

**Clinical Pharmacist Practitioner (CPP) Fee Schedule**

**Provider Specialty 202**

**Effective Date: 7/29/2018**

*The inclusion of a rate on this table does not guarantee that a service is covered.*

*Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice  
Clinical Policies on the DMA Web Site.*

*Providers should always bill their usual and customary charges. Please use the  
monthly NC Medicaid Bulletins for additions, changes and deletion to this schedule.*

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			FACILITY RATE	NON-FACILITY RATE
11719		TRIMMING OF NONDYSTROPHIC NAILS, ANY NUM	\$6.92	\$15.04
11720		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);	\$12.96	\$22.19
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);	\$22.15	\$31.94
11730		REMOVAL OF NAIL	\$44.90	\$70.36
17360		ACNE THERAPY	\$72.95	\$93.93
21073		MANIPULATION OF TEMPOROMANDIBULAR JOINT (	\$174.13	\$260.03
22505		MANIPULATION OF SPINE	\$90.32	\$90.32
27086		REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE	\$107.00	\$171.34
28190		REMOVE FOREIGN BODY SUBCUTANEOUS	\$102.15	\$169.85
29065		APPLICATION OF LONG ARM CAST	\$49.33	\$65.27
29075		APPLICATION OF FOREARM CAST	\$44.52	\$60.47
29085		APPLICATION O HAND/WRIST CAST	\$48.02	\$64.52
29105		APPLICATION OF LONG ARM SPLINT	\$43.44	\$59.95
29125		APPLICATION OF FOREARM SPLINT	\$30.94	\$46.33
29130		APPLICATION OF FINGER SPLINT STATIC	\$21.59	\$28.59
29200		STRAPPING OF CHEST	\$29.94	\$37.77
29240		STRAPPING OF SHOULDER	\$33.25	\$42.21
29260		STRAPPING OF ELBOW OR WRIST	\$27.38	\$36.34
29280		STRAPPING ANY AGE HAND OR FINGER	\$25.79	\$35.03
29345		APPLICATION OF LONG LEG CAST	\$74.64	\$94.22
29355		APPLICATION OF LONG LEG CAST	\$79.51	\$97.70
29358		APPLICATION OF LONG LEG CASDT BRACE	\$76.02	\$105.68
29405		APPLICATION OF SHORT LEG CAST	\$47.43	\$61.98
29425		APPLICATION ON SHORT LEG CAST	\$52.45	\$67.27
29440		ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$26.04	\$36.96
29505		APPLICATION LONG LEG SPLINT	\$34.99	\$52.62
29515		APPLICATION OF LOWER LEG SPLINT	\$36.68	\$49.55
29530		STRAPPING OF KNEE	\$27.99	\$36.94
29540		STRAPPING; ANKLE AND/OR FOOT	\$24.97	\$30.56
29550		STRAPPING TOES	\$23.48	\$29.63
29580		STRAPPING UNNA BOOT	\$27.49	\$37.28
29582		APPLICATION OF MULTI-LAYER COMPRESSION S	\$8.85	\$39.38

29583		APPLICATION OF MULTI-LAYER COMPRESSION S	\$6.47	\$24.41
29584		APPLICATION OF MULTI-LAYER COMPRESSION S	\$8.85	\$39.38
29700		REMOVAL/REVISION OF CAST	\$26.34	\$44.78
29705		REMOVAL OF FULL ARM OR LEG CAST	\$36.11	\$47.58
29720		REPAIR OF CAST	\$33.21	\$55.32
29730		REVISION OF CAST	\$34.77	\$46.24
29740		REVISION OF CAST	\$50.76	\$66.43
30300		REMOVE FOREIGN BODY, NOSE	\$85.90	\$154.72
30310		REMOVE FOREIGN BODY, NOSE	\$145.48	\$145.48
30320		REMOVE FOREIGN BODY, NOSE	\$321.36	\$321.36
30901		CONTROL NASAL HEMORRAGE, ANTERIOR, SIMPL	\$47.66	\$74.79
30903		CONTROL NASAL HEMORRAGE, ANTERIOR, COMP	\$61.93	\$135.51
30905		CONTROL NASAL HEMORRAGE, POSTERIOR, WIT	\$79.63	\$168.87
30906		CONTROL HEMORRHAGE POSTERIOR SUBSEQUENT	\$103.67	\$194.59
62252		REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	\$72.57	\$72.57
62252	26	REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	\$34.70	\$34.70
62252	TC	REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	\$37.87	\$37.87
69210		REMOVE IMPACTED EAR WAX	\$24.73	\$35.92
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$26.73	\$26.73
80048		BASIC METABOLIC PANEL	\$9.88	\$9.88
80050		GENERAL HEALTH SCREEN PANEL	\$11.16	\$11.38
80051		ELECTROLYTE PANEL	\$8.51	\$8.51
80053		COMPREHENSIVE METABOLIC PANEL	\$10.42	\$10.42
80055		OBSTETRIC PANEL	\$27.81	\$27.81
80061		LIPID PROFILE	\$16.53	\$16.53
80069		RENAL FUNCTION PANEL	\$9.88	\$9.88
80074		ACUTE HEPATITIS PANEL	\$57.47	\$57.47
80076		HEPATIC FUNCTION PANEL	\$9.88	\$9.88
80155		DRUG ASSAY CAFFEINE	\$16.69	\$16.69
80159		DRUG ASSAY CLOZAPINE	\$21.83	\$21.83
80163		ASSAY OF DIGOXIN FREE	\$16.88	\$16.88
80165		DIPROPYACETIC ACID FREE	\$17.04	\$17.04
80169		DRUG ASSAY EVEROLIMUS	\$16.20	\$16.20
80171		DRUG SCREEN QUAN GABAPENTIN	\$15.65	\$15.65
80175		DRUG SCREEN QUAN LAMOTRIGINE	\$15.65	\$15.65
80177		DRUG SCREEN QUAN LEVETIRACETAM	\$15.65	\$15.65
80180		DRUG SCREEN QUAN MYCOPHENOLATE	\$21.31	\$21.31
80183		DRUG SCREEN QUANT OXCARBAZEPINE	\$15.65	\$15.65
80184		PHENOBARBITAL	\$14.13	\$14.13
80195		SIROLIMUS	\$16.92	\$16.92
80199		DRUG SCREEN QUANT TIAGABINE	\$21.31	\$21.31
80203		DURG SCREEN QUANT ZONISAMIDE	\$15.65	\$15.65
80299		QUANTITATIVE ASSAY DRUG	\$16.89	\$16.89
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$3.91	\$3.91
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$3.91	\$3.91
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	\$3.15	\$3.15
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	\$2.77	\$2.77

