CPT Code	Description	Group	Cash Fee	DPC One / Plus	DPC Basic
10060	INCISION AND DRAINAGE OF ABSCESS; SIMPLE OR SINGLE	PROCEDURE	$ 177.00	$-	$ 66.00
10061	INCISION AND DRAINAGE OF ABSCESS; COMPLICATED OR MULTIPLE	PROCEDURE	$ 299.00	$-	$ 111.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SIMPLE	PROCEDURE	$ 181.00	$-	$ 67.00
10121	INCISION AND REMOVAL OF FOREIGN BODY, COMPLICATED	PROCEDURE	$ 383.00	$-	$ 142.00
11102	BIOPSY SKIN SHAVE	PROCEDURE	$ 152.00	$-	$ 58.00
11104	PUNCH BIOPSY, SINGLE LESION	PROCEDURE	$ 188.00	$-	$ 77.00
11105	PUNCH BIOPSY, EACH ADDITIONAL LESION	PROCEDURE	$ 94.00	$-	$ 39.00
11200	REMOVAL OF SKIN TAGS; < 15	PROCEDURE	$ 134.00	$-	$ 63.00
11201	REMOVAL OF SKIN TAGS; EACH ADD'L 10	PROCEDURE	$ 41.00	$-	$ 19.00
11300	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, <0.5 CM	PROCEDURE	$ 126.00	$-	$ 58.00
11301	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, 0.6-1.0 CM	PROCEDURE	$ 155.00	$-	$ 72.00
11302	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, 1.1-2.0 CM	PROCEDURE	$ 181.00	$-	$ 84.00
11303	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, >2.0 CM	PROCEDURE	$ 198.00	$-	$ 92.00
11305	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, <0.5 CM	PROCEDURE	$ 113.00	$-	$ 53.00
11306	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, 0.6-1.0 CM	PROCEDURE	$ 148.00	$-	$ 69.00
11307	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, 1.1-2.0 CM	PROCEDURE	$ 175.00	$-	$ 82.00
11308	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, >2.0 CM	PROCEDURE	$ 187.00	$-	$ 87.00
11400	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	PROCEDURE	$ 181.00	$-	$ 53.00
11401	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	PROCEDURE	$ 220.00	$-	$ 65.00
11402	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM	PROCEDURE	$ 243.00	$-	$ 71.00
11403	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM	PROCEDURE	$ 278.00	$-	$ 82.00
11404	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM	PROCEDURE	$ 317.00	$-	$ 93.00
11406	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	PROCEDURE	$ 451.00	$-	$ 132.00
11420	EXCISION, BENIGN LESION; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS	PROCEDURE	$ 181.00	$-	$ 53.00
11421	EXCISION, BENIGN LESION; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM	PROCEDURE	$ 227.00	$-	$ 67.00
11422	EXCISION, BENIGN LESION; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM	PROCEDURE	$ 253.00	$-	$ 74.00
11423	EXCISION, BENIGN LESION; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM	PROCEDURE	$ 288.00	$-	$ 85.00
11424	EXCISION, BENIGN LESION ; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM	PROCEDURE	$ 332.00	$-	$ 97.00
11440	EXCISION, BENIGN LESION; FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS	PROCEDURE	$ 202.00	$-	$ 59.00
11441	EXCISION, BENIGN LESION; FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.6 TO 1.0 CM	PROCEDURE	$ 247.00	$-	$ 72.00
11442	EXCISION, BENIGN LESION; FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 1.1 TO 2.0 CM	PROCEDURE	$ 272.00	$-	$ 80.00
11443	EXCISION, BENIGN LESION; FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM	PROCEDURE	$ 321.00	$-	$ 94.00
11740	TREPHINATION OF THE NAIL (SURGICAL PROCEDURE OF NAIL)	PROCEDURE	$ 93.00	$-	$ 46.00
11981	NEXPLANON (IMPLANT) INSERTION	PROCEDURE	$ 142.00	$-	$ 68.00
11982	NEXPLANON (IMPLANT) REMOVAL	PROCEDURE	$ 161.00	$-	$ 76.00
12001	SIMPLE REPAIR LACERATION; SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK, EXTREMITIES (INCLUDING HANDS AI	PROCEDURE	$ 93.00	$-	$ 44.00
12002	SIMPLE REPAIR LACERATION; SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK, EXTREMITIES (INCLUDING HANDS AI	PROCEDURE	$ 171.00	$-	$ 81.00
12004	SIMPLE REPAIR LACERATION; SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK, EXTREMITIES (INCLUDING HANDS AI	PROCEDURE	$ 192.00	$-	$ 91.00
17000	CRYOTHERAPY 1ST PREMALIGNANT LESION (IE ACTINIC KERATOSIS)	PROCEDURE	$ 124.00	$-	$ 46.00
17003	CRYOTHERAPY PREMALIGNANT LESION 2-14 (IE ACTINIC KERATOSIS)	PROCEDURE	$ 14.00	$-	$ 6.00
17004	CRYOTHERAPY PREMALIGNANT LESION 15+ (IE ACTINIC KERATOSIS)	PROCEDURE	$ 237.00	$-	$ 93.00
17110	DESTRUCTION BENIGN LESION (IE WARTS), 1-14	PROCEDURE	$ 170.00	$-	$ 57.00
17111	DESTRUCTION BENIGN LESION (IE WARTS), 15+	PROCEDURE	$ 196.00	$-	$ 72.00
20520	REMOVAL OF FOREIGN BODY FROM MUSCLE/TENDON SHEATH; SIMPLE	PROCEDURE	$ 338.00	$-	$ 292.00
20525	REMOVAL OF FOREIGN BODY FROM MUSCLE/TENDON SHEATH; COMPLICATED	PROCEDURE	$ 646.00	$-	$ 574.00
20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 1 OR 2 MUSCLE(S)	PHYSICAL THERAPY	$ 26.00	$-	$ 23.00
20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 3 OR MORE MUSCLE(S)	PHYSICAL THERAPY	$ 26.00	$-	$ 23.00
30300	REMOVAL OF FOREIGN BODY, NOSE	PROCEDURE	$ 350.00	$-	$ 150.00
36415	SPECIMEN COLLECTION: VENIPUNCTURE	PROCEDURE	$ 30.00	$-	$-
36416	SPECIMEN COLLECTION: FINGER POKE	PROCEDURE	$ 12.00	$-	$-
46000	ANOSCOPY	PROCEDURE	$ 184.00	$-	$ 100.00
58300	IUD INSERTION	PROCEDURE	$ 175.00	$-	$-
58301	IUD REMOVAL	PROCEDURE	$ 175.00	$-	$-
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	PROCEDURE	$ 242.00	$-	$ 75.00
69200	FOREIGN BODY REMOVAL, EXTERNAL EAR CANAL	PROCEDURE	$ 163.00	$-	$-
69209	EARWAX REMOVAL; IRRIGATION/LAVAGE, UNILATERAL	PROCEDURE	$ 47.00	$-	$-
69210	EARWAX REMOVAL; REQUIRING INSTRUMENTATION, UNILATERAL	PROCEDURE	$ 62.00	$-	$-
70030	X-RAY, EYE, FOR DETECTION OF FOREIGN BODY	IMAGING	$ 122.00	$-	$ 35.00
70140	X-RAY, FACIAL BONES; LESS THAN 3 VIEWS	IMAGING	$ 119.00	$-	$ 35.00
70150	X-RAY, FACIAL BONES; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	$ 177.00	$-	$ 35.00
70160	X-RAY, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	$ 142.00	$-	$ 35.00
70210	X-RAY, SINUSES, PARANASAL, LESS THAN 3 VIEWS	IMAGING	$ 122.00	$-	$ 35.00
70220	X-RAY, SINUSES, PARANASAL, COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	$ 140.00	$-	$ 35.00
