

CPT Code	Description	Procedure Group	Cash Fee	DPC Plus Fee	DPC Basic Fee
10060	INCISION AND DRAINAGE OF ABSCESS; SIMPLE OR SINGLE	PROCEDURE	\$177.00	\$0.00	\$66.00
10061	INCISION AND DRAINAGE OF ABSCESS; COMPLICATED OR MULTIPLE	PROCEDURE	\$299.00	\$0.00	\$111.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SIMPLE	PROCEDURE	\$181.00	\$0.00	\$67.00
10121	INCISION AND REMOVAL OF FOREIGN BODY, COMPLICATED	PROCEDURE	\$383.00	\$0.00	\$142.00
11102	BIOPSY SKIN SHAVE	PROCEDURE	\$152.00	\$0.00	\$58.00
11104	PUNCH BIOPSY, SINGLE LESION	PROCEDURE	\$188.00	\$0.00	\$77.00
11105	PUNCH BIOPSY, EACH ADDITIONAL LESION	PROCEDURE	\$94.00	\$0.00	\$39.00
11200	REMOVAL OF SKIN TAGS; < 15	PROCEDURE	\$134.00	\$0.00	\$63.00
11201	REMOVAL OF SKIN TAGS; EACH ADD'L 10	PROCEDURE	\$41.00	\$0.00	\$19.00
11300	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, <0.5 CM	PROCEDURE	\$126.00	\$0.00	\$58.00
11301	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, 0.6-1.0 CM	PROCEDURE	\$155.00	\$0.00	\$72.00
11302	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, 1.1-2.0 CM	PROCEDURE	\$181.00	\$0.00	\$84.00
11303	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, >2.0 CM	PROCEDURE	\$198.00	\$0.00	\$92.00
11305	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, <0.5 CM	PROCEDURE	\$113.00	\$0.00	\$53.00
11306	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, 0.6-1.0 CM	PROCEDURE	\$148.00	\$0.00	\$69.00
11307	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, 1.1-2.0 CM	PROCEDURE	\$175.00	\$0.00	\$82.00
11308	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, >2.0 CM	PROCEDURE	\$187.00	\$0.00	\$87.00
11400	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	PROCEDURE	\$181.00	\$0.00	\$53.00
11401	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	PROCEDURE	\$220.00	\$0.00	\$65.00
11402	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM	PROCEDURE	\$243.00	\$0.00	\$71.00
11403	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM	PROCEDURE	\$278.00	\$0.00	\$82.00
11404	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM	PROCEDURE	\$317.00	\$0.00	\$93.00
11406	EXCISION, BENIGN LESION; TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	PROCEDURE	\$451.00	\$0.00	\$132.00
11420	EXCISION, BENIGN LESION; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS	PROCEDURE	\$181.00	\$0.00	\$53.00
11421	EXCISION, BENIGN LESION; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM	PROCEDURE	\$227.00	\$0.00	\$67.00
11422	EXCISION, BENIGN LESION; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM	PROCEDURE	\$253.00	\$0.00	\$74.00
11423	EXCISION, BENIGN LESION; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM	PROCEDURE	\$288.00	\$0.00	\$85.00
11424	EXCISION, BENIGN LESION ; SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM	PROCEDURE	\$322.00	\$0.00	\$97.00
11440	EXCISION, BENIGN LESION; FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS	PROCEDURE	\$202.00	\$0.00	\$59.00
11441	EXCISION, BENIGN LESION; FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.6 TO 1.0 CM	PROCEDURE	\$247.00	\$0.00	\$72.00
11442	EXCISION, BENIGN LESION; FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 1.1 TO 2.0 CM	PROCEDURE	\$272.00	\$0.00	\$80.00
11443	EXCISION, BENIGN LESION; FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM	PROCEDURE	\$321.00	\$0.00	\$94.00
11740	TREPINATION OF THE NAIL (SURGICAL PROCEDURE OF NAIL)	PROCEDURE	\$93.00	\$0.00	\$46.00
11981	NEXPLANON (IMPLANT) INSERTION	PROCEDURE	\$142.00	\$0.00	\$68.00
11982	NEXPLANON (IMPLANT) REMOVAL	PROCEDURE	\$161.00	\$0.00	\$76.00
12001	SIMPLE REPAIR LACERATION; SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK, EXTREMITIES; 2.5 CM OR LESS	PROCEDURE	\$93.00	\$0.00	\$44.00
12002	SIMPLE REPAIR LACERATION; SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK, EXTREMITIES; 2.6 CM TO 7.5 CM	PROCEDURE	\$171.00	\$0.00	\$81.00
12004	SIMPLE REPAIR LACERATION; SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK, EXTREMITIES; 7.6 CM TO 12.5 CM	PROCEDURE	\$192.00	\$0.00	\$91.00
17000	CRYOTHERAPY 1ST PREMALIGNANT LESION (IE ACTINIC KERATOSIS)	PROCEDURE	\$124.00	\$0.00	\$46.00
17003	CRYOTHERAPY PREMALIGNANT LESION 2-14 (IE ACTINIC KERATOSIS)	PROCEDURE	\$14.00	\$0.00	\$6.00
17004	CRYOTHERAPY PREMALIGNANT LESION 15+ (IE ACTINIC KERATOSIS)	PROCEDURE	\$237.00	\$0.00	\$93.00
17110	DESTRUCTION BENIGN LESION (IE WARTS), 1-14	PROCEDURE	\$170.00	\$0.00	\$57.00
17111	DESTRUCTION BENIGN LESION (IE WARTS), 15+	PROCEDURE	\$196.00	\$0.00	\$72.00
20520	REMOVAL OF FOREIGN BODY FROM MUSCLE/TENDON SHEATH; SIMPLE	PROCEDURE	\$338.00	\$0.00	\$292.00
20525	REMOVAL OF FOREIGN BODY FROM MUSCLE/TENDON SHEATH; COMPLICATED	PROCEDURE	\$646.00	\$0.00	\$574.00
20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 1 OR 2 MUSCLE(S)	PHYSICAL THERAPY	\$26.00	\$0.00	\$23.00
20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 3 OR MORE MUSCLE(S)	PHYSICAL THERAPY	\$26.00	\$0.00	\$23.00
30300	REMOVAL OF FOREIGN BODY, NOSE	PROCEDURE	\$350.00	\$0.00	\$150.00
36415	SPECIMEN COLLECTION: VENIPUNCTURE	PROCEDURE	\$30.00	\$0.00	\$0.00
36416	SPECIMEN COLLECTION: FINGER POKE	PROCEDURE	\$12.00	\$0.00	\$0.00
46000	ANOSCOPY	PROCEDURE	\$184.00	\$0.00	\$100.00
58300	IUD INSERTION	PROCEDURE	\$175.00	\$0.00	\$0.00
58301	IUD REMOVAL	PROCEDURE	\$175.00	\$0.00	\$0.00
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	PROCEDURE	\$242.00	\$0.00	\$75.00
69200	FOREIGN BODY REMOVAL, EXTERNAL EAR CANAL	PROCEDURE	\$163.00	\$0.00	\$0.00
69209	EARWAX REMOVAL; IRRIGATION/LAVAGE, UNILATERAL	PROCEDURE	\$47.00	\$0.00	\$0.00
69209,50	EARWAX REMOVAL; IRRIGATION/LAVAGE, BILATERAL	PROCEDURE	\$47.00	\$0.00	\$0.00
69210	EARWAX REMOVAL; REQUIRING INSTRUMENTATION, UNILATERAL	PROCEDURE	\$62.00	\$0.00	\$0.00
69210,50	EARWAX REMOVAL; REQUIRING INSTRUMENTATION, BILATERAL	PROCEDURE	\$62.00	\$0.00	\$0.00
70030	X-RAY, EYE, FOR DETECTION OF FOREIGN BODY	IMAGING	\$122.00	\$0.00	\$35.00
70030,50	X-RAY, EYE, FOR DETECTION OF FOREIGN BODY, BILATERAL	IMAGING	\$122.00	\$0.00	\$35.00
70140	X-RAY, FACIAL BONES; LESS THAN 3 VIEWS	IMAGING	\$119.00	\$0.00	\$35.00
70150	X-RAY, FACIAL BONES; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	\$177.00	\$0.00	\$35.00
70160	X-RAY, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	\$142.00	\$0.00	\$35.00
70160,52	X-RAY, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS, REDUCED VIEW(S)	IMAGING	\$142.00	\$0.00	\$35.00
70210	X-RAY, SINUSES, PARANASAL, LESS THAN 3 VIEWS	IMAGING	\$122.00	\$0.00	\$35.00
70220	X-RAY, SINUSES, PARANASAL, COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	\$140.00	\$0.00	\$35.00
70250	X-RAY, SKULL; LESS THAN 4 VIEWS	IMAGING	\$150.00	\$0.00	\$35.00
70260	X-RAY, SKULL; COMPLETE, MINIMUM OF 4 VIEWS	IMAGING	\$185.00	\$0.00	\$35.00
70360	X-RAY; NECK, SOFT TISSUE	IMAGING	\$134.00	\$0.00	\$35.00
71045	X-RAY, CHEST; SINGLE VIEW	IMAGING	\$105.00	\$0.00	\$35.00
71046	X-RAY, CHEST; 2 VIEWS	IMAGING	\$126.00	\$0.00	\$35.00
71047	X-RAY, CHEST; 3 VIEWS	IMAGING	\$157.00	\$0.00	\$35.00
71100	X-RAY; RIBS, UNILATERAL	IMAGING	\$144.00	\$0.00	\$35.00
71100,52	X-RAY; RIBS, UNILATERAL, REDUCED VIEW(S)	IMAGING	\$144.00	\$0.00	\$35.00
71101	X-RAY; RIBS, UNILATERAL WITH CHEST	IMAGING	\$175.00	\$0.00	\$35.00
71101,52	X-RAY; RIBS, UNILATERAL WITH CHEST, REDUCED VIEW(S)	IMAGING	\$175.00	\$0.00	\$35.00
71111	X-RAY, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS	IMAGING	\$229.00	\$0.00	\$35.00
71111,52	X-RAY, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS, REDUCED VIEW(S)	IMAGING	\$229.00	\$0.00	\$35.00