81005	URINE TESTS	\$2.68	\$2.68
81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	\$3.17	\$3.17
81015	MICROSCOPIC URINE EXAM	\$3.74	\$3.74
81020	URINALYSIS ROUTINE 2 OR 3 GLASS TEST	\$4.55	\$4.55
81025	UA PREG. TEST - COLOR COMPARISON METHOD	\$7.80	\$7.80
81050	VOLUME MEASUREMENTS FOR TIMED COLLECTION,	\$3.70	\$3.70
82043	ALBUMIN; URINE, MICR, QUANTITATIVE	\$7.14	\$7.14
82044	ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	\$3.53	\$3.53
82045	ALBUMIN; ISCHEMIA MODIFIED	\$41.87	\$41.87
82075	ALCOHOL BREATH	\$14.86	\$14.86
82107	ALPHA-FETOPROTEIN (AFP); AFT-L3 FRACTION	\$79.43	\$79.43
82120	AMINES, VAGINAL FLUID, QUALITATIVE	\$4.64	\$4.64
82150	AMYLASE	\$7.99	\$7.99
82239	BILE ACIDS; TOTAL	\$20.09	\$20.09
82247	BILIRUBIN; TOTAL	\$6.20	\$6.20
82248	BILIRUBIN; DIRECT	\$6.20	\$6.20
82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$4.01	\$4.01
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$4.01	\$4.01
82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$4.01	\$4.01
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	\$19.61	\$19.61
82306	CALCIFEDIOL (25-oh VITAMIN D-3)	\$36.51	\$36.51
82310	CALCIUM; TOTAL	\$6.35	\$6.35
82340	CLACIUM URINE QUANTITATIVE TIMED SPECIME	\$6.42	\$6.42
82365	CALCULUS QUANTITATIVE INFRARED SPECTROSC	\$15.90	\$15.90
82374	CARBON DIOXIDE	\$6.03	\$6.03
82390	CERULOPLASMIN	\$13.25	\$13.25
82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	\$5.36	\$5.36
82525	COPPER	\$15.31	\$15.31
82533	CORTISOL; TOTAL	\$20.11	\$20.11
82542	COL CHROMOTOGRAPHY QUAL/QUAN	\$22.27	\$22.27
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$8.03	\$8.03
82552	CPK ISOENZYME (QUALITATIVE)	\$16.52	\$16.52
82553	CPK; MB FRACTION ONLY	\$14.24	\$14.24
82565	CREATININE; BLOOD	\$6.32	\$6.32
82570	CREATININE; OTHER SOURCE	\$6.38	\$6,038.00
82607	CYANOCOBALAMIN (VITAMIN B-12)	\$18.59	\$18.59
82610	CYSTATIN C	\$16.77	\$16.77
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUAL	\$14.13	\$14.13
82664	ELECTROPHORETIC TECH	\$42.37	\$42.37
82670	ESTRADIOL	\$29.37	\$29.37
82679	ESTRONE	\$30.79	\$30.79
82705	FECAL FAT SCREEN	\$6.28	\$6.28
82726	VERY LONG CHAIN FATTY ACIDS	\$22.27	\$22.27
82728	FERRITIN SPECIFY METHOD	\$16.80	\$16.80
82731	FETAL FIBRONECTIVE, CERVICOVAGINAL SECRET	\$79.43	\$79.43
82746	FOLIC ACID	\$18.13	\$18.13
82784	GAMMA GLOBULIN	\$11.47	\$11.47

82785		GAMMAGLOBULIN; IGE	\$20.31	\$20.31
82805		GASES, BLOOD, ANY COMBINATION OF PH, PCO	\$35.00	\$35.00
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$4.84	\$4.84
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	\$4.84	\$4.84
82948		GLUCOSE BLOOD STICK TEST	\$3.91	\$3.91
82950		GLUCOSE POST GLUCOSE DOSE	\$5.86	\$5.86
82951		GLUCOSE TOLERANCE	\$15.88	\$15.88
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	\$4.84	\$4.84
82962		BLOOD GLUCOSE BY MONITORING DEVICE	\$2.89	\$2.89
82977		GGT	\$8.88	\$8.88
83001		GONATOTROPIN; FOLLICLE STIMULATING HORMO	\$22.92	\$22.92
83002		LUTEINIZING HORMONE (LH)	\$22.84	\$22.84
83009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS	\$83.07	\$83.07
83013		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS	\$83.07	\$83.07
83014		HELICOBACTER PYLORI; DRUG ADMINISTRATION	\$9.69	\$9.69
83020	26	HEMOGLOBIN FRACTIONATION AND QUATITATIO	\$15.02	\$15.02
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	\$11.97	\$11.97
83050		METHEMOGLOBIN Quantitative	\$9.03	\$9.03
83525		INSULIN; TOTAL	\$14.10	\$14.10
83540		IRON	\$7.99	\$7.99
83550		IBC	\$10.78	\$10.78
83655		LACTOFERRIN, FECAL; QUALITATIVE	\$25.30	\$25.30
83655		LEAD	\$14.93	\$14.93
83690		LIPASE	\$8.49	\$8.49
83695		LIPOPROTEIN (A)	\$15.97	\$15.97
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	\$13.88	\$13.88
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	\$30.61	\$30.61
83704		LIPOPROTEIN BLD QUAN PART	\$33.64	\$33.64
83718		LIPOPROTEIN, DIRECT MEASUREMENT; (HDL CH	\$10.10	\$10.10
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	\$11.77	\$11.77
83735		MAGNESIUM	\$8.26	\$8.26
83789		MASS SPECTROMETRY QUAL/QUAN	\$22.27	\$22.27
83874		MYOGLOBIN	\$15.93	\$15.93
83876		MYELOPEROXIDASE (MPO)	\$16.69	\$16.69
83880		NATRIURETIC PEPTIDE	\$41.87	\$41.87
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	\$83.01	\$83.01
83970		PARATHORMONE	\$50.91	\$50.91
83986		PH BODY FLUID EXCEPT BLOOD	\$4.41	\$4.41
83993		CALPROTECTIN, FECAL	\$24.20	\$24.20
84075		PHOSPHATASE ALKALINE	\$6.38	\$6.38
84100		PHOSPHORUS INORGANIC (PHOSPHATE)	\$5.85	\$5.85
84132		POTASSIUM SERUM	\$5.66	\$5.66
84144		PROGESTERONE	\$25.73	\$25.73
84145		PROCALCITONIN (PCT)	\$24.50	\$24.50
84146		PROLACTIN	\$23.90	\$23.90
84153		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	\$22.69	\$22.69
84155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	\$4.52	\$4.52