70250	X-RAY, SKULL; LESS THAN 4 VIEWS	IMAGING	$ 150.00	$-	$ 35.00
70260	X-RAY, SKULL; COMPLETE, MINIMUM OF 4 VIEWS	IMAGING	$ 185.00	$-	$ 35.00
70360	X-RAY; NECK, SOFT TISSUE	IMAGING	$ 134.00	$-	$ 35.00
71045	X-RAY, CHEST; SINGLE VIEW	IMAGING	$ 105.00	$-	$ 35.00
71046	X-RAY, CHEST; 2 VIEWS	IMAGING	$ 126.00	$-	$ 35.00
71047	X-RAY, CHEST; 3 VIEWS	IMAGING	$ 157.00	$-	$ 35.00
71100	X-RAY; RIBS, UNILATERAL	IMAGING	$ 144.00	$-	$ 35.00
71101	X-RAY; RIBS, UNILATERAL WITH CHEST	IMAGING	$ 175.00	$-	$ 35.00
71111	X-RAY, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS	IMAGING	$ 229.00	$-	$ 35.00
71120	X-RAY; STERNUM, MINIMUM OF 2 VIEWS	IMAGING	$ 126.00	$-	$ 35.00
71130	X-RAY; SC JOINTS (2VW)	IMAGING	$ 155.00	$-	$ 35.00
72020	X-RAY, SPINE, SINGLE VIEW, SPECIFY LEVEL	IMAGING	$ 115.00	$-	$ 35.00
72040	X-RAY, SPINE, CERVICAL; 2 OR 3 VIEWS	IMAGING	$ 146.00	$-	$ 35.00
72050	X-RAY, SPINE, CERVICAL; 4 OR 5 VIEWS	IMAGING	$ 198.00	$-	$ 35.00

72052	X-RAY, SPINE, CERVICAL; 6 OR MORE VIEWS	IMAGING	$ 235.00	$-	$ 35.00
72070	X-RAY, SPINE; THORACIC, 2 VIEWS	IMAGING	$ 144.00	$-	$ 35.00
72081	X-RAY; ENTIRE SPINE (1VW)	IMAGING	$ 159.00	$-	$ 35.00
72082	X-RAY, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (EG, S	IMAGING	$ 262.00	$-	$ 35.00
72100	X-RAY, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	IMAGING	$ 148.00	$-	$ 35.00
72110	X-RAY, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS	IMAGING	$ 202.00	$-	$ 35.00
72114	X-RAY, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, MINIMUM OF 6 VIEWS	IMAGING	$ 239.00	$-	$ 35.00
72120	X-RAY, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	IMAGING	$ 173.00	$-	$ 35.00
72170	X-RAY, PELVIS; 1 OR 2 VIEWS	IMAGING	$ 119.00	$-	$ 35.00
72190	X-RAY, PELVIS; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	$ 161.00	$-	$ 35.00
72220	X-RAY, SACRUM AND COCCYX, MINIMUM OF 2 VIEWS	IMAGING	$ 122.00	$-	$ 35.00
73000	X-RAY; CLAVICLE, COMPLETE	IMAGING	$ 128.00	$-	$ 35.00
73010	X-RAY; SCAPULA, COMPLETE	IMAGING	$ 124.00	$-	$ 35.00
73020	X-RAY, SHOULDER; 1 VIEW	IMAGING	$ 113.00	$-	$ 35.00
73030	X-RAY, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS	IMAGING	$ 130.00	$-	$ 35.00
73050	X-RAY; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	IMAGING	$ 152.00	$-	$ 35.00
73060	X-RAY; HUMERUS, MINIMUM OF 2 VIEWS	IMAGING	$ 124.00	$-	$ 35.00
73070	X-RAY, ELBOW; 2 VIEWS	IMAGING	$ 122.00	$-	$ 35.00
73080	X-RAY, ELBOW; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	$ 124.00	$-	$ 35.00
73090	X-RAY; FOREARM, 2 VIEWS	IMAGING	$ 124.00	$-	$ 35.00
73092	X-RAY; INFANT UPPER EXTREMITY (MIN 2 VW) (UNDER 12 MONTHS)	IMAGING	$ 122.00	$-	$ 35.00
73100	X-RAY, WRIST; 2 VIEWS	IMAGING	$ 128.00	$-	$ 35.00
73110	X-RAY, WRIST; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	$ 152.00	$-	$ 35.00
73120	X-RAY, HAND; 2 VIEWS	IMAGING	$ 122.00	$-	$ 35.00
73130	X-RAY, HAND; MINIMUM OF 3 VIEWS	IMAGING	$ 136.00	$-	$ 35.00
73140	X-RAY, FINGER(S), MINIMUM OF 2 VIEWS	IMAGING	$ 140.00	$-	$ 35.00
73501	X-RAY, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW	IMAGING	$ 130.00	$-	$ 35.00
73502	X-RAY, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	IMAGING	$ 175.00	$-	$ 35.00
73522	X-RAY; HIP, BILATERAL (3-4 VW)	IMAGING	$ 214.00	$-	$ 35.00
73523	X-RAY, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF 5 VIEWS	IMAGING	$ 251.00	$-	$ 35.00
73551	X-RAY, FEMUR; 1 VIEW	IMAGING	$ 109.00	$-	$ 35.00
73552	X-RAY, FEMUR; MINIMUM 2 VIEWS	IMAGING	$ 132.00	$-	$ 35.00
73560	X-RAY, KNEE; 1 OR 2 VIEWS	IMAGING	$ 128.00	$-	$ 35.00
73562	X-RAY, KNEE; 3 VIEWS	IMAGING	$ 152.00	$-	$ 35.00
73564	X-RAY, KNEE; COMPLETE, 4 OR MORE VIEWS	IMAGING	$ 171.00	$-	$ 35.00
73565	X-RAY, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	IMAGING	$ 150.00	$-	$ 35.00
73590	X-RAY; TIBIA AND FIBULA, 2 VIEWS	IMAGING	$ 117.00	$-	$ 35.00
73592	X-RAY; LOWER EXTREMITY, INFANT, MINIMUM OF 2 VIEWS	IMAGING	$ 119.00	$-	$ 35.00
73600	X-RAY, ANKLE; 2 VIEWS	IMAGING	$ 126.00	$-	$ 35.00
73610	X-RAY, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	$ 138.00	$-	$ 35.00
73620	X-RAY, FOOT; 2 VIEWS	IMAGING	$ 124.00	$-	$ 35.00
73630	X-RAY, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	$ 128.00	$-	$ 35.00
73650	X-RAY; CALCANEUS, MINIMUM OF 2 VIEWS	IMAGING	$ 113.00	$-	$ 35.00
73660	X-RAY; TOE(S), MINIMUM OF 2 VIEWS	IMAGING	$ 122.00	$-	$ 35.00
74018	X-RAY, ABDOMEN; 1 VIEW	IMAGING	$ 101.00	$-	$ 35.00
74019	X-RAY, ABDOMEN; 2 VIEWS	IMAGING	$ 142.00	$-	$ 35.00
77072	X-RAY; HAND (1 VW ARTHRITIC)	IMAGING	$ 119.00	$-	$ 35.00
80048	BMP (8)	LAB	$ 25.00	$-	$-
80051	ELECTROLYTE PANEL	LAB	$ 25.00	$-	$-
80053	CMP (14)	LAB	$ 25.00	$-	$-
80061	LIPID PANEL	LAB	$ 25.00	$-	$-
80069	RENAL FUNCTION PANEL	LAB	$ 25.00	$-	$-
80158	CYCLOSPORINE, SERUM LEVEL	LAB	$ 75.00	$-	$-
80175	LAMOTRIGINE, SERUM LEVEL	LAB	$ 50.00	$-	$-
80195	SIROLUMUS, SERUM LEVEL	LAB	$ 75.00	$-	$-
80299	DEXAMETHASONE ASSAY	LAB	$ 50.00	$-	$-
80307	DRUG SCREEN, 10-14 PROFILE W/ OR W/O REFLEX	LAB	$ 100.00	$-	$-
81001	URINALYSIS, COMPLETE WITH MICRO (SENT TO LAPCORP)	LAB	$ 50.00	$-	$-
81015	URINE, MICRO ONLY	LAB	$ 25.00	$-	$-
81025	PREGNANCY TEST, URINE	LAB	$ 24.00	$-	$-
81256	HEREDITARY HEMOCHROMATOSIS, DNA ANALYSIS	LAB	$ 127.00	$-	$ 114.00
81374	HLA B 27 DISEASE ASSOCIATION	LAB	$ 75.00	$-	$-
81377	CELIAC HLA DQ ASSOCIATION	LAB	$ 101.00	$-	$-
82040	ALBUMIN	LAB	$ 25.00	$-	$-
82043	ALBUMIN, URINE, MICROALBUMIN; QUANT	LAB	$ 25.00	$-	$-
82139	AMINO ACID PROFILE	LAB	$ 226.00	$-	$-
82150	AMYLASE	LAB	$ 25.00	$-	$-
82166	ANTI-MLLERIAN HORMONE (AMH)	LAB	$ 75.00	$-	$ 62.00
82172	APOLIPOPROTEIN B	LAB	$ 25.00	$-	$-
82175	ASSAY OF ARSENIC	LAB	$ 50.00	$-	$ 25.00
82180	ASSAY OF ASCORBIC ACID/VITAMIN C	LAB	$ 50.00	$-	$-
82247	BILIRUBIN, TOTAL	LAB	$ 12.50	$-	$-
82248	BILIRUBIN, DIRECT	LAB	$ 12.50	$-	$-
82270	HEMOCULT/GUAIAC TEST X 1	LAB	$ 16.00	$-	$-
82274	FIT TEST (OCCULT BLOOD, FECAL, IA)	LAB	$ 50.00	$-	$-