71120	X-RAY; STERNUM, MINIMUM OF 2 VIEWS	IMAGING	\$126.00	\$0.00	\$35.00
71120,52	X-RAY; STERNUM, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$126.00	\$0.00	\$35.00
71130	X-RAY; SC JOINTS (2VW)	IMAGING	\$155.00	\$0.00	\$35.00
71130,52	X-RAY; SC JOINTS (2VW), REDUCED VIEW(S)	IMAGING	\$155.00	\$0.00	\$35.00
72020	X-RAY, SPINE, SINGLE VIEW, SPECIFY LEVEL	IMAGING	\$115.00	\$0.00	\$35.00
72040	X-RAY, SPINE, CERVICAL; 2 OR 3 VIEWS	IMAGING	\$146.00	\$0.00	\$35.00
72050	X-RAY, SPINE, CERVICAL; 4 OR 5 VIEWS	IMAGING	\$198.00	\$0.00	\$35.00
72052	X-RAY, SPINE, CERVICAL; 6 OR MORE VIEWS	IMAGING	\$235.00	\$0.00	\$35.00
72070	X-RAY, SPINE, THORACIC, 2 VIEWS	IMAGING	\$144.00	\$0.00	\$35.00
72081	X-RAY; ENTIRE SPINE (1VW)	IMAGING	\$159.00	\$0.00	\$35.00

72082	X-RAY, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE; 2 OR 3 VIEWS	IMAGING	\$262.00	\$0.00	\$35.00
72100	X-RAY, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	IMAGING	\$148.00	\$0.00	\$35.00
72110	X-RAY, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS	IMAGING	\$202.00	\$0.00	\$35.00
72114	X-RAY, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, MINIMUM OF 6 VIEWS	IMAGING	\$239.00	\$0.00	\$35.00
72120	X-RAY, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	IMAGING	\$173.00	\$0.00	\$35.00
72170	X-RAY, PELVIS; 1 OR 2 VIEWS	IMAGING	\$119.00	\$0.00	\$35.00
72190	X-RAY, PELVIS; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	\$161.00	\$0.00	\$35.00
72220	X-RAY, SACRUM AND COCCYX, MINIMUM OF 2 VIEWS	IMAGING	\$122.00	\$0.00	\$35.00
72220,52	X-RAY, SACRUM AND COCCYX, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$122.00	\$0.00	\$35.00
73000	X-RAY; CLAVICLE, COMPLETE	IMAGING	\$128.00	\$0.00	\$35.00
73000,50	X-RAY; CLAVICLE, COMPLETE, BILATERAL	IMAGING	\$128.00	\$0.00	\$35.00
73000,52	X-RAY; CLAVICLE, COMPLETE, REDUCED VIEW(S)	IMAGING	\$128.00	\$0.00	\$35.00
73010	X-RAY; SCAPULA, COMPLETE	IMAGING	\$124.00	\$0.00	\$35.00
73010,50	X-RAY; SCAPULA, COMPLETE, BILATERAL	IMAGING	\$124.00	\$0.00	\$35.00
73010,52	X-RAY; SCAPULA, COMPLETE, REDUCED VIEW(S)	IMAGING	\$124.00	\$0.00	\$35.00
73020	X-RAY, SHOULDER; 1 VIEW	IMAGING	\$113.00	\$0.00	\$35.00
73020,50	X-RAY, SHOULDER; 1 VIEW, BILATERAL	IMAGING	\$113.00	\$0.00	\$35.00
73030	X-RAY, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS	IMAGING	\$130.00	\$0.00	\$35.00
73030,50	X-RAY, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	\$130.00	\$0.00	\$35.00
73050	X-RAY; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	IMAGING	\$152.00	\$0.00	\$35.00
73050,52	X-RAY; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION, REDUCED VIEW(S)	IMAGING	\$152.00	\$0.00	\$35.00
73060	X-RAY; HUMERUS, MINIMUM OF 2 VIEWS	IMAGING	\$124.00	\$0.00	\$35.00
73060,50	X-RAY; HUMERUS, MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	\$124.00	\$0.00	\$35.00
73060,52	X-RAY; HUMERUS, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$124.00	\$0.00	\$35.00
73070	X-RAY, ELBOW; 2 VIEWS	IMAGING	\$122.00	\$0.00	\$35.00
73070,50	X-RAY, ELBOW; 2 VIEWS, BILATERAL	IMAGING	\$122.00	\$0.00	\$35.00
73070,52	X-RAY, ELBOW; 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$122.00	\$0.00	\$35.00
73080	X-RAY, ELBOW; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	\$124.00	\$0.00	\$35.00
73080,50	X-RAY, ELBOW; COMPLETE, MINIMUM OF 3 VIEWS, REDUCED VIEW(S)	IMAGING	\$124.00	\$0.00	\$35.00
73090	X-RAY; FOREARM, 2 VIEWS	IMAGING	\$124.00	\$0.00	\$35.00
73090,50	X-RAY; FOREARM, 2 VIEWS, BILATERAL	IMAGING	\$124.00	\$0.00	\$35.00
73090,52	X-RAY; FOREARM, 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$124.00	\$0.00	\$35.00
73092	X-RAY; INFANT UPPER EXTREMITY (MIN 2 VW) (UNDER 12 MONTHS)	IMAGING	\$122.00	\$0.00	\$35.00
73100	X-RAY, WRIST; 2 VIEWS	IMAGING	\$128.00	\$0.00	\$35.00
73100,50	X-RAY, WRIST; 2 VIEWS, BILATERAL	IMAGING	\$128.00	\$0.00	\$35.00
73100,52	X-RAY, WRIST; 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$128.00	\$0.00	\$35.00
73110	X-RAY, WRIST; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	\$152.00	\$0.00	\$35.00
73110,50	X-RAY, WRIST; COMPLETE, MINIMUM OF 3 VIEWS, BILATERAL	IMAGING	\$152.00	\$0.00	\$35.00
73120	X-RAY, HAND; 2 VIEWS	IMAGING	\$122.00	\$0.00	\$35.00
73120,50	X-RAY, HAND; 2 VIEWS, BILATERAL	IMAGING	\$122.00	\$0.00	\$35.00
73120,52	X-RAY, HAND; 2 VIEWS, REDUCED VIEW(S) (USE FOR 1V ARTHRITIC HAND)	IMAGING	\$122.00	\$0.00	\$35.00
73130	X-RAY, HAND; MINIMUM OF 3 VIEWS	IMAGING	\$136.00	\$0.00	\$35.00
73130,50	X-RAY, HAND; MINIMUM OF 3 VIEWS, BILATERAL	IMAGING	\$136.00	\$0.00	\$35.00
73140	X-RAY, FINGER(S), MINIMUM OF 2 VIEWS	IMAGING	\$140.00	\$0.00	\$35.00
73140,50	X-RAY, FINGER(S), MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	\$140.00	\$0.00	\$35.00
73140,52	X-RAY, FINGER(S), MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$140.00	\$0.00	\$35.00
73501	X-RAY, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW	IMAGING	\$130.00	\$0.00	\$35.00
73501,52	X-RAY, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW, REDUCED VIEW(S)	IMAGING	\$130.00	\$0.00	\$35.00
73502	X-RAY, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	IMAGING	\$175.00	\$0.00	\$35.00
73522	X-RAY; HIP, BILATERAL (3-4 VW)	IMAGING	\$214.00	\$0.00	\$35.00
73523	X-RAY, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF 5 VIEWS	IMAGING	\$251.00	\$0.00	\$35.00
73551	X-RAY, FEMUR; 1 VIEW	IMAGING	\$109.00	\$0.00	\$35.00
73551,50	X-RAY, FEMUR; 1 VIEW, BILATERAL	IMAGING	\$109.00	\$0.00	\$35.00
73552	X-RAY, FEMUR; MINIMUM 2 VIEWS	IMAGING	\$132.00	\$0.00	\$35.00
73552,50	X-RAY, FEMUR; MINIMUM 2 VIEWS, BILATERAL	IMAGING	\$132.00	\$0.00	\$35.00
73560	X-RAY, KNEE; 1 OR 2 VIEWS	IMAGING	\$128.00	\$0.00	\$35.00
73560,50	X-RAY, KNEE; 1 OR 2 VIEWS, BILATERAL	IMAGING	\$128.00	\$0.00	\$35.00
73562	X-RAY, KNEE; 3 VIEWS	IMAGING	\$152.00	\$0.00	\$35.00
73562,50	X-RAY, KNEE; 3 VIEWS, BILATERAL	IMAGING	\$152.00	\$0.00	\$35.00
73564	X-RAY, KNEE; COMPLETE, 4 OR MORE VIEWS	IMAGING	\$171.00	\$0.00	\$35.00
73564,50	X-RAY, KNEE; COMPLETE, 4 OR MORE VIEWS, BILATERAL	IMAGING	\$171.00	\$0.00	\$35.00
73565	X-RAY, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	IMAGING	\$150.00	\$0.00	\$35.00
73590	X-RAY; TIBIA AND FIBULA, 2 VIEWS	IMAGING	\$117.00	\$0.00	\$35.00
73590,50	X-RAY; TIBIA AND FIBULA, 2 VIEWS, BILATERAL	IMAGING	\$117.00	\$0.00	\$35.00
73590,52	X-RAY; TIBIA AND FIBULA, 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$117.00	\$0.00	\$35.00
73592	X-RAY; LOWER EXTREMITY, INFANT, MINIMUM OF 2 VIEWS	IMAGING	\$119.00	\$0.00	\$35.00
73592,50	X-RAY; LOWER EXTREMITY, INFANT, MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	\$119.00	\$0.00	\$35.00
73592,52	X-RAY; LOWER EXTREMITY, INFANT, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$119.00	\$0.00	\$35.00
73600	X-RAY, ANKLE; 2 VIEWS	IMAGING	\$126.00	\$0.00	\$35.00
73600,50	X-RAY, ANKLE; 2 VIEWS, BILATERAL	IMAGING	\$126.00	\$0.00	\$35.00
73600,52	X-RAY, ANKLE; 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$126.00	\$0.00	\$35.00
73610	X-RAY, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	\$138.00	\$0.00	\$35.00
73610,50	X-RAY, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS, BILATERAL	IMAGING	\$138.00	\$0.00	\$35.00
73620	X-RAY, FOOT; 2 VIEWS	IMAGING	\$124.00	\$0.00	\$35.00
73620,50	X-RAY, FOOT; 2 VIEWS, BILATERAL	IMAGING	\$124.00	\$0.00	\$35.00
73620,52	X-RAY, FOOT; 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$124.00	\$0.00	\$35.00
73630	X-RAY, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	IMAGING	\$128.00	\$0.00	\$35.00
73630,50	X-RAY, FOOT; COMPLETE, MINIMUM OF 3 VIEWS, BILATERAL	IMAGING	\$128.00	\$0.00	\$35.00