84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	\$4.52	\$4.52
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (P	\$10.79	\$10.79
84165		PROTEIN; ELETROPHORETIC FRACTIONATION A	\$13.19	\$13.19
84165	26	PROTEIN; ELETROPHORETIC FRACTIONATION A	\$14.74	\$14.74
84166		PROTEIN; ELETROPHORETIC FRACTIONATION A	\$22.00	\$22.00
84166	26	PROTEIN; ELETROPHORETIC FRACTIONATION A	\$14.74	\$14.74
84181	26	PROTEIN; WESTERN BLOT, W REPORT & INTERP	\$14.74	\$14.74
84182	26	PROTEIN; IMMUNO PROBE FOR BAND ID, EACH	\$15.21	\$15.21
84270		SHBG	\$26.80	\$26.80
84295		SODIUM BLOOD	\$5.94	\$5.94
84300		SODIUM URINE	\$5.99	\$5.99
84302		SODIUM; OTHER SOURCE	\$5.99	\$5.99
84311		SPECTROPHOMETRY, NOT ELSEWHERE SPECIFIED	\$8.62	\$8.62
84315		SPECIFIC GRAVITY CEXCE PT URINE	\$3.09	\$3.09
84402		TESTOSTERONE; FREE	\$31.40	\$31.40
84403		TESTOSTERONE; TOTAL	\$31.85	\$31.85
84410		TESTOSTERONE BIOAVAILABLE	\$31.85	\$31.85
84436		THYROXINE; TOTAL	\$7.11	\$7.11
84439		THYROXINE; FREE	\$11.13	\$11.13
84443		TSH	\$20.10	\$20.10
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	\$6.37	\$6.37
84460		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$6.53	\$6.53
84466		TRASFERRIN	\$15.74	\$15.74
84478		TRIGLYCERIDES	\$7.10	\$7.10
84479		THYROID HORMONE (T3 OR T4) UPTAKE OR THY	\$7.35	\$7.35
84480		TRIIODOTHYRONINE T3; TOTAL (IT-3)	\$17.49	\$17.49
84481		TRIDOTHYRONINE (T-3); FREE	\$20.89	\$20.89
84520		UREA NITROGEN; QUANTITATIVE	\$4.86	\$4.86
84550		URIC ACID; BLOOD	\$5.57	\$5.57
84560		URIC ACID; OTHER SOURCE	\$5.86	\$5.86
84630		ZINC	\$14.05	\$14.05
84681		C-PEPTIDE ANY METHOD	\$19.59	\$19.59
84702		GONATOTROPIN CHORIONIC QUANTITATIVE	\$10.79	\$10.79
84703		GONADOTROPIN CHORIONIC QUALITATIVE	\$9.26	\$9.26
84704		GONADOTROPIN, CHORIAONIC (HCG); FREE BETA	\$10.79	\$10.79
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	\$7.98	\$7.98
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$4.25	\$4.25
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	\$2.92	\$2.92
85014		BLOOD COUNT; HEMATOCRIT (HCT)	\$2.92	\$2.92
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	\$2.92	\$2.92
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	\$9.58	\$9.58
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	\$7.98	\$7.98
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	\$5.31	\$5.31
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	\$5.31	\$5.31
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$3.13	\$3.13
85049		BLOOD COUNT; PLATELET, AUTOMATED	\$5.52	\$5.52
85055		RETICULATED PLATELET ASSAY	\$33.02	\$33.02

85097	26	BONE MARROW, SMEAL INTERPRETATION	\$29.48	\$59.20
85300		CLOTTING INHIBITORS OR ANTICOAGULANTS AN	\$14.61	\$14.61
85379		FDP, D-DIMER; QUANTITATIVE	\$11.36	\$11.36
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	\$11.36	\$11.36
85390	26	FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	\$15.02	\$15.02
85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	\$29.58	\$29.58
85576		PLATELET; AGGREGATION (IN VITRO), EACH A	\$26.49	\$26.49
85610		PROTHROMBIN TIME	\$4.85	\$4.85
85651		SEDIMENTATION RATE, ERYTHROCYTE, NON-AUT	\$4.37	\$4.37
85652		SEDIMENTATION RATE, ERYTHROCYTE, AUTOMATPTT	\$3.33	\$3.33
85730		PTT	\$7.40	\$7.40
86000		AGGLUTINS FEBRILE EA	\$8.60	\$8.60
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE OR S	\$6.44	\$6.44
86038		ANTINUCLEAR ANTIBODIES (ANA);	\$14.91	\$14.91
86063		ANTISTREPTOLYSIN SCREEN	\$7.12	\$7.12
86140		CRP	\$6.38	\$6.38
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS)	\$15.97	\$15.97
86162		COMPLEMENT TOTAL	\$25.06	\$25.06
86171		COMPLEMENT FIXATION TEST, EACH	\$12.36	\$12.36
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	\$15.97	\$15.97
86225		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NA	\$16.95	\$16.95
86235		EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	\$22.12	\$22.12
86255	26	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	\$14.86	\$14.86
86255		FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	\$15.02	\$15.02
86256	26	FLUORESCENT ANTIBODY TITER	\$14.86	\$14.86
86256		FLUORESCENT ANTIBODY TITER	\$15.02	\$15.02
86280		HEMAGGLUTINATION INHIBITION	\$10.10	\$10.10
86308		HETEROPHILE ANTIBODIES; SCREENING	\$6.38	\$6.38
86309		HETEROPHILE ANTIBODIES; TITER	\$7.98	\$7.98
86310		HETEROPHILE ABSORPTION	\$9.09	\$9.09
86316		IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANT	\$25.66	\$25.66
86317		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	\$17.90	\$17.90
86318		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	\$15.97	\$15.97
86320		IMMUNOELECTROPHORESIS; SERUM	\$27.65	\$27.65
86320	26	IMMUNOELECTROPHORESIS; SERUM	\$15.02	\$15.02
86325	26	IMMUNOELECTROPHORESIS; TOTHER FLUIDS (EG,	\$14.74	\$14.74
86327	26	IMMUNOELECTROPHORESIS; SERUM EACH SPECIMEN	\$17.29	\$17.29
86329		IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	\$17.31	\$17.31
86334	26	IMMUNOFIXATION ELECTROPHORESIS; SERUM	\$15.02	\$15.02
86335		IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	\$36.19	\$36.19
86335	26	IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	\$14.74	\$14.74
86341		ISLET CELL ANTIBODY	\$16.57	\$16.57
86355		B CELLS, TOTAL COUNT	\$46.52	\$46.52
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (	\$33.02	\$33.02
86357		NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$46.52	\$46.52
86367		STEM CELLS (IE) CELLS, TOTAL COUNT	\$46.52	\$46.52
86376		MICROSOMAL ANTIBODIES (EG, THYROID OR LI	\$17.09	\$17.09