82300	ASSAY OF CADMIUM	LAB	$ 50.00	$-	$ 27.00
82306	VITAMIN D, 25-HYDROXY	LAB	$ 50.00	$-	$-
82310	CALCIUM	LAB	$ 25.00	$-	$-

82465	ASSAY OF CHOLESTEROL (PEDS NON FASTING)	LAB	$	25.00	$-	$-
82523	C-TELOPEPTIDE	LAB	$	100.00	$-	$-
82525	COPPER, SERUM	LAB	$	50.00	$-	$ 23.00
82533	TOTAL CORTISOL	LAB	$	25.00	$-	$-
82550	CREATINE KINASE	LAB	$	25.00	$-	$-
82565	CREATININE	LAB	$	25.00	$-	$-
82570	CREATININE, URINE	LAB	$	25.00	$-	$-
82607	VITAMIN B12	LAB	$	25.00	$-	$-
82627	DHEAS	LAB	$	75.00	$-	$-
82668	ASSAY OF ERYTHROPOIETIN	LAB	$	25.00	$-	$-
82670	ESTRADIOL	LAB	$	75.00	$-	$-
82672	ESTROGENS, TOTAL	LAB	$	50.00	$-	$-
82728	FERRITIN	LAB	$	25.00	$-	$-
82746	FOLATE	LAB	$	25.00	$-	$-
82784	TTG, INITIAL TEST 1 OF 2	LAB	$	25.00	$-	$-
82947	GLUCOSE	LAB	$	25.00	$-	$-
82962	GLUCOSE, FINGERSTICK (POC)	LAB	$	16.00	$-	$ 4.00
82977	GGT	LAB	$	25.00	$-	$-
83001	FSH	LAB	$	25.00	$-	$-
83002	LH	LAB	$	75.00	$-	$-
83036	HGB A1C WITH EAG ESTIMATION	LAB	$	25.00	$-	$-
83090	HOMOCYSTEINE, URINE OR BLOOD	LAB	$	50.00	$-	$-
83498	17-ALPHA-HYDROXYPROGESTERONE OR 17-OH PROGESTERONE, LC/MS	LAB	$	50.00	$-	$-
83520	THYROTROPIN RECEPTOR ANTIBODY, SERUM	LAB	$	50.00	$-	$ 41.00
83525	ASSAY OF INSULIN	LAB	$	25.00	$-	$-
83540	IRON	LAB	$	25.00	$-	$-
83550	TIBC	LAB	$	12.50	$-	$-
83615	LDH	LAB	$	25.00	$-	$-
83631	LACTOFERRIN; FECAL; QUANT.	LAB	$	75.00	$-	$-
83655	LEAD, BLOOD, ANY TESTING METHOD	LAB	$	50.00	$-	$-
83690	LIPASE	LAB	$	25.00	$-	$-
83695	LIPOPROTEIN(A)	LAB	$	25.00	$-	$-
83704	LIPOPROTEIN NMR	LAB	$	50.00	$-	$-
83718	LDL, DIRECT MEASUREMENT (PEDS NON FASTING)	LAB	$	25.00	$-	$-
83735	MAGNESIUM	LAB	$	25.00	$-	$-
83789	IODINE, SERUM OR PLASMA	LAB	$	75.00	$-	$-
83825	ASSAY OF MERCURY	LAB	$	50.00	$-	$-
83880	PRO-BNP	LAB	$	100.00	$-	$-
83970	PTH, INTACT	LAB	$	50.00	$-	$-
83993	CALPROTECTIN, FECAL	LAB	$	189.00	$-	$-
84075	ALKALINE PHOSPHATASE	LAB	$	25.00	$-	$-
84080	BONE-SPECIFIC ALKALINE PHOSPHATASE (BAP)	LAB	$	50.00	$-	$-
84100	PHOSPHORUS	LAB	$	25.00	$-	$-
84132	POTASSIUM	LAB	$	25.00	$-	$-
84144	PROGESTERONE	LAB	$	50.00	$-	$-
84145	PROCALCITONIN	LAB	$	246.00	$-	$-
84146	PROLACTIN	LAB	$	50.00	$-	$-
84153	PROSTATE-SPECIFIC AG (PSA)	LAB	$	50.00	$-	$-
84155	PROTEIN, TOTAL	LAB	$	25.00	$-	$-
84156	PROTEIN,TOTAL,URINE (BILLING 2/2 FOR #003129)	LAB	$	25.00	$-	$-
84207	VITAMIN B6, PLASMA	LAB	$	50.00	$-	$-
84255	SELENIUM	LAB	$	107.00	$-	$-
84270	SHBG (SEX HORMONE-BINDING GLOBULIN), SERUM	LAB	$	25.00	$-	$-
84295	SODIUM	LAB	$	25.00	$-	$-
84402	TESTOSTERONE, FREE	LAB	$	50.00	$-	$-
84403	TESTOSTERONE, TOTAL	LAB	$	25.00	$-	$-
84425	VITAMIN B1, WHOLE BLOOD	LAB	$	25.00	$-	$-
84436	T4, THYROXINE	LAB	$	25.00	$-	$-
84439	THYROXINE (T4) FREE, DIRECT	LAB	$	25.00	$-	$-
84442	ASSAY OF THYROID ACTIVITY	LAB	$	25.00	$-	$-
84443	TSH	LAB	$	25.00	$-	$-
84449	ASSAY OF TRANSCORTIN	LAB	$	50.00	$-	$-
84450	AST	LAB	$	25.00	$-	$-
84460	ALT	LAB	$	25.00	$-	$-
84479	T3/T4 UPTAKE OR BINDING RATIO	LAB	$	25.00	$-	$-
84480	T3	LAB	$	50.00	$-	$-
84481	TRIIODOTHYRONINE (T3), FREE	LAB	$	25.00	$-	$-
84482	T3, REVERSE	LAB	$	75.00	$-	$-
84520	BUN	LAB	$	25.00	$-	$-
84550	URIC ACID	LAB	$	25.00	$-	$-
84630	ZINC, SERUM	LAB	$	50.00	$-	$-
84681	ASSAY OF C-PEPTIDE	LAB	$	25.00	$-	$-
84702	HCG, QUANTITATIVE	LAB	$	50.00	$-	$-
84703	HCG, QUAL (SERUM/LABCORP)	LAB	$	50.00	$-	$-
85018	HEMOGLOBIN-(SENT TO LABCORP)	LAB	$	25.00	$-	$-
85025	CBC WITH DIFFERENTIAL/PLATELET	LAB	$	25.00	$-	$-
85027	CBC, NO DIFFERENTIAL	LAB	$	25.00	$-	$-
85045	RETICULOCYTE COUNT	LAB	$	25.00	$-	$-

85060	PERIPHERAL SMEAR	LAB	$	75.00	$-	$-
85379	D-DIMER (MAYO)	LAB	$	75.00	$-	$-
85610	PROTHROMBIN TIME (PT)	LAB	$	25.00	$-	$-
85652	SEDIMENTATION RATE (ESR)	LAB	$	25.00	$-	$-
85660	HEMOGLOBIN (HB) SOLUBILITY	LAB	$	25.00	$-	$-
85730	PTT, ACTIVATED	LAB	$	25.00	$-	$-
86038	ANTINUCLEAR ANTIBODIES (ANA), IFA	LAB	$	50.00	$-	$-
86060	ANTISTREPTOLYSIN O TITER	LAB	$	25.00	$-	$-
86140	C-REACTIVE PROTEIN (CRP), QUANTITATIVE	LAB	$	25.00	$-	$-
86141	HS CRP (CARDIAC)	LAB	$	25.00	$-	$-
86160	C4/C3	LAB	$	25.00	$-	$-
86200	ANTI-CCP AB, IGG/IGA	LAB	$	50.00	$-	$-
86225	DNA DOUBLE STRAND ANTIBODY	LAB	$	133.00	$-	$-
86258	TTG, REFLEX TEST (BILLING PURPOSES ONLY)	LAB	$	25.00	$-	$-
86304	CA 125	LAB	$	50.00	$-	$-
86317	HEPATITIS B SURF AB, QUANT	LAB	$	25.00	$-	$-
86360	T CELL ABSOLUTE COUNT/RATIO	LAB	$	75.00	$-	$ 46.00
86364	MEASUREMENT OF TTG (IGA OR IGG)	LAB	$	50.00	$-	$-
86376	THYROID PEROXIDASE (TPO) AB	LAB	$	25.00	$-	$-
86431	RHEUMATOID FACTOR (RF)	LAB	$	25.00	$-	$-
86580	PPD, (APLISOL); MULTI-DOSE VIAL	PRESCRIPTION	$	9.00	$-	$-
86592	RPR (REFLEX)-006099 (UNORDERABLE)	LAB	$	50.00	$-	$-
86618	*LYME SEROLOGY W/REFLEX TO CONFIRM	LAB	$	50.00	$-	$-
86666	ANAPLASMA PHAGOCYTOPHILUM AB	LAB	$	50.00	$-	$-
86695	HSV 1 SEROLOGY	LAB	$	50.00	$-	$-
86696	HSV 2 SEROLOGY	LAB	$	50.00	$-	$-
86701	HIV 2 AB DIFFERENTITATION (BILLING)	LAB	$	50.00	$-	$-
86702	HIV 1 AB DIFFERENTITATION (BILLING)	LAB	$	50.00	$-	$-
86704	HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL, #006718	LAB	$	25.00	$-	$-
86705	HEPATITIS B CORE ANTIBODY (HBCAB) IGM AB (REFLEX TEST)	LAB	$	75.00	$-	$-
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	LAB	$	25.00	$-	$-
86708	*HEPATITIS A SCREENING AB WITH REFLEX TO IGM	LAB	$	50.00	$-	$-
86709	HAV IGM (REFLEX) (NOT ORDERABLE)	LAB	$	25.00	$-	$-
86735	MUMPS ANTIBODIES, IGG	LAB	$	50.00	$-	$-
86753	BABESIA MICROTI ANTIBODY PANEL	LAB	$	50.00	$-	$-
86762	RUBELLA ANTIBODIES	LAB	$	50.00	$-	$-
86765	MEASLES (RUBEOLA) ANTIBODIES, IGG	LAB	$	50.00	$-	$-
86780	PREP: SYPHILIS CASCADE	LAB	$	25.00	$-	$-
86787	VARICELLA-ZOSTER V AB, IGG	LAB	$	50.00	$-	$-
86793	RPR (QUAN)-REFLEX ON STI PROFILE ONLY	LAB	$	75.00	$-	$-
86803	PREP: HCV AB RFX TO QUANT PCR	LAB	$	25.00	$-	$-
87045	CULTURE, BACTERIAL	LAB	$	25.00	$-	$-
87046	CAMPLYOBACTER, STOOL CULTURE	LAB	$	50.00	$-	$-
87070	AEROBIC BACTERIAL CULTURE	LAB	$	50.00	$-	$-
87075	ANAEROBIC CULTURE	LAB	$	50.00	$-	$-
