320			
73090,TC	X-RAY FOREARM (AP & LATERAL)	$ 53.00	RADIOLOGY	0320			
73092,TC	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	$ 58.00	RADIOLOGY	0320			
73100,TC	X-RAY WRIST (AP & LATERAL)	$ 62.00	RADIOLOGY	0320			
73110,TC	X-RAY WRIST COMPLETE (MIM 3 VIEWS)	$ 80.00	RADIOLOGY	0320			
73120,TC	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	$ 57.00	RADIOLOGY	0320			
73130,TC	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS)	$ 71.00	RADIOLOGY	0320			
73140,TC	X-RAY FINGER (S) MIM 2 VIEWS	$ 77.00	RADIOLOGY	0320			
73501,TC	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	$ 59.00	RADIOLOGY	0320			
73502,TC	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	$ 90.00	RADIOLOGY	0320			
73503,TC	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	$ 115.00	RADIOLOGY	0320			
73521,TC	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	$ 75.00	RADIOLOGY	0320			
73522,TC	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	$ 97.00	RADIOLOGY	0320			
73523,TC	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	$ 115.00	RADIOLOGY	0320			
73552,TC	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	$ 66.00	RADIOLOGY	0320			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
73560,TC	X-RAY KNEE (AP & LATERAL)	$ 63.00	RADIOLOGY	0320			
73562,TC	AP/LAT OF KNEE (3 VIEWS)	$ 77.00	RADIOLOGY	0320			
73564,TC	X-RAY KNEE (COMPLETE)	$ 88.00	RADIOLOGY	0320			
73590,TC	X-RAY TIBIA/FIBULA (AP & LATERAL)	$ 58.00	RADIOLOGY	0320			
73592,TC	X-RAY (LOWER EXTREMITY) INFANT	$ 58.00	RADIOLOGY	0320			
73600,TC	X-RAY ANKLE (AP & LATERAL)	$ 59.00	RADIOLOGY	0320			
73610,TC	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	$ 68.00	RADIOLOGY	0320			
73620,TC	X-RAY FOOT (AP & LATERAL)	$ 51.00	RADIOLOGY	0320			
73630,TC	X-RAY FOOT. COMPLETE, MINIMUM 3 VIEWS	$ 63.00	RADIOLOGY	0320			
73650,TC	X-RAY CALCANEUS (AP & LATERAL)	$ 50.00	RADIOLOGY	0320			
73660,TC	X-RAY TOES (AP & LATERAL)	$ 55.00	RADIOLOGY	0320			
74018,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	$ 52.00	RADIOLOGY	0320			
74019,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	$ 63.00	RADIOLOGY	0320			
74021,TC	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	$ 73.00	RADIOLOGY	0320			
76010,TC	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	$ 50.00	RADIOLOGY	0320			
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 63.00	ULTRASOUND	0400			
76376,26	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 23.00	ULTRASOUND	0400			
76376,TC	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 40.00	ULTRASOUND	0400			
76536,TC	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	$ 201.00	ULTRASOUND	0320			
76604,TC	US CHEST REAL TIME W/IMAGE DOCUMENTATION	$ 75.00	ULTRASOUND	0402			
76641,TC	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	$ 164.00	ULTRASOUND	0402			
76642,TC	US BREAST UNI REAL TIME WITH IMAGE LIMITED	$ 128.00	ULTRASOUND	0402			
76700,TC	ECHOGRAPHY (ABDOMEN),COMPLETE	$ 188.00	ULTRASOUND	0400			
76705,TC	ULTRASOUND (ABDOMEN); LIMITED	$ 144.00	ULTRASOUND	0402			
76706,TC	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	$ 197.00	ULTRASOUND	0402			
76770,TC	ULTRASOUND (RETROPERITONEAL),B-SCAN	$ 178.00	ULTRASOUND	0402			
76775,TC	ECHOGRAPHY (RETROPERITONEAL); LIMIT	$ 81.00	ULTRASOUND	0400			
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 287.00	ULTRASOUND	0402			
76801,26	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 117.00	ULTRASOUND	0402			
76801,TC	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 170.00	ULTRASOUND	0402			
76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	$ 149.00	ULTRASOUND	0402			
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 330.00	ULTRASOUND	0402			
76805,26	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 118.00	ULTRASOUND	0402			
76805,TC	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 212.00	ULTRASOUND	0402			
76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 199.00	ULTRASOUND	0402			
76815,26	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 77.00	ULTRASOUND	0402			
76815,TC	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 122.00	ULTRASOUND	0402			
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 268.00	ULTRASOUND	0402			
76816,26	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 100.00	ULTRASOUND	0402			
76816,TC	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 168.00	ULTRASOUND	0402			
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 226.00	ULTRASOUND	0402			
76817,26	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 89.00	ULTRASOUND	0402			
76817,TC	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 137.00	ULTRASOUND	0402			
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	$ 293.00	ULTRASOUND	0402			
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 212.00	ULTRASOUND	0402			
76819,26	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 91.00	ULTRASOUND	0402			
76819,TC	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 121.00	ULTRASOUND	0402			
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	$ 109.00	ULTRASOUND	0402			
76830	US TRANSVAGINAL	$ 289.00	ULTRASOUND	0400			
76830,26	US TRANSVAGINAL	$ 82.00	ULTRASOUND	0400			
76830,TC	US TRANSVAGINAL	$ 207.00	ULTRASOUND	0400			
76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 281.00	ULTRASOUND	0400			
76831,26	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 86.00	ULTRASOUND	0400			
76831,TC	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 195.00	ULTRASOUND	0400			
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 258.00	ULTRASOUND	0402			
76856,26	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 81.00	ULTRASOUND	0402			
76856,TC	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 176.00	ULTRASOUND	0402			
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	$ 124.00	ULTRASOUND	0402			
76857,26	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLL	$ 59.00	ULTRASOUND	0402			
76857,TC	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	$ 65.00	ULTRASOUND	0402			
76870,TC	ULTRASOUND, SCROTUM AND CONTENTS	$ 170.00	ULTRASOUND	0402			
76882	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	$ 159.00	ULTRASOUND	0402			
76882,TC	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	$ 77.00	ULTRASOUND	0402			
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	$ 326.00	ULTRASOUND	0402			
76998,26	ULTRASONIC GUIDANCE, INTRAOPERATIVE	$ 114.00	ULTRASOUND	0402			
77061,TC	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	$ 56.00	RADIOLOGY	0401			
77062,TC	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	$ 256.00	RADIOLOGY	0401			
77063,TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	$ 59.00	MAMMOGRAPHY	0403			
77065,TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	$ 214.00	MAMMOGRAPHY	0401			
77066,TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	$ 272.00	MAMMOGRAPHY	0401			
77067,TC	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$ 225.00	MAMMOGRAPHY	0403			
77072,TC	BONE AGE STUDIES	$ 40.00	RADIOLOGY	0320			
77080,TC	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	$ 73.00	DEXASCAN	0320			
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 133.00	DEXASCAN	0320			
77085,TC	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 97.00	DEXASCAN	0320			
80053	COMPREHENSIVE METABOLIC PANEL	$ 28.00	OFFICE LAB	0300			
80061	LIPID PANEL	$ 35.00	OFFICE LAB	0300			
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	$ 33.00	OFFICE LAB	0300			
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	$ 11.00	OFFICE LAB	0300			
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$ 8.00	OFFICE LAB	0300			
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	$ 9.00	OFFICE LAB	0300			
81002,TRK	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	$ -	OFFICE LAB	0300			
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	$ 6.00	OFFICE LAB	0300			
81015	URINALYSIS; MICROSCOPIC ONLY	$ 8.00	OFFICE LAB	0300			
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	$ 23.00	OFFICE LAB	0300			

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82044	URINE ALBUMIN SEMIQUANTITATIVE	$ 17.00	OFFICE LAB	0300			
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	$ 12.00	OFFICE LAB	0300			
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	$ 11.00	OFFICE LAB	0300			
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	$ 42.00	OFFICE LAB	0300			
82570	CREATININE OTHER SOURCE	$ 14.00	OFFICE LAB	0300			
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	$ 10.00	OFFICE LAB	0300			
83036	HEMOGLOBIN GLYCOSYLATED A1C	$ 26.00	OFFICE LAB	0300			
83655	ASSAY OF LEAD	$ 32.00	OFFICE LAB	0300			
83986	PH; BODY FLUID, NOT OTHERWISE SPECIFIED	$ 9.00	OFFICE LAB	0300			
85018	BLOOD COUNT HEMOGLOBIN	$ 6.00	OFFICE LAB	0300			
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	$ 21.00	OFFICE LAB	0300			
85610	PROTHROMBIN TIME	$ 11.00	OFFICE LAB	0300			
86308	HETEROPHILE ANTIBODIES; SCREENING	$ 14.00	OFFICE LAB	0300			
86318	RAPID MONO TEST	$ 48.00	OFFICE LAB	0300			
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	$ 24.00	OFFICE LAB	0300	49281075221	0.1	ML
87210	WET PREP %	$ 15.00	OFFICE LAB	0300			
87220	KOH PREP %	$ 11.00	OFFICE LAB	0300			
87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	$ 37.00	OFFICE LAB	0300			
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	$ 94.00	OFFICE LAB	0300			
87428	IAAD IA RESPIRATORY SYNCTIAL VIRUS & FLU A&B	$ 186.00	OFFICE LAB	0300			
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	$ 136.00	OFFICE LAB	0300			
87804	RAPID FLU TEST	$ 44.00	OFFICE LAB	0300			
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	$ 35.00	OFFICE LAB	0300			
87880	STREP A 01A, IMMUNOASSAY (IN OFFICE)	$ 44.00	OFFICE LAB	0300			
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	$ 32.00	OFFICE LAB	0300			
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCO	$ 19.00	OFFICE LAB	0300			
89320	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL	$ 31.00	OFFICE LAB	0300			
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRIT	$ 39.00	OFFICE LAB	0300			
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	$ -	VACCINES	0636			
90380	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	$ 783.00	VACCINES	0636	49281057515	0.5	ML
90380,SL	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281057515	0.5	ML
90381	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	$ 783.00	VACCINES	0636	49281057415	1	ML
90381,SL	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE; 1 ML DOSAGE, FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281057415	1	ML
90460	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	$ 57.00	IMMUN ADMIN	0771			
90460,PH	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	$ 17.85	IMMUN ADMIN	0771			
90461	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	$ 22.00	IMMUN ADMIN	0771			
90461,PH	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	$ 17.85	IMMUN ADMIN	0771			
90471	IMMUNIZATION ADMINISTRATION,SINGLE	$ 51.00	IMMUN ADMIN	0771			
90471,PH	IMMUNIZATION ADMINISTRATION,SINGLE	$ 17.85	IMMUN ADMIN	0771			
90472	IMMS. ADMINISTRATION, EA. ADDITIONA	$ 36.00	IMMUN ADMIN	0771			
90480	IMM ADMN SARSCOV2 VACC; 1ST OR ONLY COMPONENT	$ 119.00	IMMUN ADMIN	0771			
90480,PH	ADMN SARSCOV2 VACC 1 DOSE	$ 25.10	IMMUN ADMIN	0771			
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	$ 222.00	VACCINES	0636	49281059058	0.5	ML
90619,SL	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	$ -	VACCINES	0636	49281059058	0.5	ML
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$ 359.00	VACCINES	0636	58160097620	0.5	ML
90620,SL	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	$ -	VACCINES	0636	58160097620	0.5	ML
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ 135.00	VACCINES	0636	00006409602	1	ML
90632,SL	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	00006409602	1	ML
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$ 61.00	VACCINES	0636	00006409502	0.5	ML
90633,SL	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$ -	VACCINES	0636	00006483101	0.5	ML
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	$ 19.00	VACCINES	0636	49281054503	0.5	ML
90648,SL	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	$ -	VACCINES	0636	49281054503	0.5	ML
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	$ 466.00	VACCINES	0636	00006412102	0.5	ML
90651,SL	9VHPV VACC 2/3 DOSE SCHED IM USE	$ -	VACCINES	0636	00006412102	0.5	ML
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ 37.00	VACCINES	0636	49281042550	0.5	ML
90656,E	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ -	VACCINES	0636	49281042588	0.5	ML
90656,SL	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	$ -	VACCINES	0636	49281042550	0.5	ML
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$ 100.00	VACCINES	0636	49281012565	0.5	ML
90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	$ 387.00	VACCINES	0636	00005200010	0.5	ML
90677,SL	PCV20 VACCINE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	00005200010	0.5	ML
90678	RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	$ 410.00	VACCINES	0636	00069034401	0.5	ML
90678,SL	RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	$ -	VACCINES	0636	00069034401	0.5	ML
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$ 140.00	VACCINES	0636	00006404741	0.5	ML
90680,SL	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$ -	VACCINES	0636	00006404741	0.5	ML
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	$ 101.00	VACCINES	0636	58160081243	0.5	ML
90696,SL	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE, VFC	$ -	VACCINES	0636	58160081243	0.5	ML
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	$ 223.00	VACCINES	0636	63361024315	0.5	ML
90697,SL	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	$ -	VACCINES	0636	63361024315	0.5	ML
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	$ 151.00	VACCINES	0636	49281051005	0.5	ML
90698,SL	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	$ -	VACCINES	0636	49281051005	0.5	ML
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$ 80.00	VACCINES	0636	49281028658	0.5	ML
90700,SL	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$ -	VACCINES	0636	49281028658	0.5	ML
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 141.00	VACCINES	0636	00006468100	0.5	ML
90707,SL	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ -	VACCINES	0636	00006468100	0.5	ML
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$ 409.00	VACCINES	0636	00006417100	0.5	ML
90710,SL	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$ -	VACCINES	0636	00006417100	0.5	ML
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$ 50.00	VACCINES	0636	49281086010	0.5	ML
90713,SL	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$ -	VACCINES	0636	49281086010	0.5	ML
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$ 63.00	VACCINES	0636	49281021515	0.5	ML
90714,SL	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$ -	VACCINES	0636	49281021515	0.5	ML
90715	TDAP VACCINE 7 YRS/> IM	$ 63.00	VACCINES	0636	49281040020	0.5	ML
90715,SL	TDAP VACCINE 7 YRS/> IM	$ -	VACCINES	0636	49281040020	0.5	ML
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$ 277.00	VACCINES	0636	00006482700	0.5	ML
90716,SL	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$ -	VACCINES	0636	00006482700	0.5	ML
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$ 155.00	VACCINES	0636	58160081152	0.5	ML

