

REV CODE	CPT CODE	Full Name	Mod 1	Mod 2	BILLING PRICE FOR JULY 1 2018 THRU JUNE 30 2019	BILLING PRICE FOR JULY 1 2017 THRU JUNE 30 2018
0963	00104	PRO FEE ANESTHESIA ECT	AA		\$115.89	\$115.89
0761	10060	I&D Abcess			\$180.78	\$163.84
0960	10060	PRO FEE I&D Abcess	26		\$97.10	\$96.91
0761	10140	I&D HEMATOMA			\$1,442.39	\$1,442.39
0960	10140	PRO FEE I&D HEMATOMA	26		\$118.00	\$117.72
					\$332.56	\$332.56
0761	10160	PUNCTURE ASPIRATION HEMATOMA PRO FEE PUNCTURE ASPIRATION			\$94.66	\$125.63
0960	10160	HEMATOMA	26			
0761	11200	Removal skin tags <15			\$180.78	\$163.84
0960	11200	PRO FEE Removal skin tags <15	26		\$72.70	\$72.86
0761	12001	Outpatient Repair Simple <=2.5 cm SNATE			\$180.78	\$163.84
0960	12001	PRO FEE Outpatient Repair Simple <=2.5 cm SNATE	26		\$44.65	\$44.99
0761	12002	Outpatient Simple 2.6-7.5 cm SNATE			\$180.78	\$163.84
0960	12002	PRO FEE Outpatient Simple 2.6-7.5 cm SNATE	26		\$59.12	\$59.60
0761	12004	Outpatient Simple 7.6-12.5 sm SNATE			\$180.78	\$163.84
0960	12004	PRO FEE Outpatient Simple 7.6-12.5 sm SNATE	26		\$73.59	\$74.39
0761	12011	Outpatient Repair Simple <=2.5 cm FEENL			\$180.78	\$163.84
0960	12011	PRO FEE Outpatient Repair Simple <=2.5 cm FEENL	26		\$55.61	\$55.91
0761	12013	Outpatient Repair Simple 2.6-5 cm FEENL			\$180.78	\$163.84
0960	12013	PRO FEE Outpatient Repair Simple 2.6-5 cm FEENL	26		\$58.46	\$59.05
0761	11400	EXCISION LESION SKIN			\$612.95	\$612.95
0960	11400	EXCISION LESION SKIN			\$85.33	\$79.75
0761	30901	CONTRAL NASAL HEMORRHAGE PRO FEE CONTROL NASAL			\$112.39	\$107.02
					\$56.72	\$57.59
0960	30901	HEMORRHAGE	26			
0300	36415	VENIPUNCTURE			\$3.21	\$3.21
0761	43760	CHANGE PEG TUBE			\$245.60	\$231.16
0960	43760	PRO FEE CHANGE PEG TUBE	26		\$47.58	\$48.00
0761	62270	Outpatient Clinic Spinal Puncture- Lumbar			\$581.42	\$542.69
0960	62270	PRO FEE Outpatient Clinic Spinal Puncture-Lumbar	26		\$78.60	\$79.17
0761	62272	Spinal Puncture, Therapeutic			\$581.42	\$542.69
0761	62272	SPINAL PUNCTURE THERAPEUTIC			\$0.00	\$542.69

0960	62272	PRO FEE Spinal Puncture, Therapeutic	26	\$81.94	\$83.48
		PRO FEE Spinal Puncture, Therapeutic		\$81.94	\$83.48
0963	62272		26		
0761	69200	Removal foreign body external auditory canal without anesthesia		\$112.39	\$107.02
0960	69200	PRO FEE Removal foreign body external auditory canal without anesthesia	26	\$47.18	\$47.78
		REMOVAL IMPACTED CERUMEN		\$59.88	\$58.37
0761	69209	UNILAT, IRRIGATION/LAVAGE PRO FEE REMOVAL IMPACTED CERUMEN UNILAT,		\$13.21	\$11.84
0960	69209	IRRIGATION/LAVAGE	26		
0761	69210	Outpatient Clinic Cerumen Removal		\$59.88	\$58.37
0960	69210	PRO FEE Outpatient Clinic Cerumen Removal	26	\$33.21	\$33.41
0320	70100	MANDIBLE < 4 VIEWS		\$66.47	\$64.05
0972	70100	PRO FEE MANDIBLE< 4 VIEWS	26	\$9.43	\$31.60
0320	70110	MANDIBLE 4 VIEWS		\$122.58	\$64.05
0972	70110	PRO FEE MANDIBLE 4 VIEWS	26	\$13.13	\$9.43
0320	70140	ZYGOMATIC ARCH <3 VIEWS		\$66.47	\$64.05
0972	70140	PRO FEE ZYGOMATIC ARCH <3 VIEWS	26	\$10.82	\$10.82
0320	70150	FACIAL BONES 3 VIEWS		\$122.47	\$120.62
0972	70150	PRO FEE FACIAL BONES 3 VIEWS	26	\$13.85	\$13.84
0320	70160	NASAL BONES 3 VIEWS		\$66.47	\$64.05
0972	70160	PRO FEE NASAL BONES 3 VIEWS	26	\$9.04	\$9.05
0320	70220	SINUSES PARANASAL 3 VIEWS		\$66.47	\$64.05
0972	70220	PRO FEE SINUSES PARANASAL 3 VIEWS	26	\$13.13	\$13.12
0320	70250	SKULL COMPLETE < 4		\$122.47	\$120.62
0972	70250	PRO FEE SKULL COMPLETE < 4 VIEWS	26	\$13.08	\$13.06
0320	70330	TEMPOROMANDIBULAR JT BIL		\$66.47	\$64.05
0972	70330	PRO FEE TEMPORALMANDIBULAR JT BILATERAL	26	\$12.74	\$13.06
0320	70360	SOFT NECK TISSUE		\$66.47	\$68.53
0972	70360	SOFT NECK TISSUE	26		
0351	70450	CT HEAD WITHOUT CONTRAST		\$122.47	\$120.62
0972	70450	PRO FEE CT HEAD WITHOUT CONTRAST	26	\$43.84	\$44.24
0351	70470	CT HEAD WITH AND WITHOUT CONTRAST		\$270.43	\$283.57
0972	70470	PRO FEE CT HEAD WITH AND WITHOUT CONTRAST	26	\$65.67	\$66.07

0350	70480	CT SELLA TURCICA/AC ORBITS W/O CONTRAST		\$122.47	\$120.62
0972	70480	PRO FEE SELLA TURICA/AC ORBITS WITHOUT CONTRAST	26	\$66.05	\$66.46
0350	70486	CT SINUS, FACIAL BONE, MASTOID W/O CONTRAST		\$122.47	\$120.62
0972	70486	PRO FEE SINUS, FACIAL BONE, MASTOID WITHOUT CONTRAST	26	\$44.18	\$44.24
0350	70490	CT NECK, SOFT TISSUE W/O CONTRAST		\$122.47	\$120.62
0972	70490	PRO FEE CT NECK, SOFT TISSUE WITHOUT CONTRAST	26	\$66.39	\$66.46
0320	71045	CHEST 1 VIEW		\$66.47	\$66.47
0972	71045	PRO FEE CHEST 1 VIEW	26	\$9.43	\$9.43
0320	71046	CHEST PA AND LATERAL		\$66.47	\$66.47
0972	71046	PRO FEE CHEST PA AND LATERAL	26	\$11.30	\$11.30
0320	71047	CHEST DECUBITUS		\$66.47	\$66.47
0972	71047	PRO FEE DECUBITUS	26	\$14.56	\$9.43
0320	71100	RIBS UNILATERAL 2 VIEWS		\$66.47	\$64.05
0972	71100	PRO FEE RIBS UNILATERAL 2 VIEWS	26	\$11.63	\$11.63
0320	71101	RIBS UNILATERAL W/ PA CHEST 3 VIEWS		\$122.47	\$120.62
0972	71101	PRO FEE RIBS UNILATERAL W/PA CHEST 3 VIEWS	26	\$14.04	\$14.07
0320	71111	RIBS BL WITH PA CHEST		\$122.47	\$120.62
0972	71111	PRO FEE RIBS BIL W/ PA CHEST	26	\$16.97	\$16.99
0350	71250	CT CHEST OR THORAX W/O CONTRAST		\$122.47	\$120.62
0972	71250	PRO FEE CT CHEST OR THORAX W/O CONTRAST	26	\$60.09	\$52.95
0350	71260	CT CHEST WITH CONTRAST		\$270.43	\$283.57
0972	71260	PRO FEE CT CHEST WITH CONTRAST	26	\$64.18	\$64.59
0350	71270	CT CHEST/THORAX W & W/O CONTRAST		\$270.43	\$283.57
0972	71270	PRO FEE CT CHEST/THORAX W & W/O CONTRAST	26	\$71.39	\$71.49
0320	72040	SPINE CERVICAL 2 VIEWS		\$66.47	\$64.05
0972	72040	PRO FEE SPINE CERVICAL 2 VIEWS	26	\$11.63	\$11.63
0320	72050	SPINE CERVICAL 4 VIEWS		\$122.47	\$120.62
0972	72050	PRO FEE SPINE CERVICAL 4 VIEWS	26	\$16.24	\$16.27
0320	72070	THORACIC 2 VIEW		\$122.47	\$120.62
0972	72070	PRO FEE SPINE THORACIC 2 VIEWS	26	\$11.63	\$11.63
0320	72074	SPINE THORACIC/OBL 4 VIEWS		\$122.47	\$120.62
0972	72074	PRO FEE SPINE THORACIC/OBL 4 VIEWS	26	\$11.30	\$11.30
0320	72100	SPINE AP/LAT		\$122.47	\$120.62