87081	STREP, THROAT CULTURE	LAB	$	25.00	$-	$-
87086	URINE CULTURE, ROUTINE	LAB	$	50.00	$-	$-
87101	YEAST ONLY, CULTURE	LAB	$	25.00	$-	$-
87102	MICROBIOLOGY CULTURE AND TYPING PROCEDURES	LAB	$	25.00	$-	$-
87169	SCABIES EXAMINATION, SKIN SCRAPINGS	LAB	$	25.00	$-	$-
87177	O & P EXAM, STOOL	LAB	$	25.00	$-	$-
87186	SENSITIVITY ORGANISM #1 (URINE), BILLING PURPOSES	LAB	$	25.00	$-	$-
87209	GIARDIA	LAB	$	25.00	$-	$-
87328	CRYPTOSPORIDIUM	LAB	$	75.00	$-	$-
87329	GIARDIA, EIA	LAB	$	25.00	$-	$-
87338	H. PYLORI STOOL AG, EIA	LAB	$	75.00	$-	$-
87340	HEPATITIS B SURFACE ANTIGEN	LAB	$	25.00	$-	$-
87389	PREP: HIV AG/AB WITH REFLEX	LAB	$	50.00	$-	$-
87427	INFECTIOUS AGENT DETECTION (STOOL)	LAB	$	25.00	$-	$-
87468	ANAPLASMA, PCR	LAB	$	144.00	$-	$-
87469	BABESIA, PCR	LAB	$	230.00	$-	$-
87480	CANDIDA, DNA PROBE	LAB	$	25.00	$-	$-
87491	CHLAMYDIA, NAA, ANY METHOD	LAB	$	25.00	$-	$-
87493	C DIFFICILE TOXIN GENE NAA, STOOL	LAB	$	100.00	$-	$-
87510	BACTERIAL VAGINOSIS, DNA PROBE	LAB	$	25.00	$-	$-
87517	HBV QUANT DNA (REFLEX TO #144547)	LAB	$	173.00	$-	$-
87522	HCV RT-PCR, QUANT (REFLEX TEST) (NOT ORDERABLE)	LAB	$	144.00	$-	$-
87529	HSV 1/2 PCR SWAB	LAB	$	95.00	$-	$-
87535	HIV 1, RNA REFLEX (BILLING)	LAB	$	172.50	$-	$-
87536	HIV RNA, PCR QUANT (REFLEX TEST)	LAB	$	120.00	$-	$-
87538	HIV 2, RNA REFLEX (BILLING)	LAB	$	172.50	$-	$-
87563	MYCOPLASMA GENITALIUM, SWAB OR URINE	LAB	$	25.00	$-	$-
87591	GONORRHEA, NAA, ANY METHOD	LAB	$	25.00	$-	$-
87624	HPV, APTIMA	LAB	$	75.00	$-	$-
87625	HPV, GENOTYPES 16/18, 45	LAB	$	100.00	$-	$-
87660	TRICH VAG, DNA PROBE	LAB	$	25.00	$-	$-
87661	TRICH VAG BY NAA	LAB	$	50.00	$-	$-
87798	PERTUSSIS, WHOOPING COUGH, PCR	LAB	$	80.50	$-	$-

87801	DETECT AGNT MULT DNA AMPLI	LAB	$ 100.00	$-	$-	
88141	PHYSICIAN READ	LAB	$ 25.00	$-	$-	
88142	CHANGE IG PAP TO LB PAP	LAB	$ 50.00	$-	$-	
88175	IG PAP	LAB	$ 108.00	$-	$-	
88304	SURGICAL PATHOLOGY, INTERPRETATION, LEVEL 3	PATHOLOGY	$ 37.00	$-	$	32.00
88305	SURGICAL PATHOLOGY, INTERPRETATION, LEVEL 4	PATHOLOGY	$ 78.00	$-	$	68.00
88312	SURGICAL PATHOLOGY, SPECIAL STAINS, GROUP 1	PATHOLOGY	$ 69.00	$-	$	60.00
88313	SURGICAL PATHOLOGY, SPECIAL STAINS, GROUP 2	PATHOLOGY	$ 67.00	$-	$	60.00
88341	IMMUNOHISTO, PER SPECIMEN, EACH ADD'L SLIDE	PATHOLOGY	$ 80.00	$-	$	70.00
88342	IMMUNOHISTO, PER SPECIMEN, 1ST SLIDE	PATHOLOGY	$ 80.00	$-	$	70.00
88344	IMMUNOHISTO, PER SPECIMEN, EACH MULTIPLEX ANTIBODY STAIN	PATHOLOGY	$ 80.00	$-	$	70.00
88346	IMMUNOFLUOR, 1ST STAIN	PATHOLOGY	$ 90.00	$-	$	81.00
88350	IMMUNOFLUOR, EACH ADD'L STAIN	PATHOLOGY	$ 90.00	$-	$	81.00
90460	IMMUN ADMIN, PEDS; WITH COUNSELING BY PROVIDER; 1ST OR ONLY COMPONENT OF EACH VACCINE ADMINISTERED	VACCINE	$ 22.00	$-	$-	
90461	IMMUN ADMIN, PEDS; WITH COUNSELING BY PROVIDER; EACH ADD'L VACCINE COMPONENT ADMINISTERED	VACCINE	$ 16.00	$-	$-	
90471	IMMUN ADMIN, ADULT; 1ST VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	VACCINE	$ 24.00	$-	$-	
90472	IMMUN ADMIN, ADULT; EACH ADD'L VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	VACCINE	$ 15.00	$-	$-	
90473	IMMUN ADMIN; INTRANASAL OR ORAL; 1ST VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	VACCINE	$ 20.00	$-	$-	
90474	IMMUN ADMIN; INTRANASAL OR ORAL; EACH ADD'L VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	VACCINE	$ 15.00	$-	$-	
90480	ADMIN OF COVID19 VACCINE, IM, SINGLE DOSE (EFFECTIVE 8/14/2023)	VACCINE	$-	$-	$-	
90621	MENINGOCOCCAL B (TRUMENBA); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	$ 198.00	$-	$-	
90632	HEP A , ADULT (HAVRIX); 1ML SINGLE-DOSE SYRINGE	VACCINE	$ 105.00	$-	$-	
90633	HEP A, PED (HAVRIX); 0.5ML SINGLE-DOSE SYRINGE	VACCINE	$ 60.00	$-	$-	
90648	HIB, (PEDVAX PRP-OMP); 0.5 ML SINGLE-DOSE VIAL	VACCINE	$ 36.00	$-	$-	
90651	HPV, (GARDASIL 9); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	$ 317.00	$-	$-	
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	VACCINE	$ 77.00	$-	$-	
90656	FLULAVAL TRIV	VACCINE	$ 12.00	$-	$-	
90661	FLUCELVAX TRIV	VACCINE	$ 34.00	$-	$-	
90670	PNEUMOCCOCCAL 13, (PREVNAR 13), 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	$ 292.00	$-	$-	
90672	FLUMIST (LAIV4), 2-49 YRS, 0.2 ML SINGLE-USE NASAL SPRAY (2023/24)	VACCINE	$ 36.00	$-	$-	
90674	FLUCELVAX (CCIIV4) (EGG & PRESERVATIVE-FREE), 0.5ML SINGLE-DOSE SYRINGE (2023/24)	VACCINE	$ 38.00	$-	$-	
90677	PNEUMOCCOCCAL 20, (PREVNAR 20); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	$ 301.00	$-	$-	
90680	ROTOVIRUS, (ROTATEQ); 2 ML SINGLE-DOSE VIAL FOR ORAL USE	VACCINE	$ 117.00	$-	$-	
90686	FLULAVAL (IIV4), 0.5 ML SINGLE-DOSE SYRINGE (2023/24)	VACCINE	$ 12.00	$-	$-	
90694	FLUAD (AIIV4), 65+ YRS, 0.5ML SINGLE-DOSE SYRINGE (2023/2024)	VACCINE	$ 82.00	$-	$-	
90698	DTAP/HIB/IPV (PENTACEL); 0.5 ML SINGLE-DOSE VIAL	VACCINE	$ 130.00	$-	$-	
90700	DTAP (INFANRIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	$ 54.00	$-	$-	
90707	MMR (M-M-R II); 0.5 ML SINGLE-DOSE VIAL	VACCINE	$ 108.00	$-	$-	
90713	POLIO, IPV; 0.5 ML MULTI-DOSE VIAL	VACCINE	$ 52.00	$-	$-	
90714	TD (TENIVAC); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	$ 60.00	$-	$-	
90715	TDAP (BOOSTRIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	$ 75.00	$-	$-	
90716	VARICELLA (VARIVAX); 0.5 ML SINGLE-DOSE VIAL	VACCINE	$ 185.00	$-	$-	
90734	MENINGOCOCCAL ACWY, (MENVEO); 0.5 ML SINGLE-DOSE VIAL	VACCINE	$ 170.00	$-	$-	
90744	HEP B, PED (ENGERIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	$ 52.00	$-	$-	
90746	HEP B, ADULT (ENGERIX); 1 ML SINGLE-DOSE SYRINGE	VACCINE	$ 87.00	$-	$-	
90750	ZOSTER, RZV (SHINGRIX); 0.5 ML SINGLE-DOSE VIAL	VACCINE	$ 212.00	$-	$-	
90785	INTERACTIVE COMPLEXITY	BEHAVIORAL HEALTH	$ 28.00	$-	$-	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	BEHAVIORAL HEALTH	$ 186.00	$-	$-	
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	BEHAVIORAL HEALTH	$ 260.00	$-	$-	
90832	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	BEHAVIORAL HEALTH	$ 110.00	$-	$-	
