

2024 PUBLISHED PRICING AND DPC MEMBER PRICING

Code	Description	2024 Price	DPC Price	DPC PLUS Price
11200	REMOVAL OF SKIN TAGS; < 15	\$ 130.00	\$ 63.00	INCLUDED
11201	REMOVAL OF SKIN TAGS; EACH ADD'L 10	\$ 40.00	\$ 19.00	INCLUDED
11300	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, <0.5 CM	\$ 122.00	\$ 58.00	INCLUDED
11306	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, 0.6-1.0 CM	\$ 144.00	\$ 69.00	INCLUDED
11981	NEXPLANON (IMPLANT) INSERTION	\$ 138.00	\$ 68.00	INCLUDED
17000	CRYOTHERAPY 1ST PREMALIGNANT LESION (IE ACTINIC KERATOSIS)	\$ 124.00	\$ 46.00	INCLUDED
17110	DESTRUCTION BENIGN LESION (IE WARTS), 1-14	\$ 170.00	\$ 57.00	INCLUDED
20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 1 OR 2 MUSCLE(S)	\$ 26.00	\$ 23.00	INCLUDED
20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 3 OR MORE MUSCLE(S)	\$ 26.00	\$ 23.00	INCLUDED
36415	SPECIMEN COLLECTION: VENIPUNCTURE	\$ 30.00	INCLUDED	INCLUDED
36416	SPECIMEN COLLECTION: FINGER POKE	\$ 12.00	INCLUDED	INCLUDED
58300	IUD INSERTION	\$ 170.00	INCLUDED	INCLUDED
58301	IUD REMOVAL	\$ 170.00	INCLUDED	INCLUDED
69209	EARWAX REMOVAL; IRRIGATION/LAVAGE, UNILATERAL	\$ 46.00	INCLUDED	INCLUDED
69210	EARWAX REMOVAL; REQUIRING INSTRUMENTATION, UNILATERAL	\$ 60.00	INCLUDED	INCLUDED
71046	X-RAY, CHEST; 2 VIEWS	\$ 122.00	\$ 35.00	INCLUDED
71100	X-RAY; RIBS, UNILATERAL	\$ 140.00	\$ 35.00	INCLUDED
71111	X-RAY, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS	\$ 222.00	\$ 35.00	INCLUDED
72040	X-RAY, SPINE, CERVICAL; 2 OR 3 VIEWS	\$ 142.00	\$ 35.00	INCLUDED
72070	X-RAY, SPINE; THORACIC, 2 VIEWS	\$ 140.00	\$ 35.00	INCLUDED
72082	X-RAY, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (EG, SCOLIOSIS EVALUATION); 2 OR 3 VIEWS	\$ 254.00	\$ 35.00	INCLUDED
72100	X-RAY, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	\$ 144.00	\$ 35.00	INCLUDED
73030	X-RAY, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS	\$ 126.00	\$ 35.00	INCLUDED
73050	X-RAY; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$ 148.00	\$ 35.00	INCLUDED
73110	X-RAY, WRIST; COMPLETE, MINIMUM OF 3 VIEWS	\$ 148.00	\$ 35.00	INCLUDED
73120	X-RAY, HAND; 2 VIEWS	\$ 118.00	\$ 35.00	INCLUDED
73130	X-RAY, HAND; MINIMUM OF 3 VIEWS	\$ 132.00	\$ 35.00	INCLUDED
73140	X-RAY, FINGER(S), MINIMUM OF 2 VIEWS	\$ 136.00	\$ 35.00	INCLUDED
73502	X-RAY, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	\$ 170.00	\$ 35.00	INCLUDED