86403	PARTICLE AGGLUTINATION; SCREEN, EACH ANT	\$12.57	\$12.57
86430	RHEUMATOID FACTOR; QUALITATIVE	\$7.00	\$7.00
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$7.00	\$7.00
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	\$76.44	\$76.44
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	\$3.74	\$3.74
86580	SENSITIVITY TEST TUBERCULOSIS	\$5.42	\$5.42
86592	SYPHILIS, PRECIPITATION OR FLOCCULATION	\$5.26	\$5.26
86663	ANTIBODY; EPSTEIN-BARR, EARLY ANTIGEN	\$16.18	\$16.18
86664	ANTIBODY; EPSTEIN-BARR, NUCLEAR ANTIGEN	\$17.90	\$17.90
86677	ANTIBODY; HELICOBACTER PYLOURI	\$17.90	\$17.90
86701	ANTIBODY; HIV-1	\$10.95	\$10.95
86703	ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	\$14.50	\$14.50
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$13.25	\$13.25
86708	HEPATITIS A ANTIBODY	\$15.28	\$15.28
86711	ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	\$17.43	\$17.43
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$15.90	\$15.90
86780	TREPONEMA PALLIDUM	\$16.74	\$16.74
86788	ANTIBODY; WEST NILE VIRUS, IGM	\$17.90	\$17.90
86789	ANTIBODY; WEST NILE VIRUS	\$17.72	\$17.72
86800	THYROGLOBULIN ANTIBODY	\$19.61	\$19.61
86803	HEPATITIS C ANTIBODY	\$17.61	\$17.61
86828	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$48.02	\$48.02
86829	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$36.02	\$36.02
86830	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$97.25	\$97.25
86831	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$83.36	\$83.36
86832	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$152.83	\$152.83
86833	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$138.93	\$138.93
86834	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$430.71	\$430.71
86835	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$389.03	\$389.03
87045	CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	\$11.63	\$11.63
87070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	\$10.62	\$10.62
87077	CULTURE, BATERIAL; AEROBIC ISOLATE, ADD	\$9.96	\$9.96
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	\$7.11	\$7.11
87086	CULTURE, BACTERIAL; QUANTITATIVE COLONY	\$9.95	\$9.95
87101	CULTURE, FUNGI (MOLD OR YEAST) ISOLATION	\$9.51	\$9.51
87109	CULTURE MYCOPLASM ANY SOURCE	\$18.98	\$18.98
87110	CULTURE, CHLAMYDIA, ANY SOURCE	\$24.16	\$24.16
87140	CULTURE, TYPING; IMMUNOFLUORESCENT METHO	\$6.88	\$6.88
87164	26 DARKFIELD EXAMINATION	\$14.74	\$14.74
87177	OVA AND PARASITES	\$10.97	\$10.97
87184	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$8.50	\$8.50
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$5.26	\$5.26
87206	SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$6.63	\$6.63
87209	SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$22.16	\$22.16
87210	SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$4.70	\$4.70
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	\$5.26	\$5.26
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATIO	\$30.14	\$30.14

87267	INFECTIONS AGENT ANTIGEN DETECTION BY IM	\$14.13	\$14.13
87275	INFECTIONS AGENT ANTIGEN DETECTION BY IM	\$14.13	\$14.13
87276	INFECTIONS AGENT ANTIGEN DETECTION BY DI	\$14.13	\$14.13
87305	ASPERGILLUS AG IA	\$14.13	\$14.13
87329	GIARDIA AG IA	\$14.13	\$14.13
87340	HEPATITIS B SURFACE AG IA	\$11.48	\$11.48
87389	INFECTIOUS AGENT ANTIGEN DETECTION BY EN	\$29.61	\$29.61
87400	INFLUENZA A/B AG IA	\$14.13	\$14.13
87420	RESP SYNCYTIAL AG IA	\$14.13	\$14.13
87430	STREP A AG IA	\$14.13	\$14.13
87449	AG DETECT NOW IA MULT	\$14.13	\$14.13
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.74	\$24.74
87483	CNS DNA AMP PROBE TYPE 12-25	\$243.45	\$243.45
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.74	\$24.74
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.24	\$30.24
87498	DETECTION TEST FOR ENTEROBIRUS (INTESTIN	\$30.24	\$30.24
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.24	\$30.24
87502	INFLUENZA DNA AMP PROBE	\$66.04	\$66.04
87505	NFCT AGENT DETECTION GI	\$89.56	\$89.56
87506	IADNA-DNA/RNA PROBE TQ 6-11	\$135.68	\$135.68
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$250.98	\$250.98
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.74	\$24.74
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.74	\$24.74
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.24	\$30.24
87623	HPV LOW-RISK TYPES	\$31.18	\$31.18
87624	HPV HIGH-RISK TYPES	\$31.18	\$31.18
87625	HPV TYPES 16 & 18 ONLY	\$31.18	\$31.18
87631	RESP VIRUS 3-5 TARGETS	\$86.87	\$86.87
87632	RESP VIRUS 6-11 TARGETS	\$131.61	\$131.61
87633	RESP VIRUS 12-25 TARGETS	\$243.45	\$243.45
87640	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.24	\$30.24
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.24	\$30.24
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.74	\$24.74
87651	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.24	\$30.24
87652	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.17	\$40.17
87653	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.24	\$30.24
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.74	\$24.74
87661	TRICHOMONAS VAGINALIS AMPLIF	\$28.94	\$28.94
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$49.46	\$49.46
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.13	\$14.13
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.13	\$14.13
87806	HIV ANTIGEN W HIV ANTIBODIES	\$30.53	\$30.53
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.13	\$14.13
87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.13	\$14.13
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.13	\$14.13
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$14.13	\$14.13
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	\$100.45	\$100.45



