Nurse Midwives Fee Schedule
Provider Specialty 063
Taxonomy: 367A00000X
Fee Schedule Updated on:8/6/2021

*****The Agency's fee schedule rates below were set as of January 1, 2014 unless otherwise noted*****

Rate changes after January 1, 2014 are based on the January 1st RVU of the year in which the service was initally established

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.

Updated8/6/2021

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum FACILITY RATE	Medicaid Maximum NON-FACILITY RATE	Effective Date of Rate	End Date of Rate
01996		DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR	$ 40.88	$ 40.88	3/1/2020	12/31/9999
10004		FNA BX W/O IMG GDN EA ADDL	$ 38.05	$ 45.17	3/1/2020	12/31/9999
10005		FNA BX W/US GDN 1ST LES	$ 64.44	$ 108.68	3/1/2020	12/31/9999
10006		FNA BX W/US GDN EA ADDL	$ 43.91	$ 52.22	3/1/2020	12/31/9999
10007		FNA BX W/FLUOR GDN 1ST LES	$ 82.72	$ 242.76	3/1/2020	12/31/9999
10008		FNA BX W/FLUOR GDN EA ADDL	$ 53.95	$ 137.09	3/1/2020	12/31/9999
10009		FNA BX W/CT GDN 1ST LES	$ 100.41	$ 396.44	3/1/2020	12/31/9999
10010		FNA BX W/CT GDN EA ADDL	$ 73.40	$ 239.37	3/1/2020	12/31/9999
10011		FNA BX W/MR GDN 1ST LES	$ 54.57	$ 108.33	3/1/2020	12/31/9999
10012		FNA BX W/MR GDN EA ADDL	$ 54.57	$ 108.33	3/1/2020	12/31/9999
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING	$ 59.24	$ 117.41	3/1/2020	12/31/9999
10035		PERQ DEV SOFT TISS 1ST IMAG	$ 76.62	$ 450.50	3/1/2020	12/31/9999
10060		DRAINAGE OF ABSCESS	$ 69.34	$ 79.99	3/1/2020	12/31/9999
10140		DRAINAGE OF BLOOD EFFUSION	$ 88.83	$ 112.43	3/1/2020	12/31/9999
11102		TANGNTL BX SKIN SINGLE LES	$ 34.62	$ 83.92	3/1/2020	12/31/9999
11106		INCAL BX SKN SINGLE LES	$ 52.84	$ 127.66	3/1/2020	12/31/9999
11107		INCAL BX SKN EA SEP/ADDL	$ 28.28	$ 61.24	3/1/2020	12/31/9999
11200		REMOVAL OF SKIN TAGS <W/15	$ 50.41	$ 59.35	3/1/2020	12/31/9999
11300		SHAVING OF EPIDERMAL LESION TRUNK ARMS L	$ 22.80	$ 49.00	3/1/2020	12/31/9999
11421		EXC H-F-NK-SP B9+MARG 0.6-1	$ 80.76	$ 109.86	3/1/2020	12/31/9999
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSU	$ 75.37	$ 111.06	3/1/2020	12/31/9999
11980		SUBCUTANEOUS HORMONE PELLET (IMPLANTATIO	$ 63.32	$ 79.14	3/1/2020	12/31/9999
11981		INSERTION, NON-BIODEGRADABLE DRUG DELIVE	$ 67.91	$ 103.75	3/1/2020	12/31/9999
11982		REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY	$ 82.86	$ 119.58	3/1/2020	12/31/9999
11983		REMOVAL WITH REINSERTION, NON-BIODEGRADA	$ 151.73	$ 186.10	3/1/2020	12/31/9999
12001		RPR S/N/AX/GEN/TRNK 2.5CM/<	$ 77.79	$ 107.44	3/1/2020	12/31/9999
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	$ 125.62	$ 179.76	3/1/2020	12/31/9999
17003		DESTRUCTION BY ANY METHOD, INCLUDING LAS	$ 3.53	$ 5.54	3/1/2020	12/31/9999
17108		DESTRUCTION OF SKIN LESIONS	$ 360.33	$ 427.97	3/1/2020	12/31/9999
19020		INCISION OF BREAST LESION	$ 210.47	$ 312.68	3/1/2020	12/31/9999
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTH	$ 49.27	$ 63.89	3/1/2020	12/31/9999
20604		DRAIN/INJ JOINT/BURSA W/US	$ 39.63	$ 61.13	3/1/2020	12/31/9999
20606		DRAIN/INJ JOINT/BURSA W/US	$ 44.88	$ 67.27	3/1/2020	12/31/9999
20611		DRAIN/INJ JOINT/BURSA W/US	$ 52.56	$ 77.01	3/1/2020	12/31/9999