73650	X-RAY; CALCANEUS, MINIMUM OF 2 VIEWS	IMAGING	\$113.00	\$0.00	\$35.00
73650,50	X-RAY; CALCANEUS, MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	\$113.00	\$0.00	\$35.00
73650,52	X-RAY; CALCANEUS, MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$113.00	\$0.00	\$35.00
73660	X-RAY; TOE(S), MINIMUM OF 2 VIEWS	IMAGING	\$122.00	\$0.00	\$35.00
73660,50	X-RAY; TOE(S), MINIMUM OF 2 VIEWS, BILATERAL	IMAGING	\$122.00	\$0.00	\$35.00
73660,52	X-RAY; TOE(S), MINIMUM OF 2 VIEWS, REDUCED VIEW(S)	IMAGING	\$122.00	\$0.00	\$35.00
74018	X-RAY, ABDOMEN; 1 VIEW	IMAGING	\$101.00	\$0.00	\$35.00
74019	X-RAY, ABDOMEN; 2 VIEWS	IMAGING	\$142.00	\$0.00	\$35.00
77072	X-RAY; HAND (1 VW ARTHRITIC)	IMAGING	\$119.00	\$0.00	\$35.00
80048	BMP (8)	LAB	\$25.00	\$0.00	\$0.00
80051	ELECTROLYTE PANEL	LAB	\$25.00	\$0.00	\$0.00
80053	CMP (14)	LAB	\$25.00	\$0.00	\$0.00

80061	LIPID PANEL	LAB	\$25.00	\$0.00	\$0.00
80061,QW	LIPID PANEL (AS PART OF BIOMETRICS)	LAB	\$30.00	\$0.00	\$0.00
80069	RENAL FUNCTION PANEL	LAB	\$25.00	\$0.00	\$0.00
80158	CYCLOSPORINE, SERUM LEVEL	LAB	\$75.00	\$0.00	\$0.00
80175	LAMOTRIGINE, SERUM LEVEL	LAB	\$50.00	\$0.00	\$0.00
80195	SIROLUMUS, SERUM LEVEL	LAB	\$75.00	\$0.00	\$0.00
80299	DEXAMETHASONE ASSAY	LAB	\$50.00	\$0.00	\$0.00
80307	DRUG SCREEN, 10-14 PROFILE W/ OR W/O REFLEX	LAB	\$100.00	\$0.00	\$0.00
81001	URINALYSIS, COMPLETE WITH MICRO (SENT TO LAPCORP)	LAB	\$50.00	\$0.00	\$0.00
81002,QW	URINALYSIS, MANUAL DIPSTICK (NO MICRO)	LAB	\$22.00	\$0.00	\$0.00
81003,QW	URINALYSIS, DIPSTICK, NO MICRO (CLINITEK)	LAB	\$22.00	\$0.00	\$0.00
81003,QW,59	URINALYSIS, DIPSTICK, NO MICRO (CLINITEK)	LAB	\$22.00	\$0.00	\$0.00
81015	URINE, MICRO ONLY	LAB	\$25.00	\$0.00	\$0.00
81025	PREGNANCY TEST, URINE	LAB	\$24.00	\$0.00	\$0.00
81256	HEREDITARY HEMOCHROMATOSIS, DNA ANALYSIS	LAB	\$127.00	\$0.00	\$114.00
81374	HLA B 27 DISEASE ASSOCIATION	LAB	\$75.00	\$0.00	\$0.00
81377	CELIAC HLA DQ ASSOCIATION	LAB	\$101.00	\$0.00	\$0.00
81377,59	CELIAC HLA DQ ASSOCIATION	LAB	\$101.00	\$0.00	\$0.00
82040	ALBUMIN	LAB	\$25.00	\$0.00	\$0.00
82043	ALBUMIN, URINE, MICROALBUMIN; QUANT	LAB	\$25.00	\$0.00	\$0.00
82139	AMINO ACID PROFILE	LAB	\$226.00	\$0.00	\$0.00
82150	AMYLASE	LAB	\$25.00	\$0.00	\$0.00
82166	ANTI-MLLERIAN HORMONE (AMH)	LAB	\$75.00	\$0.00	\$62.00
82172	APOLIPOPROTEIN B	LAB	\$25.00	\$0.00	\$0.00
82175	ASSAY OF ARSENIC	LAB	\$50.00	\$0.00	\$25.00
82180	ASSAY OF ASCORBIC ACID/VITAMIN C	LAB	\$50.00	\$0.00	\$0.00
82247	BILIRUBIN, TOTAL	LAB	\$12.50	\$0.00	\$0.00
82248	BILIRUBIN, DIRECT	LAB	\$12.50	\$0.00	\$0.00
82270	HEMOCULT/GUAIAC TEST X 1	LAB	\$16.00	\$0.00	\$0.00
82274	FIT TEST (OCCULT BLOOD, FECAL, IA)	LAB	\$50.00	\$0.00	\$0.00
82300	ASSAY OF CADMIUM	LAB	\$50.00	\$0.00	\$27.00
82306	VITAMIN D, 25-HYDROXY	LAB	\$50.00	\$0.00	\$0.00
82310	CALCIUM	LAB	\$25.00	\$0.00	\$0.00
82465	ASSAY OF CHOLESTEROL (PEDS NON FASTING)	LAB	\$25.00	\$0.00	\$0.00
82523	C-TELOPEPTIDE	LAB	\$100.00	\$0.00	\$0.00
82525	COPPER, SERUM	LAB	\$50.00	\$0.00	\$23.00
82525,59	COPPER, RBC	LAB	\$25.00	\$0.00	\$0.00
82533	TOTAL CORTISOL	LAB	\$25.00	\$0.00	\$0.00
82550	CREATINE KINASE	LAB	\$25.00	\$0.00	\$0.00
82565	CREATININE	LAB	\$25.00	\$0.00	\$0.00
82570	CREATININE, URINE	LAB	\$25.00	\$0.00	\$0.00
82607	VITAMIN B12	LAB	\$25.00	\$0.00	\$0.00
82627	DHEAS	LAB	\$75.00	\$0.00	\$0.00
82668	ASSAY OF ERYTHROPOIETIN	LAB	\$25.00	\$0.00	\$0.00
82670	ESTRADIOL	LAB	\$75.00	\$0.00	\$0.00
82672	ESTROGENS, TOTAL	LAB	\$50.00	\$0.00	\$0.00
82728	FERRITIN	LAB	\$25.00	\$0.00	\$0.00
82746	FOLATE	LAB	\$25.00	\$0.00	\$0.00
82784	TTG, INITIAL TEST 1 OF 2	LAB	\$25.00	\$0.00	\$0.00
82947	GLUCOSE	LAB	\$25.00	\$0.00	\$0.00
82962	GLUCOSE, FINGERSTICK (POC)	LAB	\$16.00	\$0.00	\$4.00
82977	GGT	LAB	\$25.00	\$0.00	\$0.00
83001	FSH	LAB	\$25.00	\$0.00	\$0.00
83002	LH	LAB	\$75.00	\$0.00	\$0.00
83036	HGB A1C WITH EAG ESTIMATION	LAB	\$25.00	\$0.00	\$0.00
83090	HOMOCYSTEINE, URINE OR BLOOD	LAB	\$50.00	\$0.00	\$0.00
83498	17-ALPHA-HYDROXYPROGESTERONE OR 17-OH PROGESTERONE, LC/MS	LAB	\$50.00	\$0.00	\$0.00
83520	THYROTROPIN RECEPTOR ANTIBODY, SERUM	LAB	\$50.00	\$0.00	\$41.00
83525	ASSAY OF INSULIN	LAB	\$25.00	\$0.00	\$0.00
83540	IRON	LAB	\$25.00	\$0.00	\$0.00
83550	TIBC	LAB	\$12.50	\$0.00	\$0.00
83615	LDH	LAB	\$25.00	\$0.00	\$0.00
83631	LACTOFERRIN; FECAL; QUANT.	LAB	\$75.00	\$0.00	\$0.00
83655	LEAD, BLOOD, ANY TESTING METHOD	LAB	\$50.00	\$0.00	\$0.00
83690	LIPASE	LAB	\$25.00	\$0.00	\$0.00
83695	LIPOPROTEIN(A)	LAB	\$25.00	\$0.00	\$0.00
83704	LIPOPROTEIN NMR	LAB	\$50.00	\$0.00	\$0.00
83718	LDL, DIRECT MEASUREMENT (PEDS NON FASTING)	LAB	\$25.00	\$0.00	\$0.00
83735	MAGNESIUM	LAB	\$25.00	\$0.00	\$0.00
83789	IODINE, SERUM OR PLASMA	LAB	\$75.00	\$0.00	\$0.00
83825	ASSAY OF MERCURY	LAB	\$50.00	\$0.00	\$0.00
83880	PRO-BNP	LAB	\$100.00	\$0.00	\$0.00
83970	PTH, INTACT	LAB	\$50.00	\$0.00	\$0.00
83993	CALPROTECTIN, FECAL	LAB	\$189.00	\$0.00	\$0.00
84075	ALKALINE PHOSPHATASE	LAB	\$25.00	\$0.00	\$0.00
84080	BONE-SPECIFIC ALKALINE PHOSPHATASE (BAP)	LAB	\$50.00	\$0.00	\$0.00
84100	PHOSPHORUS	LAB	\$25.00	\$0.00	\$0.00
84132	POTASSIUM	LAB	\$25.00	\$0.00	\$0.00
84144	PROGESTERONE	LAB	\$50.00	\$0.00	\$0.00
84145	PROCALCITONIN	LAB	\$246.00	\$0.00	\$0.00
84146	PROLACTIN	LAB	\$50.00	\$0.00	\$0.00
84153	PROSTATE-SPECIFIC AG (PSA)	LAB	\$50.00	\$0.00	\$0.00
84155	PROTEIN, TOTAL	LAB	\$25.00	\$0.00	\$0.00
84156	PROTEIN,TOTAL,URINE (BILLING 2/2 FOR #003129)	LAB	\$25.00	\$0.00	\$0.00
84207	VITAMIN B6, PLASMA	LAB	\$50.00	\$0.00	\$0.00
84255	SELENIUM	LAB	\$107.00	\$0.00	\$0.00
84270	SHBG (SEX HORMONE-BINDING GLOBULIN), SERUM	LAB	\$25.00	\$0.00	\$0.00
84295	SODIUM	LAB	\$25.00	\$0.00	\$0.00
84402	TESTOSTERONE, FREE	LAB	\$50.00	\$0.00	\$0.00
84403	TESTOSTERONE, TOTAL	LAB	\$25.00	\$0.00	\$0.00

84425	VITAMIN B1, WHOLE BLOOD	LAB	\$25.00	\$0.00	\$0.00
84436	T4, THYROXINE	LAB	\$25.00	\$0.00	\$0.00
84439	THYROXINE (T4) FREE, DIRECT	LAB	\$25.00	\$0.00	\$0.00
84442	ASSAY OF THYROID ACTIVITY	LAB	\$25.00	\$0.00	\$0.00
84443	TSH	LAB	\$25.00	\$0.00	\$0.00
84449	ASSAY OF TRANSCORTIN	LAB	\$50.00	\$0.00	\$0.00
84450	AST	LAB	\$25.00	\$0.00	\$0.00
84460	ALT	LAB	\$25.00	\$0.00	\$0.00
84479	T3/T4 UPTAKE OR BINDING RATIO	LAB	\$25.00	\$0.00	\$0.00
84480	T3	LAB	\$50.00	\$0.00	\$0.00
84481	TRIIODOTHYRONINE (T3), FREE	LAB	\$25.00	\$0.00	\$0.00
84482	T3, REVERSE	LAB	\$75.00	\$0.00	\$0.00
84520	BUN	LAB	\$25.00	\$0.00	\$0.00
84550	URIC ACID	LAB	\$25.00	\$0.00	\$0.00
84630	ZINC, SERUM	LAB	\$50.00	\$0.00	\$0.00
84681	ASSAY OF C-PEPTIDE	LAB	\$25.00	\$0.00	\$0.00
84702	HCG, QUANTITATIVE	LAB	\$50.00	\$0.00	\$0.00
84703	HCG, QUAL (SERUM/LABCORP)	LAB	\$50.00	\$0.00	\$0.00
85018	HEMOGLOBIN-(SENT TO LABCORP)	LAB	\$25.00	\$0.00	\$0.00
85018,QW	HEMOGLOBIN (FINGERSTICK) ON HEMOPOINT	LAB	\$20.00	\$0.00	\$0.00
85025	CBC WITH DIFFERENTIAL/PLATELET	LAB	\$25.00	\$0.00	\$0.00
85027	CBC, NO DIFFERENTIAL	LAB	\$25.00	\$0.00	\$0.00
85045	RETICULOCYTE COUNT	LAB	\$25.00	\$0.00	\$0.00
85060	PERIPHERAL SMEAR	LAB	\$75.00	\$0.00	\$0.00
85379	D-DIMER (MAYO)	LAB	\$75.00	\$0.00	\$0.00
85610	PROTHROMBIN TIME (PT)	LAB	\$25.00	\$0.00	\$0.00
85652	SEDIMENTATION RATE (ESR)	LAB	\$25.00	\$0.00	\$0.00
85660	HEMOGLOBIN (HB) SOLUBILITY	LAB	\$25.00	\$0.00	\$0.00
85730	PTT, ACTIVATED	LAB	\$25.00	\$0.00	\$0.00
86038	ANTINUCLEAR ANTIBODIES (ANA), IFA	LAB	\$50.00	\$0.00	\$0.00
86060	ANTISTREPTOLYSIN O TITER	LAB	\$25.00	\$0.00	\$0.00
86140	C-REACTIVE PROTEIN (CRP), QUANTITATIVE	LAB	\$25.00	\$0.00	\$0.00
86141	HS CRP (CARDIAC)	LAB	\$25.00	\$0.00	\$0.00
86160	C4/C3	LAB	\$25.00	\$0.00	\$0.00
86160,59	C4/C3	LAB	\$25.00	\$0.00	\$0.00