90833	30 MINUTES OF PSYCHOTHERAPYWITH E/M SERVICE	BEHAVIORAL HEALTH	$ 106.00	$-	$-	
90834	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	BEHAVIORAL HEALTH	$ 146.00	$-	$-	
90836	45 MINUTES OF PSYCHOTHERAPY WITH E/M SERVICE	BEHAVIORAL HEALTH	$ 136.00	$-	$-	
90837	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	BEHAVIORAL HEALTH	$ 179.00	$-	$-	
90839	FIRST 60 MINUTES OF PSYCHOTHERAPY FOR CRISIS	BEHAVIORAL HEALTH	$ 220.00	$-	$-	
90840	ADD-ON CODE FOR EACH ADDITIONAL 30 MINUTES OF PSYCHOTHERAPY FOR CRISIS	BEHAVIORAL HEALTH	$ 108.00	$-	$-	
90845	PSYCHOANALYSIS	BEHAVIORAL HEALTH	$ 130.00	$-	$-	
90846	50 MINUTES OF FAMILY PSYCHOTHERAPY WITHOUT THE CLIENT PRESENT	BEHAVIORAL HEALTH	$ 165.00	$-	$-	
90847	50 MINUTESOF FAMILY PSYCHOTHERAPY WITH THE CLIENT PRESENT	BEHAVIORAL HEALTH	$ 169.00	$-	$-	
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	BEHAVIORAL HEALTH	$ 87.00	$ 50.00	$	50.00
90853	GROUP PSYCHOTHERAPY	BEHAVIORAL HEALTH	$ 56.00	$ 50.00	$	50.00
90863	PSYCHOPHARMACOLOGY WITH PSYCHOTHERAPY	BEHAVIORAL HEALTH	$ 64.00	$ 50.00	$	50.00
90875	30 MINUTES OF INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK	BEHAVIORAL HEALTH	$ 84.00	$ 50.00	$	50.00
90876	45 MINUTES OF INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK	BEHAVIORAL HEALTH	$ 140.00	$ 67.50	$	67.50
91301	CVD MOD PRIMARY 12+	VACCINE	$ 30.00	$-	$-	
91305	CVD PFZ TRIS 12+	VACCINE	$-	$-	$-	
91307	CVD PFZ 5-11Y	VACCINE	$-	$-	$-	
91308	CVD PFZ 6M-4Y	VACCINE	$-	$-	$-	
91309	CVD MOD 6-11Y	VACCINE	$-	$-	$-	
91311	CVD MOD 6M-5Y	VACCINE	$-	$-	$-	
91312	CVD PFZ BVLTBSTR 12+	VACCINE	$-	$-	$-	
91313	CVD MOD BVLTBSTR 12+	VACCINE	$-	$-	$-	
91314	CVD MOD BVLBSTR6-11Y	VACCINE	$-	$-	$-	
91315	CVD PFZ BVLBSTR5-11Y	VACCINE	$-	$-	$-	
91316	CVD MOD BVLBSTR6M-5Y	VACCINE	$-	$-	$-	
91317	CVD PFZ BVLBSTR6M-4Y	VACCINE	$-	$-	$-	
91321	MODERNA COVID 19 2023/24; 6MO-11YRS, 25 MCG/0.25ML SINGLE-DOSE VIAL	VACCINE	$-	$-	$-	
91322	MODERNA COVID19 2023/24; 12+ YRS, 50 MCG/0.5ML PREFILLED SYRINGE	VACCINE	$-	$-	$-	

92551	HEARING SCREEN, PURE TONE AUDIOMETRY, AIR ONLY	PROCEDURE	$ 22.00	$-	$-	
92552	HEARING SCREEN, PURETONE AUDIOMETRY THRESHOLD	EMCODE	$ 44.00	$-	$-	
93000	ECG, ROUTINUE ELECTROCARDIOGRAM; WITH INTERPRETATION AND REPORT	PROCEDURE	$ 130.00	$-	$-	
93005	ECG, ROUTINE ELECTRAOCARDIOGRAM; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	PROCEDURE	$ 87.00	$-	$-	
94010	SPIROMETRY, IN OFFICE	PROCEDURE	$ 242.00	$-	$-	
94060	SPIROMETRY, INCLUDING PRE/POST BRONCHODILATOR THERAPY	PROCEDURE	$ 64.00	$-	$-	
94640	NEBULIZER TREATMENT	PROCEDURE	$ 42.00	$-	$-	
96110	DEVELOPMENTAL SCREENING, PEDIATRIC (MCHAT, ASQ)	EMCODE	$ 20.00	$-	$-	
96127	DEPRESSION SCREENING (PHQ 2/9, PSC-17)	EMCODE	$ 5.00	$-	$-	
96156	ASSESSMENT: INITIAL	BEHAVIORAL HEALTH	$ 146.00	$-	$-	
96158	INTERVENTION: INDIVIDUAL, FACE TO FACE (30 MIN)	BEHAVIORAL HEALTH	$ 102.00	$-	$-	
96159	INTERVENTION: INDIVIDUAL, FACE TO FACE (EACH ADD'L 15 MIN)	BEHAVIORAL HEALTH	$ 42.00	$-	$-	
96160	PATIENT-FOCUSED HEALTH RISK ASSESSMENT	EMCODE	$ 18.00	$-	$-	
96161	CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT	EMCODE	$ 18.00	$-	$-	
96372	ADMINISTRATION FEE, INJECTION	PROCEDURE	$ 68.00	$-	$-	
97010	SUPERVISED APPLICATION OF HOT OR COLD THERAPIES TO TREAT CONDITION, INJURY, OR DISEASE	PHYSICAL THERAPY	$ 12.00	$-	$-	
97012	SUPERVISED APPLICATION OF MECHANICAL TRACTION TO TREAT CONDITION, INJURY, OR DISEASE	PHYSICAL THERAPY	$ 41.00	$-	$-	
97014	SUPERVISED APPLICATION OF ELECTRICAL CURRENT TO NERVES OR TO A MUSCLE OR GROUP OF MUSCLES TO TREAT C	PHYSICAL THERAPY	$ 35.00	$-	$-	
97032	CONSTANT ATTENDANCE PM&R: ELECTRICAL STIMULATION THERAPY USES ELECTRICITY TO STIMULATE THE MUSCLES F	PHYSICAL THERAPY	$ 39.00	$-	$-	
97110	PM&R THERAPEUTIC PROCEDURES: THERAPEUTIC EXERCISE	PHYSICAL THERAPY	$ 62.00	$-	$-	
97112	PM&R THERAPEUTIC PROCEDURES: NEUROMUSCULAR REEDUCATION	PHYSICAL THERAPY	$ 82.00	$-	$-	
97124	MASSAGE THERAPY, PER 15 MINUTES	MASSAGE	$ 25.00	$ 25.00	$-	
97140	PM&R THERAPEUTIC PROCEDURES: PHYSICAL THERAPY WHICH USES THE CONTROLLED MOVEMENT AND PRESSURE OI	PHYSICAL THERAPY	$ 62.00	$-	$-	
97150	PM&R THERAPEUTIC PROCEDURES: SUPERVISED THERAPEUTIC EXERCISE (GROUP) PER HOUR	PHYSICAL THERAPY	$ 31.00	$-	$-	
97161	PT EVALUATION LOW COMPLEXITY	PHYSICAL THERAPY	$ 124.00	$-	$-	
97162	PT EVALUATION MODERATE COMPLEXITY	PHYSICAL THERAPY	$ 124.00	$-	$-	
97163	PT EVALUATION HIGH COMPLEXITY	PHYSICAL THERAPY	$ 124.00	$-	$-	
97164	PT RE-EVALUATIONS	PHYSICAL THERAPY	$ 99.00	$-	$-	
97169	ATHLETIC TRAINING EVALUATION - LOW COMPLEXITY	PHYSICAL THERAPY	$ 60.00	$-	$-	
97170	ATHLETIC TRAINING EVALUATION - MODERATE COMPLEXITY	PHYSICAL THERAPY	$ 86.00	$-	$-	
97171	ATHLETIC TRAINING EVALUATION - HIGH COMPLEXITY	PHYSICAL THERAPY	$ 160.00	$-	$-	
97172	ATHLETIC TRAINING RE-EVALUATION	PHYSICAL THERAPY	$ 56.00	$-	$-	
97530	PM&R THERAPEUTIC PROCEDURES: SUPERVISED THERAPEUTIC ACTIVITY FOR FUNCTIONAL PERFORMANCE, 1 ON 1, EA(	PHYSICAL THERAPY	$ 82.00	$-	$-	
97533	PM&R THERAPEUTIC PROCEDURES: SUPERVISED THERAPEUTIC SENSORY INTEGRATIVE TECHNIQUES AS TREATMENT FO	PHYSICAL THERAPY	$ 78.00	$-	$-	
97535	PM&R THERAPEUTIC PROCEDURES: CONSULTATION ON RECOVERY INSTRUCTIONS FOR RECOVERY FROM ACUTE INJUR	PHYSICAL THERAPY	$ 78.00	$-	$-	
97597	DEBRIDEMENT LESS THAN 20 SQ CM	PROCEDURE	$ 110.00	$-	$-	
97602	WOUND(S) CARE NON-SELECTIVE	PROCEDURE	$ 66.00	$-	$-	
97810	ACUPUNCTURE, INITIAL; EVALUATION, NEEDLE PLACEMENT, 15 MINUTES OF TREATMENT, AND POST-TREATMENT	ACUPUNCTURE	$ 60.00	$ 50.00	$ 50.00	
97811	ACUPUNCTURE, SUBSEQUENT; EACH ADDITIONAL 15 MINUTES	ACUPUNCTURE	$ 25.00	$ 25.00	$ 25.00	
97813	ACUPUNCTURE W/ ELECTRICAL STIM, INITIAL; EVALUATION, NEEDLE PLACEMENT, 15 MIN TREATMENT, POST-TREATMEN	ACUPUNCTURE	$ 60.00	$ 50.00	$ 50.00	
97814	ACUPUNCTURE W/ ELECTRICAL STIMULATION; EACH ADDITIONAL 15 MINUTES	ACUPUNCTURE	$ 25.00	$ 25.00	$ 25.00	