87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER	\$16.42	\$16.42
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	\$94.69	\$94.69
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	\$94.69	\$94.69
88154		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.03	\$13.03
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.03	\$13.03
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$26.35	\$26.35
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$32.05	\$32.05
88184		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	\$60.54	\$60.54
88185		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	\$35.92	\$35.92
88187		FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 M	\$52.80	\$52.80
88188		FLOW CYTOMETRY, INTERPRETATION; 9 TO 15	\$65.10	\$65.01
88189		FLOW CYTOMETRY, INTERPRETATION; 16 OR MO	\$83.02	\$83.02
88248		CHROMOSOME ALAYSIS FOR BREATKAGE SYNDROM	\$57.79	\$57.79
88341		IMMUNOHISTO ANTB ADDL SLIDE	\$54.64	\$54.64
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	\$18.32	\$18.32
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	\$36.32	\$36.32
88344		IMMUNOHISTO ANTIBODY SLIDE	\$95.19	\$95.19
88344	26	IMMUNOHISTO ANTIBODY SLIDE	\$33.68	\$33.68
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	\$61.52	\$61.52
88350		IMMUNOFLOUR ANTB ADDL STAIN	\$59.04	\$59.04
88350	26	IMMUNOFLOUR ANTB ADDL STAIN	\$24.08	\$24.08
88350	TC	IMMUNOFLOUR ANTB ADDL STAIN	\$34.96	\$34.96
88355	26	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	\$70.72	\$70.72
88360		MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$93.83	\$93.83
88360	26	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$43.65	\$43.65
88360	TC	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$50.18	\$50.18
88364		INSITU HYBRIDIZATION (FISH)	\$78.93	\$78.93
88364	26	INSITU HYBRIDIZATION (FISH)	\$22.85	\$22.85
88364	TC	INSITU HYBRIDIZATION (FISH)	\$56.07	\$56.07
88366		INSITU HYBRIDIZATION (FISH)	\$121.97	\$121.97
88366	26	INSITU HYBRIDIZATION (FISH)	\$53.02	\$53.02
88366	TC	INSITU HYBRIDIZATION (FISH)	\$68.95	\$68.95
88367		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$185.98	\$185.98
88367	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$50.27	\$50.27
88367	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$135.71	\$135.71
88368		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$164.10	\$164.10
88368	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$53.10	\$53.01
88368	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$111.09	\$111.09
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	\$60.03	\$60.03
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$48.93	\$48.93
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$165.98	\$165.98
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$38.03	\$38.03
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$127.94	\$127.94
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$174.43	\$174.43
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$55.37	\$55.37
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$119.07	\$119.07
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$6.23	\$6.23

88738	HEMAGLOBIN (HGB), QUANTITATIVE, TRANSCUT	\$6.34	\$6.34
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$6.47	\$6.47
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$6.47	\$6.47
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (E	\$5.84	\$5.84
89051	SYNOVIAL FLUID DIFF	\$6.42	\$6.42
89055	LEUKOCYTE ASSESSMENT FECAL	\$5.26	\$5.26
89060	CRYSTAL ID, SYNOVIAL FLUID	\$8.82	\$8.82
89125	FAT STAIN, FECES, URINE, OR RESPIRATORY	\$5.33	\$5.33
89160	MEAT FIBERS FECES	\$4.55	\$4.55
89190	NASAL SMEAR FOR EOSINOPHILS	\$5.74	\$5.74
89310	SEMEN ANALYSIS; MOTILITY AND COUNT (NOT	\$10.34	\$10.34
89320	SEMEN ANALYSIS COMPLETE	\$14.86	\$14.86
89325	SPERM AGGLUTINATION WITH ANTIBODY TITER	\$13.16	\$13.16
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGI	\$22.70	\$22.70
90371	HEPATITIS b IMMUNE GLOBULIN (HBIG), HUMA	\$114.50	\$114.50
90375	RABIES IMMUNE GLOBULIN (RIG), 2ML, HUMAN	\$64.74	\$64.74
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RI	\$74.52	\$74.52
90389	TETANUS IMMUNE GLOBULIN (TIG) 250 UNITS/1M	\$133.57	\$133.57
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN,	\$105.38	\$105.38
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PE	\$13.30	\$13.30
90472	IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$13.30	\$13.30
90473	IMMUNIZATION ADMINISTRATION BY INTRANASA	\$13.30	\$13.30
90474	IMMUNIZATION ADMINISTRATION BY INTRANASA	\$13.30	\$13.30
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) F	\$111.57	\$111.57
90620	MENINGOCOCCAL RECOMBINANT PROTEIN	\$171.74	\$171.74
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VA	\$123.63	\$123.63
90630	FLU VACC IIV4 NO PRESERV ID	\$22.01	\$22.01
90632	HEPA VACCINE ADULT IM	\$43.71	\$43.71
90633	HEPA VACC PED/ADOL 2 DOSE IM	\$23.57	\$23.57
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEP	\$88.61	\$88.61
90647	HIB PRP-OMP VACC 3 DOSE IM	\$19.48	\$19.48
90648	HIB PRP-T VACCINE 4 DOSE IM	\$20.79	\$20.79
90649	4VHPV VACCINE 3 DOSE IM	\$134.37	\$134.37
90650	2VHPV VACCINE 3 DOSE IM	\$131.92	\$131.92
90651	9VHPV VACCINE 3 DOSE IM	\$175.87	\$175.87
90656	IIV3 VACC NO PRSV 0.5 ML IM	\$16.58	\$16.58
90657	IIV3 VACC NO SPLT 0.25 ML IM	\$6.31	\$6.31
90658	IIV3 VACCINE SPLT 0.5 ML IM	\$12.62	\$12.62
90670	PCV13 VACCINE IM	\$131.44	\$131.44
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (C	\$43.46	\$43.46
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	\$147.06	\$147.06
90680	RV5 VACC 3 DOSE LIVE ORAL	\$74.56	\$74.56
90681	RV1 VACC 2 DOSE LIVE ORAL	\$10.99	\$10.99
90686	IIV4 VACC NO PRSV 0.5 ML IM	\$18.21	\$18.21
90688	IIV4 VACCINE SPLT 0.5 ML IM	\$15.80	\$15.80
90696	DTAP-IPV VACCINE 4-6 YRS IM	\$50.90	\$50.90
90698	DTAP-IPV/HIB VACCINE IM	\$77.48	\$77.48