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90723,SL	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$ -	VACCINES	0636	58160081152	0.5	ML
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	$ 187.00	VACCINES	0636	00006483703	0.5	ML
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$ -	VACCINES	0636	49281058905	0.5	ML
90734,SL	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$ -	VACCINES	0636	49281058905	0.5	ML
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$ 34.00	VACCINES	0636	00006409302	0.5	ML
90744,SL	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$ -	VACCINES	0636	00006409302	0.5	ML
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 110.00	VACCINES	0636	58160082101	1	ML
90746,SL	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ -	VACCINES	0636	00006409402	1	ML
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$ 435.00	MENTAL HEALTH	0900			
90791,BHS	PSYCHIATRIC DIAGNOSTIC EVALUATION; MEDICAID	$ 435.00	MENTAL HEALTH	0513			
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	$ 488.00	MENTAL HEALTH	0900			
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$ 206.00	MENTAL HEALTH	0900			
90832,BHS	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$ 206.00	MENTAL HEALTH	0513			
90832,BRF	PSYCHOTHERAPY W/PATIENT 30 MINUTES; BRIEF UNBILLABLE VISIT	$ -	MENTAL HEALTH	0900			
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	$ 189.00	MENTAL HEALTH	0900			
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$ 272.00	MENTAL HEALTH	0900			
90834,BHS	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$ 272.00	MENTAL HEALTH	0513			
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	$ 240.00	MENTAL HEALTH	0900			
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$ 402.00	MENTAL HEALTH	0900			
90837,BHS	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$ 402.00	MENTAL HEALTH	0513			
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	$ 319.00	MENTAL HEALTH	0900			
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	$ 258.00	MENTAL HEALTH	0900			
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	$ 270.00	MENTAL HEALTH	0900			
91321	SARSCOV2 VAC 25 MCG/.25ML IM	$ 189.00	VACCINES	0636	80777011309	0.25	ML
91321,SL	SARSCOV2 VAC 25 MCG/.25ML IM	$ -	VACCINES	0636	80777011309	0.25	ML
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	$ 208.00	VACCINES	0636	80777011296	0.5	ML
91322,E	SARSCOV2 VAC 50 MCG/0.5ML IM; HHHN EMPLOYEE	$ -	VACCINES	0636	80777011296	0.5	ML
91322,SL	SARSCOV2 VAC 50 MCG/0.5ML IM	$ -	VACCINES	0636	80777011296	0.5	ML
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	$ 91.00	MISC MEDICINE	0400			
92567	TYMPANOMETRY	$ 40.00	MISC MEDICINE	0470			
93000	ELECTROCARDIOGRAM (EKG)	$ 35.00	MISC MEDICINE	0730			
93005	EKG TRACING ONLY	$ 15.00	MISC MEDICINE	0985			
93010	EKG INTERPRETATION ONLY(OUTPATIENT)	$ 20.00	MISC MEDICINE	0730			
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	$ 33.00	MISC MEDICINE	0730			
93225	XTRNL ECG & 48 HR RECORDING	$ 44.00	MISC MEDICINE	0985			
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	$ 459.00	ULTRASOUND	0402			
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	$ 300.00	ULTRASOUND	0402			
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	$ 199.00	MISC MEDICINE	0409			
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	$ 317.00	ULTRASOUND	0402			
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	$ 578.00	ULTRASOUND	0402			
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	$ 347.00	ULTRASOUND	0402			
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	$ 481.00	ULTRASOUND	0402			
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	$ 299.00	ULTRASOUND	0402			
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	$ 451.00	ULTRASOUND	0402			
93970,TC	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	$ 371.00	ULTRASOUND	0402			
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	$ 289.00	ULTRASOUND	0402			
93971,TC	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	$ 237.00	ULTRASOUND	0402			
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	$ 638.00	ULTRASOUND	0402			
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	$ 387.00	ULTRASOUND	0402			
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	$ 438.00	ULTRASOUND	0402			
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	$ 285.00	ULTRASOUND	0402			
93985	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	$ 601.00	ULTRASOUND	0402			
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	$ 353.00	ULTRASOUND	0402			
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	$ 67.00	MISC MEDICINE	0460			
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	$ 96.00	MISC MEDICINE	0460			
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ 62.00	MISC MEDICINE	0460			
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	$ 19.00	MISC MEDICINE	0412			
95115	ALLERGY IMMUNOTHERAPY	$ 26.00	ALLERGY	0510			
95117	ALLERGY IMMUNOTHERAPY,2 OR MORE INJ	$ 30.00	ALLERGY	0510			
95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	$ 160.00	MISC MEDICINE	0521			
95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	$ 350.00	MISC MEDICINE	0490			
95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	$ 86.00	MISC MEDICINE	0490			
95992	CANALITH REPOSITIONING PROCEDURE	$ 106.00	MISC MEDICINE	0940			
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	$ 11.00	MISC MEDICINE	0521			
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	$ 76.00	MISC MEDICINE	0263			
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	$ 29.00	MISC MEDICINE	0263			
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	$ 146.00	MISC MEDICINE	0263			
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	$ 36.00	DIAG INJECTIONS	0761			
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	$ 86.00	DIAG INJECTIONS	0263			
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	$ 36.00	DIAG INJECTIONS	0263			
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	$ 200.00	DIAG INJECTIONS	0263			
96380	ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	$ 57.00	IMMUN ADMIN	0771			
96380,PH	ADMN RSV MONOC ANTB SEASONAL DOS IM CNSL PHY/QHP	$ 17.85	IMMUN ADMIN	0771			
96381	ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	$ 49.00	IMMUN ADMIN	0771			
96381,PH	ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	$ 17.85	IMMUN ADMIN	0771			
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	$ 246.00	MISC MEDICINE	0490			
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	$ 92.00	NUTRITION	0521			
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	$ 80.00	NUTRITION	0521			
98000	SYNCHRONOUS AUDIO-VIDEO VISIT NEW SF MDM 15 MIN	$ 128.00	TELEMEDICINE	0521			
98001	SYNCHRONOUS AUDIO-VIDEO VISIT NEW LOW MDM 30 MIN	$ 212.00	TELEMEDICINE	0521			
98002	SYNCHRONOUS AUDIO-VIDEO VISIT NEW MOD MDM 45 MIN	$ 338.00	TELEMEDICINE	0521			
98003	SYNCHRONOUS AUDIO-VIDEO VST NEW HIGH MDM 60 MIN	$ 448.00	TELEMEDICINE	0521			
98004	SYNCHRONOUS AUDIO-VIDEO VISIT EST SF MDM 10 MIN	$ 99.00	TELEMEDICINE	0521			
98005	SYNCHRONOUS AUDIO-VIDEO VISIT EST LOW MDM 20 MIN	$ 174.00	TELEMEDICINE	0521			
98006	SYNCHRONOUS AUDIO-VIDEO VISIT EST MOD MDM 30 MIN	$ 256.00	TELEMEDICINE	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
98007	SYNCHRONOUS AUDIO-VIDEO VST EST HIGH MDM 40 MIN	$ 339.00	TELEMEDICINE	0521			
98008	SYNCHRONOUS AUDIO-ONLY VISIT NEW SF MDM 15 MIN	$ 122.00	TELEMEDICINE	0521			
98009	SYNCHRONOUS AUDIO-ONLY VISIT NEW LOW MDM 30 MIN	$ 202.00	TELEMEDICINE	0521			
98010	SYNCHRONOUS AUDIO-ONLY VISIT NEW MOD MDM 45 MIN	$ 314.00	TELEMEDICINE	0521			
98011	SYNCHRONOUS AUDIO-ONLY VISIT NEW HIGH MDM 60 MIN	$ 409.00	TELEMEDICINE	0521			
98012	SYNCHRONOUS AUDIO-ONLY VISIT EST SF MDM 10 MIN	$ 91.00	TELEMEDICINE	0521			
98013	SYNCHRONOUS AUDIO-ONLY VISIT EST LOW MDM 20 MIN	$ 159.00	TELEMEDICINE	0521			
98014	SYNCHRONOUS AUDIO-ONLY VISIT EST MOD MDM 30 MIN	$ 232.00	TELEMEDICINE	0521			
98015	SYNCHRONOUS AUDIO-ONLY VISIT EST HIGH MDM 40 MIN	$ 337.00	TELEMEDICINE	0521			
98016	BRIEF COMMUNICATION TECH-BSD SVC EST PT 5-10 MIN	$ 41.00	TELEMEDICINE	0521			
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	$ 78.00	MISC MEDICINE	0531			
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	$ 113.00	MISC MEDICINE	0531			
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	$ 147.00	MISC MEDICINE	0531			
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	$ 179.00	MISC MEDICINE	0531			
98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	$ 211.00	MISC MEDICINE	0531			
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	$ 30.00	MISC MEDICINE	0971			
99000,ERR	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	$ -	ADMIN	0971			
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	$ -	MISC MEDICINE	0521			
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	$ 95.00	MISC MEDICINE	0521			
99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	$ 50.00	MISC MEDICINE	0521			
99070	SUPPLIES AND OTHER MATERIALS	$ -	MISC MEDICINE				
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	$ 25.00	MISC MEDICINE	0521			
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	$ 178.00	E&M OFFICE	0521			
99202,UC	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	$ 178.00	E&M OFFICE	0521			
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	$ 278.00	E&M OFFICE	0521			
99203,UC	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	$ 278.00	E&M OFFICE	0521			
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	$ 418.00	E&M OFFICE	0521			
99204,UC	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	$ 418.00	E&M OFFICE	0521			
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	$ 552.00	E&M OFFICE	0521			
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 140.00	E&M OFFICE	0521			
99212,UC	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 140.00	E&M OFFICE	0521			
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 228.00	E&M OFFICE	0521			
99213,UC	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 228.00	E&M OFFICE	0521			
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	E&M OFFICE	0521			
99214,BHS	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	MENTAL HEALTH	0513			
99214,UC	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 320.00	E&M OFFICE	0521			
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	$ 450.00	E&M OFFICE	0521			
99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	$ 204.00	E&M INPATIENT	0528			
99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	$ 323.00	E&M INPATIENT	0528			
99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	$ 431.00	E&M INPATIENT	0528			
99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	$ 122.00	E&M INPATIENT	0528			
99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	$ 196.00	E&M INPATIENT	0528			
99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	$ 294.00	E&M INPATIENT	0528			
99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	$ 242.00	E&M INPATIENT	0528			
99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	$ 394.00	E&M INPATIENT	0528			
99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	$ 515.00	E&M INPATIENT	0528			
99238	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	$ 201.00	E&M INPATIENT	0528			
99239	HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	$ 285.00	E&M INPATIENT	0528			
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	$ 184.00	E&M CONSULTS	0521			
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	$ 276.00	E&M CONSULTS	0521			
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	$ 395.00	E&M CONSULTS	0521			
99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	$ 516.00	E&M CONSULTS	0521			
99252	IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	$ 174.00	E&M CONSULTS	0528			
99253	IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	$ 244.00	E&M CONSULTS	0528			
99254	IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	$ 339.00	E&M CONSULTS	0528			
99255	IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	$ 456.00	E&M CONSULTS	0528			
99281	EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	$ 28.00	E&M ER	0528			
99282	EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	$ 104.00	E&M ER	0528			
99283	EMERGENCY DEPARTMENT VISIT LOW MDM	$ 176.00	E&M ER	0528			
99284	EMERGENCY DEPARTMENT VISIT MODERATE MDM	$ 299.00	E&M ER	0528			
99285	EMERGENCY DEPARTMENT VISIT HIGH MDM	$ 434.00	E&M ER	0528			
99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	$ 200.00	E&M NURSING HOME	0524			
99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	$ 331.00	E&M NURSING HOME	0524			
99305,NMA	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	$ 331.00	E&M NURSING HOME	0525			
99306	INITIAL NURSING FACILITY CARE HI MDM 45 MINUTES	$ 452.00	E&M NURSING HOME	0524			
99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	$ 99.00	E&M NURSING HOME	0524			
99307,NMA	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	$ 99.00	E&M NURSING HOME	0525			
99308	SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	$ 185.00	E&M NURSING HOME	0524			
99308,NMA	SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	$ 185.00	E&M NURSING HOME	0525			
99309	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	$ 168.00	E&M NURSING HOME	0524			
99309,NMA	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	$ 268.00	E&M NURSING HOME	0525			
99310	SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	$ 382.00	E&M NURSING HOME	0524			
99310,NMA	SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	$ 382.00	E&M NURSING HOME	0525			
99315	NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	$ 202.00	E&M NURSING HOME	0524			
99315,NMA	NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	$ 202.00	E&M NURSING HOME	0525			
99316	NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	$ 324.00	E&M NURSING HOME	0524			
99316,NMA	NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	$ 324.00	E&M NURSING HOME	0525			
99341	HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	$ 123.00	E&M HOME	0522			
99342	HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	$ 196.00	E&M HOME	0522			
99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	$ 354.00	E&M HOME	0522			
99347	HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	$ 113.00	E&M HOME	0522			
99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	$ 191.00	E&M HOME	0522			
99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	$ 316.00	E&M HOME	0522			
99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	$ 459.00	E&M HOME	0522			
99381	PREV.MED.,NEW PT. UNDER ONE YEAR	$ 272.00	E&M OFFICE	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
99382	PREV.MED,NEW PT. AGE 1-4	$ 285.00	E&M OFFICE	0521			
99383	PREV.MED.,NEW PT. AGE 5-11	$ 296.00	E&M OFFICE	0521			
99384	PREV.MED. NEW PT, AGE 12-17	$ 333.00	E&M OFFICE	0521			
99385	PREV.MED.,NEW PT. AGE 18-39	$ 323.00	E&M OFFICE	0521			
99386	PREV.MED. NEW PT. AGE 40-64	$ 373.00	E&M OFFICE	0521			
99387	PREV. MED. NEW PT. 65 AND OVER	$ 405.00	E&M OFFICE	0521			
99391	PREV. MED., ESTABLISHED UNDER 1 YR	$ 244.00	E&M OFFICE	0521			
99392	PREV.MED., ESTABLISHED, AGE 1-4	$ 260.00	E&M OFFICE	0521			
99393	PREV.MED., ESTABLISHED AGE 5-11	$ 260.00	E&M OFFICE	0521			
99394	PREV.MED. ESTABLISHED AGE 12-17	$ 284.00	E&M OFFICE	0521			
99395	PREV.MED. ESTABLISHED, AGE 18-39	$ 292.00	E&M OFFICE	0521			
99396	PREV. MED. ESTABLISHED AGE 40-64	$ 310.00	E&M OFFICE	0521			
99397	PREV.MED. ESTABLISHED OVER 65	$ 334.00	E&M OFFICE	0521			
99401	PREV MEDI COUNSEL AND/OR RSK RED INTVI PROV TO AN IND (SEP PROC); APPROX 15 MINUTES	$ 95.00	E&M OTHER	0521			
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	$ 36.00	E&M OTHER	0521			
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	$ 68.00	E&M OTHER	0521			
99417	PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	$ 77.00	E&M OFFICE	0521			
99439	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	$ 118.00	CHRONIC CARE MANAGEMENT	0521			
99445	REM MNTR PHYSIOL PARAM DEV SPLY W/REC 2-15 DAYS	$ 119.00	REMOTE PATIENT MONITORING	0521			
99453	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	$ 49.00	REMOTE PATIENT MONITORING	0521			
99454	REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	$ 108.00	REMOTE PATIENT MONITORING	0521			
99457	REMOTE PHYSIOLOGIC MONITORING 1ST 20 MIN MONTH	$ 122.00	REMOTE PATIENT MONITORING	0521			
99458	REMOTE PHYSIOLOGIC MONITORING ; EACH ADD 20 MIN	$ 99.00	REMOTE PATIENT MONITORING	0521			
99459	PELVIC EXAMINATION	$ 52.00	E&M OFFICE	0521			
99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	$ 229.00	E&M INPATIENT	0528			
99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	$ 100.00	E&M INPATIENT	0528			
99463	E&M, NEWBORN, ADMIT AND DISC SAME DATE	$ 267.00	E&M INPATIENT	0528			
99470	RPM TX MGMT 1 R-T IA COMUNICAJ CAL MO 1ST 10 MIN	$ 67.00	REMOTE PATIENT MONITORING	0521			
99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	$ 155.00	CHRONIC CARE MANAGEMENT	0521			
99497	ADVANCE CARE PLANNING FIRST 30 MINS	$ 205.00	E&M OTHER	0528			
99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	$ 178.00	E&M OTHER	0528			
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY	$ 29.00	SUPPLIES	0273			
A4561	PESSARY, RUBBER, ANY TYPE	$ 84.00	SUPPLIES	0270			
A4565	ARM SLING, ADULT/PEDIATRIC	$ 30.00	SUPPLIES	0290			
A4570	SPLINT	$ 40.00	SUPPLIES	0290			
A6237	HYDROCOLLD DRG <=16 IN W/BDR	$ 14.00	SUPPLIES	0279			
A6449	LT COMPRES BAND >=3 <5"/YD"	$ 3.00	SUPPLIES	0270			
A6450	LT COMPRES BAND >=5/YD"	$ 3.00	SUPPLIES	0270			
AWVCHECK	MISSING AWV ELIGIBILITY CHECK	$ 0.01	ADMIN	0521			
AWVREQ	MISSING AWV ELEMENT	$ 0.01	ADMIN	0521			
CONSENT	MISSING CONSENT	$ 0.01	ADMIN	0521			
CONTRACT	NEED CONTRACT INSURANCE ADDED	$ 0.01	ADMIN	0521			
DRUG	MISSING NDC, SITE, ETC.	$ 0.01	ADMIN	0521			
DRUGMIS	DRUG ADMINISTRATION MISMATCH DATE	$ 0.01	ADMIN	0521			
E0114,NU	CRUTCHES	$ 95.00	SUPPLIES	0279			
EKG	MISSING EKG RESULT	$ 0.01	ADMIN	0521			
FEESCHED	CODE NEEDS TO BE ADDED TO THE FEE SCHEDULE	$ 0.01	ADMIN	0521			
FUNDUS	MISSING IRIS RESULTS	$ 0.01	ADMIN	0521			
FUNMIS	IRIS DOS MISMATCH	$ 0.01	ADMIN	0521			
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	$ 65.00	IMMUN ADMIN	0771			
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	$ 69.00	IMMUN ADMIN	0771			
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	$ 74.00	IMMUN ADMIN	0771			
G0101	CA SCREEN;PELVIC/BREAST EXAM	$ 142.00	E&M OFFICE	0521			
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	$ 59.00	SURGICAL PROCEDURES	0490			
G0279,TC	TOMOSYNTHESIS, MAMMO (LIST SEPARATELY IN ADDITION TO 77065 OR 77066)	$ 38.00	MAMMOGRAPHY	0401			
G0317	PROLONGED NF EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M NURSING HOME	0524			
G0317,NMA	PROLONGED NF EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M NURSING HOME	0525			
G0318	PRLNG HM/RES EM SRVC BYD TT PRIM SRVC; EA 15 MIN	$ 78.00	E&M HOME	0522			
G0328	FECAL BLOOD SCRN IMMUNOASSAY	$ 100.00	OFFICE LAB	0300			
G0402	WELCOME TO MEDICARE VISIT - IPPE	$ 413.00	E&M OFFICE	0521			
G0403	EKG FOR INITIAL PREVENT EXAM	$ 35.00	MISC MEDICINE	0730			
G0404	EKG TRACING FOR INITIAL PREV	$ 15.00	MISC MEDICINE	0985			
G0405	EKG INTERPRET & REPORT PREVE	$ 20.00	MISC MEDICINE	0730			
G0438	AWV, MEDICARE WELLNESS - INITIAL VISIT	$ 412.00	E&M OFFICE	0521			
G0439	AWV, MEDICARE WELLNESS - SUBSEQUENT VISIT	$ 324.00	E&M OFFICE	0521			
G0447	BEHAVIOR COUNSEL OBESITY 15M	$ 82.00	E&M OTHER	0521			
G0466	FQHC VISIT, NEW PATIENT	$ 320.00	E&M OFFICE	0521			
G0467	FQHC VISIT, ESTABLISHED PATIENT	$ 268.00	E&M OFFICE	0521			
G0467,NMA	FQHC VISIT, ESTABLISHED PATIENT	$ 268.00	E&M OFFICE	0525			
G0468	FQHC VISIT, IPPE OR AWV	$ 339.00	E&M OFFICE	0521			
G0470	FQHC VISIT, MENTAL HEALTH, EST	$ 268.00	MENTAL HEALTH	0900			
G0511	CCM/BHI BY RHC/FQHC 20MIN MO	$ 113.00	CHRONIC CARE MANAGEMENT	0521			
G2025	SERVICES FURNISHED VIA TELEHEALTH	$ 187.00	TELEMEDICINE	0521			
G2212	PROLONG OUTPT/OFFICE VIS	$ 80.00	E&M OFFICE	0521			
G9432	ASTHMA WELL-CNTRL ACT C-ACT ACQ/ATAQ SC RSLT DOC	$ 0.01	ADMIN	0521			
G9434	ASTHMA NOT WC SPEC CTR TOOL NOT USED RSN NOT GVN	$ 0.01	ADMIN	0521			
G9919	SCREENING PERF & POS & PROVISION RECOMMENDATIONS	$ 0.01	ADMIN	0521			
G9920	SCREENING PERFORMED AND NEGATIVE	$ 0.01	ADMIN	0521			
G9931	DOC CHA2DS2-VASC RS 0/1 FOR MN; /0 1/ 2 FOR WOMN	$ 0.01	ADMIN	0521			
HOLTER	MISSING HOLTER RESULTS	$ 0.01	ADMIN	0521			
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	$ 14.00	VACCINES	0636	54288010310		
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	$ 53.00	VACCINES	0636			
J0585	INJECTION,ONABOTULINUMTOXINA	$ -	SUPPLIES	0636			
J0696	ROCEPHIN, 250 MG	$ 26.00	VACCINES	0636	68180063301		
J0696,JZ	ROCEPHIN, 250 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 26.00	VACCINES	0636	68180063301		