86200	ANTI-CCP AB, IGG/IGA	LAB	\$50.00	\$0.00	\$0.00
86225	DNA DOUBLE STRAND ANTIBODY	LAB	\$133.00	\$0.00	\$0.00
86258	TTG, REFLEX TEST (BILLING PURPOSES ONLY)	LAB	\$25.00	\$0.00	\$0.00
86258,59	DEAMIDATED GLIADIN ANTIBODIES, IGA OR IGG/DEAMIDATED GLIADIN ANTIBODIES, IGA OR IGG	LAB	\$25.00	\$0.00	\$0.00
86304	CA 125	LAB	\$50.00	\$0.00	\$0.00
86308,QW	MONONUCLEOSIS, QUAL, VISUAL READ	LAB	\$20.00	\$0.00	\$0.00
86317	HEPATITIS B SURF AB, QUANT	LAB	\$25.00	\$0.00	\$0.00
86360	T CELL ABSOLUTE COUNT/RATIO	LAB	\$75.00	\$0.00	\$46.00
86364	MEASUREMENT OF TTG (IGA OR IGG)	LAB	\$50.00	\$0.00	\$0.00
86364,59	MEASUREMENT OF TTG (IGA OR IGG)	LAB	\$25.00	\$0.00	\$0.00
86376	THYROID PEROXIDASE (TPO) AB	LAB	\$25.00	\$0.00	\$0.00
86431	RHEUMATOID FACTOR (RF)	LAB	\$25.00	\$0.00	\$0.00
86580	PPD, (APLISOL); MULTI-DOSE VIAL	PRESCRIPTION	\$9.00	\$0.00	\$0.00
86592	RPR (REFLEX)-006099 (UNORDERABLE)	LAB	\$50.00	\$0.00	\$0.00
86618	*LYME SEROLOGY W/REFLEX TO CONFIRM	LAB	\$50.00	\$0.00	\$0.00
86666	ANAPLASMA PHAGOCYTOPHILUM AB	LAB	\$50.00	\$0.00	\$0.00
86666,59	ANAPLASMA PHAGOCYTOPHILUM AB	LAB	\$25.00	\$0.00	\$0.00
86695	HSV 1 SEROLOGY	LAB	\$50.00	\$0.00	\$0.00
86696	HSV 2 SEROLOGY	LAB	\$50.00	\$0.00	\$0.00
86701	HIV 2 AB DIFFERENTIATION (BILLING)	LAB	\$50.00	\$0.00	\$0.00
86702	HIV 1 AB DIFFERENTIATION (BILLING)	LAB	\$50.00	\$0.00	\$0.00
86704	HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL, #006718	LAB	\$25.00	\$0.00	\$0.00
86705	HEPATITIS B CORE ANTIBODY (HBCAB) IGM AB (REFLEX TEST)	LAB	\$75.00	\$0.00	\$0.00
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	LAB	\$25.00	\$0.00	\$0.00
86708	*HEPATITIS A SCREENING AB WITH REFLEX TO IGM	LAB	\$50.00	\$0.00	\$0.00
86709	HAV IGM (REFLEX) (NOT ORDERABLE)	LAB	\$25.00	\$0.00	\$0.00
86735	MUMPS ANTIBODIES, IGG	LAB	\$50.00	\$0.00	\$0.00
86753	BABESIA MICROTI ANTIBODY PANEL	LAB	\$50.00	\$0.00	\$0.00
86753,59	BABESIA MICROTI ANTIBODY PANEL	LAB	\$50.00	\$0.00	\$0.00
86762	RUBELLA ANTIBODIES	LAB	\$50.00	\$0.00	\$0.00
86765	MEASLES (RUBEOLA) ANTIBODIES, IGG	LAB	\$50.00	\$0.00	\$0.00
86780	PREP: SYPHILIS CASCADE	LAB	\$25.00	\$0.00	\$0.00
86787	VARICELLA-ZOSTER V AB, IGG	LAB	\$50.00	\$0.00	\$0.00
86793	RPR (QUAN)-REFLEX ON STI PROFILE ONLY	LAB	\$75.00	\$0.00	\$0.00
86803	PREP: HCV AB RFX TO QUANT PCR	LAB	\$25.00	\$0.00	\$0.00
87045	CULTURE, BACTERIAL	LAB	\$25.00	\$0.00	\$0.00
87046	CAMPYLOBACTER, STOOL CULTURE	LAB	\$50.00	\$0.00	\$0.00
87070	AEROBIC BACTERIAL CULTURE	LAB	\$50.00	\$0.00	\$0.00
87075	ANAEROBIC CULTURE	LAB	\$50.00	\$0.00	\$0.00
87081	STREP, THROAT CULTURE	LAB	\$25.00	\$0.00	\$0.00
87086	URINE CULTURE, ROUTINE	LAB	\$50.00	\$0.00	\$0.00
87101	YEAST ONLY, CULTURE	LAB	\$25.00	\$0.00	\$0.00
87102	MICROBIOLOGY CULTURE AND TYPING PROCEDURES	LAB	\$25.00	\$0.00	\$0.00
87169	SCABIES EXAMINATION, SKIN SCRAPINGS	LAB	\$25.00	\$0.00	\$0.00
87177	O & P EXAM, STOOL	LAB	\$25.00	\$0.00	\$0.00
87186	SENSITIVITY ORGANISM #1 (URINE), BILLING PURPOSES	LAB	\$25.00	\$0.00	\$0.00
87209	GIARDIA	LAB	\$25.00	\$0.00	\$0.00
87210,QW	WET PREP (DONE AT VIARO)	LAB	\$30.00	\$0.00	\$0.00
87210,QW,59	WET PREP (VIARO) IN ADDITON TO TRICH NAA TESTING (LABCORP)	LAB	\$30.00	\$0.00	\$0.00
87328	CRYPTOSPORIDIUM	LAB	\$75.00	\$0.00	\$0.00
87329	GIARDIA, EIA	LAB	\$25.00	\$0.00	\$0.00
87338	H. PYLORI STOOL AG, EIA	LAB	\$75.00	\$0.00	\$0.00
87340	HEPATITIS B SURFACE ANTIGEN	LAB	\$25.00	\$0.00	\$0.00
87389	PREP: HIV AG/AB WITH REFLEX	LAB	\$50.00	\$0.00	\$0.00
87426,QW	COVID, RAPID ANTIGEN POC TEST (NON-CONFIRMATORY)	LAB	\$20.00	\$0.00	\$0.00

87427	INFECTIOUS AGENT DETECTION (STOOL)	LAB	\$25.00	\$0.00	\$0.00
87468	ANAPLASMA, PCR	LAB	\$144.00	\$0.00	\$0.00
87469	BABESIA, PCR	LAB	\$230.00	\$0.00	\$0.00
87480	CANDIDA, DNA PROBE	LAB	\$25.00	\$0.00	\$0.00
87491	CHLAMYDIA, NAA, ANY METHOD	LAB	\$25.00	\$0.00	\$0.00
87493	C DIFFICILE TOXIN GENE NAA, STOOL	LAB	\$100.00	\$0.00	\$0.00
87510	BACTERIAL VAGINOSIS, DNA PROBE	LAB	\$25.00	\$0.00	\$0.00
87517	HBV QUANT DNA (REFLEX TO #144547)	LAB	\$173.00	\$0.00	\$0.00
87522	HCV RT-PCR, QUANT (REFLEX TEST) (NOT ORDERABLE)	LAB	\$144.00	\$0.00	\$0.00
87529	HSV 1/2 PCR SWAB	LAB	\$95.00	\$0.00	\$0.00
87529,59	HSV 1/2 PCR SWAB	LAB	\$95.00	\$0.00	\$0.00
87535	HIV 1, RNA REFLEX (BILLING)	LAB	\$172.50	\$0.00	\$0.00
87536	HIV RNA, PCR QUANT (REFLEX TEST)	LAB	\$120.00	\$0.00	\$0.00
87538	HIV 2, RNA REFLEX (BILLING)	LAB	\$172.50	\$0.00	\$0.00
87563	MYCOPLASMA GENITALIUM, SWAB OR URINE	LAB	\$25.00	\$0.00	\$0.00
87591	GONORRHEA, NAA, ANY METHOD	LAB	\$25.00	\$0.00	\$0.00
87624	HPV, APTIMA	LAB	\$75.00	\$0.00	\$0.00
87625	HPV, GENOTYPES 16/18, 45	LAB	\$100.00	\$0.00	\$0.00
87660	TRICH VAG, DNA PROBE	LAB	\$25.00	\$0.00	\$0.00
87661	TRICH VAG BY NAA	LAB	\$50.00	\$0.00	\$0.00
87798	PERTUSSIS, WHOOPING COUGH, PCR	LAB	\$80.50	\$0.00	\$0.00
87798,59	PERTUSSIS, WHOOPING COUGH, PCR	LAB	\$80.50	\$0.00	\$0.00
87801	DETECT AGNT MULT DNA AMPLI	LAB	\$100.00	\$0.00	\$0.00
87804,QW,59	INFLUENZA B (VERITOR), 2 OF 2 BILLING CODES	LAB	\$22.00	\$0.00	\$0.00
87804,QW	INFLUENZA A (VERITOR), 1 OF 2 BILLING CODES	LAB	\$22.00	\$0.00	\$0.00
87807,QW	RSV RAPID ANTIGEN POC TEST (NON-CONFIRMATORY)	LAB	\$30.00	\$0.00	\$0.00
87811,QW	COVID, RAPID ANTIGEN POC TEST (NON-CONFIRMATORY)	LAB	\$22.00	\$0.00	\$0.00
87880,QW	STREP A, RAPID, ANY TESTING METHOD	LAB	\$38.00	\$0.00	\$0.00
88141	PHYSICIAN READ	LAB	\$25.00	\$0.00	\$0.00
88142	CHANGE IG PAP TO LB PAP	LAB	\$50.00	\$0.00	\$0.00
88175	IG PAP	LAB	\$108.00	\$0.00	\$0.00
88304	SURGICAL PATHOLOGY, INTERPRETATION, LEVEL 3	PATHOLOGY	\$37.00	\$0.00	\$32.00
88305	SURGICAL PATHOLOGY, INTERPRETATION, LEVEL 4	PATHOLOGY	\$78.00	\$0.00	\$68.00
88312	SURGICAL PATHOLOGY, SPECIAL STAINS, GROUP 1	PATHOLOGY	\$69.00	\$0.00	\$60.00
88313	SURGICAL PATHOLOGY, SPECIAL STAINS, GROUP 2	PATHOLOGY	\$67.00	\$0.00	\$60.00
88341	IMMUNOHISTO, PER SPECIMEN, EACH ADD'L SLIDE	PATHOLOGY	\$80.00	\$0.00	\$70.00
88342	IMMUNOHISTO, PER SPECIMEN, 1ST SLIDE	PATHOLOGY	\$80.00	\$0.00	\$70.00
88344	IMMUNOHISTO, PER SPECIMEN, EACH MULTIPLEX ANTIBODY STAIN	PATHOLOGY	\$80.00	\$0.00	\$70.00
88346	IMMUNOFLUOR, 1ST STAIN	PATHOLOGY	\$90.00	\$0.00	\$81.00
88350	IMMUNOFLUOR, EACH ADD'L STAIN	PATHOLOGY	\$90.00	\$0.00	\$81.00
90460	IMMUN ADMIN, PEDS; WITH COUNSELING BY PROVIDER; 1ST OR ONLY COMPONENT OF EACH VACCINE ADMINISTERED	VACCINE	\$22.00	\$0.00	\$0.00
90461	IMMUN ADMIN, PEDS; WITH COUNSELING BY PROVIDER; EACH ADD'L VACCINE COMPONENT ADMINISTERED	VACCINE	\$16.00	\$0.00	\$0.00
90471	IMMUN ADMIN, ADULT; 1ST VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	VACCINE	\$24.00	\$0.00	\$0.00
90472	IMMUN ADMIN, ADULT; EACH ADD'L VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	VACCINE	\$15.00	\$0.00	\$0.00
90473	IMMUN ADMIN; INTRANASAL OR ORAL; 1ST VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	VACCINE	\$20.00	\$0.00	\$0.00
90474	IMMUN ADMIN; INTRANASAL OR ORAL; EACH ADD'L VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	VACCINE	\$15.00	\$0.00	\$0.00
90480	ADMIN OF COVID19 VACCINE, IM, SINGLE DOSE (EFFECTIVE 8/14/2023)	VACCINE	\$0.00	\$0.00	\$0.00
90621	MENINGOCOCCAL B (TRUMENBA); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$198.00	\$0.00	\$0.00
90632	HEP A , ADULT (HAVRIX); 1ML SINGLE-DOSE SYRINGE	VACCINE	\$105.00	\$0.00	\$0.00
90633	HEP A, PED (HAVRIX); 0.5ML SINGLE-DOSE SYRINGE	VACCINE	\$60.00	\$0.00	\$0.00
90648	HIB, (PEDVAX PRP-OMP); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$36.00	\$0.00	\$0.00
90651	HPV, (GARDASIL 9); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$317.00	\$0.00	\$0.00