73523	X-RAY, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF 5 VIEWS	\$ 244.00	\$ 35.00	INCLUDED
73560	X-RAY, KNEE; 1 OR 2 VIEWS	\$ 124.00	\$ 35.00	INCLUDED
73562	X-RAY, KNEE; 3 VIEWS	\$ 148.00	\$ 35.00	INCLUDED
73590	X-RAY; TIBIA AND FIBULA, 2 VIEWS	\$ 114.00	\$ 35.00	INCLUDED
73600	X-RAY, ANKLE; 2 VIEWS	\$ 122.00	\$ 35.00	INCLUDED
73610	X-RAY, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	\$ 134.00	\$ 35.00	INCLUDED
73630	X-RAY, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	\$ 124.00	\$ 35.00	INCLUDED
73660	X-RAY; TOE(S), MINIMUM OF 2 VIEWS	\$ 118.00	\$ 35.00	INCLUDED
74018	X-RAY, ABDOMEN; 1 VIEW	\$ 98.00	\$ 35.00	INCLUDED
80048	BMP (8)	\$ 12.00	INCLUDED	INCLUDED
80051	ELECTROLYTE PANEL	\$ 10.00	INCLUDED	INCLUDED
80053	CMP (14)	\$ 14.00	INCLUDED	INCLUDED
80061	LIPID PANEL	\$ 28.00	INCLUDED	INCLUDED
80069	RENAL FUNCTION PANEL	\$ 12.00	INCLUDED	INCLUDED

80158	CYCLOSPORINE, SERUM LEVEL	\$	52.00	INCLUDED	INCLUDED
80175	LAMOTRIGINE, SERUM LEVEL	\$	46.00	INCLUDED	INCLUDED
80195	SIROLUMUS, SERUM LEVEL	\$	58.00	INCLUDED	INCLUDED
81001	URINALYSIS, COMPLETE WITH MICRO (SENT TO LAPCORP)	\$	10.00	INCLUDED	INCLUDED
81015	URINE, MICRO ONLY	\$	10.00	INCLUDED	INCLUDED
82043	ALBUMIN, URINE, MICROALBUMIN; QUANT	\$	24.00	INCLUDED	INCLUDED
82150	AMYLASE	\$	14.00	INCLUDED	INCLUDED
82247	BILIRUBIN, TOTAL	\$	6.00	INCLUDED	INCLUDED
82248	BILIRUBIN, DIRECT	\$	6.00	INCLUDED	INCLUDED
82274	FIT TEST (OCCULT BLOOD, FECAL, IA)	\$	38.00	INCLUDED	INCLUDED
82306	VITAMIN D, 25-HYDROXY	\$	68.00	INCLUDED	INCLUDED
82310	CALCIUM	\$	10.00	INCLUDED	INCLUDED
82465	ASSAY OF CHOLESTEROL (PEDS NON-FASTING)	\$	12.00	INCLUDED	INCLUDED
82525	COPPER, SERUM	\$	26.00	\$ 23.00	INCLUDED
82550	CREATINE KINASE	\$	20.00	INCLUDED	INCLUDED
82565	CREATININE	\$	10.00	INCLUDED	INCLUDED
82570	CREATININE, URINE	\$	8.00	INCLUDED	INCLUDED
82607	VITAMIN B12	\$	30.00	INCLUDED	INCLUDED
82670	ESTRADIOL	\$	52.00	INCLUDED	INCLUDED
82728	FERRITIN	\$	22.00	INCLUDED	INCLUDED
82746	FOLATE	\$	24.00	INCLUDED	INCLUDED
82784	TTG, INITIAL TEST 1 OF 2	\$	30.00	INCLUDED	INCLUDED
82947	GLUCOSE	\$	12.00	INCLUDED	INCLUDED
82962	GLUCOSE, FINGERSTICK (POC)	\$	4.00	\$ 4.00	INCLUDED
82977	GGT	\$	10.00	INCLUDED	INCLUDED
83001	FSH	\$	30.00	INCLUDED	INCLUDED
83002	LH	\$	54.00	INCLUDED	INCLUDED
83036	HGB A1C WITH EAG ESTIMATION	\$	18.00	INCLUDED	INCLUDED
83498	17-ALPHA-HYDROXYPROGESTERONE OR 17-OH PROGESTERONE, LC/MS	\$	38.00	INCLUDED	INCLUDED
83520	THYROTROPIN RECEPTOR ANTIBODY, SERUM	\$	46.00	\$ 41.00	INCLUDED