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	CHIROPRACTIC	$ 65.00	$ 50.00	$ 50.00	
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	CHIROPRACTIC	$ 65.00	$ 50.00	$ 50.00	
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	CHIROPRACTIC	$ 65.00	$ 50.00	$ 50.00	
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS	CHIROPRACTIC	$ 65.00	$ 50.00	$ 50.00	
99000	SPECIMEN HANDLING OFFICE-LAB	LAB	$ 12.00	$-	$-	
99050	ADD-ON CODE FORSERVICES PROVIDED WHEN THE OFFICE IS USUALLY CLOSED	MISCELLANEOUS	$ 28.00	$-	$-	
99051	ADD-ON CODE FOR SERVICES PROVIDED DURING REGULARLY SCHEDULED HOURS ON EVENINGS, WEEKENDS, OR HOL	MISCELLANEOUS	$ 26.00	$-	$-	
99078	BREATHE FREE GROUP VISIT	EMCODE	$ 40.00	$-	$-	
99172	VISION SCREEN (INCLUDES VISUAL ACUITY, COLOR VISION, STEREOPSIS, & VISUAL FIELDS)	EMCODE	$ 20.00	$-	$-	
99173	VISION SCREENING (SNELLEN CHART)	PROCEDURE	$ 12.00	$-	$-	
99202	OFFICE OUTPATIENT VISIT; NEW LEVEL 2	EMCODE	$ 106.00	$-	$-	
99203	OFFICE OUTPATIENT VISIT; NEW LEVEL 3	EMCODE	$ 186.00	$-	$-	
99204	OFFICE OUTPATIENT VISIT; NEW LEVEL 4	EMCODE	$ 240.00	$-	$-	
99205	OFFICE OUTPATIENT VISIT; NEW LEVEL 5	EMCODE	$ 256.00	$-	$-	
99211	NURSE ONLY VISIT; ESTABLISHED	EMCODE	$ 66.00	$-	$-	
99212	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 2	EMCODE	$ 110.00	$-	$-	
99213	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 3	EMCODE	$ 156.00	$-	$-	
99214	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 4	EMCODE	$ 196.00	$-	$-	
99215	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 5	EMCODE	$ 240.00	$-	$-	
99381	PREVENTATIVE VISIT; NEW AGES <1 YEAR	EMCODE	$ 150.00	$-	$-	
99382	PREVENTATIVE VISIT; NEW AGES 1-4 YRS	EMCODE	$ 156.00	$-	$-	
99383	PREVENTATIVE VISIT; NEW AGES 5-11	EMCODE	$ 164.00	$-	$-	
99384	PREVENTATIVE VISIT; NEW AGES 12-17	EMCODE	$ 180.00	$-	$-	
99385	PREVENTATIVE VISIT; NEW AGES 18-39	EMCODE	$ 190.00	$-	$-	
99386	PREVENTATIVE VISIT; NEW AGES 40-64	EMCODE	$ 220.00	$-	$-	
99387	PREVENTATIVE VISIT; NEW AGES 65+ YRS	EMCODE	$ 234.00	$-	$-	
99391	PREVENTATIVE VISIT; ESTABLISHED AGES <1 YEAR	EMCODE	$ 134.00	$-	$-	
99392	PREVENTATIVE VISIT; ESTABLISHED AGES 1-4	EMCODE	$ 142.00	$-	$-	
99393	PREVENTATIVE VISIT; ESTABLISHED AGES 5-11	EMCODE	$ 142.00	$-	$-	
99394	PREVENTATIVE VISIT; ESTABLISHED AGES 12-17	EMCODE	$ 160.00	$-	$-	
99395	PREVENTATIVE VISIT; ESTABLISHED AGES 18-39	EMCODE	$ 174.00	$-	$-	
99396	PREVENTATIVE VISIT; ESTABLISHED AGES 40-64	EMCODE	$ 184.00	$-	$-	
99397	PREVENTATIVE VISIT; ESTABLISHED AGES 65+	EMCODE	$ 192.00	$-	$-	
99406	BREATHE FREE 3-10 MIN CONSULT (DPC/CASH/INSURANCE)	EMCODE	$ 21.00	$-	$-	
99407	BREATHE FREE 10+ MIN CONSULT (DPC/CASH/INSURANCE)	EMCODE	$ 33.00	$-	$-	
99417	PROLNG OFF/OP E/M EA 15 MIN	EMCODE	$ 47.00	$-	$-	
99421	E-VISIT THRU PORTAL (INITIATED BY PATIENT); 5-10 MIN	EMCODE	$ 26.00	$-	$-	

99422	E-VISIT THRU PORTAL (INITIATED BY PATIENT); 11-20 MIN	EMCODE	$ 50.00	$-	$-	
99423	E-VISIT THRU PORTAL (INITIATED BY PATIENT); 20+ MIN	EMCODE	$ 76.00	$-	$-	
99429	UNLISTED PREVENTIVE SERVICE	EMCODE	$ 50.00	$-	$-	
99441	TELEPHONE VISIT; 5-10 MINUTES	EMCODE	$ 60.00	$-	$-	
99442	TELEPHONE VISIT; 11-20 MINUTES	EMCODE	$ 96.00	$-	$-	
99443	TELEPHONE VISIT; 21-30 MINUTES	EMCODE	$ 136.00	$-	$-	
99455	DOT PHYSICAL (V70.5 DIAGNOSIS CODE)	EMCODE	$ 144.00	$-	$-	
99459	PELVIC EXAM	EMCODE	$ 32.00	$-	$-	
99497	ADVANCED DIRECTIVES	EMCODE	$ 86.00	$-	$-	
69209,50	EARWAX REMOVAL; IRRIGATION/LAVAGE, BILATERAL	PROCEDURE	$ 47.00	$-	$-	
69210,50	EARWAX REMOVAL; REQUIRING INSTRUMENTATION, BILATERAL	PROCEDURE	$ 62.00	$-	$-	
70030,50	X-RAY, EYE, FOR DETECTION OF FOREIGN BODY, BILATERAL	IMAGING	$ 122.00	$-	$	35.00
70160,52	X-RAY, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS, REDUCED VIEW(S)	IMAGING	$ 142.00	$-	$	35.00
71100,52	X-RAY; RIBS, UNILATERAL, REDUCED VIEW(S)	IMAGING	$ 144.00	$-	$	35.00
71101,52	X-RAY; RIBS, UNILATERAL WITH CHEST, REDUCED VIEW(S)	IMAGING	$ 175.00	$-	$	35.00
71111,52	X-RAY, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS, REDUCED VIEW(S)	IMAGING	$ 229.00	$-	$	35.00
71120,52	X-RAY; STERNUM, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 126.00	$-	$	35.00
71130,52	X-RAY; SC JOINTS (2VW), REDUCED VIEW(S)	IMAGING	$ 155.00	$-	$	35.00
72220,52	X-RAY, SACRUM AND COCCYX, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 122.00	$-	$	35.00
73000,50	X-RAY; CLAVICLE, COMPLETE, BILATERAL	IMAGING	$ 128.00	$-	$	35.00
73000,52	X-RAY; CLAVICLE, COMPLETE, REDUCED VIEW(S)	IMAGING	$ 128.00	$-	$	35.00
73010,50	X-RAY; SCAPULA, COMPLETE, BILATERAL	IMAGING	$ 124.00	$-	$	35.00
73010,52	X-RAY; SCAPULA, COMPLETE, REDUCED VIEW(S)	IMAGING	$ 124.00	$-	$	35.00
73020,50	X-RAY, SHOULDER; 1 VIEW, BILATERAL	IMAGING	$ 113.00	$-	$	35.00
73030,50	X-RAY, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	$ 130.00	$-	$	35.00
73050,52	X-RAY; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION, REDUCED VIEW(S)	IMAGING	$ 152.00	$-	$	35.00
73060,50	X-RAY; HUMERUS, MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	$ 124.00	$-	$	35.00
73060,52	X-RAY; HUMERUS, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 124.00	$-	$	35.00
73070,50	X-RAY, ELBOW; 2 VIEWS, BILATERAL	IMAGING	$ 122.00	$-	$	35.00
73070,52	X-RAY, ELBOW; 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 122.00	$-	$	35.00
73080,50	X-RAY, ELBOW; COMPLETE, MINIMUM OF 3 VIEWS, REDUCED VIEW(S)	IMAGING	$ 124.00	$-	$	35.00
73090,50	X-RAY; FOREARM, 2 VIEWS, BILATERAL	IMAGING	$ 124.00	$-	$	35.00
73090,52	X-RAY; FOREARM, 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 124.00	$-	$	35.00
73100,50	X-RAY, WRIST; 2 VIEWS, BILATERAL	IMAGING	$ 128.00	$-	$	35.00
73100,52	X-RAY, WRIST; 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 128.00	$-	$	35.00
73110,50	X-RAY, WRIST; COMPLETE, MINIMUM OF 3 VIEWS, BILATERAL	IMAGING	$ 152.00	$-	$	35.00
73120,50	X-RAY, HAND; 2 VIEWS, BILATERAL	IMAGING	$ 122.00	$-	$	35.00