90653	INFLUENZA VACCINE, INACTIVATED (IV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	VACCINE	\$77.00	\$0.00	\$0.00
90656	FLULAVAL TRIV	VACCINE	\$12.00	\$0.00	\$0.00
90661	FLUCELVAX TRIV	VACCINE	\$34.00	\$0.00	\$0.00
90670	PNEUMOCOCCAL 13, (PREVNAR 13), 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$292.00	\$0.00	\$0.00
90672	FLUMIST (LAIV4), 2-49 YRS, 0.2 ML SINGLE-USE NASAL SPRAY (2023/24)	VACCINE	\$36.00	\$0.00	\$0.00
90674	FLUCELVAX (CCIV4) (EGG & PRESERVATIVE-FREE), 0.5ML SINGLE-DOSE SYRINGE (2023/24)	VACCINE	\$38.00	\$0.00	\$0.00
90677	PNEUMOCOCCAL 20, (PREVNAR 20); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$301.00	\$0.00	\$0.00
90680	ROTOVIRUS, (ROTATEQ); 2 ML SINGLE-DOSE VIAL FOR ORAL USE	VACCINE	\$117.00	\$0.00	\$0.00
90686	FLULAVAL (IIV4), 0.5 ML SINGLE-DOSE SYRINGE (2023/24)	VACCINE	\$12.00	\$0.00	\$0.00
90694	FLUAD (AIIV4), 65+ YRS, 0.5ML SINGLE-DOSE SYRINGE (2023/2024)	VACCINE	\$82.00	\$0.00	\$0.00
90698	DTAP/HIB/IPV (PENTACEL); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$130.00	\$0.00	\$0.00
90700	DTAP (INFANRIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$54.00	\$0.00	\$0.00
90707	MMR (M-M-R II); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$108.00	\$0.00	\$0.00
90713	POLIO, IPV; 0.5 ML MULTI-DOSE VIAL	VACCINE	\$52.00	\$0.00	\$0.00
90714	TD (TENIVAC); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$60.00	\$0.00	\$0.00
90715	TDAP (BOOSTRIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$75.00	\$0.00	\$0.00
90716	VARICELLA (VARIVAX); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$185.00	\$0.00	\$0.00
90734	MENINGOCOCCAL ACWY, (MENVEO); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$170.00	\$0.00	\$0.00
90744	HEP B, PED (ENGERIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$52.00	\$0.00	\$0.00
90746	HEP B, ADULT (ENGERIX); 1 ML SINGLE-DOSE SYRINGE	VACCINE	\$87.00	\$0.00	\$0.00
90750	ZOSTER, RZV (SHINGRIX); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$212.00	\$0.00	\$0.00
90785	INTERACTIVE COMPLEXITY	BEHAVIORAL HEALTH	\$28.00	\$0.00	\$0.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	BEHAVIORAL HEALTH	\$186.00	\$0.00	\$0.00
90791,59	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	BEHAVIORAL HEALTH	\$186.00	\$0.00	\$0.00
90791,93	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES, AUDIO ONLY	BEHAVIORAL HEALTH	\$186.00	\$0.00	\$0.00
90791,95	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES, TELEHEALTH	BEHAVIORAL HEALTH	\$186.00	\$0.00	\$0.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	BEHAVIORAL HEALTH	\$260.00	\$0.00	\$0.00
90832	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	BEHAVIORAL HEALTH	\$110.00	\$0.00	\$0.00
90832,93	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, AUDIO ONLY	BEHAVIORAL HEALTH	\$110.00	\$0.00	\$0.00
90832,95	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, TELEHEALTH	BEHAVIORAL HEALTH	\$110.00	\$0.00	\$0.00
90833	30 MINUTES OF PSYCHOTHERAPYWITH E/M SERVICE	BEHAVIORAL HEALTH	\$106.00	\$0.00	\$0.00
90834	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	BEHAVIORAL HEALTH	\$146.00	\$0.00	\$0.00
90834,59	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	BEHAVIORAL HEALTH	\$146.00	\$0.00	\$0.00
90834,93	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, AUDIO ONLY	BEHAVIORAL HEALTH	\$146.00	\$0.00	\$0.00
90834,95	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, TELEHEALTH	BEHAVIORAL HEALTH	\$146.00	\$0.00	\$0.00
90834,HJ	EAP 45 MIN OF PSYCHOTHERAPY	BEHAVIORAL HEALTH	\$146.00	\$146.00	\$146.00
90836	45 MINUTES OF PSYCHOTHERAPY WITH E/M SERVICE	BEHAVIORAL HEALTH	\$136.00	\$0.00	\$0.00
90837	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	BEHAVIORAL HEALTH	\$179.00	\$0.00	\$0.00

90837,93	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, AUDIO ONLY	BEHAVIORAL HEALTH	\$179.00	\$0.00	\$0.00
90837,95	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY, TELEHEALTH	BEHAVIORAL HEALTH	\$179.00	\$0.00	\$0.00
90839	FIRST 60 MINUTES OF PSYCHOTHERAPY FOR CRISIS	BEHAVIORAL HEALTH	\$220.00	\$0.00	\$0.00
90840	ADD-ON CODE FOR EACH ADDITIONAL 30 MINUTES OF PSYCHOTHERAPY FOR CRISIS	BEHAVIORAL HEALTH	\$108.00	\$0.00	\$0.00
90845	PSYCHOANALYSIS	BEHAVIORAL HEALTH	\$130.00	\$0.00	\$0.00
90846	50 MINUTES OF FAMILY PSYCHOTHERAPY WITHOUT THE CLIENT PRESENT	BEHAVIORAL HEALTH	\$165.00	\$0.00	\$0.00
90847	50 MINUTES OF FAMILY PSYCHOTHERAPY WITH THE CLIENT PRESENT	BEHAVIORAL HEALTH	\$169.00	\$0.00	\$0.00
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	\$0.00	\$0.00
91305	CVD PFZ TRIS 12+	VACCINE	\$0.00	\$0.00	\$0.00
91307	CVD PFZ 5-11Y	VACCINE	\$0.00	\$0.00	\$0.00
91308	CVD PFZ 6M-4Y	VACCINE	\$0.00	\$0.00	\$0.00
91309	CVD MOD 6-11Y	VACCINE	\$0.00	\$0.00	\$0.00
91311	CVD MOD 6M-5Y	VACCINE	\$0.00	\$0.00	\$0.00
91312	CVD PFZ BVLBTSTR 12+	VACCINE	\$0.00	\$0.00	\$0.00
91313	CVD MOD BVLBTSTR 12+	VACCINE	\$0.00	\$0.00	\$0.00
91314	CVD MOD BVLBTSTR6-11Y	VACCINE	\$0.00	\$0.00	\$0.00
91315	CVD PFZ BVLBTSTR5-11Y	VACCINE	\$0.00	\$0.00	\$0.00
91316	CVD MOD BVLBTSTR6M-5Y	VACCINE	\$0.00	\$0.00	\$0.00
91317	CVD PFZ BVLBTSTR6M-4Y	VACCINE	\$0.00	\$0.00	\$0.00
91321	MODERNA COVID 19 2023/24; 6MO-11YRS, 25 MCG/0.25ML SINGLE-DOSE VIAL	VACCINE	\$0.00	\$0.00	\$0.00
91322	MODERNA COVID19 2023/24; 12+ YRS, 50 MCG/0.5ML PREFILLED SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
92551	HEARING SCREEN, PURE TONE AUDIOMETRY, AIR ONLY	PROCEDURE	\$22.00	\$0.00	\$0.00
92552	HEARING SCREEN, PURETONE AUDIOMETRY THRESHOLD	EMCODE	\$44.00	\$0.00	\$0.00
93000	ECG, ROUTINE ELECTROCARDIOGRAM; WITH INTERPRETATION AND REPORT	PROCEDURE	\$130.00	\$0.00	\$0.00
93005	ECG, ROUTINE ELECTROCARDIOGRAM; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	PROCEDURE	\$87.00	\$0.00	\$0.00
94010	SPIROMETRY, IN OFFICE	PROCEDURE	\$242.00	\$0.00	\$0.00
94060	SPIROMETRY, INCLUDING PRE/POST BRONCHODILATOR THERAPY	PROCEDURE	\$64.00	\$0.00	\$0.00
94640	NEBULIZER TREATMENT	PROCEDURE	\$42.00	\$0.00	\$0.00
96110	DEVELOPMENTAL SCREENING, PEDIATRIC (MCHAT, ASQ)	EMCODE	\$20.00	\$0.00	\$0.00
96127	DEPRESSION SCREENING (PHQ 2/9, PSC-17)	EMCODE	\$5.00	\$0.00	\$0.00
96156	ASSESSMENT: INITIAL	BEHAVIORAL HEALTH	\$146.00	\$0.00	\$0.00
96158	INTERVENTION: INDIVIDUAL, FACE TO FACE (30 MIN)	BEHAVIORAL HEALTH	\$102.00	\$0.00	\$0.00
96159	INTERVENTION: INDIVIDUAL, FACE TO FACE (EACH ADD'L 15 MIN)	BEHAVIORAL HEALTH	\$42.00	\$0.00	\$0.00
96160	PATIENT-FOCUSED HEALTH RISK ASSESSMENT	EMCODE	\$18.00	\$0.00	\$0.00
96161	CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT	EMCODE	\$18.00	\$0.00	\$0.00
96372	ADMINISTRATION FEE, INJECTION	PROCEDURE	\$68.00	\$0.00	\$0.00
97010	SUPERVISED APPLICATION OF HOT OR COLD THERAPIES TO TREAT CONDITION, INJURY, OR DISEASE	PHYSICAL THERAPY	\$12.00	\$0.00	\$0.00
97012	SUPERVISED APPLICATION OF MECHANICAL TRACTION TO TREAT CONDITION, INJURY, OR DISEASE	PHYSICAL THERAPY	\$41.00	\$0.00	\$0.00
97014	SUPERVISED APPLICATION OF ELECTRICAL CURRENT TO NERVES OR TO A MUSCLE OR GROUP OF MUSCLES	PHYSICAL THERAPY	\$35.00	\$0.00	\$0.00
97032	CONSTANT ATTENDANCE PM&R: ELECTRICAL STIMULATION THERAPY USES ELECTRICITY TO STIMULATE THE MUSCLES	PHYSICAL THERAPY	\$39.00	\$0.00	\$0.00
97110	PM&R THERAPEUTIC PROCEDURES: THERAPEUTIC EXERCISE	PHYSICAL THERAPY	\$62.00	\$0.00	\$0.00
97112	PM&R THERAPEUTIC PROCEDURES: NEUROMUSCULAR REEDUCATION	PHYSICAL THERAPY	\$82.00	\$0.00	\$0.00
97124	MASSAGE THERAPY, PER 15 MINUTES	MASSAGE	\$25.00	\$25.00	\$25.00
97140	PM&R THERAPEUTIC PROCEDURES: PHYSICAL THERAPY WHICH USES THE CONTROLLED MOVEMENT AND PRESSURE OF HANDS	PHYSICAL THERAPY	\$62.00	\$0.00	\$0.00