0972	72100	PRO FEE SPINE AP/ LAT	26	\$11.63	\$11.63
0350	72110	SPINE LUMBAR W/OBL VIEWS		\$122.47	\$120.62
0972	72110	PRO FEE SPINE LUMBAR W/ OBL VIEWS	26	\$16.24	\$16.27
0350	72131	CT L/S SPINE WITHOUT CONTRAST		\$122.47	\$120.62
0972	72131	PRO FEE CT L/S SPINE W/O CONTRAST	26	\$51.78	\$51.85
0320	72170	Pelvis AP View		\$122.47	\$120.62
0972	72170	PRO FEE PELVIS AP VIEW	26	\$9.04	\$9.05
0350	72192	CT Pelvis Without Contrast		\$122.47	\$120.62
0972	72192	PRO FEE CT PELVIS W/O CONTRAST	26	\$56.25	\$56.65
0350	72194	CT PELVIS W/WITHOUT ONTRAST		\$270.43	\$283.57
0972	72194	PRO FEE CT PELVIS W & W/O CONTRAST	26	\$63.08	\$63.15
0320	72220	SACRUM COCCYX 2 VIEWS		\$66.47	\$64.05
0972	72220	PRO FEE SACRUM COCCYX 2 VIEWS	26	\$9.04	\$9.05
0320	73000	CLAVICLE COMPLETE		\$66.47	\$64.05
0972	73000	PRO FEE CLAVICLE COMPLETE	26	\$8.66	\$8.67
0320	73010	SCAPULA		\$122.47	\$64.05
0972	73010	PRO FEE SCAPULA	26	\$9.37	\$9.38
0320	73030	SHOULDER 2 VIEWS		\$66.47	\$64.05
0972	73030	PRO FEE SHOULDER 2 VIEWS	26	\$9.76	\$9.77
0320	73050	SHOULDER ACROMIO JT		\$66.47	\$64.05
0972	73050	PRO FEE SHOULDER BIL ACROMIO JT	26	\$10.86	\$10.86
0320	73060	HUMERUS 2 VIEWS		\$66.47	\$64.05
0972	73060	PRO FEE HUMERUS 2 VIEWS	26	\$8.66	\$8.67
0320	73070	ELBOW 2 VIEWS		\$66.47	\$64.05
0972	73070	PRO FEE ELBOW 2 VIEWS	26	\$8.27	\$8.28
0320	73090	FOREMAN AP/LAT VIEWS		\$66.47	\$64.05
0972	73090	PRO FEE FOREARM AP/LAT VIEWS	26	\$8.66	\$8.67
0320	73110	WRIST 3 VIEWS		\$66.47	\$64.05
0320	73110	WRIST CARPAL TUNNEL VIEW		\$9.04	\$64.05
0972	73110	PRO FEE CARPAL TUNNEL VIEW	26	\$9.04	\$9.05
0972	73110	PRO FEE WRIST 3 VIEWS	26	\$9.04	\$9.05
0320	73130	HAND 3 VIEWS		\$66.47	\$64.05
0972	73130	PRO FEE HAND 3 VIEWS	26	\$9.04	\$9.05
0320	73140	FINGER 2 VIEWS		\$66.47	\$64.05
0972	73140	PRO FEE FINGER 2 VIEWS	26	\$7.16	\$7.18
0350	73200	CT UPPER EXTREMITIES (SPECIFY) W/O CONTRAST		\$122.47	\$120.62
0972	73200	PRO FEE CT UPPER EXTREMITIES(SPECIFY) W/O CONTRAST	26	\$51.78	\$51.85

0320	73501	HIP UNI WITH PELVIS 1 VIEW		\$66.47	\$64.05
0972	73501	PRO FEE X-RAY HIP UNI 1 VIEW		\$9.76	\$9.77
0320	73502	HIP UNI 2-3 VIEWS		\$66.47	\$64.05
0972	73502	PRO FEE HIP UNI 2-3 VIEWS		\$11.63	\$64.05
0320	73503	HIP UNI 4 OR > VIEWS		\$122.47	\$120.62
0972	73503	PRO FEE HIP UNI 4 OR > VIEWS		\$14.70	\$14.74
0320	73521	HIPS BILATERAL 2 VIEW		\$122.47	\$120.62
0972	73521	PRO FEE HIPS BILATERAL 2 VIEW	26	\$11.63	\$11.96
0320	73522	HIPS BILATERAL 3-4 VIEW		\$122.47	\$120.62
0972	73522	PRO FEE HIPS BILATERAL 3-4 VIEW		\$15.47	\$15.50
0320	73523	HIPS BILATERAL 5/> VIEWS		\$122.47	\$241.72
0972	73523	PRO FEE HIPS BILATERAL 5/> VIEWS		\$16.59	\$16.61
0320	73551	FEMUR 1 VIEW		\$66.47	\$64.05
0972	73551	PRO FEE FEMUR 1 VIEW		\$8.66	\$8.67
0320	73552	FEMUR 2/> VIEWS		\$66.47	\$64.05
0972	73552	PRO FEE FEMUR 2/> VIEWS		\$9.76	\$9.77
0320	73560	KNEE AP & LAT VIEW		\$66.47	\$64.05
0972	73560	PRO FEE KNE AP & LATERAL	26	\$8.66	\$8.67
0320	73562	KNEE 3 VIEWS		\$66.47	\$64.05
0972	73562	PRO FEE KNEE 3 VIEWS	26	\$9.76	\$9.77
0320	73590	TIBIA & FIBULA 2 VIEWS		\$66.47	\$64.05
0972	73590	PRO FEETIBIA & FIBULA 2 VIEWS	26	\$8.66	\$8.67
0320	73610	ANKLE MIN 3 VIEWS		\$66.47	\$64.05
0972	73610	PRO FEE ANKLE MIN 3 VIEWS	26	\$9.04	\$9.05
0320	73630	FOOT 3 VIEWS		\$66.47	\$64.05
0972	73630	PRO FEE FOOT 3 VIEWS	26	\$8.70	\$8.71
0320	73650	CALCANEOUS 2 VIEWS		\$66.47	\$64.05
0972	73650	PRO FEE CALCANEOUS 2 VIEWS	26	\$8.31	\$8.34
0320	73660	TOES 2 VIEWS		\$66.47	\$64.05
0972	73660	PRO FEE TOES 2 VIEWS	26	\$6.83	\$6.85
0350	73700	CT LOWER EXTREMITIES (SPECIFY) W/O CONTRAST		\$122.47	\$120.62
0972	73700	PRO FEE CT LOWER EXTREMITIES(SPECIFY) W/O CONTRAST	26	\$51.78	\$51.85
0320	74018	ABDOMEN 1 VIEW		\$66.47	\$66.47
0972	74018	PRO FEE ABDOMEN 1 VIEW	26	\$9.43	\$9.43
0320	74019	ABDOMEN 2 VIEWS		\$122.47	\$122.47
0972	74019	PRO FEE ABDOMEN 2 VIEWS	26	\$12.02	\$12.02
0320	74021	ABDOMEN 3 VIEWS		\$122.47	\$122.47
0972	74021	PRO FEE ABDOMEN 3 VIEWS	26	\$14.04	\$14.07
0350	74150	CT ABDOMEN W/O CONTRAST		\$122.47	\$120.62
0972	74150	PRO FEE CT ABDOMEN W/O CONTRAST	26	\$61.58	\$61.66