73120,52	X-RAY, HAND; 2 VIEWS, REDUCED VIEW(S) (USE FOR 1V ARTHRITIC HAND)	IMAGING	$ 122.00	$-	$	35.00
73130,50	X-RAY, HAND; MINIMUM OF 3 VIEWS, BILATERAL	IMAGING	$ 136.00	$-	$	35.00
73140,50	X-RAY, FINGER(S), MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	$ 140.00	$-	$	35.00
73140,52	X-RAY, FINGER(S), MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 140.00	$-	$	35.00
73501,52	X-RAY, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW, REDUCED VIEW(S)	IMAGING	$ 130.00	$-	$	35.00
73551,50	X-RAY, FEMUR; 1 VIEW, BILATERAL	IMAGING	$ 109.00	$-	$	35.00
73552,50	X-RAY, FEMUR; MINIMUM 2 VIEWS, BILATERAL	IMAGING	$ 132.00	$-	$	35.00
73560,50	X-RAY, KNEE; 1 OR 2 VIEWS, BILATERAL	IMAGING	$ 128.00	$-	$	35.00
73562,50	X-RAY, KNEE; 3 VIEWS, BILATERAL	IMAGING	$ 152.00	$-	$	35.00
73564,50	X-RAY, KNEE; COMPLETE, 4 OR MORE VIEWS, BILATERAL	IMAGING	$ 171.00	$-	$	35.00
73590,50	X-RAY; TIBIA AND FIBULA, 2 VIEWS, BILATERAL	IMAGING	$ 117.00	$-	$	35.00
73590,52	X-RAY; TIBIA AND FIBULA, 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 117.00	$-	$	35.00
73592,50	X-RAY; LOWER EXTREMITY, INFANT, MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	$ 119.00	$-	$	35.00
73592,52	X-RAY; LOWER EXTREMITY, INFANT, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 119.00	$-	$	35.00
73600,50	X-RAY, ANKLE; 2 VIEWS, BILATERAL	IMAGING	$ 126.00	$-	$	35.00
73600,52	X-RAY, ANKLE; 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 126.00	$-	$	35.00
73610,50	X-RAY, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS, BILATERAL	IMAGING	$ 138.00	$-	$	35.00
73620,50	X-RAY, FOOT; 2 VIEWS, BILATERAL	IMAGING	$ 124.00	$-	$	35.00
73620,52	X-RAY, FOOT; 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 124.00	$-	$	35.00
73630,50	X-RAY, FOOT; COMPLETE, MINIMUM OF 3 VIEWS, BILATERAL	IMAGING	$ 128.00	$-	$	35.00
73650,50	X-RAY; CALCANEUS, MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	$ 113.00	$-	$	35.00
73650,52	X-RAY; CALCANEUS, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 113.00	$-	$	35.00
73660,50	X-RAY; TOE(S), MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	$ 122.00	$-	$	35.00
73660,52	X-RAY; TOE(S), MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	$ 122.00	$-	$	35.00
80061,QW	LIPID PANEL (AS PART OF BIOMETRICS)	LAB	$ 30.00	$-	$-	
81002,QW	URINALYSIS, MANUAL DIPSTICK (NO MICRO)	LAB	$ 22.00	$-	$-	
81003,QW	URINALYSIS, DIPSTICK, NO MICRO (CLINITEK)	LAB	$ 22.00	$-	$-	
81003,QW,59	URINALYSIS, DIPSTICK, NO MICRO (CLINITEK)	LAB	$ 22.00	$-	$-	
81377,59	CELIAC HLA DQ ASSOCIATION	LAB	$ 101.00	$-	$-	
82525,59	COPPER, RBC	LAB	$ 25.00	$-	$-	
85018,QW	HEMOGLOBIN (FINGERSTICK) ON HEMOPOINT	LAB	$ 20.00	$-	$-	
86160,59	C4/C3	LAB	$ 25.00	$-	$-	
86258,59	DEAMIDATED GLIADIN ANTIBODIES, IGA OR IGGDEAMIDATED GLIADIN ANTIBODIES, IGA OR IGG	LAB	$ 25.00	$-	$-	
86308,QW	MONONUCLEOSIS, QUAL, VISUAL READ	LAB	$ 20.00	$-	$-	
86364,59	MEASUREMENT OF TTG (IGA OR IGG)	LAB	$ 25.00	$-	$-	
86666,59	ANAPLASMA PHAGOCYTOPHILUM AB	LAB	$ 25.00	$-	$-	
86753,59	BABESIA MICROTI ANTIBODY PANEL	LAB	$ 50.00	$-	$-	
87210,QW	WET PREP (DONE AT VIARO)	LAB	$ 30.00	$-	$-	
87210,QW,59	WET PREP (VIARO) IN ADDITON TO TRICH NAA TESTING (LABCORP)	LAB	$ 30.00	$-	$-	
87426,QW	COVID, RAPID ANTIGEN POC TEST (NON-CONFIRMATORY)	LAB	$ 20.00	$-	$-	
87529,59	HSV 1/2 PCR SWAB	LAB	$ 95.00	$-	$-	

87798,59	PERTUSSIS, WHOOPING COUGH, PCR	LAB	$ 80.50	$-	$-	
87804,QW	INFLUENZA A (VERITOR), 1 OF 2 BILLING CODES	LAB	$ 22.00	$-	$-	
87804,QW,59	INFLUENZA B (VERITOR), 2 OF 2 BILLING CODES	LAB	$ 22.00	$-	$-	
87807,QW	RSV RAPID ANTIGEN POC TEST (NON-CONFIRMATORY)	LAB	$ 30.00	$-	$-	
87811,QW	COVID, RAPID ANTIGEN POC TEST (NON-CONFIRMATORY)	LAB	$ 22.00	$-	$-	
87880,QW	STREP A, RAPID, ANY TESTING METHOD	LAB	$ 38.00	$-	$-	
90791,59	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	BEHAVIORAL HEALTH	$ 186.00	$-	$-	
90791,93	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES, AUDIO ONLY	BEHAVIORAL HEALTH	$ 186.00	$-	$-	
90791,95	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES, TELEHEALTH	BEHAVIORAL HEALTH	$ 186.00	$-	$-	
90832,93	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, AUDIO ONLY	BEHAVIORAL HEALTH	$ 110.00	$-	$-	
90832,95	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, TELEHEALTH	BEHAVIORAL HEALTH	$ 110.00	$-	$-	
90834,59	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	BEHAVIORAL HEALTH	$ 146.00	$-	$-	
90834,93	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, AUDIO ONLY	BEHAVIORAL HEALTH	$ 146.00	$-	$-	
90834,95	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, TELEHEALTH	BEHAVIORAL HEALTH	$ 146.00	$-	$-	
90834,HJ	EAP 45 MIN OF PSYCHOTHERAPY	BEHAVIORAL HEALTH	$ 146.00	$ 146.00	$ 146.00	
90837,93	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, AUDIO ONLY	BEHAVIORAL HEALTH	$ 179.00	$-	$-	
90837,95	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, TELEHEALTH	BEHAVIORAL HEALTH	$ 179.00	$-	$-	
99202,93	OFFICE OUTPATIENT VISIT; NEW LEVEL 2, PHONE (AUDIO ONLY)	EMCODE	$ 106.00	$-	$-	
99202,95	OFFICE OUTPATIENT VISIT; NEW LEVEL 2, TELEHEALTH	EMCODE	$ 106.00	$-	$-	
99203,93	OFFICE OUTPATIENT VISIT; NEW LEVEL 3, PHONE (AUDIO ONLY)	EMCODE	$ 186.00	$-	$-	
99203,95	OFFICE OUTPATIENT VISIT; NEW LEVEL 3, TELEHEALTH	EMCODE	$ 186.00	$-	$-	
99204,93	OFFICE OUTPATIENT VISIT; NEW LEVEL 4, PHONE (AUDIO ONLY)	EMCODE	$ 240.00	$-	$-	
99204,95	OFFICE OUTPATIENT VISIT; NEW LEVEL 4, TELEHEALTH	EMCODE	$ 240.00	$-	$-	
99205,93	OFFICE OUTPATIENT VISIT; NEW LEVEL 5, PHONE (AUDIO ONLY)	EMCODE	$ 256.00	$-	$-	
99205,95	OFFICE OUTPATIENT VISIT; NEW LEVEL 5, TELEHEALTH	EMCODE	$ 256.00	$-	$-	
99212,93	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 2, PHONE (AUDIO ONLY)	EMCODE	$ 110.00	$-	$-	
99212,95	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 2, TELEHEALTH	EMCODE	$ 110.00	$-	$-	
99213,93	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 3, PHONE (AUDIO ONLY)	EMCODE	$ 156.00	$-	$-	