20612		ASPIRATION AND/OR INJECTION OF GANGLION	$ 36.74	$ 48.99	3/1/2020	12/31/9999
20700		MNL PREP&INSJ DP RX DLVR DEV	$ 73.80	$ 73.80	3/1/2020	12/31/9999
20701		RMVL DEEP RX DELIVERY DEVICE	$ 55.14	$ 55.14	3/1/2020	12/31/9999
20702		MNL PREP&INSJ IMED RX DEV	$ 122.76	$ 122.76	3/1/2020	12/31/9999
20703		RMVL IMED RX DELIVERY DEVICE	$ 88.11	$ 88.11	3/1/2020	12/31/9999
20704		MNL PREP&INSJ I-ARTIC RX DEV	$ 127.88	$ 127.88	3/1/2020	12/31/9999
20705		RMVL I-ARTIC RX DELIVERY DEV	$ 105.32	$ 105.32	3/1/2020	12/31/9999
20932		OSTEOART ALGRFT W/SURF & B1	$ 623.07	$ 623.07	3/1/2020	12/31/9999
20933		HEMICRT INTRCLRY ALGRFT PRTL	$ 571.60	$ 571.60	3/1/2020	12/31/9999
20934		INTERCALARY ALGRFT COMPL	$ 622.76	$ 622.76	3/1/2020	12/31/9999
20979		LOW INTENSITY ULTRASOUND STIMULATION TO	$ 31.55	$ 46.52	3/1/2020	12/31/9999
20983		ABLATE BONE TUMOR(S) PERQ	$ 347.55	$ 5,797.84	3/1/2020	12/31/9999
21046		EXCISION OF BENIGN TUMOR OR CYST OF MAND	$ 894.57	$ 894.57	3/1/2020	12/31/9999
21047		EXCISION OF BENIGN TUMOR OR CYST OF MAND	$ 1,095.43	$ 1,095.43	3/1/2020	12/31/9999
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	$ 911.06	$ 911.06	3/1/2020	12/31/9999
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	$ 1,052.75	$ 1,052.75	3/1/2020	12/31/9999
21601		EXC CHEST WALL TUMOR W/RIBS	$ 1,025.47	$ 1,025.47	3/1/2020	12/31/9999

21602		EXC CH WAL TUM W/O LYMPHADEC	$ 1,375.19	$ 1,375.19	3/1/2020	12/31/9999
21603		EXC CH WAL TUM W/LYMPHADEC	$ 1,521.62	$ 1,521.62	3/1/2020	12/31/9999
21685		HYOID MYOTOMY AND SUSPENSION	$ 826.53	$ 826.53	3/1/2020	12/31/9999
21812		TREATMENT OF RIB FRACTURE	$ 579.14	$ 563.23	3/1/2020	12/31/9999
21813		TREATMENT OF RIB FRACTURE	$ 782.94	$ 770.56	3/1/2020	12/31/9999
22551		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	$ 1,395.65	$ 1,395.65	3/1/2020	12/31/9999
22852		REMOVAL OF SEGMENTAL INSTRUMENTATION	$ 512.57	$ 512.57	3/1/2020	12/31/9999
23412		REPAIR OF TENDON(S)	$ 655.90	$ 655.90	3/1/2020	12/31/9999
23700		FIXATION OF SHOULDER	$ 145.30	$ 145.30	3/1/2020	12/31/9999
24300		MANIPULATION, ELBOW, UNDER ANESTHESIA	$ 325.47	$ 325.47	3/1/2020	12/31/9999
24332		TENOLYSIS, TRICEPS	$ 496.70	$ 496.70	3/1/2020	12/31/9999
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBO	$ 582.67	$ 582.67	3/1/2020	12/31/9999
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAME	$ 906.22	$ 906.22	3/1/2020	12/31/9999
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW	$ 579.83	$ 579.83	3/1/2020	12/31/9999
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMEN	$ 903.83	$ 903.83	3/1/2020	12/31/9999
25001		INCISION, FLEXOR TENDON SHEATH, WRIST (E	$ 271.33	$ 271.33	3/1/2020	12/31/9999
25024		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	$ 632.10	$ 632.10	3/1/2020	12/31/9999
25025		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	$ 954.06	$ 954.06	3/1/2020	12/31/9999
25259		MANIPULATION, WRIST, UNDER ANESTHESIA	$ 324.78	$ 324.78	3/1/2020	12/31/9999
25275		REPAIR, TENDON SHEATH, EXTENSOR, FOREARM	$ 555.96	$ 555.96	3/1/2020	12/31/9999
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	$ 640.00	$ 640.00	3/1/2020	12/31/9999