83540	IRON	\$	10.00	INCLUDED	INCLUDED
83550	TIBC	\$	12.00	INCLUDED	INCLUDED
83655	LEAD, BLOOD, ANY TESTING METHOD	\$	30.00	INCLUDED	INCLUDED
83690	LIPASE	\$	18.00	INCLUDED	INCLUDED
83718	LDL, DIRECT MEASUREMENT (PEDS NON-FASTING)	\$	12.00	INCLUDED	INCLUDED
83735	MAGNESIUM	\$	14.00	INCLUDED	INCLUDED
83970	PTH, INTACT	\$	54.00	INCLUDED	INCLUDED
84075	ALKALINE PHOSPHATASE	\$	10.00	INCLUDED	INCLUDED
84132	POTASSIUM	\$	10.00	INCLUDED	INCLUDED
84146	PROLACTIN	\$	38.00	INCLUDED	INCLUDED
84153	PROSTATE-SPECIFIC AG (PSA)	\$	40.00	INCLUDED	INCLUDED
84156	PROTEIN, TOTAL, URINE (BILLING 2/2 FOR #003129)	\$	6.00	INCLUDED	INCLUDED
84295	SODIUM	\$	10.00	INCLUDED	INCLUDED
84402	TESTOSTERONE, FREE	\$	102.00	INCLUDED	INCLUDED
84403	TESTOSTERONE, TOTAL	\$	38.00	INCLUDED	INCLUDED
84436	T4, THYROXINE	\$	18.00	INCLUDED	INCLUDED

84439	THYROXINE (T4) FREE, DIRECT	\$	30.00	INCLUDED	INCLUDED
84443	TSH	\$	28.00	INCLUDED	INCLUDED
84450	AST	\$	10.00	INCLUDED	INCLUDED
84460	ALT	\$	10.00	INCLUDED	INCLUDED
84479	T3/T4 UPTAKE OR BINDING RATIO	\$	14.00	INCLUDED	INCLUDED
84480	T3	\$	28.00	INCLUDED	INCLUDED
84481	TRIIODOTHYRONINE (T3), FREE	\$	56.00	INCLUDED	INCLUDED
84520	BUN	\$	10.00	INCLUDED	INCLUDED
84550	URIC ACID	\$	10.00	INCLUDED	INCLUDED
84630	ZINC, SERUM	\$	21.00	\$ 18.00	INCLUDED
84702	HCG, QUANTITATIVE	\$	46.00	INCLUDED	INCLUDED
85018	HEMOGLOBIN-(SENT TO LABCORP)	\$	14.00	INCLUDED	INCLUDED
85025	CBC WITH DIFFERENTIAL/PLATELET	\$	10.00	INCLUDED	INCLUDED
85027	CBC, NO DIFFERENTIAL	\$	10.00	INCLUDED	INCLUDED
85044	RETICULOCYTE COUNT	\$	12.00	INCLUDED	INCLUDED
85045	<input checked="" type="checkbox"/> BLOOD COUNT (PART OF ANEMIA PROFILE) <input checked="" type="checkbox"/>	\$	14.00	INCLUDED	INCLUDED
85060	<input checked="" type="checkbox"/> PERIPHERAL SMEAR <input checked="" type="checkbox"/>	\$	58.00	INCLUDED	INCLUDED
85652	<input checked="" type="checkbox"/> SEDIMENTATION RATE (ESR) <input checked="" type="checkbox"/>	\$	12.00	INCLUDED	INCLUDED
85660	<input checked="" type="checkbox"/> HEMOGLOBIN (HB) SOLUBILITY <input checked="" type="checkbox"/>	\$	24.00	INCLUDED	INCLUDED
86038	<input checked="" type="checkbox"/> ANTINUCLEAR ANTIBODIES (ANA), IFA <input checked="" type="checkbox"/>	\$	26.00	INCLUDED	INCLUDED
86141	<input checked="" type="checkbox"/> CRP <input checked="" type="checkbox"/>	\$	20.00	INCLUDED	INCLUDED
86200	<input checked="" type="checkbox"/> ANTI-CCP AB, IGG/IGA <input checked="" type="checkbox"/>	\$	30.00	INCLUDED	INCLUDED