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
J0897	INJECTION, DENOSUMAB, 1 MG	$ -	VACCINES	0636	55513071001	1	ML
J1010	INJECTION METHYLPREDNISOLONE ACETATE 1 MG	$ 1.00	SUPPLIES	0636	00009307301	1	ME
J1010,JZ	INJECTION METHYLPREDNISOLONE ACETATE 1 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTE	$ 1.00	VACCINES	0636	00009307301	1	ME
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	$ -	VACCINES	0636	00009027401	20	ME
J1030	DEPOMEDROL INJ (PER 40 MG)8.	$ -	VACCINES	0636	00009307301	40	ME
J1030,JZ	DEPOMEDROL INJ (PER 40 MG)8, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATII	$ -	VACCINES	0636	00009307301	40	ME
J1040	DEPOMEDROL, 80 MG INJ	$ -	VACCINES	0636	00009347501	80	ME
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	$ -	VACCINES	0636	59762453701	150	ME
J1071	INJECTION TESTOSTERONE CYPIONATE 1MG	$ -	SUPPLIES	0636			
J1100	DEXAMETHASONE SOD PHOSPH (1MG)	$ 5.00	VACCINES	0636	63323016501	1	ME
J1100,JZ	DEXAMETHASONE SOD PHOSPH (1MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO AN	$ 5.00	VACCINES	0636	63323016501	1	ME
J1200	BENADRYL INJ, UP TO 50 MG	$ 7.00	VACCINES	0636	00641037621	50	ME
J1200,JZ	BENADRYL INJ, UP TO 50 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 7.00	VACCINES	0636	00641037621	50	ME
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	$ 38.00	ADMIN	0636	63323047401		
J1885	TORADOL, PER 15 MG.	$ 15.00	VACCINES	0636	00409379301		
J1885,JZ	TORADOL, PER 15 MG., ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 15.00	VACCINES	0636	00409379301		
J1944	INJECTION, ARIPIPRAZOLE LAUROXIL, (ARISTADA), 1 MG	$ -	VACCINES	0636			
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	$ -	VACCINES	0636			
J2060	INJECTION LORAZEPAM 2 MG	$ 12.00	VACCINES	0636	00409677802		
J2270	MORPHINE INJ (UP TO 10 MG)	$ 28.00	VACCINES	0636	00409189101		
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	$ -	SUPPLIES	0636	00078081881	20	ME
J2357	INJECTION, OMALIZUMAB, 5 MG	$ -	SUPPLIES	0636			
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	$ 5.00	SUPPLIES	0636	36000001225	1	ME
J2405,JZ	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADM	$ 5.00	SUPPLIES	0636	36000001225	1	ME
J2765	METOCLOPRAMIDE HCL INJECTION	$ 14.00	SUPPLIES	0636			
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	$ 245.00	VACCINES	0636	00562780500	1500	F2
J2791	RHOPHYLAC INJECTION 100 IU	$ 19.00	SUPPLIES	0636	44206030010	1500	F2
J2919	INJECTION METHYLPREDNISOLONE NA SUCCINATE 5 MG	$ 1.00	SUPPLIES	0636	00009004725	5	ME
J2919,JZ	INJECTION METHYLPREDNISOLONE NA SUCCINATE 5 MG, ZERO DRUG AMOUNT DISCARDED/NOT ADM	$ 1.00	SUPPLIES	0636	00009004725	5	ME
J2930	SOLUMEDROL IM INJ(UP TO 125 MG)	$ -	VACCINES	0636	00009004722	125	ME
J2930,JZ	SOLUMEDROL IM INJ(UP TO 125 MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY	$ -	VACCINES	0636	00009004722	125	ME
J3030	SUMATRIPTAN SUCCINATE / 6 MG	$ 149.00	SUPPLIES	0636			
J3301	KENALOG INJ (PER 10 MG)	$ 10.00	VACCINES	0636	00003029328	10	ME
J3301,JW	KENALOG INJ (PER 10 MG), DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 10.00	VACCINES	0636	00003029328	10	ME
J3301,JZ	KENALOG INJ (PER 10 MG), ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 10.00	VACCINES	0636	00003029328	10	ME
J3420	B - 12	$ 18.00	VACCINES	0636	00517003125	1	ML
J3420,JZ	B - 12, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	$ 18.00	VACCINES	0636	00517003125	1	ML
J3490	VALPROATE SODIUM 500 MG/5 ML (100 MG/ML) INTRAVENOUS SOLUTION	$ -	SUPPLIES	0636			
J3590	TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	$ -	VACCINES	0636			
J7042	5% DEXTROSE/NORMAL SALINE	$ 20.00	SUPPLIES	0636			
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	$ 23.00	SUPPLIES	0260			
J7120	RINGERS LACTATE INFUSION UP TO 1000 CC	$ 35.00	SUPPLIES	0636	00338011704	1000	ML
J7120,JZ	RINGERS LACTATE INFUSION UP TO 1000 CC, ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED T	$ 35.00	SUPPLIES	0636	00338011704	1000	ML
J7121	5% DEXTROSE IN LAC RINGERS	$ 47.00	SUPPLIES	0636			
J7296	LEVONORGESTREL-RELEASING IUD, (KYLEENA), 19.5 MG	$ 2,441.00	SUPPLIES	0636	50419042401	1	UN
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	$ 1,805.00	SUPPLIES	0636	00023585801	52	ME
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG	$ 2,470.00	SUPPLIES	0636	50419042301	1	UN
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	$ 1,984.00	SUPPLIES	0636	59365512901	1	UN
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	$ 1,948.00	SUPPLIES	0636	50419042201	13.5	ME
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	$ 1,943.00	SUPPLIES	0636	78206014501	68	ME
J7609	ALBUTEROL COMP UNIT DOSE 1MG	$ 15.00	SUPPLIES	0636			
J7613	ALBUTEROL NON-COMP UNIT DOSE 1MG	$ 5.00	SUPPLIES	0636			
J7620	ALBUTEROL IPRATROP NON-COMP	$ 6.00	SUPPLIES	0636	00487020103	3	ML
L0120	CERVICAL COLLAR, FOAM	$ 56.00	SUPPLIES	0270			
L3260	POST-OP SHOE	$ 50.00	SUPPLIES	0273			
L3660	SO FIG 8 DESN ABDUCT RESTRNER CANVAS&WEB PRFAB	$ 147.00	SUPPLIES	0273			
L3908	WRIST COCK UP BRACE	$ 109.00	SUPPLIES	0270			
LABTEST	MISSING LAB TEST RESULTS	$ 0.01	ADMIN	0521			
MISCNS	PATIENT NO SHOW FEE - NOT COVERED BY INSURANCE	$ 25.00	ADMIN				
MISNFCOMPII	MISSING NO-FAULT/WORKERS COMP INSURANCE	$ 0.01	ADMIN	0521			
OMEGA	OMEGA AUDIT	$ 0.01	ADMIN	0521			
PATHOLOGY	MISSING PATHOLOGY REPORT	$ 0.01	ADMIN	0521			
Q0091	PAP SMEAR; PREP & CONV TO LAB	$ 131.00	OFFICE LAB	0770			
Q0091,ERR	PAP SMEAR; PREP & CONV TO LAB; COLLECTION ERROR	$ -	ADMIN	0521			
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	$ 45.00	OFFICE LAB	0300			
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	$ 15.00	OFFICE LAB	0300			
Q0114	FERN TEST	$ 25.00	OFFICE LAB	0300			
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	$ 82.00	TELEMEDICINE	0780			
Q4018	LONG ARM SPLINT, ADULT	$ 62.00	SUPPLIES	0270			
Q4020	CAST SUP LNG ARM SPLNT PED F	$ 48.00	SUPPLIES	0273			
Q4022	SHORT ARM SPLINT, ADULT	$ 58.00	SUPPLIES	0273			
Q4024	SHORT ARM SPLINT, PEDIATRIC	$ 43.00	SUPPLIES	0273			
Q4042	CAST SUP LNG LEG SPLNT FBRGL	$ 101.00	SUPPLIES	0270			
Q4044	CAST SUP LNG LEG SPLNT PED F	$ 61.00	SUPPLIES	0270			
Q4046	SHORT LEG SPLINT, ADULT	$ 69.00	SUPPLIES	0270			
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$ 49.00	SUPPLIES	0270			
Q4049	FINGER SPLINT, 4 PRONG	$ 25.00	SUPPLIES	0270			
Q5136	INJECTION, DENOSUMAB-BBDZ (JUBBONTI/WYOST), BIOSIMILAR, 1 MG	$ -	SUPPLIES	0636			
S0190	MIFEPRISTONE, ORAL, 200 MG	$ 236.00	SUPPLIES	0636	43393000101	200	ME
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	$ 347.00	E&M OFFICE	0521			
S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	$ 241.00	E&M OFFICE	0521			
S2900	ROBOTIC SURGICAL SYSTEM	$ 20.00	SUPPLIES	0699			
S9083	GLOBAL FEE URGENT CARE CENTERS	$ 360.00	MISC MEDICINE	0526			
SPIRO	MISSING SPIROMETRY RESULTS	$ 0.01	ADMIN	0521			
UNBILLABLE	SERVICE UNBILLABLE DUE TO OPEN ENCOUNTER AND NO SERVICE PROVIDED	$ -	ADMIN				