0350	74170	CT ABDOMEN W & W/O CONTRAST		\$270.43	\$283.57
0972	74170	PRO FEE CT ABDOMEN W & W/O CONTRAST	26	\$72.49	\$72.59
0350	74176	CT ABDOMEN & PELVIS W/O CONTRAST		\$248.57	\$241.72
0972	74176	PRO FEE ABDOMEN & PELVIS W/O CONTRAST	26	\$89.90	\$90.35
0350	74177	CT ABDOMEN & PELVIS CONTRAST		\$270.43	\$283.57
0972	74177	PRO FEE ABDOMEN & PELVIS CONTRAST	26	\$94.32	\$94.42
0350	74178	CT ABDOMEN & PELVIS WITH AND W/O CONTRAST		\$270.43	\$456.38
0972	74178	PRO FEE CT ABDOMEN & PELVIS WITH AND W/O CONTRAST	26	\$103.46	\$104.24
0320	74220	ESOPHAGUS BARIUM SWALLOWING		\$270.43	\$120.62
0972	74220	PRO FEE ESOPHAGUS BARIUM SWALLOW	26	\$23.84	\$23.89
0320	74241	GI SERIES & ESOPHAGUS		\$270.43	\$120.62
0972	74241	PRO FEE GI SERIES & ESOPHAGUS	26	\$35.52	\$35.91
0320	74245	GI SERIES & SMALL BOWEL		\$248.57	\$241.72
0972	74245	PRO FEE GI SERIES AND SMALL BOWEL	26	\$47.15	\$47.21
0320	74250	SMALL BOWEL		\$122.47	\$120.62
0972	74250	PRO FEE SMALL BOWEL	26	\$24.22	\$24.61
0320	74270	BARIUM ENEMA WITH OR WITHOUT KUB		\$270.43	\$120.62
0972	74270	PRO FEE BARIUM ENEMA W OR W/O KUB	26	\$35.52	\$35.91
0402	76536	ULTRASOUND THYROID		\$122.47	\$120.62
0972	76536	PRO FEE US THYROID	26	\$29.04	\$29.06
0402	76641	ULTRASOUND BREAST UNILATERAL COMPLETE		\$122.47	\$120.62
0972	76641	PRO FEE ULTRASOUND BREAST UNILATERAL COMPLETE	26	\$37.74	\$37.78
0402	76642	ULTRASOUND BREAST UNILATERAL LIMITED		\$66.47	\$64.05
0972	76642	PRO FEE ULTRASOUND BREAST UNILATERAL LIMITED	26	\$35.14	\$35.19
0402	76700	ULTRASOUND ABDOMEN COMPLETE		\$122.47	\$120.62
0972	76700	PRO FEE US ABDOMEN COMPLETE	26	\$41.83	\$41.85
0402	76705	ULTRASOUND ABDOMINAL/ SINGLE ORGAN		\$122.47	\$120.62
0402	76705	ULTRASOUND GALLBLADDER		\$122.47	\$120.62
0972	76705	PRO FEE ABDOMINAL/SINGLE ORGAN	26	\$30.53	\$30.55
0972	76705	PRO FEE US GALLBLADDER	26	\$30.53	\$30.55

0402	76770	ULTRASOUND ABDOMINAL AORTA		\$122.47	\$120.62
0402	76770	ULTRASOUND RENAL BILATERAL		\$122.47	\$120.62
0972	76770	PRO FEE US ABDOMINAL AORTA	26	\$38.12	\$38.17
0972	76770	PRO FEE US RENAL BILATERAL	26	\$38.12	\$38.17
0402	76775	ULTRASOUND RENAL UNILATERAL		\$122.47	\$120.62
0972	76775	PRO FEE US RENAL UNILATERAL	26	\$29.81	\$29.83
0402	76805	COMPLETE FETAL STUDY		\$122.47	\$120.62
0972	76805	PRO FEE FETAL STUDY	26	\$51.86	\$51.99
0402	76830	ULTRASOUND TRANSVAGINAL		\$122.47	\$120.62
0972	76830	PRO FEE ULTRASOUND TRANSVAGINAL	26	\$35.87	\$35.91
0402	76856	US PELVIC COMPLETE		\$122.47	\$120.62
0972	76856	PRO FEE US PELVIC COMPLETE	26	\$35.52	\$35.91
0402	76857	US PELVIC LIMITED		\$122.47	\$120.62
0972	76857	PRO US PELVIC LIMITED	26	\$25.72	\$25.75
0402	76870	ULTRASOUND SCROTUM & CONTENTS		\$122.47	\$120.62
0972	76870	PRO FEE US SCROTUM & CONTENTS	26	\$32.93	\$33.32
0402	76881	ULTRASOUND EXTREMITY NON-VASCULAR COMPLETE		\$122.47	\$120.62
0972	76881	PRO FEE US EXTREMITIES NON-VASCULAR COMPLETE	26	\$32.74	\$32.75
0320	77072	BONE AGE		\$122.47	\$120.62
0972	77072	PRO FEE BONE AGE	26	\$9.81	\$9.81
0301	80047	BMP IONIZED CALCIUM		\$14.69	\$14.69
0301	80048	BASIC METABOLIC PANEL		\$11.17	\$12.41
0301	80051	ELECTROLYTE PANEL		\$9.27	\$10.29
0301	80053	COMPREHENSIVE METABOLIC PANEL		\$13.95	\$15.50
0301	80061	LIPID PANEL		\$17.69	\$19.66
0301	80069	RENAL PANEL		\$11.47	\$12.74
0301	80076	LIVER/HEPATIC PANEL		\$10.80	\$11.99
0301	80150	AMIKACIN-PEAK		\$19.91	\$22.13
0301	80150	AMIKACIN-RANDOM		\$19.91	\$22.13
0301	80150	AMIKACIN-TROUGH		\$19.91	\$22.13
0301	80156	CARBAMAZEPINE ASSAY TOTAL		\$19.24	\$21.38
0301	80159	CLOZARIL		\$24.43	\$26.82
0301	80162	DIGOXIN		\$17.54	\$19.48
0301	80164	VALPORIC ACID TOTAL		\$17.89	\$19.88
0301	80165	VALPORIC ACID FREE		\$17.89	\$19.88
0301	80170	GENTAMICIN - PEAK		\$21.64	\$20.19
0301	80170	GENTAMICIN - RANDOM		\$21.64	\$20.19
0301	80170	GENTAMICIN - TROUGH		\$21.64	\$20.19