86258	<input checked="" type="checkbox"/> TTG, REFLEX TEST (BILLING PURPOSES ONLY) <input checked="" type="checkbox"/>	\$	42.00	INCLUDED	INCLUDED
86317	<input checked="" type="checkbox"/> HEPATITIS B SURF AB, QUANT <input checked="" type="checkbox"/>	\$	28.00	INCLUDED	INCLUDED
86364	<input checked="" type="checkbox"/> MEASUREMENT OF TTG (IGA OR IGG) <input checked="" type="checkbox"/>	\$	30.00	\$ 27.00	INCLUDED
86431	<input checked="" type="checkbox"/> RHEUMATOID FACTOR (RF) <input checked="" type="checkbox"/>	\$	12.00	INCLUDED	INCLUDED
86580	<input checked="" type="checkbox"/> PPD, (APLISOL); MULTI-DOSE VIAL <input checked="" type="checkbox"/>	\$	9.00	INCLUDED	INCLUDED
86592	<input checked="" type="checkbox"/> RPR (REFLEX)-006099 (UNORDERABLE) <input checked="" type="checkbox"/>	\$	34.00	INCLUDED	INCLUDED
86618	<input checked="" type="checkbox"/> *LYME SEROLOGY W/REFLEX TO CONFIRM <input checked="" type="checkbox"/>	\$	42.00	INCLUDED	INCLUDED
86704	<input checked="" type="checkbox"/> HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL, #006718 <input checked="" type="checkbox"/>	\$	68.00	INCLUDED	INCLUDED
86706	<input checked="" type="checkbox"/> HEPATITIS B SURFACE ANTIBODY (HBSAB) <input checked="" type="checkbox"/>	\$	28.00	INCLUDED	INCLUDED
86708	<input checked="" type="checkbox"/> *HEPATITIS A SCREENING AB WITH REFLEX TO IGM <input checked="" type="checkbox"/>	\$	26.00	INCLUDED	INCLUDED
86709	<input checked="" type="checkbox"/> HAV IGM (REFLEX) (NOT ORDERABLE) <input checked="" type="checkbox"/>	\$	18.00	INCLUDED	INCLUDED
86735	MUMPS ANTIBODIES, IGG	\$	26.00	INCLUDED	INCLUDED
86762	RUBELLA ANTIBODIES	\$	26.00	INCLUDED	INCLUDED
86765	MEASLES (RUBEOLA) ANTIBODIES, IGG	\$	26.00	INCLUDED	INCLUDED
86780	PREP: SYPHILIS CASCADE	\$	20.00	INCLUDED	INCLUDED
86787	VARICELLA-ZOSTER V AB, IGG	\$	36.00	INCLUDED	INCLUDED
86803	PREP: HCV AB RFX TO QUANT PCR	\$	24.00	INCLUDED	INCLUDED
87045	CULTURE, BACTERIAL	\$	32.00	INCLUDED	INCLUDED
87046	CAMPLYOBACTER, STOOL CULTURE	\$	26.00	INCLUDED	INCLUDED
87081	STREP, THROAT CULTURE	\$	18.00	INCLUDED	INCLUDED
87086	URINE CULTURE, ROUTINE	\$	22.00	INCLUDED	INCLUDED
87186	SENSITIVITY ORGANISM #1 (URINE), BILLING PURPOSES	\$	24.00	INCLUDED	INCLUDED
87210	WET PREP (SENT TO LABCORP)	\$	30.00	INCLUDED	INCLUDED
87328	CRYPTOSPORIDIUM	\$	64.00	INCLUDED	INCLUDED

87329	GIARDIA, EIA	\$	20.00	INCLUDED	INCLUDED