25430		INSERTION OF VASCULAR PEDICLE INTO CARPA	$ 584.80	$ 584.80	3/1/2020	12/31/9999
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLU	$ 658.11	$ 658.11	3/1/2020	12/31/9999
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR	$ 385.25	$ 385.25	3/1/2020	12/31/9999
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	$ 508.85	$ 508.85	3/1/2020	12/31/9999
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL	$ 427.54	$ 427.54	3/1/2020	12/31/9999
26340		MANIPULATION, FINGER JOINT, UNDER ANESTH	$ 255.44	$ 255.44	3/1/2020	12/31/9999
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FE	$ 1,103.93	$ 1,103.93	3/1/2020	12/31/9999
27235		PERCUTANEOUS SKELETAL FIXATION OF FEMORA	$ 689.97	$ 689.97	3/1/2020	12/31/9999
27279		ARTHRODESIS SACROILIAC JOINT	$ 486.69	$ 486.69	3/1/2020	12/31/9999
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU;	$ 1,181.80	$ 1,181.80	3/1/2020	12/31/9999
29086		APPLICATION, CAST; FINGER (EG, CONTRACTU	$ 39.59	$ 56.60	3/1/2020	12/31/9999
29805		ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH	$ 393.03	$ 393.03	3/1/2020	12/31/9999
29806		ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULO	$ 805.06	$ 805.06	3/1/2020	12/31/9999
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR	$ 869.77	$ 869.77	3/1/2020	12/31/9999
29823		ARTHROSCOPY DEBRIDEMENT EXTENSIVE	$ 470.80	$ 470.80	3/1/2020	12/31/9999
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL	$ 558.54	$ 558.54	3/1/2020	12/31/9999
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH RO	$ 918.15	$ 918.15	3/1/2020	12/31/9999
29873		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERA	$ 428.90	$ 428.90	3/1/2020	12/31/9999
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE	$ 885.63	$ 885.63	3/1/2020	12/31/9999
29900		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	$ 387.25	$ 387.25	3/1/2020	12/31/9999
29901		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	$ 427.21	$ 427.21	3/1/2020	12/31/9999
29902		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	$ 445.33	$ 445.33	3/1/2020	12/31/9999
30468		RPR NSL VLV COLLAPSE W/IMPLT	$ 128.56	$ 2,262.30	1/1/2021	12/31/9999
31515		VISUALIZATION OF LARYNX	$ 86.42	$ 154.06	3/1/2020	12/31/9999
31600		INCISION OF WINDPIPE	$ 314.34	$ 314.34	3/1/2020	12/31/9999
31632		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	$ 46.91	$ 65.96	3/1/2020	12/31/9999
31633		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	$ 58.38	$ 78.79	3/1/2020	12/31/9999
32408		CORE NDL BX LNG/MED PERQ	$ 115.96	$ 720.24	1/1/2021	12/31/9999
33016		PERICARDIOCENTESIS W/IMAGING	$ 206.66	$ 206.66	3/1/2020	12/31/9999
33017		PRCRD DRG 6YR+ W/O CGEN CAR	$ 214.61	$ 214.61	3/1/2020	12/31/9999
33018		PRCRD DRG 0-5YR OR W/ANOMLY	$ 245.37	$ 245.37	3/1/2020	12/31/9999
33019		PERQ PRCRD DRG INSJ CATH CT	$ 198.74	$ 198.74	3/1/2020	12/31/9999
33215		REPOSITION PACING-DEFIB LEAD	$ 280.72	$ 280.72	3/1/2020	12/31/9999
33224		INSERTION OF PACING ELECTRODE, CARDIAC V	$ 457.29	$ 457.29	3/1/2020	12/31/9999
33225		INSERTION OF LEFT HEART ELECTRODE FOR PA	$ 410.24	$ 410.24	3/1/2020	12/31/9999
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CA	$ 440.86	$ 440.86	3/1/2020	12/31/9999