0301	80173	HALDOL	\$19.24	\$21.38
0301	80175	LAMOTRIGINE (LAMICTAL)	\$17.51	\$19.45
0301	80176	ASSAY OF LIDOCAINE	\$19.41	\$21.56
0301	80177	LEVETIRACETAM (KEPPRA)	\$17.51	\$19.45
0301	80178	LITHIUM	\$8.73	\$9.70
		OXCARBAZEPINE DRUG SCREEN	\$17.51	\$19.45
0301	80183	QUANT		
0301	80184	PHENOBARBITAL	\$16.37	\$11.97
0301	80185	PHENYTOIN/DILANTIN	\$17.51	\$19.45
0301	80186	FREE DILANTIN	\$18.18	\$20.20
0301	80188	PRIMIDONE, W/O PHENOBARBITOL	\$21.91	\$23.88
0301	80198	THEOPHYLLINE	\$18.68	\$20.76
0301	80200	TOBRAMYCIN PEAK	\$21.30	\$22.17
0301	80200	TOBRAMYCIN TROUGH	\$21.30	\$22.17
0301	80201	TOPIRAMATE	\$15.75	\$17.49
0301	80202	VANCOMYCIN PEAK	\$17.89	\$19.88
0301	80202	VANCOMYCIN RANDOM	\$17.89	\$19.88
0301	80202	VANCOMYCIN TROUGH	\$17.89	\$19.88
0301	80299	AMPHETAMINES GC/MS CONFIRMATION	\$19.94	\$20.11
0301	80299	DESERYL (TRAZODONE)	\$19.94	\$20.11
0301	80299	DIPHENYDRAMINE (BENADRYL)	\$19.94	\$20.11
0301	80299	FLUOXETINE	\$19.94	\$20.11
0301	80299	FLUVOXAMINE (LUVOX)	\$19.94	\$20.11
0301	80299	NEURONTIN	\$19.94	\$20.11
0301	80299	OLANZAPINE (ZYPREXA)	\$19.94	\$20.11
0301	80299	OXYCARBAZEPINE (TRILEPTAL)	\$19.94	\$20.11
0301	80299	PAROXETENE LEVEL	\$19.94	\$20.11
0301	80299	RISPERIDOL	\$19.94	\$20.11
0301	80299	SERTRALINE	\$19.94	\$20.11
0301	80299	VENLAFAXINE (EFFEXOR)	\$19.94	\$20.11
			\$14.40	\$16.01
0301	80305	DRUG TEST PRSMV DIRECT OPT OBS		
0301	80306	DRUG TEST PRSMV INSTURMENT	\$19.22	\$21.35
		DRUG TEST PRSMV CHEMICAL	\$76.86	\$85.40
0301	80307	ANLYZR		
0301	80329	ACETAMINOPHEN (FOR MEDICARE USE G0480 OR G0481)	\$134.70	\$125.89
0301	80335	ANTIDEPRESSANT TRICYCLIC 1/2 (FOR MEDICARE USE G0480, G0481 OR G0482)	\$134.70	\$125.89
0301	80339	ANTIEPLIPTICS NOT OTHERWISE SPECIFIED 1-3 (FOR MEDICARE USE G0482 OR G0483)	\$233.94	\$218.64

0301	80342	NAVANE (THIOTHIXENE) (FOR MEDICARE USE G0480 OR G0481)	\$134.70	\$125.89
		ANTIPSYCHOTIC DRUG SCREEN 1-3 (FOR MEDICARE USE CODE G0480 OR G0481)	\$134.70	\$125.89
0301	80342			
0301	80346	BENZODIAZEPINES 1-12 (FOR MEDICARE USE G0480 OR G0481)	\$134.70	\$125.89
0301	80375	DRUG/SUBSTANCE NOS 1-3 (FOR MEDICARE USE G0480)	\$134.70	\$125.89
0301	80377	DRUGS NOT OTHERWISE SPECIFIED 7 OR MORE (FOR MEDICARE USE G0480 OR G0481)	\$134.70	\$125.89
0307	81001	URINALYSIS TEST	\$4.19	\$4.65
0307	81003	URINALYSIS AUTO W/O SCOPE	\$2.96	\$3.30
0301	81005	SPECIFIC GRAVITY, URINE	\$2.86	\$3.18
0309	81025	Pregnancy Test Urine	\$9.21	\$9.28
0301	82009	ACETONE, SERUM	\$5.97	\$6.63
0301	82010	ACETONE ASSAY	\$10.80	\$11.99
0301	82024	ADENOCORTICOTROPIC HORMONE	\$51.02	\$56.69
0301	82040	ALBUMIN	\$6.54	\$7.27
0301	82043	MICROALBUMIN, RANDOM URINE	\$7.64	\$8.49
0301	82105	ALPHA-FETOPROTEIN	\$22.16	\$8.81
0301	82140	AMMONIA	\$19.25	\$17.92
0301	82150	AMYLASE	\$8.56	\$9.51
0301	82150	AMYLASE, RANDOM URINE	\$8.56	\$9.51
0301	82157	ASSAY OF ANDROSTENEDIONE ANGIOTENSIN CONVERTING ENZYME	\$38.67	\$42.97
			\$19.29	\$16.65
0301	82164	CSF		
0301	82175	HEAVY METALS	\$25.06	\$17.66
0301	82175	HEAVY METALS BLOOD	\$25.06	\$17.66
0301	82247	TOTAL BILIRUBIN	\$6.62	\$7.36
0301	82248	CONJUGATED BILIRUBIN	\$6.62	\$7.36
0301	82270	SCREENING FECAL OCCULT BLOOD	\$4.69	\$4.77
0301	82272	DIAGNOSTIC FECAL OCCULT BLOOD	\$4.53	\$4.77
0301	82274	BLOOD OCCULT BY FECAL HEMOGLOBIN QUAL	\$21.01	\$13.23
0301	82306	VITAMIN D (25-OH)	\$39.11	\$43.45
0309	82310	Calcium, Total	\$6.82	\$7.58
0301	82330	CALCIUM, IONIZED	\$18.06	\$10.27
0301	82340	CALCIUM, 24 HR URINE	\$7.96	\$8.85
0301	82374	CARBON DIOXIDE	\$6.45	\$6.82
0301	82375	CARBOXYHEMOGLOBIN	\$16.27	\$17.92
0301	82378	CEA	\$25.05	\$27.83

0301	82379	CARNITINE(TOTAL AND FREE) QUANT. EA SPECIMEN	\$22.29	\$24.76
0301	82384	CATECHOL, FRACT BLOOD	\$33.36	\$37.06
0301	82384	CATECHOLAMINES, 24HR	\$33.36	\$37.06
0301	82390	CERULOPLASMIN	\$14.19	\$15.76
0301	82435	CHLORIDE	\$6.08	\$6.75
0301	82436	CHLORIDE, RANDOM URINE	\$6.64	\$7.38
0301	82465	CHOLESTEROL	\$5.75	\$6.39
0301	82525	COPPER, SERUM	\$16.39	\$18.21
0301	82525	COPPER, URINE	\$16.39	\$18.21
0301	82530	CORTISOL FREE RANDOM URINE	\$22.07	\$24.52
0301	82530	CORTISOL URINE	\$22.07	\$24.52
0301	82533	CORTISOL LEVEL	\$21.53	\$23.93
0301	82542	CITALOPRAM	\$25.78	\$26.50
0301	82542	LOXAPINE	\$25.78	\$26.50
0301	82542	PAROXETINE	\$25.78	\$26.50
0301	82542	QUETIAPINE (SEROQUEL)	\$25.78	\$26.50
0301	82542	ZONISAMIDE	\$25.78	\$26.50
0301	82542	ABILIFY	\$25.78	\$26.50
0301	82542	GEODON (ZIPPRASIDONE)	\$25.78	\$26.50
0301	82542	PALIPERIDONE	\$25.78	\$26.50
0301	82550	CREATIN KINASE (CK)	\$8.60	\$9.56
0301	82550	CREATINE KINASE (CK)	\$8.60	\$9.56
0301	82552	CK ELECTROPHORESIS	\$17.69	\$19.66
0301	82553	CK-MB	\$15.26	\$14.92
0301	82565	CREATININE	\$6.84	\$7.52
0301	82570	CREATINE, 24 HOUR	\$6.84	\$6.82
0301	82570	CREATININE, RANDOM URINE	\$6.84	\$6.82
0301	82570	MICROALBUMIN CREATININE RATIO	\$6.84	\$6.82
0301	82575	CREATININE CLEARANCE	\$12.49	\$13.88
0301	82607	VITAMIN B12	\$19.91	\$22.13
0301	82652	VITAMIN D3(1,25-OH,CALCITROL)	\$50.86	\$56.51
0301	82668	ERYTHROPOIETIN ASSAY	\$24.82	\$22.31
0301	82672	ESTROGEN, TOTAL	\$28.65	\$28.65
0301	82705	FAT/LIPIDS, FECES QUALITATIVE	\$6.73	\$7.48
0301	82728	FERRITIN	\$18.01	\$20.01
0301	82746	FOLATES	\$19.42	\$18.35
0301	82784	IMMUNOGLOBULIN A	\$12.28	\$13.65
0301	82784	IMMUNOGLOBULIN G	\$12.28	\$13.65
0301	82784	IMMUNOGLOBULIN M	\$12.28	\$13.65
0301	82785	IMMUNOGLOBULIN E	\$12.28	\$21.31
0301	82803	ARTERIAL BLOOD GASES	\$27.89	\$28.40
0301	82945	GLUCOSE, CSF	\$5.19	\$5.77
0301	82947	GLUCOSE	\$5.19	\$5.77