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
UNBILLABLE,A	SERVICE UNBILLABLE	$ -	ADMIN				
UNBILLABLE,E	SERVICE UNBILLABLE	$ -	ADMIN				
UNBILLABLE,C	SERVICE UNBILLABLE	$ -	ADMIN				
URIN	MISSING URINALYSIS RESULT	$ 0.01	ADMIN	0521			
VACCINE	MISSING VACCINE ADMIN DETAILS	$ 0.01	ADMIN	0521			
VACMIS	VACCINE ADMINISTRATION MISMATCH DATE	$ 0.01	ADMIN	0521			
XRAY	XRAY RESULT IS MISSING	$ 0.01	ADMIN	0521			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	$ 76.96	SURGICAL PROCEDURES				
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	$ 58.73	SURGICAL PROCEDURES				
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	$ 182.28	SURGICAL PROCEDURES				
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	$ 91.14	SURGICAL PROCEDURES				
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	$ 72.91	SURGICAL PROCEDURES				
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	$ 109.37	SURGICAL PROCEDURES				
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	$ 58.73	SURGICAL PROCEDURES				
11000	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF	$ 50.63	SURGICAL PROCEDURES				
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	$ 222.78	SURGICAL PROCEDURES				
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	$ 401.01	SURGICAL PROCEDURES				
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	$ 36.46	SURGICAL PROCEDURES				
11056	PARING/BGN HYPERKERATOTIC LES'N 2-4	$ 44.56	SURGICAL PROCEDURES				
11057	PARING OF BGN HYPERKERATOTIC L'N(4+	$ 72.91	SURGICAL PROCEDURES				
11200	REMOVAL OF SKIN TAGS (UP TO 15)	$ 62.78	SURGICAL PROCEDURES				
11201	REMOV. SKIN TAGS EA. ADDITIONAL 10	$ 50.63	SURGICAL PROCEDURES				
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	$ 58.73	SURGICAL PROCEDURES				
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	$ 72.91	SURGICAL PROCEDURES				
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	$ 87.09	SURGICAL PROCEDURES				
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	$ 109.37	SURGICAL PROCEDURES				
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	$ 62.78	SURGICAL PROCEDURES				
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	$ 76.96	SURGICAL PROCEDURES				
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	$ 91.14	SURGICAL PROCEDURES				
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	$ 105.32	SURGICAL PROCEDURES				
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	$ 72.91	SURGICAL PROCEDURES				
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	$ 87.09	SURGICAL PROCEDURES				
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	$ 99.24	SURGICAL PROCEDURES				
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	$ 113.42	SURGICAL PROCEDURES				
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	$ 87.09	SURGICAL PROCEDURES				
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	$ 109.37	SURGICAL PROCEDURES				
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	$ 145.82	SURGICAL PROCEDURES				
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	$ 186.33	SURGICAL PROCEDURES				
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	$ 263.29	SURGICAL PROCEDURES				
11406	EXC.BNIGN LES.TRK,ARMS,LEGS OVR 4CM	$ 372.66	SURGICAL PROCEDURES				
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	$ 95.19	SURGICAL PROCEDURES				
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	$ 123.54	SURGICAL PROCEDURES				
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	$ 153.92	SURGICAL PROCEDURES				
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	$ 226.83	SURGICAL PROCEDURES				
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	$ 291.64	SURGICAL PROCEDURES				
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	$ 401.01	SURGICAL PROCEDURES				
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	$ 113.42	SURGICAL PROCEDURES				
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	$ 149.87	SURGICAL PROCEDURES				
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	$ 200.50	SURGICAL PROCEDURES				
11600	EXC.LES.TRK,EXT.MALIG <0.5 CM	$ 141.77	SURGICAL PROCEDURES				
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	$ 153.92	SURGICAL PROCEDURES				
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	$ 204.56	SURGICAL PROCEDURES				
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	$ 255.19	SURGICAL PROCEDURES				
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	$ 336.20	SURGICAL PROCEDURES				
11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	$ 218.73	SURGICAL PROCEDURES				
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	$ 281.52	SURGICAL PROCEDURES				
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	$ 36.46	SURGICAL PROCEDURES				
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	$ 32.40	SURGICAL PROCEDURES				
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	$ 48.61	SURGICAL PROCEDURES				
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	$ 68.86	SURGICAL PROCEDURES				
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	$ 50.63	SURGICAL PROCEDURES				
11740	EVACUATION SUBUNGUAL HEMATOMA	$ 54.68	SURGICAL PROCEDURES				
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	$ 245.06	SURGICAL PROCEDURES				
11981	INSERTION DRUG DELIVERY IMPLANT	$ 149.87	SURGICAL PROCEDURES				
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	$ 149.87	SURGICAL PROCEDURES				
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	$ 164.05	SURGICAL PROCEDURES				
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	$ 78.99	SURGICAL PROCEDURES				
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	$ 101.27	SURGICAL PROCEDURES				
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	$ 133.67	SURGICAL PROCEDURES				
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	$ 164.05	SURGICAL PROCEDURES				
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	$ 101.27	SURGICAL PROCEDURES				
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	$ 123.54	SURGICAL PROCEDURES				
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	$ 170.13	SURGICAL PROCEDURES				
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	$ 178.23	SURGICAL PROCEDURES				
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	$ 109.37	SURGICAL PROCEDURES				
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	$ 151.90	SURGICAL PROCEDURES				
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	$ 196.45	SURGICAL PROCEDURES				
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	$ 137.72	SURGICAL PROCEDURES				
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	$ 174.18	SURGICAL PROCEDURES				
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	$ 174.18	SURGICAL PROCEDURES				
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	$ 218.73	SURGICAL PROCEDURES				

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	$ 526.58	SURGICAL PROCEDURES				
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	$ 76.96	SURGICAL PROCEDURES				
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	$ 123.54	SURGICAL PROCEDURES				
16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	$ 182.28	SURGICAL PROCEDURES				
17000	DESTRUCTION PREMALIGNANT LESION 1ST	$ 52.66	SURGICAL PROCEDURES				
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	$ 26.33	SURGICAL PROCEDURES				
17004	DESTRUCTION PREMALIGNANT LESION 15/>	$ 218.73	SURGICAL PROCEDURES				
17110	DESTRUCTION BENIGN LESIONS UP TO 14	$ 54.68	SURGICAL PROCEDURES				
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	$ 44.56	SURGICAL PROCEDURES				
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	$ 91.14	SURGICAL PROCEDURES				
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	$ 109.37	SURGICAL PROCEDURES				
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	$ 164.05	SURGICAL PROCEDURES				
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	$ 131.64	SURGICAL PROCEDURES				
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	$ 62.78	SURGICAL PROCEDURES				
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	$ 89.11	SURGICAL PROCEDURES				
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	$ 89.11	SURGICAL PROCEDURES				
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	$ 95.19	SURGICAL PROCEDURES				
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	$ 56.71	SURGICAL PROCEDURES				
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	$ 143.80	SURGICAL PROCEDURES				
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	$ 62.78	SURGICAL PROCEDURES				
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	$ 160.00	SURGICAL PROCEDURES				
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	$ 50.63	SURGICAL PROCEDURES				
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	$ 180.25	SURGICAL PROCEDURES				
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	$ 62.78	SURGICAL PROCEDURES				
20680	REMOVAL IMPLANT DEEP	$ 486.07	SURGICAL PROCEDURES				
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	$ 200.50	SURGICAL PROCEDURES	0490			
28008	FASCIOTOMY, FOOT AND/OR TOE	$ 654.17	SURGICAL PROCEDURES				
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	$ 654.17	SURGICAL PROCEDURES				
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	$ 654.17	SURGICAL PROCEDURES				
28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	$ 692.65	SURGICAL PROCEDURES				
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	$ 959.99	SURGICAL PROCEDURES				
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	$ 785.82	SURGICAL PROCEDURES				
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	$ 654.17	SURGICAL PROCEDURES				
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	$ 654.17	SURGICAL PROCEDURES				
28285	CORRECTION HAMMERTOE	$ 654.17	SURGICAL PROCEDURES				
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	$ 654.17	SURGICAL PROCEDURES				
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	$ 712.91	SURGICAL PROCEDURES				
28292	HALLUX VALGUS, KELLER PROCEDURE	$ 1,049.11	SURGICAL PROCEDURES				
28296	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	$ 1,573.66	SURGICAL PROCEDURES				
28297	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	$ 1,257.71	SURGICAL PROCEDURES				
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	$ 698.73	SURGICAL PROCEDURES				
28470	CLOSED TREAT METATARSAL FX. W/O MAN	$ 299.74	SURGICAL PROCEDURES				
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	$ 939.74	SURGICAL PROCEDURES				
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	$ 698.73	SURGICAL PROCEDURES				
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	$ 743.29	SURGICAL PROCEDURES				
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	$ 654.17	SURGICAL PROCEDURES				
29065	APPLICATION OF LONG ARM CAST, ADULT AND PEDIATRIC	$ 115.44	SURGICAL PROCEDURES				
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	$ 89.11	SURGICAL PROCEDURES				
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	$ 70.89	SURGICAL PROCEDURES				
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	$ 60.76	SURGICAL PROCEDURES				
29130	APPLICATION OF FINGER SPLINT; STATIC	$ 40.51	SURGICAL PROCEDURES				
29405	APPLICATION OF SHORT LEG CAST, ADULT AND PEDIATRIC	$ 99.24	SURGICAL PROCEDURES				
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	$ 89.11	SURGICAL PROCEDURES				
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	$ 70.89	SURGICAL PROCEDURES				
29540	STRAPPING ANKLE &/FOOT	$ 42.53	SURGICAL PROCEDURES				
29580	STRAPPING UNNA BOOT	$ 58.73	SURGICAL PROCEDURES				
30100	BIOPSY, INTRANASAL	$ 113.42	SURGICAL PROCEDURES				
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	$ 74.94	SURGICAL PROCEDURES				
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	$ 95.19	SURGICAL PROCEDURES				
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	$ 473.92	SURGICAL PROCEDURES				
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	$ 198.48	SURGICAL PROCEDURES				
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	$ 66.83	SURGICAL PROCEDURES				
36416	CAPILLARY BLOOD DRAW (FINGER STICK)	$ 8.10	SURGICAL PROCEDURES				
40808	BIOPSY VESTIBULE MOUTH	$ 188.35	SURGICAL PROCEDURES				
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	$ 212.66	SURGICAL PROCEDURES				
42700	I&D ABSCESS PERITONSILLAR	$ 249.11	SURGICAL PROCEDURES				
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	$ 135.70	SURGICAL PROCEDURES				
46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	$ 178.23	SURGICAL PROCEDURES				
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	$ 54.68	SURGICAL PROCEDURES				
49002	REOPENING RECENT LAPAROTOMY	$ 1,419.74	SURGICAL PROCEDURES				
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	$ 1,016.70	SURGICAL PROCEDURES				
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	$ 1,136.19	SURGICAL PROCEDURES				
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	$ 1,136.19	SURGICAL PROCEDURES				
51701	INSJ NON-NDWELLG BLADDER CATHETER	$ 36.46	SURGICAL PROCEDURES				

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	$ 36.46	SURGICAL PROCEDURES				
51729	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	$ 255.19	SURGICAL PROCEDURES				
51736	SIMPLE UROFLOMETRY	$ 60.76	SURGICAL PROCEDURES				
51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	$ 133.67	SURGICAL PROCEDURES				
52000	CYSTOURETHROSCOPY	$ 208.61	SURGICAL PROCEDURES				
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	$ 526.58	SURGICAL PROCEDURES				
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	$ 109.37	SURGICAL PROCEDURES				
56405	I&D VULVA/PERINEAL ABSCESS	$ 141.77	SURGICAL PROCEDURES				
56420	I&D OF BARTHOLINS GLAND ABSCESS	$ 162.02	SURGICAL PROCEDURES				
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	$ 522.53	SURGICAL PROCEDURES				
56441	LYSIS LABIAL ADHESIONS	$ 105.32	SURGICAL PROCEDURES				
56501	DESTRUCTION LESIONS VULVA SIMPLE	$ 162.02	SURGICAL PROCEDURES				
56515	DESTRUCTION LESIONS VULVA EXTENSIVE	$ 550.88	SURGICAL PROCEDURES				
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	$ 123.54	SURGICAL PROCEDURES				
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	$ 60.76	SURGICAL PROCEDURES				
56740	EXC BARTHOLINS GLAND/CYST	$ 492.15	SURGICAL PROCEDURES				
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	$ 569.11	SURGICAL PROCEDURES				
56820	COLPOSCOPY VULVA	$ 141.77	SURGICAL PROCEDURES				
56821	COLPOSCOPY VULVA W/BIOPSY	$ 212.66	SURGICAL PROCEDURES				
57061	DESTRUCTION VAGINAL LESIONS SIMPLE	$ 283.54	SURGICAL PROCEDURES				
57100	BIOPSY VAGINAL MUCOSA SIMPLE	$ 113.42	SURGICAL PROCEDURES				
57120	COLPOCLEISIS LE FORT TYPE	$ 1,099.74	SURGICAL PROCEDURES				
57130	EXCISION OF VAGINAL SEPTUM	$ 492.15	SURGICAL PROCEDURES				
57135	EXCISION VAGINAL CYST/TUMOR	$ 378.73	SURGICAL PROCEDURES				
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	$ 38.48	SURGICAL PROCEDURES				
57200	COLPORRHAPHY SUTURE INJURY VAGINA	$ 569.11	SURGICAL PROCEDURES				
57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	$ 852.65	SURGICAL PROCEDURES				
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	$ 816.20	SURGICAL PROCEDURES				
57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO	$ 1,233.41	SURGICAL PROCEDURES				
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	$ 947.84	SURGICAL PROCEDURES				
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	$ 1,328.60	SURGICAL PROCEDURES				
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	$ 1,213.15	SURGICAL PROCEDURES				
57287	RMVL/REVJ SLING STRESS INCONTINENCE	$ 1,043.03	SURGICAL PROCEDURES				
57288	SLING OPERATION STRESS INCONTINENCE	$ 1,442.01	SURGICAL PROCEDURES				
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	$ 996.45	SURGICAL PROCEDURES				
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	$ 170.13	SURGICAL PROCEDURES				
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	$ 141.77	SURGICAL PROCEDURES				
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	$ 212.66	SURGICAL PROCEDURES				
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	$ 141.77	SURGICAL PROCEDURES				
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	$ 212.66	SURGICAL PROCEDURES				
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	$ 99.24	SURGICAL PROCEDURES				
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	$ 113.42	SURGICAL PROCEDURES				
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	$ 190.38	SURGICAL PROCEDURES				
57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	$ 113.42	SURGICAL PROCEDURES				
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	$ 170.13	SURGICAL PROCEDURES				
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	$ 682.53	SURGICAL PROCEDURES				
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	$ 99.24	SURGICAL PROCEDURES				
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	$ 133.67	SURGICAL PROCEDURES				
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	$ 105.32	SURGICAL PROCEDURES				
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	$ 522.53	SURGICAL PROCEDURES				
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	$ 1,782.26	SURGICAL PROCEDURES				
58300	INSERTION INTRAUTERINE DEVICE IUD	$ 151.90	SURGICAL PROCEDURES				
58301	REMOVAL INTRAUTERINE DEVICE IUD	$ 56.71	SURGICAL PROCEDURES				
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	$ 141.77	SURGICAL PROCEDURES				
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	$ 170.13	SURGICAL PROCEDURES				
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	$ 170.13	SURGICAL PROCEDURES				
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	$ 891.13	SURGICAL PROCEDURES				
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	$ 1,365.05	SURGICAL PROCEDURES				
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	$ 1,024.80	SURGICAL PROCEDURES				
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	$ 1,516.95	SURGICAL PROCEDURES				
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	$ 1,421.76	SURGICAL PROCEDURES				
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	$ 1,593.91	SURGICAL PROCEDURES				
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	$ 1,990.87	SURGICAL PROCEDURES				
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	$ 767.59	SURGICAL PROCEDURES				
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	$ 427.34	SURGICAL PROCEDURES				
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	$ 1,385.31	SURGICAL PROCEDURES				
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	$ 1,328.60	SURGICAL PROCEDURES				
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	$ 1,516.95	SURGICAL PROCEDURES				
59025	FETAL NONSTRESS TEST	$ 95.19	MATERNITY				
59025,26	FETAL NONSTRESS TEST	$ 80.91	MATERNITY				
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	$ 1,573.66	MATERNITY				
59160	CURETTAGE POSTPARTUM	$ 492.15	MATERNITY				
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	$ 356.45	SURGICAL PROCEDURES				
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	$ 1,707.33	MATERNITY				