33285		INSJ SUBQ CAR RHYTHM MNTR	$ 77.56	$ 4,337.75	3/1/2020	12/31/9999
33508		ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASS	$ 14.28	$ 14.28	3/1/2020	12/31/9999
33741		TAS CONGENITAL CAR ANOMAL	$ 577.08	$ 577.08	1/1/2021	12/31/9999
33745		TIS CGEN CAR ANOMAL 1ST SHNT	$ 813.52	$ 813.52	1/1/2021	12/31/9999
33746		TIS CGEN CAR ANOMAL EA ADDL	$ 320.74	$ 320.74	1/1/2021	12/31/9999
33858		AS-AORT GRF F/AORTIC DSJ	$ 2,966.25	$ 2,966.25	3/1/2020	12/31/9999
33859		AS-AORT GRF F/DS OTH/THN DSJ	$ 2,129.43	$ 2,129.43	3/1/2020	12/31/9999
33871		TRANSVRS A-ARCH GRF HYPTHRM	$ 2,851.01	$ 2,851.01	3/1/2020	12/31/9999
33967		INSERT I-AORT PERCUT DEVICE	$ 237.59	$ 237.59	3/1/2020	12/31/9999
33979		INSERTION OF VENTRICULAR ASSIST DEVICE,	$ 2,132.94	$ 2,132.94	3/1/2020	12/31/9999
33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IM	$ 3,111.74	$ 3,111.74	3/1/2020	12/31/9999
33995		INSJ PERQ VAD R HRT VENOUS	$ 276.10	$ 276.10	1/1/2021	12/31/9999
33997		RMVL PERQ RIGHT HEART VAD	$ 122.73	$ 122.73	1/1/2021	12/31/9999
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION	$ 559.67	$ 559.67	3/1/2020	12/31/9999

34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST	$ 254.85	$ 254.85	3/1/2020	12/31/9999
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIA	$ 1,141.73	$ 1,141.73	3/1/2020	12/31/9999
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRAC	$ 1,118.71	$ 1,118.71	3/1/2020	12/31/9999
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHI	$ 1,089.31	$ 1,089.31	3/1/2020	12/31/9999
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHI	$ 1,029.20	$ 1,029.20	3/1/2020	12/31/9999
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEG	$ 314.92	$ 314.92	3/1/2020	12/31/9999
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	$ 1,418.67	$ 1,418.67	3/1/2020	12/31/9999
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTA	$ 183.82	$ 183.82	3/1/2020	12/31/9999
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA	$ 152.96	$ 152.96	3/1/2020	12/31/9999
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRA	$ 136.77	$ 136.77	3/1/2020	12/31/9999
35702		EXPL N/FLWD SURG UXTR ART	$ 358.30	$ 358.30	3/1/2020	12/31/9999
35703		EXPL N/FLWD SURG LXTR ART	$ 363.53	$ 363.53	3/1/2020	12/31/9999
36000		PLACE NEEDLE IN VEIN	$ 7.82	$ 19.62	3/1/2020	12/31/9999
36002		INJECTION PROCEDURES (EG, THROMBIN) FOR	$ 98.66	$ 154.44	3/1/2020	12/31/9999
36400		INSERTION OF NEEDLE INTO UPPER LEG OR NE	$ 14.72	$ 20.48	3/1/2020	12/31/9999
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	$ 2.77	$ 2.77	3/1/2020	12/31/9999
36511		THERAPEUTIC APHERESIS; FOR WHITE BLOOD C	$ 80.36	$ 80.36	3/1/2020	12/31/9999
36512		THERAPEUTIC APHERESIS; FOR RED BLOOD CEL	$ 81.03	$ 81.03	3/1/2020	12/31/9999
36513		THERAPEUTIC APHERESIS; FOR PLATELETS	$ 82.11	$ 82.11	3/1/2020	12/31/9999
36514		THERAPEUTIC APHERESIS; FOR PLASMA PHERES	$ 79.33	$ 525.61	3/1/2020	12/31/9999
36516		THERAPEUTIC APHERESIS; WITH EXTRACORPORE	$ 55.92	$ 2,315.17	3/1/2020	12/31/9999
36555		INSERTION OF NON-TUNNELED CENTRALLY INSE	$ 113.00	$ 252.12	3/1/2020	12/31/9999
36556		INSERTION OF NON-TUNNELED CENTRALLY INSE	$ 107.60	$ 229.72	3/1/2020	12/31/9999