0301	82951	GLUCOSE TOLERANCE TEST	\$17.00	\$18.90
0301	82955	G6PD	\$12.81	\$14.23
0301	82977	GGTP	\$9.51	\$10.57
0301	82985	FRUCTOSAMINE	\$19.91	\$22.13
0301	83001	FOLLICLE STIMULATING HORMONE	\$24.55	\$27.27
0301	83002	LUTEINIZING HORMONE (LH)	\$24.46	\$27.18
0301	83010	HAPTOGLOBIN	\$16.62	\$18.46
0301	83015	HEAVY METAL SCREEN	\$24.88	\$27.64
0301	83021	HEMOGLOBIN ELECT (INC A2/F	\$23.85	\$26.50
0301	83036	HEMOGLOBIN A1C	\$12.83	\$14.25
0301	83090	HOMOCYSTEINE	\$22.29	\$24.76
0301	83520	HISTOPLASMA ANTIGEN, URINE	\$18.48	\$19.00
0301	83525	INSULIN	\$15.10	\$16.78
0301	83540	IRON	\$8.55	\$9.50
0301	83550	IRON BINDING CAPACITY	\$11.55	\$12.83
0301	83605	LACTIC ACID	\$14.11	\$8.54
0301	83615	LACTATE DEHYDROGENASE (LD)	\$7.97	\$8.86
0301	83655	LEAD, BLOOD	\$16.00	\$17.77
0301	83670	ASSAY OF LAP ENZYME		\$12.10
0301	83690	LIPASE	\$9.11	\$10.11
0301	83701	LIPOPROTEIN BLD HR FRACTION	\$36.23	\$23.88
0301	83735	MAGNESIUM	\$8.85	\$9.83
0301	83735	MAGNESIUM, URINE	\$8.85	\$9.83
0301	83789	FREE METANEPHRINE/NORMETANEPHR INE	\$25.80	\$26.50
0301	83825	MERCURY QUANTITATAIVE	\$21.47	\$23.86
0301	83835	METANEPHRINES 24 HR	\$22.38	\$21.31
0301	83873	MYELIN BASIC PROTEIN	\$22.73	\$25.25
0301	83874	MYOGLOBIN, SERUM	\$17.07	\$18.96
0301	83874	MYOGLOBIN, URINE	\$17.07	\$18.96
0301	83880	BRAIN NATRIURETIC PEPTIDE	\$44.83	\$49.82
0301	83916	OLIGOCLONAL BANDS	\$29.31	\$29.52
0301	83918	ORGANIC ACID SCREEN URINE	\$25.25	\$22.31
0301	83921	METHYLMALONIC ACID	\$22.69	\$22.69
0301	83930	SERUM OSMOLALITY	\$8.73	\$9.70
0301	83935	URINE OSMOLALITY	\$9.01	\$10.00
0301	83970	PARATHYROID HORMONE	\$54.53	\$60.58
0301	84030	PHENYLALANINE, PLASMA	\$7.27	\$7.69
0301	84075	ALKALINE PHOSPHATASE	\$6.84	\$7.60
0301	84080	ALKALINE PHOSPHATESE ISOENZYMES	\$19.53	\$21.70
0301	84100	PHOSPHORUS	\$6.26	\$6.96
0301	84110	PORPHOBILINOGEN, RANDOM URINE	\$11.15	\$12.39

			\$19.43	\$21.59
0301	84120	PORPHYRIN FRACTIONATED URINE		
0301	84132	POTASSIUM	\$6.08	\$6.75
0301	84133	POTASSIUM, RANDOM URINE	\$5.69	\$6.32
0301	84134	PREALBUMIN	\$19.27	\$10.26
0301	84144	PROGESTERONE	\$27.56	\$27.56
0301	84146	PROLACTIN	\$25.59	\$28.44
0301	84153	PSA TOTAL	\$24.30	\$23.07
0301	84154	FREE PSA	\$24.30	\$23.07
0301	84155	TOTAL PROTEIN	\$4.85	\$5.38
0301	84156	PROTEIN, 24 HR URINE	\$4.85	\$5.38
0301	84156	PROTEIN, RANDOM URINE	\$4.85	\$5.38
0301	84157	PROTEIN, CSF	\$4.85	\$5.38
		PROTEIN ELECTROPHORESIS	\$14.19	\$15.76
0301	84165	(SERUM)		
			\$23.55	\$25.20
0301	84166	PROTEIN ELECTROPHORESIS (URINE)		
0301	84207	VITAMIN B6	\$37.12	\$23.18
0301	84244	RENIN LEVEL	\$29.05	\$32.28
0301	84295	SODIUM	\$6.36	\$7.06
0301	84300	SODIUM, 24 HR URINE	\$6.42	\$7.14
0301	84300	SODIUM, RANDOM URINE	\$6.42	\$7.14
0301	84403	TESTOSTERONE	\$34.10	\$37.89
0301	84425	VITAMIN B1	\$28.04	\$23.18
0301	84436	THYROXINE TOTAL	\$9.07	\$10.08
0301	84439	THYROXINE FREE	\$11.91	\$13.24
0301	84443	THYROID STIMULATING	\$22.20	\$23.87
		HORMONE		
0301	84450	SGOT,AST	\$6.84	\$7.60
0301	84460	ALT/SGPT	\$7.00	\$7.78
0301	84466	TRANSFERRIN	\$16.86	\$8.54
0301	84478	TRIGLYCERIDE	\$7.59	\$8.43
0301	84479	T-UPTAKE	\$8.54	\$9.49
0301	84480	TOTAL T3	\$18.74	\$20.81
0301	84481	FREE T3	\$22.38	\$24.87
0301	84484	CARDIAC TROPONIN I	\$13.34	\$14.45
0301	84520	BLOOD UREA NITROGEN (BUN)	\$5.22	\$5.80
0301	84550	URIC ACID	\$5.97	\$6.63
0301	84560	ASSAY OF URINE/URIC ACID	\$6.27	\$6.97
		VANILLYLMANDELIC ACID 24 HOUR	\$20.47	\$21.31
0301	84585	URINE		
0301	84597	VITAMIN K	\$18.13	\$20.14
0301	84630	ZINC, SERUM	\$15.04	\$16.71
0301	84681	C-PEPTIDE	\$27.50	\$30.33
0301	84702	BETA-HCG QUANT, SERUM	\$19.89	\$12.82
0301	84703	SERUM PREGANACY TEST	\$9.94	\$11.04
0305	85007	MANUAL DIFFERENTIAL	\$4.54	\$5.04

0305	85014	HEMOCRIT	\$3.14	\$3.48
0305	85018	HEMOGLOBIN	\$3.14	\$3.48
0305	85025	COMPLETE BLOOD COUNT WITH DIFFERENTIAL	\$10.26	\$11.41
0305	85025	COMPLETE BLOOD COUNT WITH DIFFERENTIAL AND PLATELETS	\$10.26	\$11.41
0305	85027	COMPLETE BLOOD COUNT WITH PLATELETS	\$8.54	\$9.49
0305	85032	MANUAL CELL COUNT	\$5.69	\$6.32
305	85044	RETIC COUNT MANUAL	\$5.69	\$6.32
0305	85045	RETICULOCYTE COUNT AUTOMATED	\$5.28	\$5.86
0305	85048	STOOL LEUKOCYTE	\$3.35	\$3.72
0305	85049	PLATELET COUNT	\$5.92	\$6.57
0305	85246	VON WILLEBRAND'S ANTIGEN ASSAY	\$30.30	\$33.67
0305	85306	PROTEIN S, FUNCTIONAL	\$20.24	\$17.62
0305	85307	ACTIVATED PROTEIN C RESISTANCE	\$20.24	\$17.62
0305	85378	FIBRIN DEGRADE SEMIQUANT	\$10.40	\$8.81
0305	85576	PLATELET FUNCTION ANALYSIS MBMC	\$28.38	\$31.53
0305	85610	PRO TIME WITH INR	\$5.19	\$5.77
0305	85651	ERYTHROCYTE SEDIMENTATION RATE	\$4.69	\$5.21
0305	85660	SICKLEDEX SCREENING TEST	\$7.28	\$8.09
0305	85670	THROMBIN TIME	\$7.62	\$8.46
0305	85730	PTT	\$7.94	\$8.82
0302	86038	FLORESCENT ANTINUCLEAR ANTIBODY	\$15.96	\$14.08
0302	86140	C-REACTIVE PROTEIN	\$6.84	\$6.82
0301	86147	CARDIOLIPIN AB (IGG, IGM) COMPLEMENT ANTIGEN EA	\$33.62	\$33.62 \$15.85
0302	86160	COMPONENT		
0302	86200	CCP ANTIBODY	\$17.10	\$19.00
0302	86304	CA 125	\$27.50	\$23.07
0302	86308	INFECTIOUS MONO SCREEN	\$6.84	\$7.60
0302	86309	HETEROPHILE ANTIBODY TITER	\$8.54	\$9.49
0301	86325	IMMUNOELECTROPHORESIS, RANDOM URINE	\$29.54	\$32.83
0302	86332	COMPLEMENT, TOTAL HEMOLYTIC	\$32.20	\$35.77
0302	86334	IEP, SERUM	\$29.52	\$32.80
		T CELLS ABSOLUTE CD4 AND CD8	\$62.07	\$23.79
0302	86360	COUNT INCLUDING RATIO		
0302	86361	T CELL CD4	\$35.37	\$39.30
0302	86403	CRYPTOCOCCAL ANTIGEN TITER	\$13.46	\$14.96
0302	86430	RHEUMATOID FACTOR QUANTITATIVE	\$7.49	\$8.32