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
59409	VAGINAL DELIVERY ONLY	$ 891.13	MATERNITY				
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	$ 986.32	MATERNITY				
59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	$ 332.15	SURGICAL PROCEDURES				
59414	DELIVERY PLACENTA SEPARATE PROCEDURE	$ 265.31	MATERNITY				
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	$ 241.01	MATERNITY				
59426	ANTEPARTUM CARE ONLY 7/> VISITS	$ 721.01	MATERNITY				
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	$ 95.19	MATERNITY				
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	$ 2,047.58	MATERNITY				
59514	CESAREAN DELIVERY ONLY	$ 1,223.28	MATERNITY				
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	$ 1,318.47	MATERNITY				
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	$ 512.40	MATERNITY				
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	$ 530.63	MATERNITY				
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	$ 607.59	MATERNITY				
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	$ 70.89	SURGICAL PROCEDURES				
64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	$ 46.58	SURGICAL PROCEDURES				
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	$ 54.68	SURGICAL PROCEDURES				
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	$ 68.86	SURGICAL PROCEDURES				
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	$ 105.32	SURGICAL PROCEDURES				
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	$ 24.30	SURGICAL PROCEDURES				
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	$ 42.53	SURGICAL PROCEDURES				
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	$ 56.71	SURGICAL PROCEDURES				
70030,TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	$ 50.23	RADIOLOGY				
70100,TC	X-RAY MANDIBLE PARTIAL	$ 32.27	RADIOLOGY				
70110,TC	X-RAY MANDIBLE-COMPLETE	$ 54.44	RADIOLOGY				
70140,TC	PARTIAL FACIAL X-RAY	$ 46.58	RADIOLOGY				
70150,TC	COMPLETE FACIAL X-RAY	$ 57.25	RADIOLOGY				
70160,TC	X-RAY NASAL BONES (COMPLETE)	$ 35.92	RADIOLOGY				
70190,TC	X-RAY OPTIC FORAMINA	$ 45.74	RADIOLOGY				
70200,TC	X-RAY ORBITS (COMPLETE)	$ 58.09	RADIOLOGY				
70210,TC	X-RAY SINUSES, PARANASAL (PARTIAL)	$ 39.29	RADIOLOGY				
70220,TC	X-RAY SINUSES,PARANASAL,COMPLETE	$ 64.54	RADIOLOGY				
70250,TC	X-RAY SKULL (PARTIAL)	$ 46.58	RADIOLOGY				
70260,TC	X-RAY SKULL (COMPLETE)	$ 64.54	RADIOLOGY				
70360,TC	X-RAY SOFT TISSUE OF NECK	$ 44.34	RADIOLOGY				
71045,TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	$ 20.96	RADIOLOGY				
71046,TC	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	$ 38.01	RADIOLOGY				
71047,TC	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	$ 48.49	RADIOLOGY				
71048,TC	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	$ 49.64	RADIOLOGY				
71100,TC	X-RAY RIBS (UNILATERAL)	$ 47.14	RADIOLOGY				
71101,TC	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	$ 54.44	RADIOLOGY				
71110,TC	X-RAY RIBS (BILATERAL)	$ 57.25	RADIOLOGY				
71111,TC	XRAY, BILAT RIBS; PA CHEST, 4VIEWS	$ 67.91	RADIOLOGY				
71120,TC	X-RAY STERNUM	$ 41.53	RADIOLOGY				
72020,TC	XRAY,SPINE, SINGLE VIEW (TC CHARGE)	$ 35.92	RADIOLOGY				
72040,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 3 VIEWS OR LESS	$ 51.07	RADIOLOGY				
72050,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	$ 65.10	RADIOLOGY				
72052,TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	$ 77.17	RADIOLOGY				
72070,TC	X-RAY THORACIC SPINE (AP & LATERAL)	$ 49.39	RADIOLOGY				
72072,TC	XRAY, SPINE, THORACIC, 3 VIEWS	$ 53.04	RADIOLOGY				
72080,TC	X-RAY THORACOLUMBAR SPINE (AP & LAT	$ 51.63	RADIOLOGY				
72081,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	$ 48.94	RADIOLOGY				
72082,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	$ 89.99	RADIOLOGY				
72084,TC	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	$ 127.68	RADIOLOGY				
72100,TC	X-RAY LUMBOSACRAL SPINE (AP & LATER	$ 46.58	RADIOLOGY				
72110,TC	X-RAY LUMBOSACRAL (COMPLETE)	$ 67.91	RADIOLOGY				
72114,TC	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	$ 85.87	RADIOLOGY				
72120,TC	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	$ 66.51	RADIOLOGY				
72170,TC	X-RAY PELVIS (AP)	$ 40.69	RADIOLOGY				
72190,TC	X-RAY PELVIS (C0MPLETE)	$ 51.63	RADIOLOGY				
72200,TC	X-RAY SACROILIAC JOINTS (TWO VIEWS)	$ 42.93	RADIOLOGY				
72202,TC	X-RAY SACROILIAC JOINTS (THREE VIEW	$ 50.79	RADIOLOGY				
72220,TC	X-RAY SACRUM & COCCYX	$ 43.78	RADIOLOGY				
73000,TC	X-RAY CLAVICLE (COMPLETE)	$ 44.34	RADIOLOGY				
73010,TC	X-RAY SCAPULA (COMPLETE)	$ 46.58	RADIOLOGY				
73020,TC	RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	$ 39.29	RADIOLOGY				
73030,TC	X-RAY SHOULDER (COMPLETE)	$ 50.23	RADIOLOGY				
73050,TC	X-RAY ACROMIOCLAVICULAR JOINTS	$ 44.34	RADIOLOGY				
73060,TC	X-RAY HUMERUS	$ 41.53	RADIOLOGY				
73070,TC	X-RAY ELBOW (AP & LATERAL)	$ 37.32	RADIOLOGY				
73080,TC	X-RAY ELBOW (COMPLETE)	$ 41.53	RADIOLOGY				
73090,TC	X-RAY FOREARM (AP & LATERAL)	$ 35.92	RADIOLOGY				
73092,TC	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	$ 37.88	RADIOLOGY				
73100,TC	X-RAY WRIST (AP & LATERAL)	$ 32.83	RADIOLOGY				
73110,TC	X-RAY WRIST COMPLETE (MIM 3 VIEWS)	$ 37.32	RADIOLOGY				

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
73120,TC	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	$ 33.67	RADIOLOGY				
73130,TC	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS)	$ 37.32	RADIOLOGY				
73140,TC	X-RAY FINGER (S) MIM 2 VIEWS	$ 28.34	RADIOLOGY				
73501,TC	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	$ 39.75	RADIOLOGY				
73502,TC	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	$ 59.07	RADIOLOGY				
73521,TC	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	$ 51.07	RADIOLOGY				
73522,TC	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	$ 65.83	RADIOLOGY				
73523,TC	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	$ 78.37	RADIOLOGY				
73551,TC	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	$ 38.30	RADIOLOGY				
73552,TC	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	$ 45.49	RADIOLOGY				
73560,TC	X-RAY KNEE (AP & LATERAL)	$ 39.29	RADIOLOGY				
73562,TC	AP/LAT OF KNEE (3 VIEWS)	$ 46.58	RADIOLOGY				
73564,TC	X-RAY KNEE (COMPLETE)	$ 52.20	RADIOLOGY				
73565,TC	X-RAY, BOTH KNEES,STANDING, AP	$ 39.29	RADIOLOGY				
73590,TC	X-RAY TIBIA/FIBULA (AP & LATERAL)	$ 42.93	RADIOLOGY				
73592,TC	X-RAY (LOWER EXTREMITY) INFANT	$ 42.93	RADIOLOGY				
73600,TC	X-RAY ANKLE (AP & LATERAL)	$ 38.73	RADIOLOGY				
73610,TC	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	$ 41.53	RADIOLOGY				
73620,TC	X-RAY FOOT (AP & LATERAL)	$ 40.13	RADIOLOGY				
73630,TC	X-RAY FOOT. COMPLETE, MINIMUM 3 VIEWS	$ 41.53	RADIOLOGY				
73650,TC	X-RAY CALCANEUS (AP & LATERAL)	$ 35.92	RADIOLOGY				
73660,TC	X-RAY TOES (AP & LATERAL)	$ 31.43	RADIOLOGY				
74018,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	$ 37.32	RADIOLOGY				
74019,TC	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	$ 42.26	RADIOLOGY				
74021,TC	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	$ 49.25	RADIOLOGY				
75809,TC	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	$ 131.94	RADIOLOGY				
76010,TC	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	$ 44.08	RADIOLOGY				
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 205.79	ULTRASOUND				
76376,26	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 30.87	ULTRASOUND				
76376,TC	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	$ 174.92	ULTRASOUND				
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	$ 189.42	ULTRASOUND				
76536,TC	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	$ 104.18	ULTRASOUND				
76604,TC	US CHEST REAL TIME W/IMAGE DOCUMENTATION	$ 131.19	ULTRASOUND				
76641,TC	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	$ 139.22	ULTRASOUND				
76642,TC	US BREAST UNI REAL TIME WITH IMAGE LIMITED	$ 105.56	ULTRASOUND				
76700,TC	ECHOGRAPHY (ABDOMEN),COMPLETE	$ 131.19	ULTRASOUND				
76705,TC	ULTRASOUND (ABDOMEN); LIMITED	$ 98.52	ULTRASOUND				
76706,TC	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	$ 131.83	ULTRASOUND				
76770,TC	ULTRASOUND (RETROPERITONEAL),B-SCAN	$ 125.27	ULTRASOUND				
76775,TC	ECHOGRAPHY (RETROPERITONEAL); LIMIT	$ 80.77	ULTRASOUND				
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 210.93	ULTRASOUND				
76801,26	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 94.92	ULTRASOUND				
76801,TC	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	$ 116.01	ULTRASOUND				
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 210.93	ULTRASOUND				
76805,26	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 94.92	ULTRASOUND				
76805,TC	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	$ 116.01	ULTRASOUND				
76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 155.28	ULTRASOUND				
76815,TC	US PREGNANT UTERUS LIMITED 1/> FETUSES	$ 85.40	ULTRASOUND				
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 136.10	ULTRASOUND				
76816,26	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 61.25	ULTRASOUND				
76816,TC	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	$ 74.86	ULTRASOUND				
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 210.93	ULTRASOUND				
76817,26	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 94.92	ULTRASOUND				
76817,TC	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	$ 116.01	ULTRASOUND				
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	$ 221.69	ULTRASOUND				
76818,26	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	$ 99.76	ULTRASOUND				
76818,TC	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	$ 121.93	ULTRASOUND				
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 220.75	ULTRASOUND				
76819,26	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 99.34	ULTRASOUND				
76819,TC	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	$ 121.41	ULTRASOUND				
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	$ 163.23	ULTRASOUND				
76820,26	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	$ 48.97	ULTRASOUND				
76820,TC	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	$ 114.26	ULTRASOUND				
76830	US TRANSVAGINAL	$ 238.53	ULTRASOUND				
76830,26	US TRANSVAGINAL	$ 107.34	ULTRASOUND				
76830,TC	US TRANSVAGINAL	$ 131.19	ULTRASOUND				
76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 275.48	ULTRASOUND				
76831,26	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 123.96	ULTRASOUND				
76831,TC	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	$ 151.51	ULTRASOUND				
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 208.59	ULTRASOUND				
76856,26	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 93.87	ULTRASOUND				
76856,TC	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	$ 114.73	ULTRASOUND				
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	$ 190.82	ULTRASOUND				
76857,TC	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	$ 104.95	ULTRASOUND				

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
76870,TC	ULTRASOUND, SCROTUM AND CONTENTS	$ 98.52	ULTRASOUND				
76882	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	$ 59.87	ULTRASOUND				
76882,TC	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	$ 18.56	ULTRASOUND				
76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	$ 232.45	ULTRASOUND				
77063,TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	$ 49.48	MAMMOGRAPHY				
77065,TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	$ 184.98	MAMMOGRAPHY				
77066,TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	$ 233.76	MAMMOGRAPHY				
77067,TC	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	$ 193.63	MAMMOGRAPHY				
77072,TC	BONE AGE STUDIES	$ 52.79	RADIOLOGY				
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	$ 303.07	DEXASCAN				
77080,26	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	$ 33.34	DEXASCAN				
77080,TC	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	$ 269.73	DEXASCAN				
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 110.84	DEXASCAN				
77085,26	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 29.93	DEXASCAN				
77085,TC	DXA BONE DENSITY STUDY AXIAL SKELETON	$ 80.92	DEXASCAN				
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	$ 12.68	OFFICE LAB				
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	$ 7.52	OFFICE LAB				
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	$ 7.52	OFFICE LAB				
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	$ 5.87	OFFICE LAB				
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	$ 5.87	OFFICE LAB				
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	$ 11.10	OFFICE LAB				
82044	URINE ALBUMIN SEMIQUANTITATIVE	$ 11.76	OFFICE LAB	0300			
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	$ 6.53	OFFICE LAB				
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	$ 5.87	OFFICE LAB				
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	$ 32.66	OFFICE LAB				
82570	CREATININE OTHER SOURCE	$ 10.45	OFFICE LAB	0300			
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	$ 8.49	OFFICE LAB				
82947,N	GLUCOSE;QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	$ 8.49	OFFICE LAB				
83036	HEMOGLOBIN GLYCOSYLATED A1C	$ 17.63	OFFICE LAB	0300			
83655	ASSAY OF LEAD	$ 16.32	OFFICE LAB				
85018	BLOOD COUNT HEMOGLOBIN	$ 5.87	OFFICE LAB				
85610	PROTHROMBIN TIME	$ 9.15	OFFICE LAB				
85610,1	PROTHROMBIN TIME	$ 9.15	COAG CLINIC				
86318	RAPID MONO TEST	$ 15.68	OFFICE LAB				
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	$ 8.49	OFFICE LAB		49281075221	0.1	ML
87210	WET PREP %	$ 7.83	OFFICE LAB				
87220	KOH PREP %	$ 9.79	OFFICE LAB				
87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	$ 14.37	OFFICE LAB				
87804	RAPID FLU TEST	$ 22.85	OFFICE LAB				
87880	STREP A 01A, IMMUNOASSAY (IN OFFICE)	$ 22.85	OFFICE LAB				
90460	IMMUN ADMIN THRU 18YRS W/ COUNSELING; 1ST VAC/TOX	$ 22.63	IMMUN ADMIN				
90461	IMMUN ADMIN THRU 18YRS W/ COUNSELING;E ADD VAC/TOX	$ 13.54	IMMUN ADMIN				
90471	IMMUNIZATION ADMINISTRATION,SINGLE	$ 19.60	IMMUN ADMIN				
90472	IMMS. ADMINISTRATION, EA. ADDITIONA	$ 19.60	IMMUN ADMIN				
90473	INTRANASAL IMMUNIZATION ADMINISTRATION, SINGLE	$ 19.60	IMMUN ADMIN				
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	$ 55.33	VACCINES		00006409602	1	ML
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	$ 26.73	VACCINES		00006409502	0.5	ML
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	$ 16.57	VACCINES		49281054503	0.5	ML
90649	HPV VACCINE (GARDASIL)	$ 114.49	VACCINES		00006404501	0.5	ML
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	$ 57.65	VACCINES		49281040365	0.5	ML
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	$ 93.73	VACCINES		00005197101	0.5	ML
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	$ 45.17	VACCINES		00006404741	0.5	ML
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	$ 32.34	VACCINES		49281042350	0.5	ML
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	$ 67.81	VACCINES		49281051005	0.5	ML
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	$ 26.37	VACCINES		49281028658	0.5	ML
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	$ 43.30	VACCINES		00006468100	0.5	ML
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	$ 120.55	VACCINES		00006417100	0.5	ML
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	$ 30.12	VACCINES		49281086010	0.5	ML
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	$ 22.63	VACCINES		49281021515	0.5	ML
90715	TDAP VACCINE 7 YRS/> IM	$ 20.31	VACCINES		49281040020	0.5	ML
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	$ 51.59	VACCINES		00006482700	0.5	ML
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	$ 66.29	VACCINES		58160081152	0.5	ML
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	$ 21.47	VACCINES		00006483703	0.5	ML
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	$ 85.89	VACCINES		49281058905	0.5	ML
90740	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	$ 170.63	VACCINES		00006499200	0.5	ML
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	$ 24.15	VACCINES		00006498100	0.5	ML
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	$ 49.01	VACCINES		58160082152	1	ML
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	$ 205.17	MENTAL HEALTH				
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	$ 220.34	MENTAL HEALTH				
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	$ 99.96	MENTAL HEALTH				
90832,BRF	PSYCHOTHERAPY W/PATIENT 30 MINUTES; BRIEF UNBILLABLE VISIT	$ -	MENTAL HEALTH				
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	$ 104.25	MENTAL HEALTH				
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	$ 133.63	MENTAL HEALTH				
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	$ 131.41	MENTAL HEALTH				