99213,95	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 3, TELEHEALTH	EMCODE	$ 156.00	$-	$-	
99214,93	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 4, PHONE (AUDIO ONLY)	EMCODE	$ 196.00	$-	$-	
99214,95	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 4, TELEHEALTH	EMCODE	$ 196.00	$-	$-	
99215,93	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 5, PHONE (AUDIO ONLY)	EMCODE	$ 240.00	$-	$-	
99215,95	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 5, TELEHEALTH	EMCODE	$ 240.00	$-	$-	
99381,25	PREVENT VISIT, NEW; AGES <1YR	EMCODE	$ 150.00	$-	$-	
99382,25	PREVENT VISIT, NEW; AGES 1-4 YRS	EMCODE	$ 156.00	$-	$-	
99383,25	PREVENT VISIT, NEW; AGES 5-11 YRS	EMCODE	$ 164.00	$-	$-	
99384,25	PREVENT VISIT, NEW; AGES 12-17 YRS	EMCODE	$ 180.00	$-	$-	
99385,25	PREVENT VISIT, NEW; AGES 18-39 YRS	EMCODE	$ 190.00	$-	$-	
99386,25	PREVENT VISIT; NEW, AGES 40-64	EMCODE	$ 220.00	$-	$-	
99387,25	PREVENT VISIT, NEW; AGES 65+ YRS	EMCODE	$ 234.00	$-	$-	
99391,25	PREVENT VISIT, ESTAB; AGES <1YR	EMCODE	$ 134.00	$-	$-	
99392,25	PREVENT VISIT, ESTAB; AGES 1-4YRS	EMCODE	$ 142.00	$-	$-	
99393,25	PREVENT VISIT, ESTAB; AGES 5-11YRS	EMCODE	$ 142.00	$-	$-	
99394,25	PREVENT VISIT, ESTAB; AGES 12-17YRS	EMCODE	$ 160.00	$-	$-	
99395,25	PREVENT VISIT, ESTAB; AGES 18-39YRS	EMCODE	$ 174.00	$-	$-	
99396,25	PREVENT VISIT, ESTAB; AGES 40-64YRS	EMCODE	$ 184.00	$-	$-	
99397,25	PREVENT VISIT, ESTAB; AGES 65+YRS	EMCODE	$ 192.00	$-	$-	
A4467	ORTHOTICS ELBOW CHO-PAT STRAP	DME	$ 30.00	$-	$ 30.00	
A4565	ARM SLING	DME	$ 16.00	$-	$ 16.00	
A4570	PROCARE STAXX FINGER SPLINT KIT	DME	$ 4.00	$-	$ 4.00	
A6196	STERILE, ALGINATE OR FIBER GELLING DRESSING LESS THAN 16 SQ IN	DME	$ 17.00	$-	$-	
A6212	STERILE FOAM DRESSING WITH AN ADHESIVE BORDER AND A PAD SIZE 16 SQ IN OR LESS	DME	$ 9.00	$-	$-	
A6213	STERILE, FOAM DRESSING BETWEEN 16 AND 48 SQ IN	DME	$ 10.50	$-	$-	
A6222	GAUZE WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, UP TO 16 SQ IN	DME	$ 2.50	$-	$-	
A6448	ACE BANDAGE 2 IN X 5 YRD	DME	$ 6.00	$-	$ 6.00	
A6449	ACE BANDAGE 4 IN X 5 YRD	DME	$ 6.00	$-	$ 6.00	
A7003	NEBULIZER MASK (BILLED PART OF NEBULIZER TREATMENT)	DME	$-	$-	$-	
E0114	CRUTCHES	DME	$ 45.00	$-	$-	
E0570	DEVILBISS NEBULIZER MACHINE	DME	$ 40.00	$-	$-	
G0008	FLU VACC ADMIN	EMCODE	$ 36.00	$-	$-	
G0009	PNEUMOCOCCAL ADMIN	EMCODE	$ 32.00	$-	$-	
G0101	SCREENING PELVIC AND BREAST EXAM	EMCODE	$ 41.00	$-	$-	
G0102	PROSTATE CANCER SCREENING	EMCODE	$ 27.00	$-	$-	
G0107	MEDICARE, HEMOCULT/GUAIAC X 1-3 (POC TEST)	EMCODE	$ 16.00	$-	$-	
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION	PHYSICAL THERAPY	$ 35.00	$-	$-	
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE	PHYSICAL THERAPY	$ 36.00	$-	$-	
G0328	MEDICARE, COLON CANCER SCREENING FIT TEST	EMCODE	$ 30.00	$-	$-	
G0402	MEDIARE, WELCOME TO EXAM (IPPE)	EMCODE	$ 170.00	$-	$-	
G0403	ECG PERFORMED AS SCREENING WITH IPPE (WITH INTERPRETATION AND REPORT)	EMCODE	$ 16.00	$-	$-	
G0404	ECG PERFORMED AS SCREENING WITH IPPE (TRACING ONLY W/O INTERPRETATION AND REPORT)	EMCODE	$ 8.00	$-	$-	
G0405	ECG PERFORMED AS SCREENING WITH IPPE (INTERPRETATION AND REPORT ONLY)	EMCODE	$ 10.00	$-	$-	
G0438	MEDICARE, INITIAL AWV (AFTER IPPE)	EMCODE	$ 175.00	$-	$-	
G0438,93	MEDICARE, INITIAL AWV (AFTER IPPE); PHONE (AUDIO ONLY)	EMCODE	$ 175.00	$-	$-	
G0438,95	MEDICARE, INITIAL AWV (AFTER IPPE); TELEHEALTH	EMCODE	$ 175.00	$-	$-	
G0439	MEDICARE, ANNUAL VISIT, SUBSEQUENT	EMCODE	$ 140.00	$-	$-	
G0439,93	MEDICARE, ANNUAL VISIT, SUBSEQUENT; PHONE (AUDIO ONLY)	EMCODE	$ 140.00	$-	$-	
G0439,95	MEDICARE, ANNUAL VISIT, SUBSEQUENT; TELEHEALTH	EMCODE	$ 140.00	$-	$-	
G0442	ALCOHOL SCREENING	EMCODE	$ 20.00	$-	$-	

G0443	BRIEF ALCOHOL USE COUNSELING	EMCODE	$ 30.00	$-	$-
G0444	DEPRESSION SCREENING	EMCODE	$ 20.00	$-	$-
G0446	BEHAVIORAL TX FOR CVD	EMCODE	$ 30.00	$-	$-
G0447	OBESITY COUNSELING	EMCODE	$ 30.00	$-	$-
G0513	EXTRA 30 MINUTES	EMCODE	$ 66.00	$-	$-
G0514	EXTRA 60 MINUTES	EMCODE	$ 66.00	$-	$-
G2010	REMOTE EVALUATION OF IMAGE/VIDEO WITH INTERPRETATION AND FOLLOW UP W/IN 24 HOURS	EMCODE	$ 20.00	$-	$-
G2012	CLINICIAN CHECK IN BY PHONE, EMAIL, TEXT, MESSAGE TO PORTAL	EMCODE	$ 26.00	$-	$-
H0033	ADMINISTRATION FEE, ORAL MEDICATION	PRESCRIPTION	$ 10.00	$-	$-
J0171	INJECTION, AUTO-INJECTOR, EPINEPHRINE, PER 0.15MG	PRESCRIPTION	$ 270.00	$-	$-
J0561	BICILLIN LA, SYR 1.2 MMU/2 ML	PRESCRIPTION	$ 330.00	$-	$-
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	PRESCRIPTION	$ 76.00	$-	$-
J1030	*INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	PRESCRIPTION	$ 76.00	$-	$-
J1885	INJECTION, KETOROLAC, PER 15 MG/1ML	PRESCRIPTION	$ 32.00	$-	$-
J2310	INJECTION, NALOXONE, 0.4 MG/ML	PRESCRIPTION	$ 90.00	$-	$-
J3420	*INJECTION, VITAMIN B-12 CYANOCOBALAMIN, 1000 MCG/ML	PRESCRIPTION	$ 76.00	$-	$-
J3490	NALOXONE, NASAL SPRAY	PRESCRIPTION	$ 106.00	$-	$-
J3491	SEMAGLUTIDE INJECTION	PROCEDURE	$ 100.00	$ 100.00	$ 100.00
J7297	LEVONORGESTREL-REALEASING IUD, 52 MG	PRESCRIPTION	$ 628.00	$-	$-
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	PRESCRIPTION	$ 1,168.00	$ 1,133.83	$ 1,133.83
J7307	*ETONOGESTREL IMPLANT, 68 MG	PRESCRIPTION	$ 1,146.00	$-	$-
J7613	ALBUTEROL NEBULIZER SOLUTION (0.083%), 2.5MG/3ML	PRESCRIPTION	$ 4.00	$-	$-
J7620	IPRATROPIUM BROMIDE/ALUBUTEROL, 0.5MG/3MG PER 3ML	PRESCRIPTION	$ 6.00	$-	$-
J8499	ACETOMINOPHEN, 160MG/5ML	PRESCRIPTION	$ 1.00	$-	$-
L1830	ORTHOTICS KNEE IMOBILIZER	DME	$ 42.00	$-	$ 25.00
L3260	PROCARE SURGICAL SHOE	DME	$ 46.00	$-	$ 25.00
L3809	COCK UP WRIST SPLINT W/THUMB	DME	$ 26.00	$-	$ 10.00
L3908	COCK-UP WRIST SPLINT	DME	$ 26.00	$-	$ 10.00
L3913	FINGER SPLINT, FOAM, ASSORTED SIZES	DME	$ 2.00	$-	$-
L4350	AIRCAST AIR STIRRUP ANKLE/HEEL BRACE	DME	$ 38.00	$-	$ 25.00
L4386	WALKING BOOT, PEDIATRIC	DME	$ 50.00	$-	$ 25.00
L4387	WALKING BOOT, ADULT	DME	$ 50.00	$-	$ 30.00
Q0163	DIPHENHYDRAMINE, ORAL SUSP OR TABLET, PER 12.5MG	PRESCRIPTION	$ 0.50	$-	$-