87338	H. PYLORI STOOL AG, EIA	\$	70.00	INCLUDED	INCLUDED
87340	HEPATITIS B SURFACE ANTIGEN	\$	28.00	INCLUDED	INCLUDED
87389	PREP: HIV AG/AB WITH REFLEX	\$	32.00	INCLUDED	INCLUDED
87427	INFECTIOUS AGENT DETECTION (STOOL)	\$	32.00	INCLUDED	INCLUDED
87468	ANAPLASMA, PCR	\$	144.00	INCLUDED	INCLUDED
87469	BABESIA, PCR	\$	230.00	INCLUDED	INCLUDED
87491	CHLAMYDIA, NAA, ANY METHOD	\$	36.00	INCLUDED	INCLUDED
87493	C DIFFICILE TOXIN GENE NAA, STOOL	\$	92.00	INCLUDED	INCLUDED
87529	HSV 1/2 PCR SWAB	\$	96.00	INCLUDED	INCLUDED
87563	MYCOPLASMA GENITALIUM, SWAB OR URINE	\$	48.00	INCLUDED	INCLUDED
87591	GONORRHEA, NAA, ANY METHOD	\$	38.00	INCLUDED	INCLUDED
87624	HPV, APTIMA	\$	58.00	INCLUDED	INCLUDED
87660	TRICH VAG, DNA PROBE	\$	26.00	INCLUDED	INCLUDED
87661	TRICH VAG BY NAA	\$	42.00	INCLUDED	INCLUDED
88141	PHYSICIAN READ	\$	28.00	INCLUDED	INCLUDED
88175	IG PAP	\$	108.00	INCLUDED	INCLUDED
88305	SURGICAL PATHOLOGY, INTERPRETATION, LEVEL 4	\$	76.00	\$ 68.00	INCLUDED
90460	IMMUN ADMIN, PEDS; WITH COUNSELING BY PROVIDER; 1ST OR ONLY COMPONENT OF EACH VACCINE ADMINISTERED	\$	22.00	INCLUDED	INCLUDED
90461	IMMUN ADMIN, PEDS; WITH COUNSELING BY PROVIDER; EACH ADD'L VACCINE COMPONENT ADMINISTERED	\$	16.00	INCLUDED	INCLUDED
90471	IMMUN ADMIN, ADULT; 1ST VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$	24.00	INCLUDED	INCLUDED
90472	IMMUN ADMIN, ADULT; EACH ADD'L VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$	15.00	INCLUDED	INCLUDED
90473	IMMUN ADMIN; INTRANASAL OR ORAL; 1ST VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$	20.00	INCLUDED	INCLUDED
90621	MENINGOCOCCAL B (TRUMENBA); 0.5 ML SINGLE-DOSE SYRINGE	\$	198.00	INCLUDED	INCLUDED
90632	HEP A, ADULT (HAVRIX); 1ML SINGLE-DOSE SYRINGE	\$	105.00	INCLUDED	INCLUDED
90633	HEP A, PED (HAVRIX); 0.5ML SINGLE-DOSE SYRINGE	\$	60.00	INCLUDED	INCLUDED
90648	HIB, (PEDVAX PRP-OMP); 0.5 ML SINGLE-DOSE VIAL	\$	36.00	INCLUDED	INCLUDED
90651	HPV, (GARDASIL 9); 0.5 ML SINGLE-DOSE SYRINGE	\$	308.00	INCLUDED	INCLUDED
90670	PNEUMOCOCCAL 13, (PREVNAR 13), 0.5 ML SINGLE-DOSE SYRINGE	\$	292.00	INCLUDED	INCLUDED
90672	FLUMIST (LAIV4), 2-49 YRS, 0.2 ML SINGLE-USE NASAL SPRAY (2023/24)	\$	36.00	INCLUDED	INCLUDED
90677	PNEUMOCOCCAL 20, (PREVNAR 20); 0.5 ML SINGLE-DOSE SYRINGE	\$	292.00	INCLUDED	INCLUDED
90680	ROTOVIRUS, (ROTATEQ); 2 ML SINGLE-DOSE VIAL FOR ORAL USE	\$	114.00	INCLUDED	INCLUDED
90686	FLULAVAL (IIV4), 0.5 ML SINGLE-DOSE SYRINGE (2023/24)	\$	27.00	INCLUDED	INCLUDED