90700	DIPHThERIA, TETANUS TOXOIDS, ACCELLUL	\$14.20	\$14.20
90702	DT VACCINE UNDER 7 YRS IM	\$23.82	\$23.82
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE	\$40.61	\$40.61
90710	MEASLES, MUMPS AND RUBELLA, AND VARICELLA V	\$132.90	\$132.90
90713	POLIOVIRUS VACCINE, INACTIVATED, (IPV),	\$24.54	\$24.54
90714	TD VACC NO PRESV 7YRS+ IM	\$19.06	\$19.06
90715	TETANUS, DIPHThERIA TOXOIDS AND ACELLULA	\$39.10	\$39.10
90716	VAR VACCINE LIVE SUBQ	\$85.56	\$85.56
90723	DIPHThERIA, TETANUS TOXOIDS, ACCELLULAR P	\$71.90	\$71.90
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	\$31.21	\$31.21
90733	MPSV4 VACCINE SUBQ	\$89.60	\$89.60
90734	MCV4MENACWY VACCINE IM	\$105.80	\$105.80
90736	HZV VACCINE LIVE SUBQ	\$202.93	\$202.93
90740	HEPB VACC 3 DOSE IMMUNSUP IM	\$109.31	\$109.31
90744	HEPB VACC 3 DOSE PED/ADOL IM	\$23.12	\$23.12
90746	HEP B VACCINE 3 DOSE ADULT IM	\$54.65	\$54.65
90747	HEPB VACC 4 DOSE IMMUNSUP IM	\$109.31	\$109.31
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$95.58	\$121.63
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH M	\$98.81	\$101.44
90832	PSYTX W PT 30 MINUTES	\$40.15	\$50.67
90833	PSYTX W PT W E/M 30 MINUTES	\$33.60	\$33.86
90834	PSYTX W PT 45 MINUTES	\$60.29	\$65.81
90836	PSYTX W PT W E/M 45 MINUTES	\$55.02	\$55.02
90837	PSYTX W PT 60 MINUTES	\$90.91	\$96.44
90838	PSYTX W PT W E/M 60 MINUTES	\$88.31	\$88.84
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUT	\$113.90	\$121.52
90840	PSYCOTheAPY FOR CRISIS; EACH ADDITIONA	\$94.92	\$102.31
90846	FAMILY PSYTX W/O PT 50 MIN	\$69.82	\$71.50
90847	FAMILY PSYTX W/PT 50 MIN	\$83.74	\$88.78
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$24.38	\$26.63
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MUL	\$23.91	\$25.31
90963	END-STAGE RENAL DISEASE (ESRD) RELATED S	\$442.10	\$442.10
90964	END-STAGE RENAL DISEASE (ESRD) RELATED S	\$368.92	\$368.92
90965	END-STAGE RENAL DISEASE (ESRD) RELATED S	\$350.91	\$350.91
90966	END-STAGE RENAL DISEASE (ESRD) RELATED S	\$182.72	\$182.72
90967	END-STAGE RENAL DISEASE (ESRD) RELATED S	\$15.81	\$15.81
90968	END-STAGE RENAL DISEASE (ESRD) RELATED S	\$12.34	\$12.34
90969	END-STAGE RENAL DISEASE (ESRD) RELATED S	\$12.04	\$12.04
90970	END-STAGE RENAL DISEASE (ESRD) RELATED S	\$6.38	\$6.38
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION	\$49.70	\$49.70
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION	\$8.49	\$8.49
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION	\$41.23	\$41.23
93000	ELECTROCARDIOGRAM, COMPLETE	\$16.34	\$16.34
93005	ELECTROCARDIOGRAM, TRACING	\$9.06	\$9.06
93041	RHYTHM ECG TRACING	\$4.10	\$4.10
93225	24 HR ECG, RECORDING ONLY	\$27.00	\$27.00
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$207.28	\$207.28

93306	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$58.27	\$58.27
93306	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$149.01	\$149.01
93307	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$40.43	\$40.43
93355		ECHO TRANSESOPHAGEAL (TEE)	\$192.40	\$192.40
93600		SPECIAL ELECTROCARDIOGRAM	\$150.62	\$150.62
93925		DUPLEX SCAN LOWER EXTREM. ARTERIES; BILA	\$237.08	\$237.08
93926		DUPLEX SCAN OF LOWER EXTREMITY ARTERIES	\$151.26	\$151.26
93975	26	DUPLEX SCAN OF ARTERIAL INFLW AND VENOU	\$75.12	\$75.12
93976	26	DUPLEX SCAN OF ARTERIAL INFLW AND VENOU	\$168.93	\$168.93
93976		DUPLEX SCAN OF ARTERIAL INFLW AND VENOU	\$49.87	\$49.87
93978		DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, IL	\$182.88	\$182.88
93978	26	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, IL	\$26.97	\$26.97
93979		DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA	\$126.47	\$126.47
93979	26	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA	\$18.08	\$18.08
94010		SPIROMETRY, INCLUDING GRAPHIC RECORD, TO	\$25.58	\$25.58
94010	26	SPIROMETRY, INCLUDING GRAPHIC RECORD, TO	\$6.73	\$6.73
94060		EVALUATION OF WHEEZING	\$44.85	\$44.85
94060	26	EVALUATION OF WHEEZING	\$11.80	\$11.80
94150		VITAL CAPACITY TEST.	\$17.32	\$17.32
94150	26	VITAL CAPACITY TEST.	\$3.15	\$3.15
94200		LUNG FUNCTION TEST	\$17.32	\$17.32
94250		LUNG FUNCTION TEST	\$18.82	\$18.82
94375		RESPIRATORY FLOW VOLUME LOOP	\$28.97	\$28.97
94400		BREATHING RESPONSE TO CO2	\$40.95	\$40.95
94450		BREATHING RESPONSE TO HYPOXIA	\$39.44	\$39.44
94610		ADMINISTRATION OF MEDICATION THROUGH BRE	\$50.42	\$50.42
94620		PULMONARY STRESS TESTING;SIMPLE (EG, PR	\$55.98	\$55.98
94620	26	PULMONARY STRESS TESTING;SIMPLE (EG, PR	\$24.97	\$24.97
94620	TC	PULMONARY STRESS TESTING;SIMPLE (EG, PR	\$31.01	\$31.01
94621	26	PULONARY STRESS TESTING; COMPLEX (INCLU	\$57.24	\$57.24
94640		PRESSURIZED OR NONPRESSURIZED INHALATION	\$10.18	\$10.18
94642		AEROSOL INHALATION PERTAMIDINE PROPHYLAX	\$8.92	\$8.92
94644		CONTINUOUS INHALATION TREATMENT WITH AER	\$26.12	\$26.12
94645		CONTINUOUS INHALATION TREATMENT WITH AER	\$10.18	\$10.18
94680		EXHALED AIR ANALYSIS	\$44.46	\$44.46
94681		EXHALED AIR ANALYSIS	\$47.99	\$47.99
94690		EXHALED AIR ANALYSIS	\$38.61	\$39.61
94726		PLETHYSMOGRAPHY FOR DETERMINATION OF LUN	\$30.24	\$30.24
94726	26	PLETHYSMOGRAPHY FOR DETERMINATION OF LUN	\$7.06	\$7.06
94726	TC	PLETHYSMOGRAPHY FOR DETERMINATION OF LUN	\$23.18	\$23.18
94727		GAS DILUTION OR WASHOUT FOR DETERMINATIO	\$23.80	\$23.80
94727	26	GAS DILUTION OR WASHOUT FOR DETERMINATIO	\$7.06	\$7.06
94727	TC	GAS DILUTION OR WASHOUT FOR DETERMINATIO	\$16.74	\$16.74
94728		AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	\$23.80	\$23.80
94728	26	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	\$7.06	\$7.06
94728	TC	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	\$16.74	\$16.74
94729		DIFFUSING CAPACITY (EG, CARBON MONOXIDE	\$30.01	\$30.01