97150	PM&R THERAPEUTIC PROCEDURES: SUPERVISED THERAPEUTIC EXERCISE (GROUP) PER HOUR	PHYSICAL THERAPY	\$31.00	\$0.00	\$0.00
97161	PT EVALUATION LOW COMPLEXITY	PHYSICAL THERAPY	\$124.00	\$0.00	\$0.00
97162	PT EVALUATION MODERATE COMPLEXITY	PHYSICAL THERAPY	\$124.00	\$0.00	\$0.00
97163	PT EVALUATION HIGH COMPLEXITY	PHYSICAL THERAPY	\$124.00	\$0.00	\$0.00
97164	PT RE-EVALUATIONS	PHYSICAL THERAPY	\$99.00	\$0.00	\$0.00
97169	ATHLETIC TRAINING EVALUATION - LOW COMPLEXITY	PHYSICAL THERAPY	\$60.00	\$0.00	\$0.00
97170	ATHLETIC TRAINING EVALUATION - MODERATE COMPLEXITY	PHYSICAL THERAPY	\$86.00	\$0.00	\$0.00
97171	ATHLETIC TRAINING EVALUATION - HIGH COMPLEXITY	PHYSICAL THERAPY	\$160.00	\$0.00	\$0.00
97172	ATHLETIC TRAINING RE-EVALUATION	PHYSICAL THERAPY	\$56.00	\$0.00	\$0.00
97530	PM&R THERAPEUTIC PROCEDURES: SUPERVISED THERAPEUTIC ACTIVITY FOR FUNCTIONAL PERFORMANCE, 1 ON 1, EACH 15 MINUTES	PHYSICAL THERAPY	\$82.00	\$0.00	\$0.00
97533	PM&R THERAPEUTIC PROCEDURES: SUPERVISED THERAPEUTIC SENSORY INTEGRATIVE TECHNIQUES, 1 ON 1, EACH 15 MINUTES	PHYSICAL THERAPY	\$78.00	\$0.00	\$0.00
97535	PM&R THERAPEUTIC PROCEDURES: CONSULTATION ON RECOVERY INSTRUCTIONS FOR RECOVERY	PHYSICAL THERAPY	\$78.00	\$0.00	\$0.00
97597	DEBRIDEMENT LESS THAN 20 SQ CM	PROCEDURE	\$110.00	\$0.00	\$0.00
97602	WOUND(S) CARE NON-SELECTIVE	PROCEDURE	\$66.00	\$0.00	\$0.00
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-TREATMENT	ACUPUNCTURE	\$60.00	\$50.00	\$50.00
97814	ACUPUNCTURE W/ ELECTRICAL STIMULATION; EACH ADDITIONAL 15 MINUTES	ACUPUNCTURE	\$25.00	\$25.00	\$25.00
88940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	CHIROPRACTIC	\$65.00	\$50.00	\$50.00
88941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	CHIROPRACTIC	\$65.00	\$50.00	\$50.00
88942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	CHIROPRACTIC	\$65.00	\$50.00	\$50.00
88943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS	CHIROPRACTIC	\$65.00	\$50.00	\$50.00
89000	SPECIMEN HANDLING OFFICE-LAB	LAB	\$12.00	\$0.00	\$0.00
99050	ADD-ON CODE FOR SERVICES PROVIDED WHEN THE OFFICE IS USUALLY CLOSED	MISCELLANEOUS	\$28.00	\$0.00	\$0.00
99051	ADD-ON CODE FOR SERVICES PROVIDED DURING REGULARLY SCHEDULED HOURS ON EVENINGS, WEEKENDS, OR HOLIDAYS	MISCELLANEOUS	\$26.00	\$0.00	\$0.00
99078	BREATHE FREE GROUP VISIT	EMCODE	\$40.00	\$0.00	\$0.00
99172	VISION SCREEN (INCLUDES VISUAL ACUITY, COLOR VISION, STEREOPSIS, & VISUAL FIELDS)	EMCODE	\$20.00	\$0.00	\$0.00
99173	VISION SCREENING (SNELLEN CHART)	PROCEDURE	\$12.00	\$0.00	\$0.00
99202	OFFICE OUTPATIENT VISIT; NEW LEVEL 2	EMCODE	\$106.00	\$0.00	\$0.00
99202,93	OFFICE OUTPATIENT VISIT; NEW LEVEL 2, PHONE (AUDIO ONLY)	EMCODE	\$106.00	\$0.00	\$0.00
99202,95	OFFICE OUTPATIENT VISIT; NEW LEVEL 2, TELEHEALTH	EMCODE	\$106.00	\$0.00	\$0.00
99203	OFFICE OUTPATIENT VISIT; NEW LEVEL 3	EMCODE	\$186.00	\$0.00	\$0.00
99203,93	OFFICE OUTPATIENT VISIT; NEW LEVEL 3, PHONE (AUDIO ONLY)	EMCODE	\$186.00	\$0.00	\$0.00
99203,95	OFFICE OUTPATIENT VISIT; NEW LEVEL 3, TELEHEALTH	EMCODE	\$186.00	\$0.00	\$0.00
99204	OFFICE OUTPATIENT VISIT; NEW LEVEL 4	EMCODE	\$240.00	\$0.00	\$0.00
99204,93	OFFICE OUTPATIENT VISIT; NEW LEVEL 4, PHONE (AUDIO ONLY)	EMCODE	\$240.00	\$0.00	\$0.00
99204,95	OFFICE OUTPATIENT VISIT; NEW LEVEL 4, TELEHEALTH	EMCODE	\$240.00	\$0.00	\$0.00
99205	OFFICE OUTPATIENT VISIT; NEW LEVEL 5	EMCODE	\$256.00	\$0.00	\$0.00
99205,93	OFFICE OUTPATIENT VISIT; NEW LEVEL 5, PHONE (AUDIO ONLY)	EMCODE	\$256.00	\$0.00	\$0.00
99205,95	OFFICE OUTPATIENT VISIT; NEW LEVEL 5, TELEHEALTH	EMCODE	\$256.00	\$0.00	\$0.00
99211	NURSE ONLY VISIT; ESTABLISHED	EMCODE	\$66.00	\$0.00	\$0.00

99212	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 2	EMCODE	\$110.00	\$0.00	\$0.00
99212,93	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 2, PHONE (AUDIO ONLY)	EMCODE	\$110.00	\$0.00	\$0.00
99212,95	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 2, TELEHEALTH	EMCODE	\$110.00	\$0.00	\$0.00
99213	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 3	EMCODE	\$156.00	\$0.00	\$0.00
99213,93	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 3, PHONE (AUDIO ONLY)	EMCODE	\$156.00	\$0.00	\$0.00
99213,95	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 3, TELEHEALTH	EMCODE	\$156.00	\$0.00	\$0.00
99214	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 4	EMCODE	\$196.00	\$0.00	\$0.00
99214,93	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 4, PHONE (AUDIO ONLY)	EMCODE	\$196.00	\$0.00	\$0.00
99214,95	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 4, TELEHEALTH	EMCODE	\$196.00	\$0.00	\$0.00
99215	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 5	EMCODE	\$240.00	\$0.00	\$0.00
99215,93	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 5, PHONE (AUDIO ONLY)	EMCODE	\$240.00	\$0.00	\$0.00
99215,95	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 5, TELEHEALTH	EMCODE	\$240.00	\$0.00	\$0.00
99381	PREVENTATIVE VISIT; NEW AGES <1 YEAR	EMCODE	\$150.00	\$0.00	\$0.00
99381,25	PREVENT VISIT, NEW; AGES <1YR	EMCODE	\$150.00	\$0.00	\$0.00
99382	PREVENTATIVE VISIT; NEW AGES 1-4 YRS	EMCODE	\$156.00	\$0.00	\$0.00
99382,25	PREVENT VISIT, NEW; AGES 1-4 YRS	EMCODE	\$156.00	\$0.00	\$0.00
99383	PREVENTATIVE VISIT; NEW AGES 5-11	EMCODE	\$164.00	\$0.00	\$0.00
99383,25	PREVENT VISIT, NEW; AGES 5-11 YRS	EMCODE	\$164.00	\$0.00	\$0.00
99384	PREVENTATIVE VISIT; NEW AGES 12-17	EMCODE	\$180.00	\$0.00	\$0.00
99384,25	PREVENT VISIT, NEW; AGES 12-17 YRS	EMCODE	\$180.00	\$0.00	\$0.00
99385	PREVENTATIVE VISIT; NEW AGES 18-39	EMCODE	\$190.00	\$0.00	\$0.00
99385,25	PREVENT VISIT, NEW; AGES 18-39 YRS	EMCODE	\$190.00	\$0.00	\$0.00
99386	PREVENTATIVE VISIT; NEW AGES 40-64	EMCODE	\$220.00	\$0.00	\$0.00
99386,25	PREVENT VISIT; NEW, AGES 40-64	EMCODE	\$220.00	\$0.00	\$0.00
99387	PREVENTATIVE VISIT; NEW AGES 65+ YRS	EMCODE	\$234.00	\$0.00	\$0.00
99387,25	PREVENT VISIT, NEW; AGES 65+ YRS	EMCODE	\$234.00	\$0.00	\$0.00
99391	PREVENTATIVE VISIT; ESTABLISHED AGES <1 YEAR	EMCODE	\$134.00	\$0.00	\$0.00
99391,25	PREVENT VISIT, ESTAB; AGES <1YR	EMCODE	\$134.00	\$0.00	\$0.00
99392	PREVENTATIVE VISIT; ESTABLISHED AGES 1-4	EMCODE	\$142.00	\$0.00	\$0.00
99392,25	PREVENT VISIT, ESTAB; AGES 1-4YRS	EMCODE	\$142.00	\$0.00	\$0.00
99393	PREVENTATIVE VISIT; ESTABLISHED AGES 5-11	EMCODE	\$142.00	\$0.00	\$0.00
99393,25	PREVENT VISIT, ESTAB; AGES 5-11YRS	EMCODE	\$142.00	\$0.00	\$0.00
99394	PREVENTATIVE VISIT; ESTABLISHED AGES 12-17	EMCODE	\$160.00	\$0.00	\$0.00
99394,25	PREVENT VISIT, ESTAB; AGES 12-17YRS	EMCODE	\$160.00	\$0.00	\$0.00
99395	PREVENTATIVE VISIT; ESTABLISHED AGES 18-39	EMCODE	\$174.00	\$0.00	\$0.00
99395,25	PREVENT VISIT, ESTAB; AGES 18-39YRS	EMCODE	\$174.00	\$0.00	\$0.00
99396	PREVENTATIVE VISIT; ESTABLISHED AGES 40-64	EMCODE	\$184.00	\$0.00	\$0.00
99396,25	PREVENT VISIT, ESTAB; AGES 40-64YRS	EMCODE	\$184.00	\$0.00	\$0.00
99397	PREVENTATIVE VISIT; ESTABLISHED AGES 65+	EMCODE	\$192.00	\$0.00	\$0.00
99397,25	PREVENT VISIT, ESTAB; AGES 65+YRS	EMCODE	\$192.00	\$0.00	\$0.00
99406	BREATHE FREE 3-10 MIN CONSULT (DPC/CASH/INSURANCE)	EMCODE	\$21.00	\$0.00	\$0.00
99407	BREATHE FREE 10+ MIN CONSULT (DPC/CASH/INSURANCE)	EMCODE	\$33.00	\$0.00	\$0.00
99417	PROLNG OFF/OP E/M EA 15 MIN	EMCODE	\$47.00	\$0.00	\$0.00
99421	E-VISIT THRU PORTAL (INITIATED BY PATIENT); 5-10 MIN	EMCODE	\$26.00	\$0.00	\$0.00
99422	E-VISIT THRU PORTAL (INITIATED BY PATIENT); 11-20 MIN	EMCODE	\$50.00	\$0.00	\$0.00
99423	E-VISIT THRU PORTAL (INITIATED BY PATIENT); 20+ MIN	EMCODE	\$76.00	\$0.00	\$0.00
99429	UNLISTED PREVENTIVE SERVICE	EMCODE	\$50.00	\$0.00	\$0.00