36557		INSERTION OF TUNNELED CENTRALLY INSERTED	$ 263.13	$ 795.80	3/1/2020	12/31/9999
36558		INSERTION OF TUNNELED CENTRALLY INSERTED	$ 253.20	$ 780.09	3/1/2020	12/31/9999
36560		INSERTION OF TUNNELED CENTRALLY INSERTED	$ 314.29	$ 1,084.04	3/1/2020	12/31/9999
36561		INSERTION OF TUNNELED CENTRALLY INSERTED	$ 303.46	$ 1,090.56	3/1/2020	12/31/9999
36563		INSERTION OF TUNNELED CENTRALLY INSERTED	$ 316.04	$ 1,069.47	3/1/2020	12/31/9999
36565		INSERTION OF TUNNELED CENTRALLY INSERTED	$ 300.41	$ 926.61	3/1/2020	12/31/9999
36566		INSERTION OF TUNNELED CENTRALLY INSERTED	$ 321.72	$ 2,562.25	3/1/2020	12/31/9999
36568		INSERTION OF PERIPHERALLY INSERTED CENTR	$ 84.91	$ 292.74	3/1/2020	12/31/9999
36569		INSERTION OF PERIPHERALLY INSERTED CENTR	$ 84.47	$ 264.41	3/1/2020	12/31/9999
36570		INSERTION OF PERIPHERALLY INSERTED CENTR	$ 268.09	$ 1,111.99	3/1/2020	12/31/9999
36571		INSERTION OF PERIPHERALLY INSERTED CENTR	$ 273.49	$ 1,168.76	3/1/2020	12/31/9999
36575		REPAIR OF TUNNELED OR NON-TUNNELED CENTR	$ 34.90	$ 151.58	3/1/2020	12/31/9999
36576		REPAIR OF CENTRAL VENOUS ACCESS DEVICE,	$ 166.88	$ 327.43	3/1/2020	12/31/9999
36578		REPLACEMENT, CATHETER ONLY, OF CENTRAL	$ 191.43	$ 463.89	3/1/2020	12/31/9999
36580		REPLACEMENT, COMPLETE, OF A NON-TUNNELED	$ 61.09	$ 232.19	3/1/2020	12/31/9999
36581		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	$ 178.71	$ 712.05	3/1/2020	12/31/9999
36582		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	$ 264.05	$ 982.78	3/1/2020	12/31/9999
36583		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	$ 266.21	$ 985.28	3/1/2020	12/31/9999
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	$ 63.22	$ 229.55	3/1/2020	12/31/9999
36585		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	$ 248.43	$ 1,017.84	3/1/2020	12/31/9999
36589		REMOVAL OF TUNNELED CENTRAL VENOUS CATHE	$ 123.85	$ 149.03	3/1/2020	12/31/9999
36590		REMOVAL OF TUNNELED CENTRAL VENOUS ACCES	$ 174.32	$ 236.90	3/1/2020	12/31/9999
36595		MECHANICAL REMOVAL OF PERICATHETER OBSTR	$ 169.30	$ 599.25	3/1/2020	12/31/9999
36596		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	$ 41.48	$ 131.95	3/1/2020	12/31/9999
36597		REPOSITIONING OF PREVIOUSLY PLACED CENTR	$ 56.36	$ 116.58	3/1/2020	12/31/9999
36820		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FORE	$ 710.29	$ 710.29	3/1/2020	12/31/9999
36823		INSERTION OF ARTERIAL AND VENOUS CANNULA	$ 1,114.50	$ 1,114.50	3/1/2020	12/31/9999
36838		DISTAL REVASCULARIZATION AND INTERVAL LI	$ 1,050.49	$ 1,050.49	3/1/2020	12/31/9999
36902		INTRO CATH DIALYSIS CIRCUIT	$ 190.26	$ 1,022.30	3/1/2020	12/31/9999
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC PO	$ 784.76	$ 784.76	3/1/2020	12/31/9999
37183		REVISION OF TRANSVENOUS INTRAHEPATIC POR	$ 374.13	$ 374.13	3/1/2020	12/31/9999
37218		STENT PLACEMT ANTE CAROTID	$ 749.88	$ 699.77	3/1/2020	12/31/9999
37500		VASCULAR ENDOSCOPY, SURGICAL, WITH LIGAT	$ 617.77	$ 617.77	3/1/2020	12/31/9999
38120		LAPAROSCOPY, SURGICAL, SPLENECTOMY	$ 846.52	$ 846.52	3/1/2020	12/31/9999
38205		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR C	$ 70.69	$ 70.69	3/1/2020	12/31/9999