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90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	$ 200.41	MENTAL HEALTH				
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	$ 209.14	MENTAL HEALTH				
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	$ 134.27	MENTAL HEALTH				
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	$ 162.13	MENTAL HEALTH				
90960	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	$ 376.71	DIALYSIS				
90961	ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	$ 301.34	DIALYSIS				
90962	ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	$ 218.47	DIALYSIS				
90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	$ 263.65	DIALYSIS				
90970	ESRD RELATED SVC <FULL MONTH 20/>YR OLD	$ 9.80	DIALYSIS				
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	$ 64.78	MISC MEDICINE				
92567	TYMPANOMETRY	$ 30.12	MISC MEDICINE				
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	$ 406.83	MISC MEDICINE				
93000	ELECTROCARDIOGRAM (EKG)	$ 58.72	MISC MEDICINE				
93005	EKG TRACING ONLY	$ 43.66	MISC MEDICINE				
93010	EKG INTERPRETATION ONLY(OUTPATIENT)	$ 29.40	MISC MEDICINE				
93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	$ 339.03	MISC MEDICINE				
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	$ 84.73	MISC MEDICINE				
93017	STRESS TEST, TRACING ONLY	$ 169.47	MISC MEDICINE				
93018	CARDIAC STRESS TEST/INTERP & REPORT	$ 84.73	MISC MEDICINE				
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	$ 36.17	MISC MEDICINE				
93225	XTRNL ECG & 48 HR RECORDING	$ 122.07	MISC MEDICINE				
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	$ 369.14	ULTRASOUND				
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	$ 265.16	ULTRASOUND				
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	$ 233.53	MISC MEDICINE				
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	$ 271.22	ULTRASOUND				
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	$ 207.96	ULTRASOUND				
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	$ 177.75	ULTRASOUND				
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	$ 334.48	ULTRASOUND				
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	$ 207.96	ULTRASOUND				
93971,TC	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	$ 124.78	ULTRASOUND				
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	$ 296.79	ULTRASOUND				
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	$ 191.39	ULTRASOUND				
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	$ 316.39	ULTRASOUND				
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	$ 189.87	ULTRASOUND				
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	$ 173.30	ULTRASOUND				
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	$ 76.09	MISC MEDICINE				
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	$ 116.81	MISC MEDICINE				
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	$ 24.86	MISC MEDICINE				
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	$ 31.63	MISC MEDICINE				
95115	ALLERGY IMMUNOTHERAPY	$ 12.03	ALLERGY				
95117	ALLERGY IMMUNOTHERAPY,2 OR MORE INJ	$ 18.09	ALLERGY				
95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	$ 210.90	MISC MEDICINE				
95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	$ 37.69	MISC MEDICINE				
95992	CANALITH REPOSITIONING PROCEDURE	$ 128.04	MISC MEDICINE				
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	$ 151.47	MISC MEDICINE				
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	$ 85.89	MISC MEDICINE				
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	$ 36.17	MISC MEDICINE				
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	$ 97.92	MISC MEDICINE				
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	$ 45.17	MISC MEDICINE				
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	$ 24.15	DIAG INJECTIONS				
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	$ 69.32	DIAG INJECTIONS				
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	$ 42.14	DIAG INJECTIONS				
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	$ 24.15	MISC MEDICINE				
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	$ 40.72	MISC MEDICINE				
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	$ 53.46	MISC MEDICINE				
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	$ 63.26	MISC MEDICINE				
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	$ 69.32	MISC MEDICINE				
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	$ -	MISC MEDICINE				
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	$ 31.63	MISC MEDICINE				
99070	SUPPLIES AND OTHER MATERIALS	$ -	MISC MEDICINE				
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	$ 20.31	MISC MEDICINE				
99201	INITIAL OFFICE VISIT, FOCUSED	$ 70.60	E&M OFFICE				
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	$ 88.04	E&M OFFICE				
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	$ 114.68	E&M OFFICE				
99203,BHS	INITIAL OFFICE VISIT, DETAILED; MEDICAID PSYC VISIT	$ 114.68	MENTAL HEALTH				
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	$ 163.85	E&M OFFICE				
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	$ 221.13	E&M OFFICE				
99205,BHS	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	$ 221.13	MENTAL HEALTH				
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	$ 38.87	E&M OFFICE				
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 55.34	E&M OFFICE				
99212,BHS	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	$ 55.34	MENTAL HEALTH				
99212,N	ESTABLISHED OFFICE VISIT, FOCUSED	$ 55.34	NUTRITION				
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 70.60	E&M OFFICE				
99213,BHS	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	$ 70.60	MENTAL HEALTH				

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 102.45	E&M OFFICE				
99214,BHS	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	$ 102.45	MENTAL HEALTH				
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	$ 163.85	E&M OFFICE				
99215,BHS	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	$ 163.85	MENTAL HEALTH				
99217	OBSERVATION CARE DISCHARGE MANAGEMENT	$ 122.92	E&M INPATIENT				
99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	$ 153.55	E&M INPATIENT				
99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	$ 208.90	E&M INPATIENT				
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	$ 262.06	E&M INPATIENT				
99221	1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	$ 170.99	E&M INPATIENT				
99222	1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	$ 230.33	E&M INPATIENT				
99223	1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	$ 282.65	E&M INPATIENT				
99224	SBSQ OBSERVATION CARE/DAY 15 MINUTES	$ 49.17	E&M INPATIENT				
99225	SBSQ OBSERVATION CARE/DAY 25 MINUTES	$ 98.33	E&M INPATIENT				
99226	SUB OBSERVATION CARE,PER DAY HIGH COMPLX	$ 137.21	E&M INPATIENT				
99231	SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	$ 90.10	E&M INPATIENT				
99232	SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	$ 122.92	E&M INPATIENT				
99233	SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	$ 181.29	E&M INPATIENT				
99234	HOSPITAL IP/OBS CARE SAME DATE SF/LOW MDM 45 MIN	$ 168.93	E&M INPATIENT				
99235	HOSPITAL IP/OBS CARE SAME DATE MOD MDM 70 MIN	$ 229.36	E&M INPATIENT				
99236	HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	$ 288.70	E&M INPATIENT				
99238	HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	$ 106.45	E&M INPATIENT				
99239	HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	$ 133.09	E&M INPATIENT				
99241	OFC/OUTPT CN NEW OR EST. FOCUSED	$ 122.92	E&M CONSULTS				
99242	OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	$ 156.70	E&M CONSULTS				
99243	OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	$ 199.69	E&M CONSULTS				
99244	OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	$ 261.09	E&M CONSULTS				
99245	OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	$ 329.76	E&M CONSULTS				
99251	INITIAL INPT. CONSULT, DETAILED	$ 145.44	E&M CONSULTS				
99252	IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	$ 186.37	E&M CONSULTS				
99253	IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	$ 229.36	E&M CONSULTS				
99254	IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	$ 286.64	E&M CONSULTS				
99255	IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	$ 360.39	E&M CONSULTS				
99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	$ 107.54	E&M ER				
99283	E.D. VISIT, EXPANDED, MOD. COMPLEXI	$ 161.79	E&M ER				
99284	E.D. VISIT, DETAILED MODERATE COMPL	$ 241.59	E&M ER				
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	$ 409.56	E&M INPATIENT				
99292	CRITICAL CARE EA. ADDITIONAL 30 MIN	$ 204.78	E&M INPATIENT				
99304	INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	$ 102.45	E&M NURSING HOME				
99305	INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	$ 143.38	E&M NURSING HOME				
99306	INITIAL NURSING FACILITY CARE HI MDM 45 MINUTES	$ 174.02	E&M NURSING HOME				
99307	SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	$ 57.28	E&M NURSING HOME				
99308	SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	$ 77.87	E&M NURSING HOME				
99309	SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	$ 112.62	E&M NURSING HOME				
99310	SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	$ 153.55	E&M NURSING HOME				
99315	NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	$ 106.45	E&M NURSING HOME				
99316	NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	$ 133.09	E&M NURSING HOME				
99318	ANNUAL NURSING FACIL ASSESSMENT	$ 112.62	E&M NURSING HOME				
99325	REST HOME VISIT;EXP PROB FOC/NEW PT	$ 133.09	E&M OTHER HOME				
99327	REST HOM VISIT;COMP EXAM,MOD NEW PT	$ 235.54	E&M OTHER HOME				
99334	R HOME VISIT,EST; PROB FOCUSED	$ 71.69	E&M OTHER HOME				
99335	R HOME VISIT, EST; LOW COMPLEX	$ 102.45	E&M OTHER HOME				
99336	R HOME VISIT, EST; MOD COMPLEX	$ 153.55	E&M OTHER HOME				
99337	R HOME VISIT, EST; HIGH COMPLEX	$ 215.07	E&M OTHER HOME				
99343	HOME VISIT, DETAILED	$ 151.50	E&M HOME				
99344	HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	$ 215.07	E&M HOME				
99345	HOME VISIT, HIGH COMPLEX	$ 290.76	E&M HOME				
99347	HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	$ 72.66	E&M HOME				
99348	HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	$ 93.13	E&M HOME				
99349	HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	$ 135.15	E&M HOME				
99350	HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	$ 216.04	E&M HOME				
99354	PROLONGED SVC OUTPATIENT SETTING 1ST HOUR	$ 235.54	E&M OFFICE				
99355	PROLONGED SVC OUTPATIENT SETTING EA ADDL 30 MIN	$ 117.71	E&M OFFICE				
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	$ 20.47	E&M OTHER				
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	$ 40.93	E&M OTHER				
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	$ 102.45	TELEMEDICINE	0780			
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	$ 133.09	TELEMEDICINE	0780			
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	$ 55.34	TELEMEDICINE	0780			
99490	CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	$ 98.58	CHRONIC CARE MANAGEMENT				
99497	ADVANCE CARE PLANNING FIRST 30 MINS	$ 198.00	E&M OTHER				
99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	$ 174.75	E&M OTHER				
A4565	ARM SLING, ADULT/PEDIATRIC	$ 28.00	SUPPLIES	0279			
A4570	SPLINT	$ 40.00	SUPPLIES	0290			
A6449	LT COMPRES BAND >=3 <5"/YD"	$ 2.00	SUPPLIES	0270			
A6450	LT COMPRES BAND >=5/YD"	$ 6.00	SUPPLIES	0270			

CPT	Description	Fee	Group	Revenue Code	NDC	Drug Dosage	Drug Unit Qualifier
AWVCHECK	MISSING AWV ELIGIBILITY CHECK	$ 0.01	ADMIN	0521			
CONSENT	MISSING CONSENT	$ 0.01	ADMIN	0521			
CONTRACT	NEED CONTRACT INSURANCE ADDED	$ 0.01	ADMIN	0521			
DRUG	MISSING NDC, SITE, ETC.	$ 0.01	ADMIN	0521			
DRUGMIS	DRUG ADMINISTRATION MISMATCH DATE	$ 0.01	ADMIN	0521			
E0114,NU	CRUTCHES	$ 75.00	SUPPLIES	0279			
EKG	MISSING EKG RESULT	$ 0.01	ADMIN	0521			
FEESCHED	CODE NEEDS TO BE ADDED TO THE FEE SCHEDULE	$ 0.01	ADMIN	0521			
FUNDUS	MISSING IRIS RESULTS	$ 0.01	ADMIN	0521			
FUNMIS	IRIS DOS MISMATCH	$ 0.01	ADMIN	0521			
HOLTER	MISSING HOLTER RESULTS	$ 0.01	ADMIN	0521			
J0696	ROCEPHIN, 250 MG	$ 28.00	VACCINES	0636	68180063301		
J1010	INJECTION METHYLPREDNISOLONE ACETATE 1 MG	$ 1.00	SUPPLIES	0636	00009307301	1	ME
J1030	DEPOMEDROL INJ (PER 40 MG)8.	$ 21.00	VACCINES	0636	00009307301	40	ME
J1040	DEPOMEDROL, 80 MG INJ	$ 33.00	VACCINES	0636	00009347501	80	ME
J1100	DEXAMETHASONE SOD PHOSPH (1MG)	$ 5.00	VACCINES	0636	63323016501	1	ME
J1200	BENADRYL INJ, UP TO 50 MG	$ 8.00	VACCINES	0636	00641037621	50	ME
J1885	TORADOL, PER 15 MG.	$ 17.00	VACCINES	0636	00409379301		
J2270	MORPHINE INJ (UP TO 10 MG)	$ 8.00	VACCINES	0636	00409189101		
J2919	INJECTION METHYLPREDNISOLONE NA SUCCINATE 5 MG	$ 1.00	SUPPLIES	0636	00009004725	5	ME
J2930	SOLUMEDROL IM INJ(UP TO 125 MG)	$ 22.00	VACCINES	0636	00009004722	125	ME
J3301	KENALOG INJ (PER 10 MG)	$ 11.00	VACCINES	0636	00003029328	10	ME
L0120	CERVICAL COLLAR, FOAM	$ 42.00	SUPPLIES	0270			
L3260	POST-OP SHOE	$ 45.00	SUPPLIES	0273			
L3650	SO 8 ABD RESTRAINT PRE OTS	$ 105.00	SUPPLIES	0273			
L3908	WRIST COCK UP BRACE	$ 92.00	SUPPLIES	0270			
LABTEST	MISSING LAB TEST RESULTS	$ 0.01	ADMIN	0521			
Q4022	SHORT ARM SPLINT, ADULT	$ 59.00	SUPPLIES	0273			
Q4046	SHORT LEG SPLINT, ADULT	$ 13.91	SUPPLIES				
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	$ 27.00	SUPPLIES	0270			
Q4049	FINGER SPLINT, 4 PRONG	$ 26.00	SUPPLIES	0270			
UNBILLABLE	SERVICE UNBILLABLE DUE TO OPEN ENCOUNTER AND NO SERVICE PROVIDED	$ -	ADMIN				
URIN	MISSING URINALYSIS RESULT	$ 0.01	ADMIN	0521			
VACCINE	MISSING VACCINE ADMIN DETAILS	$ 0.01	ADMIN	0521			
VACMIS	VACCINE ADMINISTRATION MISMATCH DATE	$ 0.01	ADMIN	0521			
XRAY	XRAY RESULT IS MISSING	$ 0.01	ADMIN	0521			