0302	86431	RHEUMATIOD FACTOR QUALITATIVE	\$7.49	\$8.32
0302	86480	TB TEST CELL IMMUN MEASURE	\$81.88	\$90.97
0302	86481	TB AG RESPONSE T-CELL SUSP	\$107.00	\$107.00
0302	86592	CSF VDRL	\$5.64	\$6.27
0302	86592	RPR	\$5.64	\$6.27
0302	86593	R.P.R TITER	\$5.82	\$6.46
0302	86618	LYME DISEASE SEROLOGY	\$22.49	\$23.07
0302	86644	CMV ANTIBODY	\$19.01	\$21.12
0302	86645	CMV ANTIBODY- IGM	\$22.26	\$23.07
			\$19.16	\$21.29
0302	86677	HELICOBACTER PYLORI ANTIBODY		
0302	86689	HIV1 WESTERN BLOT TEST	\$25.57	\$28.41
0302	86694	HERPES SIMPLEX NES ANTIBODY	\$19.01	\$21.12
0302	86696	HERPES SIMPLEX IgM ANTIBODY	\$25.57	\$28.41
0302	86698	HISTOPLASMOSIS IMMUNODIFFUSION	\$16.51	\$18.34
0302	86703	HIV 1/2	\$18.10	\$20.12
0302	86704	HEPATITIS B CORE AB (POLYV.)	\$15.92	\$17.07
0302	86705	HEPATITIS B CORE IGM ANTIBODY	\$15.56	\$17.28
302	86706	HEPATITIS B SURFACE ANTIBODY	\$14.19	\$15.76
0302	86707	HEPATITIS B "E" AB	\$15.28	\$16.98
0302	86708	HEPATITIS A ANTIBODY TOTAL	\$16.36	\$18.18
0302	86709	HEP A ANTIBODY IGM	\$14.87	\$12.39
0302	86738	MYCOPLASMA PNEUMONIAE Ab, IgG TITER	\$17.48	\$19.43
0302	86738	MYCOPLASMA PNEUMONIAE Ab, IgM TITER	\$17.48	\$19.43
0302	86762	RUBELLA ANTIBODY	\$19.01	\$21.12
0302	86780	TPPA/FTA	\$17.48	\$19.43
0302	86787	VARICELLA ZOSTER IGM ANTIBODY	\$17.01	\$18.91
0302	86787	VARICELLA ZOSTER, IgG	\$17.01	\$18.91
0302	86800	THYRGLOBULIN ANTIBODY	\$21.01	\$13.23
0302	86803	HEPATITIS C VIRUS ANTIBODY	\$18.84	\$17.12
0302	86850	RBC ANTIBODY SCREEN	\$10.45	\$42.48
0306	87040	CULTURE, BLOOD	\$13.63	\$15.15
0306	87040	CULTURE, BLOOD #2	\$13.63	\$15.15
0306	87045	CULTURE, STOOL	\$12.48	\$13.86
0306	87046	Stool Culture Aerobic Bacteria	\$12.48	\$13.86
0306	87070	CATH TIP CULTURE	\$11.38	\$12.65
0306	87070	CULTURE NASAL (NARES)	\$11.38	\$12.65
0306	87070	CULTURE WOUND W GR ST #3	\$11.38	\$12.65
		MISC CULTURE/GRAM STAIN &	\$11.38	\$12.65
0306	87070	ANAROBES		

0306	87070	STERILE FLUID CULT/GRAM STAIN	\$11.38	\$12.65
			\$12.51	\$13.90
0306	87075	CULTURE BACTERIAL EXCEPT BLOOD		
0306	87076	CULTURE ANAEROBIC ID EA	\$10.67	\$10.27
0306	87077	Aerobic Isolate ID	\$10.67	\$10.27
0306	87077	CULTURE AEROBIC ID	\$10.67	\$10.27
0306	87081	CULTURE GENITAL	\$8.75	\$9.73
0306	87081	CULTURE GROUP B STREP	\$8.75	\$9.73
0306	87081	CULTURE MSRA	\$8.75	\$9.73
0306	87081	CULTURE THROAT	\$8.75	\$9.73
0306	87086	URINE CULTURE	\$10.66	\$11.84
0306	87101	CULTURE FUNGUS SKIN, HAIR, NAILS/ST	\$10.18	\$11.31
0306	87101	FUNGUS/STAIN PNEUMOCYSTIS STAIN	\$10.18	\$11.31
0306	87102	FUNGUS CULTURE	\$11.11	\$12.34
0306	87116	Mycobacteria Culture	\$14.27	\$15.86
0306	87172	PINWORM EXAM	\$5.64	\$6.27
		HOMOGENIZATION, TISSUE, FOR	\$7.77	\$8.63
0306	87176	CULTURE		
0306	87177	OVA & PARASITES	\$11.76	\$13.06
0309	87186	MIC Sensitivity	\$11.42	\$12.69
0306	87205	CULTURE EAR (MIDDLE OR INTERNAL)	\$5.64	\$6.27
0306	87205	CULTURE SPUTUM W GS	\$5.64	\$6.27
0306	87205	CULTURE WOUND WITH GRAM STAIN	\$5.64	\$6.27
0306	87205	CULTURE WOUND WITH GRAM STAIN #2	\$5.64	\$6.27
0306	87205	EOSINOPHIL COUNT - BODY FLIUD	\$5.64	\$6.27
306	87205	GRAM STAIN	\$5.64	\$6.27
0306	87205	URINE EOSINOPHIL STAIN	\$5.64	\$6.27
0306	87206	AFB (TB) CULTURE/STAIN sboh	\$7.12	\$7.91
0306	87206	MICROSPORIDIUM STAIN	\$7.12	\$7.91
0306	87210	WET PREP	\$6.23	\$6.27
		TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE (E.G. CLOSTRIDIUM	\$26.08	\$28.98
0306	87230	DIFFICILE TOXIN)		
0306	87252	CULTURE, VIRUS	\$34.43	\$38.26
0306	87255	HERPES VIRUS CULTURE	\$44.74	\$49.70
0306	87269	GIARDIA AG IF	\$15.84	\$17.59
0306	87272	CRYPTOSPORIDIUM DFA	\$15.84	\$17.59
			\$15.84	\$17.59
0306	87272	GIARDIA/CRYPTPTOSPORIDIUM DFA		
0306	87272	ISOPORA	\$15.84	\$17.59
0306	87273	HERPES SIMPLEX 2 AG IF	\$15.84	\$17.59
0306	87274	HERPES SIMPLEX 1 AG IF	\$15.84	\$17.59