99441	TELEPHONE VISIT; 5-10 MINUTES	EMCODE	\$60.00	\$0.00	\$0.00
99442	TELEPHONE VISIT; 11-20 MINUTES	EMCODE	\$96.00	\$0.00	\$0.00
99443	TELEPHONE VISIT; 21-30 MINUTES	EMCODE	\$136.00	\$0.00	\$0.00
99455	DOT PHYSICAL (V70.5 DIAGNOSIS CODE)	EMCODE	\$144.00	\$0.00	\$0.00
99459	PELVIC EXAM	EMCODE	\$32.00	\$0.00	\$0.00
99497	ADVANCED DIRECTIVES	EMCODE	\$86.00	\$0.00	\$0.00
A4467	ORTHOTICS ELBOW CHO-PAT STRAP	DME	\$30.00	\$0.00	\$30.00
A4565	ARM SLING	DME	\$16.00	\$0.00	\$16.00
A4570	PROCARE STAXX FINGER SPLINT KIT	DME	\$4.00	\$0.00	\$4.00
A6196	STERILE, ALGINATE OR FIBER GELLING DRESSING LESS THAN 16 SQ IN	DME	\$17.00	\$0.00	\$0.00
A6212	STERILE FOAM DRESSING WITH AN ADHESIVE BORDER AND A PAD SIZE 16 SQ IN OR LESS	DME	\$9.00	\$0.00	\$0.00
A6213	STERILE, FOAM DRESSING BETWEEN 16 AND 48 SQ IN	DME	\$10.50	\$0.00	\$0.00
A6222	GAUZE WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, UP TO 16 SQ IN	DME	\$2.50	\$0.00	\$0.00
A6448	ACE BANDAGE 2 IN X 5 YRD	DME	\$6.00	\$0.00	\$6.00
A6449	ACE BANDAGE 4 IN X 5 YRD	DME	\$6.00	\$0.00	\$6.00
A7003	NEBULIZER MASK (BILLED PART OF NEBULIZER TREATMENT)	DME	\$0.00	\$0.00	\$0.00
E0114	CRUTCHES	DME	\$45.00	\$0.00	\$0.00
E0570	DEVILBISS NEBULIZER MACHINE	DME	\$40.00	\$0.00	\$0.00
G0008	FLU VACC ADMIN	EMCODE	\$36.00	\$0.00	\$0.00
G0009	PNEUMOCOCCAL ADMIN	EMCODE	\$32.00	\$0.00	\$0.00
G0101	SCREENING PELVIC AND BREAST EXAM	EMCODE	\$41.00	\$0.00	\$0.00
G0102	PROSTATE CANCER SCREENING	EMCODE	\$27.00	\$0.00	\$0.00
G0107	MEDICARE, HEMOCULT/GUAIAAC X 1-3 (POC TEST)	EMCODE	\$16.00	\$0.00	\$0.00
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION	PHYSICAL THERAPY	\$35.00	\$0.00	\$0.00
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE	PHYSICAL THERAPY	\$36.00	\$0.00	\$0.00
G0328	MEDICARE, COLON CANCER SCREENING FIT TEST	EMCODE	\$30.00	\$0.00	\$0.00
G0402	MEDIARE, WELCOME TO EXAM (IPPE)	EMCODE	\$170.00	\$0.00	\$0.00
G0403	ECG PERFORMED AS SCREENING WITH IPPE (WITH INTERPRETATION AND REPORT)	EMCODE	\$16.00	\$0.00	\$0.00
G0404	ECG PERFORMED AS SCREENING WITH IPPE (TRACING ONLY W/O INTERPRETATION AND REPORT)	EMCODE	\$8.00	\$0.00	\$0.00
G0405	ECG PERFORMED AS SCREENING WITH IPPE (INTERPRETATION AND REPORT ONLY)	EMCODE	\$10.00	\$0.00	\$0.00
G0438	MEDICARE, INITIAL AWW (AFTER IPPE)	EMCODE	\$175.00	\$0.00	\$0.00
G0438,93	MEDICARE, INITIAL AWW (AFTER IPPE); PHONE (AUDIO ONLY)	EMCODE	\$175.00	\$0.00	\$0.00
G0438,95	MEDICARE, INITIAL AWW (AFTER IPPE); TELEHEALTH	EMCODE	\$175.00	\$0.00	\$0.00
G0439	MEDICARE, ANNUAL VISIT, SUBSEQUENT	EMCODE	\$140.00	\$0.00	\$0.00
G0439,93	MEDICARE, ANNUAL VISIT, SUBSEQUENT; PHONE (AUDIO ONLY)	EMCODE	\$140.00	\$0.00	\$0.00
G0439,95	MEDICARE, ANNUAL VISIT, SUBSEQUENT; TELEHEALTH	EMCODE	\$140.00	\$0.00	\$0.00
G0442	ALCOHOL SCREENING	EMCODE	\$20.00	\$0.00	\$0.00
G0443	BRIEF ALCOHOL USE COUNSELING	EMCODE	\$30.00	\$0.00	\$0.00
G0444	DEPRESSION SCREENING	EMCODE	\$20.00	\$0.00	\$0.00
G0446	BEHAVIORAL TX FOR CVD	EMCODE	\$30.00	\$0.00	\$0.00
G0447	OBESITY COUNSELING	EMCODE	\$30.00	\$0.00	\$0.00
G0513	EXTRA 30 MINUTES	EMCODE	\$66.00	\$0.00	\$0.00
G0514	EXTRA 60 MINUTES	EMCODE	\$66.00	\$0.00	\$0.00

G2010	REMOTE EVALUATION OF IMAGE/VIDEO WITH INTERPRETATION AND FOLLOW UP W/IN 24 HOURS	EMCODE	\$20.00	\$0.00	\$0.00
G2012	CLINICIAN CHECK IN BY PHONE, EMAIL, TEXT, MESSAGE TO PORTAL	EMCODE	\$26.00	\$0.00	\$0.00
H0033	ADMINISTRATION FEE, ORAL MEDICATION	PRESCRIPTION	\$10.00	\$0.00	\$0.00
J0171	INJECTION, AUTO-INJECTOR, EPINEPHRINE, PER 0.15MG	PRESCRIPTION	\$270.00	\$0.00	\$0.00
J0561	BICILLIN LA, SYR 1.2 MMU/2 ML	PRESCRIPTION	\$330.00	\$0.00	\$0.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	PRESCRIPTION	\$76.00	\$0.00	\$0.00
J1030	*INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	PRESCRIPTION	\$76.00	\$0.00	\$0.00
J1885	INJECTION, KETOROLAC, PER 15 MG/1ML	PRESCRIPTION	\$32.00	\$0.00	\$0.00
J2310	INJECTION, NALOXONE, 0.4 MG/ML	PRESCRIPTION	\$90.00	\$0.00	\$0.00
J3420	*INJECTION, VITAMIN B-12 CYANOCOBALAMIN, 1000 MCG/ML	PRESCRIPTION	\$76.00	\$0.00	\$0.00
J3490	NALOXONE, NASAL SPRAY	PRESCRIPTION	\$106.00	\$0.00	\$0.00
J3491	SEMAGLUTIDE INJECTION	PROCEDURE	\$100.00	\$100.00	\$100.00
J7297	LEVONORGESTREL-RELEASING IUD, 52 MG	PRESCRIPTION	\$628.00	\$0.00	\$0.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	PRESCRIPTION	\$1,168.00	\$1,133.83	\$1,133.83
J7307	*ETONOGESTREL IMPLANT, 68 MG	PRESCRIPTION	\$1,146.00	\$0.00	\$0.00
J7613	ALBUTEROL NEBULIZER SOLUTION (0.083%), 2.5MG/3ML	PRESCRIPTION	\$4.00	\$0.00	\$0.00
J7620	IPRATROPIUM BROMIDE/ALBUTEROL, 0.5MG/3MG PER 3ML	PRESCRIPTION	\$6.00	\$0.00	\$0.00
J8499	ACETAMINOPHEN, 160MG/5ML	PRESCRIPTION	\$1.00	\$0.00	\$0.00
L1830	ORTHOTICS KNEE IMOBILIZER	DME	\$42.00	\$0.00	\$25.00
L3260	PROCARE SURGICAL SHOE	DME	\$46.00	\$0.00	\$25.00
L3809	COCK UP WRIST SPLINT W/THUMB	DME	\$26.00	\$0.00	\$10.00
L3908	COCK-UP WRIST SPLINT	DME	\$26.00	\$0.00	\$10.00
L3913	FINGER SPLINT, FOAM, ASSORTED SIZES	DME	\$2.00	\$0.00	\$0.00
L4350	AIRCAST AIR STIRRUP ANKLE/HEEL BRACE	DME	\$38.00	\$0.00	\$25.00
L4386	WALKING BOOT, PEDIATRIC	DME	\$50.00	\$0.00	\$25.00
L4387	WALKING BOOT, ADULT	DME	\$50.00	\$0.00	\$30.00
MISC90785	INTERACTIVE COMPLEXITY-DPC>12 VISITS	BEHAVIORAL HEALTH	\$25.00	\$25.00	\$25.00
MISC90791	PSYCHIATRIC DIAGNOSTIC EVAL W/O MED SERVICES-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISC90792	PSYCHIATRIC DIAGNOSTIC EVAL W/ MED SERVICES-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISC90832	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY-DPC >12 VISITS	BEHAVIORAL HEALTH	\$50.00	\$50.00	\$50.00
MISC90833	30 MINUTES OF PSYCHOTHERAPYWITH E/M SERVICE-DPC>12 VISITS	BEHAVIORAL HEALTH	\$50.00	\$50.00	\$50.00
MISC90834	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISC90836	45 MINUTES OF PSYCHOTHERAPY WITH E/M SERVICE-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISC90837	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISC90839	FIRST 60 MINUTES OF PSYCHOTHERAPY FOR CRISIS-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISC90840	ADD-ON CODE FOR EACH ADDITIONAL 30 MINUTES OF PSYCHOTHERAPY FOR CRISIS, DPC>12 VISITS	BEHAVIORAL HEALTH	\$50.00	\$50.00	\$50.00
MISC90845	PSYCHOANALYSIS-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISC90846	50 MINUTES OF FAMILY PSYCHOTHERAPY WITHOUT THE CLIENT PRESENT-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISC90847	50 MINUTES OF FAMILY PSYCHOTHERAPY WITH THE CLIENT PRESENT-DPC>12 VISITS	BEHAVIORAL HEALTH	\$67.50	\$67.50	\$67.50
MISCAAP	AMINO ACID- PLASMA	LAB	\$143.20	\$143.20	\$143.20
MISCACU	MISC ACUPUNCTURE	ACUPUNCTURE	\$1.00	\$1.00	\$1.00
MISCBP	NURSE ONLY BLOOD PRESSURE CHECK	EMCODE	\$0.00	\$0.00	\$0.00
MISCCASH97810	ACUPUNCTURE, INITIAL; CASH PRICE; EVALUATION, NEEDLE PLACEMENT, 15 MIN TREATMENT, POST-TREATMENT	ACUPUNCTURE	\$60.00	\$60.00	\$60.00
MISCCASH97811	ACUPUNCTURE, SUBSEQUENT; CASH PRICE; EACH ADDITIONAL 15 MINUTES	ACUPUNCTURE	\$25.00	\$25.00	\$25.00
MISCCASH97813	ACUPUNCTURE W/ ELECTRICAL STIM, INITIAL; CASH PRICE; EVALUATION, NEEDLE PLACEMENT, 15 MIN TREATMENT, POST-TREATMENT	ACUPUNCTURE	\$60.00	\$60.00	\$60.00
MISCCASH97814	ACUPUNCTURE W/ ELECTRICAL STIMULATION; CASH PRICE; EACH ADDITIONAL 15 MINUTES	ACUPUNCTURE	\$25.00	\$25.00	\$25.00
MISCCASH98940	CHIROPRACTIC MANIPULATION TREATMENT; CASH PRICE; SPINAL 1-2 REGIONS	CHIROPRACTIC	\$65.00	\$65.00	\$65.00
MISCCASH98941	CHIROPRACTIC MANIPULATION TREATMENT; CASH PRICE; SPINAL 3-4 REGIONS	CHIROPRACTIC	\$65.00	\$65.00	\$65.00
MISCCASH98942	CHIROPRACTIC MANIPULATION TREATMENT; CASH PRICE; SPINAL 5 REGIONS	CHIROPRACTIC	\$65.00	\$65.00	\$65.00