94729	26	DIFFUSING CAPACITY (EG, CARBON MONOXIDE	\$4.68	\$4.68
94729	TC	DIFFUSING CAPACITY (EG, CARBON MONOXIDE	\$25.33	\$25.33
94750		PULMONARY COMPLIANCE STUDY (EG, PLETHYSM	\$54.63	\$54.63
94760		NONINVASIVE EAR OR PULSE OXIMETRY FOR OX	\$2.07	\$2.07
94761		NONINVASIVE EAR OR PULSE OXIMETRY FOR MULTIP	\$3.95	\$3.95
94770		EXHALED CARBON DIOXIDE TEST	\$27.90	\$27.90
95017		ALLERGY TESTING WITH VENOMS INTO SKIN, I	\$2.98	\$6.92
95018		ALLERGY TESTING WITH DRUGS OR BIOLOGICAL	\$5.75	\$17.06
95044		PATCH OR APPLICATION TEST(S) (SPECIFY NU	\$4.67	\$4.67
95056		PHOTOSENSITIVITY TESTS	\$26.49	\$26.49
95060		ALLERGY EYE TESTS	\$17.72	\$17.72
95065		ALLERGY NOSE TESTS	\$16.13	\$16.13
95070		ALLERGY BRONCHIAL TESTS	\$32.83	\$32.83
95071		INHALA BRONCH CHALLENGE TESTING W/ANTIGE	\$40.66	\$40.66
95076		INGEST CHALLENGE INI 120 MIN	\$58.30	\$93.28
95079		INGESTION OF TEST ITEMS FOR ALLERGIES, A	\$53.57	\$66.20
95180		RAPID DESENSITIZATION PROCEDURE, EACH HO	\$85.61	\$111.92
95782		SLEEP MONITORING OF PATIENT (YOUNGER THA	\$811.73	\$811.73
95782	26	SLEEP MONITORING OF PATIENT (YOUNGER THA	\$103.39	\$103.39
95782	TC	SLEEP MONITORING OF PATIENT (YOUNGER THA	\$708.33	\$708.33
95783		SLEEP MONITORING OF PATIENT (YOUNGER THA	\$866.39	\$866.39
95783	26	SLEEP MONITORING OF PATIENT (YOUNGER THA	\$112.66	\$112.66
95783	TC	SLEEP MONITORING OF PATIENT (YOUNGER THA	\$753.46	\$753.46
95824		ELECTROENCEPHALOGRAM	\$48.40	\$48.40
95827		ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RE	\$289.77	\$289.77
95827	26	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RE	\$43.14	\$43.14
95832		MUSCLE TESTING HAND	\$11.95	\$18.94
95833		MUSCLE TESTING TOTAL EVALUATION OF BODY	\$19.08	\$28.02
95851		RANGE OF MOTION EVALUATION	\$6.42	\$12.86
95851	26	RANGE OF MOTION EVALUATION	\$4.83	\$10.36
95852		RANGE OF MOTION MEASUREMENTS AND REPORT	\$4.64	\$9.95
95852	26	RANGE OF MOTION MEASUREMENTS AND REPORT	\$1.15	\$2.49
95857		TENSILON TEST FOR MYASTHENIA GRAVIS	\$21.73	\$32.64
95857	26	TENSILON TEST FOR MYASTHENIA GRAVIS	\$5.43	\$8.16
95863	26	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITI	\$76.18	\$76.18
95867	26	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE S	\$32.30	\$32.30
95868	26	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE S	\$48.11	\$48.11
95869	26	NEEDLE ELECTROMYOGRAPHY; THORACIN PARASP	\$15.21	\$15.21
95875	26	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL	\$44.58	\$44.58
96160		PT-FOCUSED HLTH RISK ASSMT	\$3.74	\$3.74
96161		CAREGIVER HEALTH RISK ASSMT	\$3.74	\$3.74
97018		PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.21	\$6.21
97022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$13.73	\$13.73
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES	\$26.48	\$26.48
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING	\$26.48	\$26.48
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND	\$26.48	\$26.48
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$17.65	\$17.65

99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$9.47	\$9.47
99070	SUPPLIES AND MATERIALS PROVIDED BY THE P	\$9.42	\$9.42
99190	MONITORING SERVICES	\$89.74	\$89.74
99191	MONITORING SERVICES	\$57.63	\$57.63
99192	MONITORING SERVICES	\$41.73	\$41.73
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$20.82	\$32.18
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$40.14	\$55.81
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$60.58	\$80.86
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$101.72	\$125.39
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$132.38	\$158.51
99211	ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$7.70	\$16.32
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$20.51	\$32.50
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$40.13	\$54.26
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$62.08	\$81.76
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$88.14	\$110.58
99217	HOSPITAL OBSERVATION CARE DISCHARGE	\$59.48	\$59.48
99218	HOSPITAL OBSERVATION CARE TYPICALLY 30 M	\$56.10	\$56.10
99219	HOSPITAL OBSERVATION CARE TYPICALLY 50 M	\$92.91	\$92.91
99220	HOSPITAL OBSERVATION CARE TYPICALLY 70 M	\$130.30	\$130.30
99221	INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$80.56	\$80.56
99222	INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$109.94	\$109.94
99223	INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$161.88	\$161.88
99224	SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	\$22.59	\$22.59
99225	SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	\$40.13	\$40.13
99226	SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	\$60.00	\$60.00
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$33.27	\$33.27
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$59.96	\$59.96
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$85.87	\$85.87
99234	HOSPITAL OBSERVATION OR INPATIENT CARE L	\$113.65	\$113.65
99235	OBSERV/HOSP SAME DATE	\$149.29	\$149.29
99236	HOSPITAL OBSERVATION OR INPATIENT CARE H	\$185.55	\$185.55
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	\$59.28	\$59.28
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE	\$86.15	\$86.15
99241	PATIENT OFFICE CONSULTATION TYPICALLY 1	\$26.74	\$38.78
99242	PATIENT OFFICE CONSULTATION TYPICALLY 3	\$56.43	\$72.65
99243	PATIENT OFFICE CONSULTATION TYPICALLY 4	\$78.66	\$99.91
99244	PATIENT OFFICE CONSULTATION TYPICALLY 6	\$124.91	\$148.40
99245	PATIENT OFFICE CONSULATION, TYPICALLY 8	\$155.81	\$182.39
99251	INPATIENT HOSPITAL CONSULTAITON, TYPICAL	\$39.60	\$39.60
99525	INPATIENT HOSPITAL CONSULTAITON, TYPICAL	\$62.36	\$61.35
99253	INPATIENT HOSPITAL CONSULTAITON, TYPICAL	\$93.15	\$93.14
99254	INPATIENT HOSPITAL CONSULTAITON, TYPICAL	\$134.72	\$134.72
99255	INPATIENT HOSPITAL CONSULTAITON, TYPICAL	\$164.15	\$164.15
99281	EMERGENCY DEPARTMENT VISIT, SELF LIMITED	\$16.52	\$16.52
99282	EMERGENCY DEPARTMENT VISIT, LOW TO MODER	\$32.14	\$32.14
99283	EMERGENCY DEPARTMENT VISIT, MODERATELY S	\$49.81	\$49.81
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	\$93.26	\$93.26