0306	87275	INFLUENZA B AG IF	\$15.84	\$17.59
0306	87276	INFLUENZA A AG IF	\$17.19	\$17.59
0306	87324	CLOSTRIDIUM DIFFICILE TOXIN IMMUNOASSAY TECHNIQUE	\$15.84	\$17.59
0306	87338	H PYLORI ANTIGEN STOOL	\$19.00	\$21.11
0306	87340	HEPATITIS B SURFACE ANTIGEN	\$13.64	\$13.62
0306	87350	HEPATITIS B "E" ANTIGEN	\$15.23	\$16.92
0306	87385	HISTOPLASMA GALACTOMANNAN ANTIGEN URINE	\$15.84	\$17.59
0306	87427	Shiga-Like Toxin AG EIA	\$15.84	\$17.59
0306	87490	CHYLAMYDIA TRACH DNA DIRECT PROBE	\$26.49	\$29.44
			\$46.36	\$51.51
0306	87491	GC/CHLAMYDIA AMPLIFIED PROBE HEPATITIS C DIRECT PROBE	\$33.41	\$29.44
0306	87520	TECHNIQUE		
0306	87522	HEPATITIS C RNA, QUALITATIVE	\$56.58	\$51.51
0306	87522	HEPATITIS C VIRAL LOAD	\$56.58	\$51.51
0306	87530	HERPES SIMPLEX PCR, CSF	\$56.58	\$51.51
0306	87535	HIV QUALITATIVE DNA-PCR	\$46.36	\$51.51
0306	87536	HIV VIRAL LOAD	\$112.41	\$117.98
			\$28.76	\$29.44
0306	87590	GC/CHLM MOLECULAR STD ASSAY NEISSERIA GONORRHEA AMPLIED PROBE	\$46.36	\$51.51
0306	87591	PROBE		
0306	87624	HPV HIGH-RISK TYPES	\$46.36	\$51.51
0306	87797	DETECT AGENT NOS DNA DIRECT	\$32.13	\$29.44
0306	87804	Influenza A&B Screen	\$17.71	\$17.59
0306	87880	RAPID STREP TEST	\$17.69	\$17.59
0306	87901	HIV GENOTYPE	\$340.09	\$346.24
0311	88112	CSF CYTOLOGY - MPL CYTOLOGY	\$45.45	\$42.48
0311	88112	SPUTUM CYTOLOGY	\$45.45	\$42.48
0311	88112	URINE CYTOLOGY - MPL CYTOLOGY	\$45.45	\$42.48
		PAP SMEAR (FOR MEDICARE USE G0123)	\$31.82	\$29.74
0311	88141	G0123)		
0311	88142	SUREPATH PAP	\$31.82	\$29.74
0311	88160	CYTOLOGY MPL BREAST SMEAR	\$18.69	\$13.50
0310	88173	CYTOLOGY, BREAST FLUID ASPIRATE	\$47.83	\$42.48
0301	88230	CHROMOSOME ANALYSIS, BLOOD	\$153.89	\$58.29
0314	88304	LEVEL III PATHOLOGY	\$47.83	\$42.48
0319	88312	Special Stain Group	\$47.83	\$42.48
0301	89051	CELL COUNT& DIFF, CSF	\$7.28	\$8.08
0310	89051	CSF CELL COUNT	\$7.28	\$8.08

0310	89190	EOSINOPHIL COUNT ON NASAL SMEAR		\$6.27	\$4.26
0771	90471	ADMINISTRATION VACCINE SEASONAL INFLUENZA VACCINE (FOR MEDICARE USE Q2035, Q2036 OR Q2037)		\$62.27	\$56.89
				\$20.36	See comment
0771	90658	PREVNAR-13 PNEUMOCOCCAL CONJUGATE VACCINE		\$0.00	See comment
0636	90670	PNEUMOVAX		\$0.00	See comment
0771	90732			\$0.00	See comment
0961	90785	Pro Fee Interactive complexity	26	\$14.53	\$14.53
		Pro Fee Psychiatric Diagnostic Evaluation		\$132.26	\$132.26
0961	90791		26	\$147.77	\$134.83
		Pro Fee Psychiatric Diagnostic Evaluation with medical services		\$65.87	\$65.87
0961	90832	Pro Fee Psychotherapy 30 minutes with patient and/or family	26	\$68.16	\$67.91
		Pro Fee Psychotherapy 30 minutes with patient and/or family with evaluation and management service		\$87.75	\$87.78
0961	90833		26	\$87.75	\$87.78
		Pro Fee Psychotherapy 45 minutes with patient and/or family		\$86.06	\$86.12
0961	90834		26	\$86.06	\$86.12
		Pro Fee Psychotherapy 45 minutes with patient and/or family with evaluation and management service		\$131.87	\$131.93
0961	90836		26	\$131.87	\$131.93
		Pro Fee Psychotherapy 60 minutes with patient and/or family		\$113.61	\$113.73
0961	90837		26	\$113.61	\$113.73
		Pro Fee Psychotherapy 60 minutes with patient and/or family with evaluation and management service		\$475.50	\$444.98
0901	90870	ECT Therapy Facility		\$475.50	\$444.98
0961	90870	PRO FEE PSYCHIATRIST ECT	26	\$115.49	\$115.21
0444	92508	Treatment Speech, Language, Voice Communication or Auditory Processing Disorder		\$93.53	\$87.41
0440	92526	Treatment Swallowing Dysfunction and/or Oral Function for Feeding		\$211.33	\$197.50
0470	92557	Comprehensive Audiometry Evaluation and Speech Recognition		\$145.52	\$136.00
0470	92565	Stenger Test		\$32.50	\$30.37
0470	92567	Tympanometry		\$32.50	\$30.37
0470	92568	Acoustic Reflex Testing, Threshold		\$32.50	\$30.37

0440	92610	Evaluation of Oral and Pharyngeal Swallowing Function		\$302.18	\$282.41
0730	93005	EKG TRACING		\$59.88	\$58.37
0985	93010	PRO FEE EKG	26	\$0.00	\$8.71
0731	93225	HOLTER MONITOR		\$112.39	\$107.02
0483	93306	ECHOCARDIOGRAM		\$520.76	\$481.16
0960	93306	PRO FEE ECHOCARDIOGRAM		\$0.00	\$66.18
				\$248.57	\$248.57
0921	93880	DUPLEX SCAN EXTRACRANIAL BILAT			
		PRO FEE DUPLEX SCAN		\$40.86	\$40.86
0972	93880	EXTRACRANIAL BILAT			
				\$248.57	\$241.72
		DUPLEX SCAN LOWER EXT ARTERY			
0921	93925	COMPLETE BILATERAL STUDY			
		Duplex scan lower extremity artery		\$122.47	\$120.62
0402	93926	unilateral or limited			
				\$24.66	\$24.80
		Pro Fee Duplex scan lower extremity			
0972	93926	artery unilateral or limited	26		
		Duplex scan extremity veins		\$248.57	\$248.57
0402	93970	complete bilateral			
		Pro Fee Duplex scan extremity veins		\$40.92	\$35.67
0972	93970	complete bilateral	26		
		Duplex scan extremity unilateral or		\$122.47	\$120.62
0402	93971	limited study			
		Pro Fee Duplex scan extremity		\$40.92	\$22.84
0972	93971	unilateral or limited study	26		
				\$122.47	\$120.62
		Duplex scan abdominal, pelvic,			
		scrotal contents/retroperitoneal,			
0402	93976	limited study			
		Pro Fee Duplex scan abdominal,		\$40.92	\$41.32
		pelvic, scrotal			
		contents/retroperitoneal, limited			
0960	93976	study	26		
0740	95812	EEG - MONITORING 41-60 MINS		\$266.25	\$266.25
		PRO FEE EEG -MONITORING 41-60		\$59.55	\$59.59
0960	95812	MINS	26		
0740	95816	EEG including awake and drowsy		\$266.25	\$248.57
0986	95816	PRO FEE EEG AWAKE & DROWSY	26	\$59.55	\$59.26
0740	95819	EEG including awake and asleep		\$266.25	\$248.57
0986	95819	PRO FEE EEG AWAKE & ASLEEP	26	\$59.55	\$59.59
				\$266.25	\$248.57
0740	95822	EEG including coma or sleep only			
0986	95822	PRO FEE EEG ASLEEP	26	\$59.55	\$59.59