90694	FLUAD (AIIV4), 65+ YRS, 0.5ML SINGLE-DOSE SYRINGE (2023/2024)	\$	82.00	INCLUDED	INCLUDED
90698	DTAP/HIB/IPV (PENTACEL); 0.5 ML SINGLE-DOSE VIAL	\$	130.00	INCLUDED	INCLUDED
90700	DTAP (INFANRIX); 0.5 ML SINGLE-DOSE SYRINGE	\$	54.00	INCLUDED	INCLUDED
90707	MMR (M-M-R II); 0.5 ML SINGLE-DOSE VIAL	\$	105.00	INCLUDED	INCLUDED
90713	POLIO, IPV; 0.5 ML MULTI-DOSE VIAL	\$	52.00	INCLUDED	INCLUDED
90714	TD (TENIVAC); 0.5 ML SINGLE-DOSE SYRINGE	\$	60.00	INCLUDED	INCLUDED
90715	TDAP (BOOSTRIX); 0.5 ML SINGLE-DOSE SYRINGE	\$	75.00	INCLUDED	INCLUDED
90716	VARICELLA (VARIVAX); 0.5 ML SINGLE-DOSE VIAL	\$	180.00	INCLUDED	INCLUDED
90734	MENINGOCOCCAL ACWY, (MENVEO); 0.5 ML SINGLE-DOSE VIAL	\$	170.00	INCLUDED	INCLUDED
90744	HEP B, PED (ENGERIX); 0.5 ML SINGLE-DOSE SYRINGE	\$	52.00	INCLUDED	INCLUDED
90746	HEP B, ADULT (ENGERIX); 1 ML SINGLE-DOSE SYRINGE	\$	84.00	INCLUDED	INCLUDED
90750	ZOSTER, RZV (SHINGRIX); 0.5 ML SINGLE-DOSE VIAL	\$	206.00	INCLUDED	INCLUDED
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	\$	186.00	INCLUDED	INCLUDED

90832	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	\$	110.00	INCLUDED	INCLUDED		
90833	30 MINUTES OF PSYCHOTHERAPYWITH E/M SERVICE	\$	106.00	INCLUDED	INCLUDED		
90834	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	\$	146.00	INCLUDED	INCLUDED		
90836	45 MINUTES OF PSYCHOTHERAPY WITH E/M SERVICE	\$	136.00	INCLUDED	INCLUDED		
90837	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	\$	174.00	INCLUDED	INCLUDED		
90847	50 MINUTESOF FAMILY PSYCHOTHERAPY WITH THE CLIENT PRESENT	\$	164.00	INCLUDED	INCLUDED		
92551	HEARING SCREEN, PURE TONE AUDIOMETRY, AIR ONLY	\$	22.00	INCLUDED	INCLUDED		
93000	ECG, ROUTINUE ELECTROCARDIOGRAM; WITH INTERPRETATION AND REPORT	\$	126.00	INCLUDED	INCLUDED		
93005	ECG, ROUTINE ELECTROCARDIOGRAM; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	\$	84.00	INCLUDED	INCLUDED		
94010	SPIROMETRY, IN OFFICE	\$	242.00	INCLUDED	INCLUDED		
96127	DEPRESSION SCREENING (PHQ 2/9, PSC-17)	\$	10.00	INCLUDED	INCLUDED		
96160	PATIENT-FOCUSED HEALTH RISK ASSESSMENT	\$	18.00	INCLUDED	INCLUDED		
96372	ADMINISTRATION FEE, INJECTION	\$	68.00	INCLUDED	INCLUDED		
97014	SUPERVISED APPLICATION OF ELECTRICAL CURRENT TO NERVES OR TO A MUSCLE OR GROUP OF MUSCLES TO TREAT CONDITION, INJURY, OR DISEASE	\$	34.00	INCLUDED	INCLUDED		