MISCCASH98943	CHIROPRACTIC MANIPULATION TREATMENT; CASH PRICE; EXTRASPINAL, 1+ REGIONS	CHIROPRACTIC	\$65.00	\$65.00	\$65.00
MISCCASH99202	CHIRO OFFICE VISIT, NEW, LEVEL 2; CASH PRICE	CHIROPRACTIC	\$60.00	\$60.00	\$60.00
MISCCBAL	CHOLESTEROL BALANCE	LAB	\$47.00	\$47.00	\$47.00
MISCCBD	MASSAGE, CBD ADD-ON	MASSAGE	\$5.00	\$5.00	\$5.00
MISCCENTS	MISC CENTS	MASSAGE	\$0.01	\$0.01	\$0.01
MISCCENTSKK	GRATUITY, CENTS, KK	MASSAGE	\$0.01	\$0.01	\$0.01
MISCCENTSM	GRATUITY, CENTS, JM	MASSAGE	\$0.01	\$0.01	\$0.01
MISCCENTSMC	GRATUITY, CENTS, MC	MASSAGE	\$0.01	\$0.01	\$0.01
MISCCHIRO	MISC CHIRO	CHIROPRACTIC	\$1.00	\$1.00	\$1.00
MISCCUP	MASSAGE, CUPPING ADD-ON	MASSAGE	\$10.00	\$10.00	\$10.00
MISCCVDDP	CVD & DIABETES PREVENTION COMPREHENSIVE	LAB	\$382.00	\$382.00	\$382.00
MISCCVMAP	CVMAP	LAB	\$199.00	\$199.00	\$199.00
MISCDPBBASICM	DPC BASIC DEPENDENT ADD ON MONTHLY	DPC	\$440.00	\$440.00	\$440.00
MISCDPBBASICY	DPC BASIC DEPENDENT ADD ON YEAR	DPC	\$480.00	\$480.00	\$480.00
MISCDPPLUSM	DPC PLUS DEPENDENT ADD ON MONTHLY	DPC	\$495.00	\$495.00	\$495.00
MISCDPPLUSY	DPC PLUS DEPENDENT ADD ON YEAR	DPC	\$540.00	\$540.00	\$540.00
MISCDISC97810	ACUPUNCTURE, INITIAL; DISCOUNT; EVAL, NEEDLE PLACEMENT, 15 MINUTES OF TREATMENT, AND POST-TREATMENT	ACUPUNCTURE	\$50.00	\$50.00	\$50.00
MISCDISC97811	ACUPUNCTURE, SUBSEQUENT, DISCOUNT, PER 15 MIN	ACUPUNCTURE	\$25.00	\$25.00	\$25.00
MISCDISC97813	ACUPUNCTURE W/STIM, INITIAL, DISCOUNT	ACUPUNCTURE	\$50.00	\$50.00	\$50.00
MISCDISC97814	ACUPUNCTURE W/ STIM, DISCOUNT	ACUPUNCTURE	\$25.00	\$25.00	\$25.00
MISCDISC98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	CHIROPRACTIC	\$60.00	\$60.00	\$60.00
MISCDISC98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	CHIROPRACTIC	\$60.00	\$60.00	\$60.00
MISCDISC98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	CHIROPRACTIC	\$60.00	\$60.00	\$60.00
MISCDISC98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS	CHIROPRACTIC	\$60.00	\$60.00	\$60.00
MISCDISC99202	OFFICE OUTPATIENT VISIT; NEW LEVEL 2, DISCOUNT	CHIROPRACTIC	\$50.00	\$50.00	\$50.00
MISCENROLLBASIC	DPC BASIC ENROLLMENT	DPC	\$98.00	\$98.00	\$98.00
MISCENROLLPLUS	DPC PLUS ENROLLMENT	DPC	\$135.00	\$135.00	\$135.00
MISCFAMBASICM	DPC BASIC FAMILY MONTHLY	DPC	\$2,475.00	\$2,475.00	\$2,475.00
MISCFAMBASICY	DPC BASIC FAMILY YEAR	DPC	\$2,700.00	\$2,700.00	\$2,700.00
MISCFAMPLUSM	DPC PLUS FAMILY MONTHLY	DPC	\$2,750.00	\$2,750.00	\$2,750.00
MISCFAMPLUSY	DPC PLUS FAMILY YEAR	DPC	\$3,000.00	\$3,000.00	\$3,000.00
MISCFATACID	FATTY ACID BALANCE (BOSTON HEART)	LAB	\$49.00	\$49.00	\$49.00
MISCGALLERI	GALLERI TEST, MULTI-CANCER EARLY DETECTION TEST	LAB	\$649.00	\$649.00	\$649.00
MISCGIFT	MASSAGE THERAPY, GIFT CARD	MASSAGE	\$1.00	\$1.00	\$1.00
MISCGIFT6	MASSAGE THERAPY, GIFT CARD, 6 FOR PRICE OF 5- 60 MIN MESSAGES	MASSAGE	\$450.00	\$450.00	\$450.00
MISCGIFT6D	MASSAGE, GIFT CARD, 5 FOR PRICE OF 6, DISCOUNT PRICE	MASSAGE	\$425.00	\$425.00	\$425.00
MISCGIMAP	GI MAP	LAB	\$311.20	\$311.20	\$311.20
MISCHPYLDSL	H. PYLORI (ERADICATION VERIFICATION)	LAB	\$87.20	\$87.20	\$87.20
MISCMAS	MISC MASSAGE	MASSAGE	\$1.00	\$1.00	\$1.00
MISCMETALS	HEAVY METALS PROFILE 2, SERUM	LAB	\$0.00	\$0.00	\$0.00
MISCNOSHOW	NO SHOW FEE	MISCELLANEOUS	\$1.00	\$1.00	\$1.00

MISCNURSE	NURSE VISIT NO CHARGE	EMCODE	\$0.00	\$0.00	\$0.00
MISCO19BASICM	DPC BASIC 19-64 MONTHLY	DPC	\$825.00	\$825.00	\$825.00
MISCO19BASICY	DPC BASIC 19-64 YEAR	DPC	\$900.00	\$900.00	\$900.00
MISCO19PLUSM	DPC PLUS 19-64 MONTHLY	DPC	\$935.00	\$935.00	\$935.00
MISCO19PLUSY	DPC PLUS 19-64 YEAR	DPC	\$1,020.00	\$1,020.00	\$1,020.00
MISCO64BASICM	DPC BASIC OVER 64 MONTHLY	DPC	\$880.00	\$880.00	\$880.00
MISCO64BASICY	DPC BASIC OVER 64 YEAR	DPC	\$960.00	\$960.00	\$960.00
MISCO64PLUSM	DPC PLUS OVER 64 MONTHLY	DPC	\$957.00	\$957.00	\$957.00
MISCO64PLUSY	DPC PLUS OVER 64 YEAR	DPC	\$1,044.00	\$1,044.00	\$1,044.00
MISCOAP	ORGANIC ACID-URINE	LAB	\$183.20	\$183.20	\$183.20
MISCOMXCOMBO	OMX- URINE & PLASMA COMBO TEST	LAB	\$223.20	\$223.20	\$223.20
MISCOMXU	OMX- URINE	LAB	\$223.20	\$223.20	\$223.20
MISCPHYSICAL	BACK TO SCHOOL SPORTS PHYSICAL PROMO	EMCODE	\$35.00	\$0.00	\$0.00
MISCPREPAID	PREPAID, REDEMPTION OF GIFT CARD	MESSAGE	\$0.00	\$0.00	\$0.00
MISCPREPAID30	MASSAGE THERAPY, PREPAID GIFT CARD, 30 MIN	MESSAGE	\$0.00	\$0.00	\$0.00
MISCPREPAID45	MASSAGE THERAPY, PREPAID GIFT CARD, 45 MIN	MESSAGE	\$0.00	\$0.00	\$0.00
MISCPREPAID60	MASSAGE THERAPY, PREPAID GIFT CARD, 60 MIN	MESSAGE	\$0.00	\$0.00	\$0.00
MISCPREPAID90	MASSAGE THERAPY, PREPAID GIFT CARD, 90 MIN	MESSAGE	\$0.00	\$0.00	\$0.00
MISCPROMO	MASSAGE HOLIDAY PROMOTION, 60 MIN	MESSAGE	\$50.00	\$50.00	\$50.00
MISCSEAGLUTIDE	SEMAGLUTIDE INJECTION EMPLOYEES ONLY	PROCEDURE	\$80.00	\$80.00	\$80.00
MISCTIPJM	MASSAGE TIPS JEN MCGEE	MESSAGE	\$1.00	\$1.00	\$1.00
MISCTIPKK	MASSAGE THERAPY, GRATUITY AMOUNT; KIM KRAUSE	MESSAGE	\$1.00	\$1.00	\$1.00
MISCTIPMC	MASSAGE THERAPY, GRATUITY AMOUNT; MEAGAN CONRAD	MESSAGE	\$1.00	\$1.00	\$1.00
MISCU19BASICM	DPC BASIC UNDER 19 MONTHLY	DPC	\$495.00	\$495.00	\$495.00
MISCU19BASICY	DPC BASIC UNDER 19 YEAR	DPC	\$540.00	\$540.00	\$540.00
MISCU19PLUSM	DPC PLUS UNDER 19 MONTHLY	DPC	\$550.00	\$550.00	\$550.00
MISCU19PLUSY	DPC PLUS UNDER 19 YEAR	DPC	\$600.00	\$600.00	\$600.00
MISCWAISTHIP	WAIST HIP MEASUREMENT	LAB	\$0.00	\$0.00	\$0.00
Q0163	DIPHENHYDRAMINE, ORAL SUSP OR TABLET, PER 12.5MG	PRESCRIPTION	\$0.50	\$0.00	\$0.00
S4990	NICOTINE PRELACEMENT, TRANSDERMAL PATCH, PER 7 MG	PRESCRIPTION	\$2.00	\$0.00	\$0.00
S4995	NICOTINE REPLACEMENT, GUM OR MINI-LOZENGE, PER 2 MG	PRESCRIPTION	\$0.30	\$0.00	\$0.00
VFCDHI	VFC DTAP/HIB/IPV (PENTACEL); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$0.00	\$0.00	\$0.00
VFCDTAP	VFC DTAP (INFANRIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
VFCHEPA	VFC HEP A, PED (HAVRIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
VFCHEPB	VFC HEP B, PED (ENERGIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
VFCHIB	VFC HIB, (PEDVAX PRP-OMP); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$0.00	\$0.00	\$0.00
VFCHPV	VFC HPV, (GARDASIL 9); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
VFCMEN	VFC MENINGOCOCCAL ACWY (MENVEO); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$0.00	\$0.00	\$0.00
VFCMENB	VFC MENINGOCOCCAL B (TRUMENBA); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
VFCMMR	VFC MMR (M-M-R II); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$0.00	\$0.00	\$0.00
VFCPNEU	VFC PNEUMOCOCCAL 13, (PREVNAR 13); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
VFCPOLIO	VFC POLIO, IPV; MULTI-DOSE VIAL	VACCINE	\$0.00	\$0.00	\$0.00
VFCROTO	VFC ROTOVIRUS, (ROTATEQ); 2 ML SINGLE-DOSE VIAL FOR ORAL USE	VACCINE	\$0.00	\$0.00	\$0.00
VFCTD	VFC TD (TENIVAC); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
VFCTDAP	VFC TDAP (BOOSTRIX); 0.5 ML SINGLE-DOSE SYRINGE	VACCINE	\$0.00	\$0.00	\$0.00
VFCVAR	VFC VARICELLA (VARIVAX); 0.5 ML SINGLE-DOSE VIAL	VACCINE	\$0.00	\$0.00	\$0.00
VOIDCHARGE	REMOVING CHARGE	MISCELLANEOUS	\$0.00	\$0.00	\$0.00
MISC30	30 Min Massage Encounter Retail	MESSAGE	\$55.00	\$55.00	\$55.00
MISCD30	30 Min Massage Encounter Discount	MESSAGE	\$50.00	\$50.00	\$50.00
MISC45	45 Min Massage Encounter Retail	MESSAGE	\$70.00	\$70.00	\$70.00
MISCD45	45 Min Massage Encounter Discount	MESSAGE	\$65.00	\$65.00	\$65.00
MISC60	60 Min Massage Encounter Retail	MESSAGE	\$90.00	\$90.00	\$90.00
MISCD60	60 Min Massage Encounter Discount	MESSAGE	\$85.00	\$85.00	\$85.00
MISC90	90 Min Massage Encounter Retail	MESSAGE	\$125.00	\$125.00	\$125.00
MISCD90	90 Min Massage Encounter Discount	MESSAGE	\$115.00	\$115.00	\$115.00