0761	95970	ANALYZE NEUROSTIMULATOR NO PROGRAM		\$112.39	\$107.02
0960	95970	PRO FEE ANALYZE NEURSTIMULATOR COMPLEX	26	\$26.43	\$24.70
0761	95971	ANALYZE NEUROSTIMULATOR WITH PROGRAM		\$123.24	\$116.87
0960	95971	PRO FEE ANALYZE NEURSTIMULATOR WITH PROGRAM	26	\$44.50	\$41.59
0761	95974	Analysis neurostimulator cranial nerve		\$123.24	\$116.87
0960	95974	Pro Fee Analysis neurostimulator cranial nerve	26	\$178.84	\$167.14
0761	95991	Refilling/maintenance implantable pump		\$261.83	\$261.83
0960	95991	Pro Fee Refilling/maintenance implantable pump	26	\$43.54	\$40.69
0761	97597	Debridement Skin		\$180.78	\$163.84
0960	97597	PRO FEE DEBRIDEMENT Skin <20 cm	26	\$25.99	\$24.29
0761	97598	Debridement each additional 20 cm		\$265.14	\$247.79
0960	97598	PRO FEE Debridement each additional 20cm	26	\$12.21	\$11.41
0761	99201	PROBLEM FOCUSED-NEW PATIENT		\$61.48	\$57.46
0960	99201	PRO FEE PROBLEM FOCUSED-NEW PATIENT	26	\$26.91	\$27.04
0761	99202	EXPANDED PROBLEM FOCUSED-NEW		\$121.65	\$114.07
0960	99202	PRO FEE EXPANDED PROBLEM FOCUSED	26	\$51.04	\$51.21
0761	99203	DETAILED-NEW	26	\$121.65	\$114.07
0960	99203	PRO FEE DETAILED- NEW	26	\$76.94	\$77.34
0761	99211	OFFICE VISIT-ESTABLISHED		\$121.65	\$114.07
0960	99211	PRO FEE OFFICE VISIT-ESTABLISHED	26	\$9.43	\$4.77
0761	99212	PROBLEM FOCUSED-ESTABLISHED		\$121.65	\$114.07
0960	99212	PRO FEE PROBLEM FOCUSED	26	\$25.77	\$25.85
0761	99213	EXPANDED PROBLEM FOCUSED-ESTABLISHED		\$121.65	\$114.07
0960	99213	PRO FEE EXPANDED PROBLEM FOCUSED- ESTABLISHED	26	\$52.10	\$51.88
0761	99214	DETAILED-ESTABLISHED	26	\$121.65	\$114.07
0960	99214	PRO FEE DETAILED-ESTABLISHED	26	\$79.98	\$80.13
0761	99215	COMPREHENSIVE HIGH COMPLEXITY		\$121.65	\$114.07
0960	99215	PRO FEE COMPREHENSIVE HIGH COMPLEXITY	26	\$112.91	\$113.16

0960	99221	PRO FEE PROBLEM FOCUSED	26	\$102.13	\$102.62
0960	99222	PRO FEE EXPANDED PROBLEM FOCUSED	26	\$138.71	\$139.15
0960	99223	PRO FEE DETAILED	26	\$206.10	\$206.31
0960	99231	PRO FEE SUBSEQUENT LEVEL 1	26	\$39.85	\$39.98
0960	99232	PRO FEE SUBSEQUENT LEVEL 2	26	\$74.07	\$73.72
0960	99233	PRO FEE SUBSEQUENT LEVEL 3	26	\$106.18	\$106.41
0960	99234	Pro Fee OBS/Inpatient Admit and Discharge Same Day Level 1	26	\$135.31	\$135.71
0960	99235	Pro Fee OBS/Inpatient Admit and Discharge Same Day Level 2	26	\$172.31	\$172.38
0960	99236	Pro Fee OBS/Inpatient Admit and Discharge Same Day Level 3	26	\$222.55	\$222.37
0960	99238	DISCHARGE LESS THAN 30 MIN	26	\$74.04	\$73.64
0960	99239	DISCHARGE 30 MINUTES OR MORE	26	\$109.42	\$109.19
0960	99241	Pro Fee Outpatient Consultation Level 1	26	\$26.30	\$24.58
0960	99242	Pro Fee Outpatient Consultation Level 2	26	\$55.06	\$51.46
0960	99243	Pro Fee Outpatient Consultation Level 3	26	\$77.24	\$72.19
0960	99244	Pro Fee Outpatient Consultation Level 4	26	\$124.09	\$115.97
0960	99245	Pro Fee Outpatient Consultation Level 5	26	\$154.90	\$144.77
0960	99251	Pro Fee Inpatient Consult Level 1	26	\$41.09	\$38.40
0960	99252	Pro Fee Inpatient Consult Level 2	26	\$61.63	\$57.60
0960	99253	Pro Fee Inpatient Consult Level 3	26	\$93.27	\$87.17
0960	99254	Pro Fee Inpatient Consult Level 4	26	\$135.17	\$126.33
0960	99255	Pro Fee Inpatient Consult Level 5	26	\$164.35	\$153.60
0960	99304	PRO FEE NURSING HOME INITIAL LOW COMPLEXITY		\$92.56	\$92.69
0960	99305	PRO FEE NURSING HOME INITIAL MODERATE COMPLEXITY		\$132.54	\$132.36
0960	99306	PRO FEE NURSING HOME INITIAL HIGH COMPLEXITY		\$169.84	\$169.70
0960	99307	PRO FEE NURSING HOME SUBSEQUENT SF		\$45.07	\$45.11

0960	99308	PRO FEE NURSING HOME SUBSEQUENT LOW COMPLEXITY	\$69.96	\$69.70
		PRO FEE NURSING HOME SUBSEQUENT MODERATE	\$92.44	\$92.37
0960	99309	COMPLEXITY PRO FEE NURSING HOME	\$137.71	\$137.55
0960	99310	SUBSEQUENT HIGH COMPLEXITY PRO FEE NURSING HOME	\$73.90	\$74.30
0960	99315	DISCHARGE 30 MINS OR LESS PRO FEE NURSING HOME	\$107.55	\$107.37
0960	99316	DISCHARGE <30 MINS PRO FEE NURSING HOME ANNUAL	\$97.59	\$97.71
0960	99318	ASSESSMENT		
0771	G0008	ADMINISTRATION FLU VACCINE	\$39.62	\$37.21
		ADMINISTRATION PNEUMONIA	\$39.62	\$37.21
0771	G0009	VACCINE	\$24.30	\$23.07
0300	G0103	PSA SCREENING (MEDICARE ONLY)		
	G0123	SCREENING PAP (MEDICARE ONLY)	\$26.76	\$29.74
0311			\$21.01	\$13.23
0300	G0328	FECAL OCCULT BLOOD SCREENING		
0761	G0463	HOSPITAL OUTPATIENT CLINIC VISIT	\$121.65	\$114.07
0301	G0480	DRUG TEST DEFINITIVE 1-7 CLASSES (MEDICARE ONLY)	\$122.44	\$125.89
		ANTIPSYCHOTIC DRUG SCREEN 1-3 (MEDICARE ONLY)	\$122.44	\$125.89
0301	G0480			
0301	G0481	DRUG TEST DEF 8-14 CLASSES (MEDICARE ONLY)	\$167.55	\$172.26
0301	G0482	DRUG TEST DEF 15-21 CLASSES (MEDICARE ONLY)	\$212.65	\$218.64
0301	G0483	DRUG TEST 22+ CLASSES	\$264.20	\$271.64
0306	G0499	HEP B SCREEN HIGH RISK INDIVIDUAL	\$37.34	\$0.00
0307	P9615	Urine Collection by Catheter	\$3.21	\$3.21
		FLULAVAL VACC 3 YRS & > IM - SEASONAL INFLUENZA VACCINE	\$20.36	#VALUE!
0771	Q2036	(MEDICARE ONLY) INFLUENZA VIRUS VACCINE, SPLIT VIRUS 3 YRS & > IM	\$20.36	#VALUE!
	Q2037	(FLUVIRIN) INFLUENZA VIRUS VACCINE, SPLIT VIRUS 3 YRS & > IM	\$20.36	#VALUE!
	Q2038	(FLUZONE)		
0110		ROOM AND BOARD WMSH	\$2,363.65	\$2,209.02
		ABSOLUTE NEUTROPHIL COUNT (NOT BILLABLE)	\$0.00	\$0.00
		ROOM AND BOARD NURSING HOME	\$336.61	\$314.59

ROOM AND BOARD ALCOHOL AND SUBSTANCE	\$385.70	\$360.47
ROOM & BOARD CONTINUED TREATMENT PSYCHIATRIC	\$406.74	\$380.13
ROOM & BOARD MAXIMUM SECURITY FORENSIC	\$511.93	\$478.44
ROOM AND BOARD RECEIVING UNITS 63, 201,203	\$841.53	\$786.48
ROOM AND BOARD OCC	\$1,753.18	\$1,638.49
ROOM AND BOARD OCC ALCOHOL AND DRUG	\$1,753.18	\$1,638.49