97032	CONSTANT ATTENDANCE PM&R: ELECTRICAL STIMULATION THERAPY USES ELECTRICITY TO STIMULATE THE MUSCLES FOR THE TREATMENT OF PAIN AND OTHER DISORDERS ASSOCIATED WITH MUSCLES	\$	38.00	INCLUDED	INCLUDED		
97110	PM&R THERAPEUTIC PROCEDURES: THERAPEUTIC EXERCISE	\$	60.00	INCLUDED	INCLUDED		
97112	PM&R THERAPEUTIC PROCEDURES: NEUROMUSCULAR REEDUCATION	\$	80.00	INCLUDED	INCLUDED		
97124	MASSAGE THERAPY, PER 15 MINUTES PM&R THERAPEUTIC PROCEDURES: PHYSICAL THERAPY WHICH USES THE CONTROLLED MOVEMENT AND PRESSURE OF HANDS TO TREAT VARIOUS DISORDERS OF SOFT TISSUES AND JOINTS, EG, CHRONIC BACK	\$	22.50	\$	18.75	\$	18.75
97140	PAIN	\$	60.00	INCLUDED	INCLUDED		
97161	PT EVALUATION LOW COMPLEXITY	\$	120.00	INCLUDED	INCLUDED		
97162	PT EVALUATION MODERATE COMPLEXITY	\$	120.00	INCLUDED	INCLUDED		
97163	PT EVALUATION HIGH COMPLEXITY	\$	120.00	INCLUDED	INCLUDED		
97164	PT RE-EVALUATIONS	\$	96.00	INCLUDED	INCLUDED		
97530	PM&R THERAPEUTIC PROCEDURES: SUPERVISED THERAPEUTIC ACTIVITY FOR FUNCTIONAL PERFORMANCE, 1 ON 1, EACH 15 MINUTES	\$	80.00	INCLUDED	INCLUDED		
97810	ACUPUNCTURE, INITIAL; EVALUATION, NEEDLE PLACEMENT, 15 MINUTES OF TREATMENT, AND POSTTREATMENT	\$	50.00	\$	44.00	\$	44.00
97811	ACUPUNCTURE, SUBSEQUENT; EACH ADDITIONAL 15 MINUTES	\$	25.00	\$	23.00	\$	23.00
97813	ACUPUNCTURE W/ ELECTRICAL STIM, INITIAL; EVALUATION, NEEDLE PLACEMENT, 15 MIN TREATMENT, POST-TREATMENT	\$	55.00	\$	53.00	\$	53.00
97814	ACUPUNCTURE W/ ELECTRICAL STIMULATION; EACH ADDITIONAL 15 MINUTES	\$	25.00	\$	23.00	\$	23.00
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	\$	56.00	\$	50.00	\$	50.00
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	\$	56.00	\$	50.00	\$	50.00
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS	\$	56.00	\$	50.00	\$	50.00
99078	BREATHE FREE GROUP VISIT	\$	40.00	INCLUDED	INCLUDED		
99172	VISION SCREEN (INCLUDES VISUAL ACUITY, COLOR VISION, STEREOPSIS, & VISUAL FIELDS)	\$	20.00	INCLUDED	INCLUDED		
99173	VISION SCREENING (SNELLEN CHART)	\$	12.00	INCLUDED	INCLUDED		
99202	OFFICE OUTPATIENT VISIT; NEW LEVEL 2	\$	106.00	INCLUDED	INCLUDED		
99203	OFFICE OUTPATIENT VISIT; NEW LEVEL 3	\$	186.00	INCLUDED	INCLUDED		
99204	OFFICE OUTPATIENT VISIT; NEW LEVEL 4	\$	240.00	INCLUDED	INCLUDED		
99205	OFFICE OUTPATIENT VISIT; NEW LEVEL 5	\$	256.00	INCLUDED	INCLUDED		
99211	NURSE ONLY VISIT; ESTABLISHED	\$	66.00	INCLUDED	INCLUDED		
99212	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 2	\$	110.00	INCLUDED	INCLUDED		
99213	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 3	\$	156.00	INCLUDED	INCLUDED		