Modifier	Description	Affects Fee	Appears On Claim
0FILL	MEDICAID 0FILL	No	No
1	COUMADIN CLINIC	Yes	No
22	INCREASED PROCEDURAL SERVICES	No	Yes
23	UNUSUAL ANESTHESIA	No	Yes
24	UNRELATED EVALUATION AND MANAGEMENT SERVICE BY THE SAME PHYSICIAN DURING A POSTOPERATIVE PERIOD	No	Yes
25	SEPARATELY IDENTIFIABLE SERVICE	No	Yes
26	PROFESSIONAL COMPONENT	Yes	Yes
33	PREVENTIVE SERVICES	No	Yes
50	BILATERAL PROCEDURE	No	Yes
51	MULTIPLE PROCEDURES	No	Yes
52	REDUCED SERVICES	No	Yes
53	DISCONTINUED PROCEDURE	No	Yes
54	SURGICAL CARE ONLY	No	Yes
55	POSTOPERATIVE MANAGEMENT ONLY	No	Yes
56	PREOPERATIVE MANAGEMENT ONLY	No	Yes
57	DECISION FOR SURGERY	No	Yes
58	STAGED OR RELATED PRO/SERV BY SAME PROV DURING POSTOP PERIOD	No	Yes
59	DISTINCT PROCEDURAL SERVICE	No	Yes
62	TWO SURGEONS	No	Yes
76	REPEAT PROCEDURE OR SERVICE BY SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL: IT MAY BE	No	Yes
77	REPEAT PROCEDURE BY ANOTHER PHYSICIAN	No	Yes
78	UNPLANNED RETURN TO THE OPERATING/PROCEDURE ROOM BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	No	Yes
79	UNRELATED PROCEDURE OR SERVICE BY THE SAME PHYSICIAN DURING THE POSTOPERATIVE PERIOD	No	Yes
80	ASSISTANT SURGEON	No	Yes
81	MINIMUM ASSISTANT SURGEON	No	Yes
91	REPEAT CLINICAL DIAGNOSTIC LABORATORY TEST	No	Yes
93	SYNCHRONOUS TELEMEDICINE SERVICE RENDERED VIA TELEPHONE OR OTHER REAL-TIME INTERACTIVE AUDIO-ONLY TE	No	Yes
95	SYNCHRONOUS TELEMEDICINE SERVICE RENDERED VIA A REAL-TIME INTERACTIVE AUDIO AND VIDEO TELECOMMUNICA	No	Yes
A	ACUPUNCTURE - INITIAL VISIT	Yes	No
AF	PSYCHIATRISTS	No	Yes
AG	GENERAL PHYSICIANS	No	Yes
AI	PRINCIPAL PHYSICIAN OF RECORD	No	Yes
AQ	PHYSICIAN PROVIDING A SERVICE IN AN UNLISTED HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)	No	Yes
ARC	WWAARC	Yes	No
AS	PA, NP, OR CN SERVICES FOR ASSISTANT AT SURGERY	No	Yes
AVS	ADVENTURE SPORTS CONTRACT FEES	Yes	No
AWV	ANNUAL WELLNESS VISIT	Yes	No
BCS	BOLTON CENTRAL SCHOOL DISTRICT	Yes	No
BEM	BOLTON EMERGENCY MEDICAL SERVICES	Yes	No
BFC	BERKSHIRE FARMS CENTER AND SERVICES FOR YOUTH	Yes	No
BHS	MEDICAID PSYCH VISIT	Yes	No
BLC	BLUE LINE COMMUTER CONTRACT FEES	Yes	No
BRF	BRIEF BEHAVIORAL HEALTH VISIT UNBILLABLE	Yes	No
BRR	BAY RIDGE RESCUE SQUAD	Yes	No
C	FLU CLINIC	No	No
CFD	CHESTERTOWN FIRE DISTRICT CONTRACTED SERVICES	Yes	No
CG	POLICY CRITERIA APPLIED	No	Yes
CHA	CHAMPLAIN FIRE DISTRICT	Yes	No
CLC	CHAMPLAIN CHILDREN'S LEARNING CENTER	Yes	No
CLF	CHILSON FIRE DEPARTMENT	Yes	No
CORC	COURT ORDERED RATE CODE	No	No
CPF	CROWN POINT FIRE DISTRICT	Yes	No
CPS	CROWN POINT SCHOOL CONTRACT FEES	Yes	No
CR	CATASTROPHE/DISASTER RELATED	No	Yes
CSA	COUNTRY SIDE ADULT HOME CONTRACTED SERVICE	Yes	No
CWI	COMMUNITY WORK & INDEPENDENCE, INC	Yes	No
DOT	DOT PHYSICAL	Yes	No
E	HHHN EMPLOYEE	Yes	No
EIP	MLS EARLY INTERVENTION PROGRAM	Yes	No
EJ	SUBSEQUENT CLAIMS FOR A DEFINED COURSE OF THERAPY, E.G., EPO, SODIUM HYALURONATE, INFLIXIMAB	No	Yes
ENC	ELDERWOOD AT NORTH CREEK	Yes	No

Modifier	Description	Affects Fee	Appears On Claim
ERCO	ER CONSULTS	No	No
ERR	COLLECTION ERROR	Yes	No
EST	HERE TO ESTABLISH VISIT	Yes	No
ETI	ELDERWOOD AT TICONDEROGA	Yes	No
F	FLU CLINIC FEES	Yes	No
F1	LEFT HAND, SECOND DIGIT	No	Yes
F2	LEFT HAND, THIRD DIGIT	No	Yes
F3	LEFT HAND, FOURTH DIGIT	No	Yes
F4	LEFT HAND, FIFTH DIGIT	No	Yes
F5	RIGHT HAND, THUMB	No	Yes
F6	RIGHT HAND, SECOND DIGIT	No	Yes
F7	RIGHT HAND, THIRD DIGIT	No	Yes
F8	RIGHT HAND, FOURTH DIGIT	No	Yes
F9	RIGHT HAND, FIFTH DIGIT	No	Yes
FA	LEFT HAND, THUMB	No	Yes
FEF	FORT EDWARD FIRE DEPARTMENT	Yes	No
FEU	FORT EDWARD UNION FREE SCHOOL DISTRICT	Yes	No
FHH	FORT HUDSON HEALTH SYSTEM	Yes	No
FQ	COUNSELING AND THERAPY PROVIDED USING AUDIO-ONLY TELECOMMUNICATIONS	No	Yes
GA	WAIVER OF LIABILITY STATEMENT ON FILE	No	Yes
GC	SERVICE PERFORMED IN PART BY RESIDENT UNDER SUPERVISION OF MD	No	Yes
GD	UNITS OF SERVICE EXCEEDS MEDICALLY UNLIKELY EDIT VALUE AND REPRESENTS REASONABLE AND NECESSARY SERVI	No	Yes
GE	SERVICE PERFORMED BY RESIDENT W/O PRESENCE OF SUPERVISOR MD	No	Yes
GLF	GARNET LAKE FIRE COMPANY	Yes	No
GQ	VIA AN ASYNCHRONOUS TELECOMMUNICATIONS SYSTEM	No	Yes
GT	VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS	No	Yes
GV	ATTENDING PHYSICIAN NOT EMPLOYED OR PAID UNDER ARRANGEMENT BY THE PATIENT'S HOSPICE PROVIDER	No	Yes
GW	SERVICE NOT RELATED TO THE HOSPICE PATIENT'S TERMINAL CONDITION	No	Yes
GX	SERVICE OR ITEM IS STATUTORILY EXCLUDED AND THE PROVIDER OR SUPPLIER VOLUNTARILY NOTIFIED THE BENEFI	No	Yes
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR N	No	Yes
GYN	OBGYN SERVICES	Yes	Yes
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY	No	Yes
HFD	HAGUE FIRE DEPARTMENT	Yes	No
HHN	HUDSON HEADWATERS EMPLOYEMENT RELATED SERVICES	Yes	No
HJ	EMPLOYEE ASSISTANCE PROGRAM	No	Yes
HO	MASTERS (LMSW, LCSW, LMFT,LMHC)	No	Yes
HP	DOCTORAL (PHD, PSYD, EDD)	No	Yes
HRF	HORICON FIRE DEPARTMENT CONTRACT SERVICES	Yes	No
ILC	INDIAN LAKE CENTRAL SCHOOL	Yes	No
IM	INTRAMUSCULAR INJECTION	No	No
IP	INTERNATIONAL PAPER	Yes	No
JCS	JOHNSBURG CENTRAL SCHOOL DISTRICT	Yes	No
JEM	JOHNSBURG EMERGENCY MEDICAL SERVICES	Yes	No
JW	DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	No	Yes
JZ	ZERO DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT	No	Yes
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET	No	Yes
LT	LEFT SIDE	No	Yes
M	MEDICAID IUD COST	Yes	No
MAP	MEDICARE A PROCEDURE ONLY	Yes	No
MAS	MORIAH AMBULANCE SQUAD	Yes	No
MAWV	AWV ELEMENTS NOT MET BILLED AS E/M	No	No
MAX	MAXOR NATIONAL PHARMACY SERVICES, LLC	Yes	No
MCD	MEDICAID WRAPAROUND	Yes	No
MCM	MONTCALM MANOR	Yes	No
MCO	MOREAU COMMUNITY CENTER CONTRACT FEES	Yes	No
MCR	MEDICARE WRAPAROUND	No	No
MDP	MEDICAID, SP & SFP PRENATAL CLINIC VISIT	Yes	No
MES	MOREAU EMERGENCY SQUAD	Yes	No
MFD	MORIAH FIRE DISTRICT #1	Yes	No
MGYN	G0101 ELEMENTS NOT MET BILLED AS E/M	No	No
MHS	MEDICARE PSYC VISIT	Yes	No

Modifier	Description	Affects Fee	Appears On Claim
MIPP	IPPE ELEMENTS NOT MET BILLED AS E/M	No	No
MLS	MOUNTAIN LAKE SERVICES CONTRACT FEES	Yes	No
MVF	MINERVA VOLUNTEER FIRE DEPARTMENT	Yes	No
MVS	MINERVA CENTRAL SCHOOL	Yes	No
N	NUTRITION SERVICE	Yes	No
NCH	NORTH COUNTRY HOME SERVICES CONTRACT FEES	Yes	No
NCJ	NORTH COUNTRY JANITORIAL	Yes	No
NCP	NON CONTRACTED PROCEDURE	No	Yes
NEU	NORTH EAST UNDERLAYMENTS	Yes	No
NEW	NEW PATIENT; MEDICARE A ONLY	No	No
NHF	NORTH HUDSON FIRE DEPARTMENT	Yes	No
NHP	NURSING HOME PROCEDURE ONLY	Yes	No
NMA	NOT PART OF A MEDICARE A STAY	Yes	No
NP	NURSE PRACTITIONER	No	Yes
NRF	NORTH RIVER VOLUNTEER FIRE DEPARTMENT	Yes	No
NU	NEW EQUIPMENT	Yes	Yes
NWC	NORTH WARREN CENTRAL SCHOOL	Yes	No
PA	PHYSICIAN ASSISTANT	No	Yes
PACE	PACE PPAV	Yes	No
PAL	PALLIATIVE CARE OP	Yes	No
PCE	PACE AT HUDSON HEADWATERS	Yes	No
PCS	PUTNAM CENTRAL SCHOOL	Yes	No
PFD	PUTNAM VOLUNTEER FIRE DEPARTMENT	Yes	No
PH	PUBLIC HEALTH VACCINE ADMIN	Yes	No
PHF	PORT HENRY FIRE DEPARTMENT CONTRACT	Yes	No
PIN	THE PINES AT GLENS FALLS	Yes	No
PRO	BUILDERS FIRST SOURCE	Yes	No
Q1	ROUTINE CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEA	No	Yes
Q6	SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN	No	Yes
Q7	ONE CLASS A FINDING	No	Yes
Q8	TWO CLASS B FINDINGS	No	Yes
Q9	ONE CLASS B AND TWO CLASS C FINDINGS	No	Yes
QCS	QUEENSBURY UNION FREE SCHOOL DISTRICT	Yes	No
QW	CLIA WAIVED TEST	No	Yes
RPF	ROUSES POINT FIRE DEPARTMENT	Yes	No
RT	RIGHT SIDE	No	Yes
RVS	RIVERSIDE VOL FIRE DEPT CONTRACT FEES	Yes	No
SA	NP, NPP AND PA	No	Yes
SBY	SILVER BAY YMCA	Yes	No
SCH	SCHOOL PHYSICALS CONTRACT FEES	Yes	No
SL	STATE SUPPLIED VACCINE	Yes	Yes
SLC	SCHROON LAKE CENTRAL SCHOOL DISTRICT	Yes	No
SLE	SCHROON LAKE EMS	Yes	No
SLF	SCHROON LAKE FIRE DEPARTMENT CONTRACT FEES	Yes	No
SP	SELF PAY SERVICE	Yes	No
SPE	SPECIALIST VISIT	Yes	No
SSI	MANAGED MEDICAID SSI BHS SERVICES	Yes	No
T1	LEFT FOOT, 2ND DIGIT	No	Yes
T2	LEFT FOOT, 3RD DIGIT	No	Yes
T3	LEFT FOOT, 4TH DIGIT	No	Yes
T4	LEFT FOOT, 5TH DIGIT	No	Yes
T5	RIGHT FOOT, GREAT TOE	No	Yes
T6	RIGHT FOOT, 2ND DIGIT	No	Yes
T7	RIGHT FOOT, 3RD DIGIT	No	Yes
T8	RIGHT FOOT, 4TH DIGIT	No	Yes
T9	RIGHT FOOT, 5TH DIGIT	No	Yes
TA	LEFT FOOT, GREAT TOE	No	Yes
TC	TECHNICAL COMPONENT	Yes	Yes
TCS	TICONDEROGA CENTRAL SCHOOL	Yes	No
TES	TICONDEROGA EMERGENCY SQUAD	Yes	No
TFD	TICONDEROGA FIRE DEPARTMENT CONTRACT FEES	Yes	No

Modifier	Description	Affects Fee	Appears On Claim
TFE	TOWN OF FORT EDWARD	Yes	No
TIC	TOWN OF TICONDEROGA CONTRACT	Yes	No
TMV	TOWN OF MINERVA CONTRACT FEES	Yes	No
TNH	TOWN OF NORTH HUDSON CONTRACTED SERVICE	Yes	No
TOB	TOWN OF BOLTON	Yes	No
TOH	TOWN OF HAGUE	Yes	No
TRK	TRACKING (DUMMY) PROCEDURE	Yes	No
TSL	TOWN OF SCHROON LAKE CONTRACT FEES	Yes	No
U7	DELIVERY LESS THAN 39 WEEKS FOR MEDICAL NECESSITY	No	Yes
U8	DELIVERY LESS THAN 39 WEEKS ELECTIVELY	No	Yes
U9	DELIVERY 39 WEEKS OR GREATER	No	Yes
UB	MEDICAID LEVEL OF CARE 11, AS DEFINED BY EACH STATE	No	Yes
UC	URGENT CARE VISIT	Yes	No
UD	MEDICAID LEVEL OF CARE 13, AS DEFINED BY EACH STATE	Yes	Yes
UL1	UNLISTED SUPPLY; GOLDSTEIN CATH	Yes	No
VOC	VILLAGE OF CHAMPLAIN	Yes	No
WCH	WARREN COUNTY HEALTH SERVICES	Yes	No
WCS	WARRENSBURG CENTRAL SCHOOL DISTRICT	Yes	No
WOL	WORD OF LIFE CONTRACTED SERIVCES	Yes	No
WSH	WASHINGTON COUNTY JAIL CONTRACT FEES	Yes	No
XE	SEPERATE ENCOUNTER	No	Yes
XP	SEPERATE PRACTITIONER	No	Yes
XS	SEPERATE STRUCTURE	No	Yes
XU	UNUSUAL NON-OVERLAPPING SERVICE	No	Yes

CODE	Description	Fee
D0120	Periodic Oral Evaluation	$ 75.00
D0140	Limited Oral Eval Prob Focused	$ 126.00
D0145	Oral Eval Pt Under 3 Yrs, Counsel Primary	$ 118.00
D0150	Compsve Oral Eval- New/Est Pat	$ 133.00
D0170	Re-Evaluation- Limited	$ 89.00
D0170.1	Re-eval Limited	$ -
D0171	Re-Evaluation - Post-Operative Office Visit	$ 89.00
D0180	Compsve Perio Eval New/Est Pat	$ 144.00
D0190	Screening Of A Patient	$ 75.00
D0210	Intraoral - Complete Series Of Radiographic Images	$ 201.00
D0220	Intraoral - Periapical First Radiographic Image	$ 40.00
D0230	Intraoral - Periapical Each Addl Radiographic Imag	$ 36.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	$ 63.00
D0270	Bitewing - Single Radiographic Image	$ 40.00
D0272	Bitewings - Two Radiographic Images	$ 65.00
D0272.1	Bitewings - Two Radiographic Images	$ -
D0273	Bitewings - Three Radiographic Images	$ 79.00
D0274	Bitewings - Four Radiographic Images	$ 91.00
D0274.1	Bitewings- Four NC	$ -
D0321	Other TMJ Radiographic Images, By Rpt	$ -
D0330	Panoramic Radiographic Image	$ 151.00
D0330.1	Panoramic Radiographic Image-NC	$ -
D0350	2D Oral/Facial Photographic Image-Intraoral/Extrao	$ 84.00
D0460	PULP VITALITY TESTS	$ 62.00
D0601	Caries Risk Assessment/Documentation - Low Risk	$ -
D0602	Caries Risk Assessment/Documentation - Moderate Ri	$ -
D0603	Caries Risk Assessment/Documentation - High Risk	$ -
D1110	Prophylaxis - Adult	$ 130.00
D1120	Prophylaxis - Child	$ 90.00
D1206	Topical Application Of Fluoride Varnish	$ 55.00
D1310	Nutritional Counseling	$ 66.00
D1330	Oral Hygiene Instructions	$ 90.00
D1351	Sealant - Per Tooth	$ 73.00
D1351.1	Sealant Redo- Per Tooth-	$ -
D1353	Sealant Repair - Per Tooth	$ 94.00
D1354	Interim Caries Arresting Medcmnt Applctn-Per Tooth	$ 73.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	$ 535.00
D1516	SPACE MAINTAINER - FIXED - BILATERIAL MAXILLARY	$ 748.00
D1517	SPACE MAINTAINER - FIXED - BILATERIAL MANDIBULAR	$ 748.00
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	$ 588.00
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL MAXILRY	$ 909.00
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL MNDBULR	$ 909.00
D1551	RECMT/REBND BILAT SPACE MAINTAINER MAXILLARY	$ 115.00
D1552	RECMT/REBND BILAT SPACE MAINTAINER MANDIBULAR	$ 115.00
D1553	RECMT/REBND UNI SPACE MAINTAINER PER QUADRANT	$ 77.00
D1556	REMOVAL FIXED UNI SPACE MAINTAINER PER QUADRANT	$ 75.00