99285	EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	\$138.64	\$138.64
99288	PHYSICIAN DIRECTION OF EMERGENCY ADVANCE	\$43.29	\$43.29
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT	\$195.83	\$232.59
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT	\$94.92	\$102.31
99304	INITIAL NURSING FACILITY INITIAL VISIT,	\$71.78	\$71.78
99305	INITIAL NURSING FACILITY VISIT, TYPICALL	\$100.36	\$100.36
99306	INITIAL NURSING FACILITY VISIT, TYPICALL	\$128.96	\$128.96
99307	SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$35.42	\$35.42
99308	SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$54.16	\$54.16
99309	SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$71.84	\$71.84
99310	SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$106.22	\$106.22
99315	NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$51.83	\$51.83
99316	NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$67.72	\$67.72
99318	NURSING FACILITY ANNUAL ASSESSMENT, TYPI	\$75.10	\$75.10
99324	NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$48.15	\$48.15
99325	NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$70.13	\$70.13
99326	NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$115.95	\$115.95
99327	NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$151.24	\$151.24
99328	NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$178.04	\$178.04
99334	ESTABLISHED PATIENT ASSISTED LIVING VISI	\$49.63	\$49.63
99335	ESTABLISHED PATIENT ASSISTED LIVING VISI	\$76.87	\$76.87
99336	ESTABLISHED PATIENT ASSISTED LIVING VISI	\$108.25	\$108.25
99337	ESTABLISHED PATIENT ASSISTED LIVING VISI	\$155.54	\$155.54
99341	NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	\$48.15	\$48.15
99342	NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	\$70.13	\$70.13
99343	NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	\$112.94	\$112.94
99344	NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	\$148.27	\$148.27
99345	NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	\$178.34	\$178.34
99347	ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$46.99	\$46.99
99348	ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$70.95	\$70.95
99349	ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$103.31	\$103.31
99350	ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$144.04	\$144.04
99354	PROLONG E&M/PSYCTX SERV O/P	\$77.73	\$82.03
99355	PROLONG E&M/PSYCTX SERV O/P	\$76.90	\$81.21
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$53.20	\$79.65
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$60.70	\$86.83
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$60.70	\$86.22
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$68.40	\$93.93
99385	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$68.40	\$93.93
99386	NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	\$86.94	\$110.08
99387	NEW PT PHYSICAL EXAM: 65 YEARS AND OVER	\$92.07	\$120.67
99391	PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$45.50	\$66.41
99392	PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$53.20	\$74.12
99393	PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$53.20	\$73.81
99394	PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$60.70	\$81.30
99395	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$60.70	\$81.61
99396	ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	\$68.40	\$89.32

99397	ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	\$76.54	\$100.21
99406	SMOKING AND TOBACCO USE CESSATION COUNSE	\$10.34	\$11.57
99407	SMOKING AND TOBACCO USE CESSATION COUNSE	\$21.44	\$22.36
99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$28.58	\$29.81
99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$57.37	\$58.60
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$50.39	\$50.39
99461	INITIAL CARE, PER DAY, FOR EVALUATION AN	\$56.26	\$74.40
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	\$26.87	\$26.87
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$67.42	\$67.42
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE	\$275.20	\$275.20
99478	SUBSEQUENT INTESNVIE CARE, PER DAY, FOR	\$111.89	\$111.89
G0108	DIABETES OUTPATIENT SELF MANAGEMENT TRAI	\$17.82	\$17.82
G0109	DEABETES SELF MANAGEMENT TRAINING SERVIC	\$9.98	\$9.98
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$6.73	\$14.85
G0328	COLORECTAL CANCER SCREEENING; FECAL OCCUL	\$19.76	\$19.76
G0480	DRUG TEST DEF 1-7 CLASSES	\$72.75	\$72.75
G0481	DRUG TEST DEF 8-14 CLASSES	\$111.92	\$111.92
G0482	DRUG TEST DEF 15-21 CLASSES	\$151.09	\$151.09
G0483	DRUG TEST DEF 22 OR MORE DRUG CLASSES	\$195.86	\$195.86
P9041	ALBUMIN (HUMAN), 5%, 50 ML	\$19.41	\$19.14
P9047	ALBUMIN (HUMAN), 25%, 50 ML	\$38.30	\$38.30
Q0138	INJECTION, FERUMOXYTOL, TREATMENT OF IRO	\$0.79	\$0.79
Q0139	INJECTION, FERUMOXYTOL, TREATMENT OF IRO	\$0.79	\$0.79
Q0144	AXITHROMYCIN DIHYDRATE, ORAL, CAPSULES/	\$20.75	\$20.75
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LI	\$475.47	\$475.47
Q2050	DOXORUBICIN INJ 10 MG	\$551.74	\$551.74
Q2051	ZOLEDRONIC ACID 1 MG INJECTION	\$153.59	\$153.59
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$20.61	\$20.61
Q3027	INJ BETA INTERFERON IM 1 MCG	\$33.20	\$33.20
Q3028	INJ BETA INTERFERON SQ 1 MCG	\$18.88	\$18.88
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR	\$0.87	\$0.87
Q5101	INJECTION, FILGRASTIM G=CSF, BIOSIMILAR	\$1.02	\$1.02
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES	\$59.76	\$59.76
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300	\$0.58	\$0.58
S0080	PENTAMIDINE ISETHIONATE, 300 MG	\$40.54	\$40.54
S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A	\$321.08	\$321.08
S0148	INJECTION, PEGYLATED INTERFERON ALFA-2B	\$100.29	\$100.29
S0166	OLANZAPINE INJECTABLE IMMEDIATE-RELEASE	\$7.66	\$7.66