99214	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 4	\$	196.00	INCLUDED	INCLUDED		
99215	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 5	\$	240.00	INCLUDED	INCLUDED		
99381	PREVENTATIVE VISIT; NEW AGES <1 YEAR	\$	150.00	INCLUDED	INCLUDED		

99382	PREVENTATIVE VISIT; NEW AGES 1-4 YRS	\$	156.00	INCLUDED	INCLUDED		
99383	PREVENTATIVE VISIT; NEW AGES 5-11	\$	164.00	INCLUDED	INCLUDED		
99384	PREVENTATIVE VISIT; NEW AGES 12-17	\$	180.00	INCLUDED	INCLUDED		
99385	PREVENTATIVE VISIT; NEW AGES 18-39	\$	190.00	INCLUDED	INCLUDED		
99386	PREVENTATIVE VISIT; NEW AGES 40-64	\$	220.00	INCLUDED	INCLUDED		
99387	PREVENTATIVE VISIT; NEW AGES 65+ YRS	\$	234.00	INCLUDED	INCLUDED		
99391	PREVENTATIVE VISIT; ESTABLISHED AGES <1 YEAR	\$	134.00	INCLUDED	INCLUDED		
99392	PREVENTATIVE VISIT; ESTABLISHED AGES 1-4	\$	142.00	INCLUDED	INCLUDED		
99393	PREVENTATIVE VISIT; ESTABLISHED AGES 5-11	\$	142.00	INCLUDED	INCLUDED		
99394	PREVENTATIVE VISIT; ESTABLISHED AGES 12-17	\$	160.00	INCLUDED	INCLUDED		
99395	PREVENTATIVE VISIT; ESTABLISHED AGES 18-39	\$	174.00	INCLUDED	INCLUDED		
99396	PREVENTATIVE VISIT; ESTABLISHED AGES 40-64	\$	184.00	INCLUDED	INCLUDED		
99397	PREVENTATIVE VISIT; ESTABLISHED AGES 65+	\$	192.00	INCLUDED	INCLUDED		
99406	BREATHE FREE 3-10 MIN CONSULT (DPC/CASH/INSURANCE)	\$	20.00	INCLUDED	INCLUDED		
99407	BREATHE FREE 10+ MIN CONSULT (DPC/CASH/INSURANCE)	\$	32.00	INCLUDED	INCLUDED		
99423	E-VISIT THRU PORTAL (INITIATED BY PATIENT); 20+ MIN	\$	76.00	INCLUDED	INCLUDED		
99429	UNLISTED PREVENTIVE SERVICE	\$	50.00	INCLUDED	INCLUDED		
99455	DOT PHYSICAL (V70.5 DIAGNOSIS CODE)	\$	144.00	INCLUDED	INCLUDED		
G0008	FLU VACC ADMIN	\$	36.00	INCLUDED	INCLUDED		
G0439	MEDICARE, ANNUAL VISIT, SUBSEQUENT	\$	136.00	INCLUDED	INCLUDED		
J7297	LEVONORGESTREL-RELEASING IUD, 52 MG	\$	610.00	\$	610.00	\$	610.00
L3809	COCK UP WRIST SPLINT W/THUMB	\$	26.00	\$	10.00	INCLUDED	
L4387	WALKING BOOT, ADULT	\$	50.00	\$	30.00	INCLUDED	
MISC97124	MASSAGE THERAPY, CASH PRICE, PER 15 MIN [SPECIAL]	\$	22.50	\$	18.50	\$	18.50
MISC97810	ACUPUNCTURE, INITIAL; CASH PRICE; EVALUATION, NEEDLE PLACEMENT, 15 MIN TREATMENT, POSTTREATMENT [SPECIAL]	\$	50.00	\$	35.00	\$	35.00
MISC97811	ACUPUNCTURE, SUBSEQUENT; CASH PRICE; EACH ADDITIONAL 15 MINUTES [SPECIAL]	\$	25.00	\$	15.00	\$	15.00
MISC98941	CHIROPRACTIC MANIPULATION TREATMENT; CASH PRICE; SPINAL 3-4 REGIONS [SPECIAL]	\$	56.00	\$	43.00	\$	43.00