CODE	Description	Fee
D1557	REMOVAL FIXED BILAT SPACE MAINTAINER MAXILLARY	$ 111.00
D1558	REMOVAL FIXED BILAT SPACE MAINTAINER MANDIBULAR	$ 111.00
D2140	Amalgam One Surface	$ 172.00
D2150	Amalgam Two Surface	$ 223.00
D2160	Amalgam Three Surfaces	$ 270.00
D2161	Amalgam Four/More Surfaces	$ 329.00
D2330	Resin Composite One Surface Anterior	$ 199.00
D2331	Resin Composite Two Surfaces Anterior	$ 254.00
D2332	Resin Composite Three Surfaces Anterior	$ 310.00
D2332.1	Resin Composite Three Surfaces Anterior	$ -
D2335	Resin Composite Four/More Surf Anterior	$ 367.00
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	$ 419.00
D2391	Resin Composite One Surface Posterior	$ 233.00
D2391A	Resin Composite One Surface Posterior	$ -
D2392	Resin Composite Two Surfaces Posterior	$ 305.00
D2393	Resin Composite Three Surfaces Posterior	$ 378.00
D2393A	Resin Composite Three Surfaces Posterior	$ -
D2394	Resin Composite Four/More Surfaces Posterior	$ 463.00
D2740	Crown Porcelain/Ceramic	$ 1,502.00
D2740.1	Crown Porcelain/Ceramic	$ -
D2740A	Crown Porcelain/Ceramic	$ -
D2751	crown - porcelain fused to predominantly base metal	$ 1,379.00
D2752	Crown Porcelain Fused Noble Metal	$ 1,413.00
D2752.1	Crown Porcelain Fused Noble Metal	$ -
D2792	Crown Full Cast Noble Metal	$ 1,379.00
D2920	Recement Or Rebond Crown	$ 142.00
D2920.1	Re-bond Crown, Recently Cemented	$ -
D2921	REATTACHMENT OF TOOTH FRAG INCISAL EDGE/CUSP	$ 210.00
D2928	PREFAB PORCELAIN/CERAMIC CROWN-PERM TOOTH	$ 579.00
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	$ 579.00
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	$ 398.00
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	$ 450.00
D2932	PREFABRICATED RESIN CROWN	$ 481.00
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	$ 551.00
D2940	Protective Restoration	$ 148.00
D2949	RESTOR FOUNDATION FOR INDIR RESTOR	$ 152.00
D2950	Core Buildup, Including Any Pins When Required	$ 369.00
D2951	Pin Retention Per Tooth	$ 84.00
D2952	Post & Core (Addition To Crown), Indirect Fab	$ 583.00
D2954	Prefab Post & Core (Addition To Crown)	$ 466.00
D2990	RESIN INFILT OF INCIPIENT LESIONS	$ 100.00
D3110	Pulp Cap Direct	$ 128.00
D3310	Endodontic Therapy, Anterior Tooth	$ 1,066.00
D3310.1	Endodontic Therapy, Anterior Tooth	$ -
D3120	PULP CAP - INDIRECT(EXCLUDING FINAL RESTORATION)	$ 103.00
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	$ 263.00

CODE	Description	Fee
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	$ 297.00
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	$ 365.00
D3320	Endodontic Therapy, Premolar Tooth	$ 1,306.00
D3332	incomplete endodontic therapy; inoperable;unrestorable;fract	$ 794.00
D3999	Unspecified Endodontic Procedure, By Report	$ -
D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	$ 360.00
D4323	extracoronal natural teeth or pros crown	$ 519.00
D4341	Perio Scaling Root Planing 4+T/Per Quad	$ 323.00
D4342	Perio Scaling Root Planing 1-3t Pr Quad	$ 187.00
D4355	Full Mouth Debridement - Subsequent Visit	$ 221.00
D4910	Periodontal Maintenance	$ 199.00
D5110	Complete Denture - Maxillary	$ 2,160.00
D5110.1	Complete Denture Maxillary	$ -
D5110.2	Complete Denture Maxillary	$ -
D5110.3	Complete Denture Maxillary	$ -
D5110.4	Complete Denture Maxillary	$ -
D5110M1	Complete Denture -Maxillary(Step 1)	$ 164.09
D5110M2	Complete Denture-Maxillary(Step2)	$ 164.09
D5110M3	Complete Denture-Maxillary(Step 3)	$ 164.09
D5110M4	Complete Denture-Maxillary(Step 4)	$ 164.09
D5110M5	Complete Denture-Maxillary(Step 5)	$ 164.09
D5120	Complete Denture - Mandibular	$ 2,160.00
D5120.1	Complete Denture - Mandibular	$ -
D5120.2	Complete Denture - Mandibular	$ -
D5120.3	Complete Denture - Mandibular	$ -
D5120.4	Complete Denture - Mandibular	$ -
D5120M1	Complete Denture-Mandibular(Step 1)	$ 164.09
D5120M2	Complete Denture-Mandibular(step 2)	$ 164.09
D5120M3	Complete Denture-Mandibular(Step3)	$ 164.09
D5120M4	Complete Denture-Mandibular(Step 4)	$ 164.09
D5120M5	Complete Denture-Mandibular(Step 5)	$ 164.09
D5211	Max Partial Denture Resin Base	$ 1,823.00
D5211.1	Max Partial Denture Resin Base	$ -
D5211.2	Max Partial Denture Resin Base	$ -
D5211.3	Max Partial Denture Resin Base	$ -
D5211.4	Max Partial Denture Resin Base	$ -
D5211M1	Max Partial Denture Resin Base-Medicaid	$ 164.09
D5211M2	Max Partial Denture Resin Base-Medicaid	$ 164.09
D5211M3	Max Partial Denture Resin Base-Medicaid	$ 164.09
D5211M4	Max Partial Denture Resin Base-Medicaid	$ 164.09
D5211M5	Max Partial Denture Resin Base-Medicaid	$ 164.09
D5212	Man Partial Denture Resin Base	$ 2,119.00
D5212.1	Man Partial Denture Resin Base	$ -
D5212.2	Man Partial Denture Resin Base	$ -
D5212.3	Man Partial Denture Resin Base	$ -
D5212.4	Man Partial Denture Resin Base	$ -

CODE	Description	Fee
D5213	Max Partial Denture Cast Metal	$ 2,387.00
D5213.1	Max Partial Denture Cast Metal	$ -
D5213.2	Max Partial Denture Cast Metal	$ -
D5213.3	Max Partial Denture Cast Metal	$ -
D5213.4	Max Partial Denture Cast Metal	$ -
D5213M1	Max Partial Denture Cast Metal-Medicaid	$ 164.09
D5213M2	Max Partial Denture Cast Metal-Medicaid	$ 164.09
D5213M3	Max Partial Denture Cast Metal-Medicaid	$ 164.09
D5213M4	Max Partial Denture Cast Metal-Medicaid	$ 164.09
D5213M5	Max Partial Denture Cast Metal-Medicaid	$ 164.09
D5214	Man Partial Denture Cast Metal	$ 2,387.00
D5214.1	Man Partial Denture Cast Metal	$ -
D5214.2	Man Partial Denture Cast Metal	$ -
D5214.3	Man Partial Denture Cast Metal	$ -
D5214.4	Man Partial Denture Cast Metal	$ -
D5214M1	Man Partial Denture Cast Metal-Medicaid	$ 164.09
D5214M2	Man Partial Denture Cast Metal-Medicaid	$ 164.09
D5214M3	Man Partial Denture Cast Metal-Medicaid	$ 164.09
D5214M4	Man Partial Denture Cast Metal-Medicaid	$ 164.09
D5225	Max Partial Denture - Flex Bas	$ 1,823.00
D5225.1	Max Partial Denture - Flex Bas	$ -
D5225.2	Max Partial Denture - Flex Bas	$ -
D5225.3	Max Partial Denture - Flex Bas	$ -
D5225.4	Max Partial Denture - Flex Bas	$ -
D5225M1	Max Partial Denture - Flex Base-Medicaid	$ 164.09
D5225M2	Max Partial Denture - Flex Base-Medicaid	$ 164.09
D5225M3	Max Partial Denture - Flex Base-Medicaid	$ 164.09
D5225M4	Max Partial Denture - Flex Base-Medicaid	$ 164.09
D5225M5	Max Partial Denture - Flex Base-Medicaid	$ 164.09
D5226	Man Partial Denture - Flex Bas	$ 2,119.00
D5226.1	Man Partial Denture - Flex Bas	$ -
D5226.2	Man Partial Denture - Flex Bas	$ -
D5226.3	Man Partial Denture - Flex Bas	$ -
D5226.4	Man Partial Denture - Flex Bas	$ -
D5226M1	Man Partial Denture - Flex Base-Medicaid	$ 164.09
D5226M3	Man Partial Denture - Flex Base-Medicaid	$ 164.09
D5226M4	Man Partial Denture - Flex Base-Medicaid	$ 164.09
D5226M5	Man Partial Denture - Flex Base-Medicaid	$ 164.09
D5284	removable unilateral partial denture - one piece	$ 1,062.00
D5284.1	Removable Unilateral Partial Denture –one Piece	$ -
D5284.2	Removable Unilateral Partial Denture –one Piece	$ -
D5284.3	Removable Unilateral Partial Denture – One Piece F	$ -
D5410	Adjust Complete Denture Maxil	$ 118.00
D5411	Adjust Complete Denture Mand	$ 118.00
D5421	Adjust Partial Denture Max	$ 118.00
D5422	Adjust Partial Denture Mand	$ 118.00

CODE	Description	Fee
D5444	Denture Adjustment No Charge	$ -
D5511	Repair Broken Complete Denture Base, Mandibular	$ 237.00
D5511.1	Repair Broken Complete Denture Bas	$ -
D5511M1	Repair Broken Complete Denture Base, Mand-Medicaid	$ 164.09
D5511M2	Repair Broken Complete Denture Base, Mand-Medicaid	$ 164.09
D5512	Repair Broken Complete Denture Base, Maxillary	$ 237.00
D5512.1	Repair Broken Complete Denture B	$ -
D5512M1	Repair Broken Complete Denture Base-Medicaid	$ 164.09
D5512M2	Repair Broken Complete Denture Base-Medicaid	$ 164.09
D5520	Replace Missing Or Brkn Teeth	$ 197.00
D5520.1	Replace Missing Or Brkn Teeth	$ -
D5611	Repair Resin Partial Denture Base, Mandibular	$ 256.00
D5611.1	Repair Resin Partial Denture Base, Mandibular	$ -
D5611M1	Repair Resin Partial Denture Base, Mandibular-M1	$ -
D5612	Repair Resin Partial Denture Base, Maxillary	$ 256.00
D5612.1	Repair Resin Partial Denture Base, Maxillary	$ -
D5622	repair cast partial denture base, maxillary	$ 276.00
D5630	Repair Or Replace Broken Clasp - Per Tooth	$ 335.00
D5630.1	Repair Or Replace Broken Clasp - Per	$ -
D5640	Replace Broken Teeth-Per Tooth	$ 217.00
D5640.1	Replace Broken Teeth-Per Tooth	$ -
D5650	Add Tooth To Existng Part Dent	$ 296.00
D5650.1	Add Tooth To Existng Part Dent	$ -
D5660	Add Clasp To Existng Part Dent - Per Tooth	$ 355.00
D5660.1	Add Clasp To Existng Part Dent - Per	$ -
D5710	Rebase Complete Maxil Denture	$ 877.00
D5710.1	Rebase Complete Maxil Denture	$ -
D5750	Reline Complete Max Dent Lab	$ 660.00
D5750.1	Reline Complete Max Dent Lab	$ -
D5751	Reline Complete Mand Dent Lab	$ 660.00
D5751.1	Reline Complete Mand Dent Lab	$ -
D5760	Reline Max Partial Denture Lab	$ 650.00
D5761	Reline Mand Partial Denture Lab	$ 650.00
D5810	Interim Complete Dr (Max)	$ 1,045.00
D5810.1	Interim Complete Dr (Max)	$ -
D5810.2	Interim Complete Dr (Max)	$ -
D5810.3	Interim Complete Dr (Max)	$ -
D5811	Interim Complete Dr (Mand)	$ 1,124.00
D5811.1	Interim Complete Dr (Mand)	$ -
D5811.2	Interim Complete Dr (Mand)	$ -
D5811.3	Interim Complete Dr (Mand)	$ -
D5820	Interim Partial Dr (Max)	$ 808.00
D5820.1	Interim Partial Dr (Max)	$ -
D5820.2	Interim Partial Dr (Max)	$ -
D5821	Interim Partial Dr (Mand)	$ 857.00
D5821.1	Interim Partial Dr (Mand)	$ -

CODE	Description	Fee
D5821.2	Interim Partial Dr (Mand)	$ -
D5986	FLUORIDE GEL CARRIER	$ 200.00
D6100	SURGICAL REMOVAL IMPLANT BODY	$ 500.00
D6750	retainer crown - porcelain fused to metal	$ 1,486.00
D6930	Recement / Rebond fixed partial denture	$ 215.00
D7111	Extraction, Coronal Remnants – Primary Tooth	$ 174.00
D7140	Extraction, Erupted Tooth Or Exposed Root	$ 228.00
D7210	Extraction, Erupted Tooth Require Removal/Sectioni	$ 395.00
D7250	Removal Of Residual Tooth Roots (Cutting Procedure	$ 418.00
D7260	OROANTRAL FISTULA CLOSURE	$ 2,356.00
D7270	TOOTH REIMPL &/OR STBL ACC EVULSED/DISPLCD TOOTH	$ 736.00
D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	$ 340.00
D7320	Alveoplasty Without Extraction - 4+Teeth, Per Quad	$ 610.00
D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	$ 534.00
D7410	Excision Of Benign Lesion Up To 1.25cm	$ 1,126.00
D7473	removal of torus mandibularis	$ 1,564.00
D7510	I&D Of Abscess - Intraoral Soft Tissue	$ 404.00
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	$ 534.00
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	$ 534.00
D7963	FRENULOPLASTY	$ 874.00
D7997	APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR	$ 446.00
D9110	Emergency Treatment/Palliative	$ 162.00
D9120	Fixed Partial Denture Sectioning	$ 183.00
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	$ 61.00
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	$ 101.00
D9310	Consultation - Diag Srvc Other Than Reqstg Prvdr	$ 200.00
D9910	Application Of Desensitizing	$ 67.00
D9943	Occlusal Guard Adjustment	$ 114.00
D9944	Occlusal Guard – Hard Appliance, Full Arch	$ 553.00
D9944.1	Occlusal Guard – Hard Appliance, Full Arch	$ -
D9944M1	Occlusal Guard – Hard Appliance, Full Arch-Medicai	$ 164.09
D9944M2	Occlusal Guard – Hard Appliance, Full Arch-Medicai	$ 164.09
D9945	Occlusal Guard – Soft Appliance, Full Arch	$ 553.00
D9945.1	Occlusal Guard – Soft Appliance, Full Arch	$ -
D9951	Occlusal Adjustment Limited	$ 162.00
D9996	TELDENTRY ASYNCHRNS INFO FWD DENTIST SBSQNT REVW	$ 230.00
D9999	Unspecified Adjunctive Procedure, By Report	$ 50.15
ZSFI1	Sliding Fee I Phase 1	$ -