38206		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR C	$ 71.02	$ 71.02	3/1/2020	12/31/9999
38220		BONE MARROW; ASPIRATION ONLY	$ 52.50	$ 145.03	3/1/2020	12/31/9999
38221		BONE MARROW; BIOPSY, NEEDLE OR TROCAR	$ 66.97	$ 160.50	3/1/2020	12/31/9999
38242		TRANSPLANTATION OF DONOR STEM CELLS FROM	$ 82.33	$ 82.33	3/1/2020	12/31/9999
38510		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	$ 316.84	$ 380.15	3/1/2020	12/31/9999
41010		INCISION TONGUE FOLD	$ 80.48	$ 143.51	3/1/2020	12/31/9999
43180		ESOPHAGOSCOPY RIGID TRNSO	$ 501.98	$ 456.92	3/1/2020	12/31/9999
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH D	$ 110.42	$ 245.79	3/1/2020	12/31/9999
43210		EGD ESOPHAGOGASTRC FNDOPLSTY	$ 378.53	$ 378.53	3/1/2020	12/31/9999
43236		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	$ 148.24	$ 322.73	3/1/2020	12/31/9999
43237		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	$ 202.94	$ 202.94	3/1/2020	12/31/9999
43238		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	$ 250.11	$ 250.11	3/1/2020	12/31/9999
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESO	$ 1,319.84	$ 1,319.84	3/1/2020	12/31/9999

43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	$ 2,308.03	$ 2,308.03	3/1/2020	12/31/9999
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	$ 2,462.90	$ 2,462.90	3/1/2020	12/31/9999
44126		ENTERECTOMY, RESECTION OF SMALL INTESTIN	$ 1,887.09	$ 1,887.09	3/1/2020	12/31/9999
44127		ENTERECTOMY, RESECTION OF SMALL INTESTIN	$ 2,167.83	$ 2,167.83	3/1/2020	12/31/9999
44128		ENTERECTOMY, RESECTION OF SMALL INTESTIN	$ 204.90	$ 204.90	3/1/2020	12/31/9999
44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL S	$ 201.93	$ 201.93	3/1/2020	12/31/9999
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	$ 1,245.97	$ 1,245.97	3/1/2020	12/31/9999
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	$ 1,089.23	$ 1,089.23	3/1/2020	12/31/9999
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	$ 1,411.80	$ 1,411.80	3/1/2020	12/31/9999
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	$ 1,484.32	$ 1,484.32	3/1/2020	12/31/9999
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	$ 1,617.20	$ 1,617.20	3/1/2020	12/31/9999
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	$ 1,441.41	$ 1,441.41	3/1/2020	12/31/9999
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	$ 1,774.68	$ 1,774.68	3/1/2020	12/31/9999
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	$ 1,658.32	$ 1,658.32	3/1/2020	12/31/9999
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAK	$ 146.39	$ 146.39	3/1/2020	12/31/9999
44381		SMALL BOWEL ENDOSCOPY BR/WA	$ 56.39	$ 56.39	3/1/2020	12/31/9999
44384		SMALL BOWEL ENDOSCOPY	$ 56.39	$ 56.39	3/1/2020	12/31/9999
44401		COLONOSCOPY WITH ABLATION	$ 135.53	$ 266.72	3/1/2020	12/31/9999
44402		COLONOSCOPY W/STENT PLCMT	$ 135.53	$ 266.72	3/1/2020	12/31/9999
44403		COLONOSCOPY W/RESECTION	$ 135.53	$ 266.72	3/1/2020	12/31/9999
44404		COLONOSCOPY W/INJECTION	$ 135.53	$ 266.72	3/1/2020	12/31/9999
44405		COLONOSCOPY W/DILATION	$ 135.53	$ 266.72	3/1/2020	12/31/9999
44406		COLONOSCOPY W/ULTRASOUND	$ 135.53	$ 266.72	3/1/2020	12/31/9999
44407		COLONOSCOPY W/NDL ASPIR/BX	$ 135.53	$ 266.72	3/1/2020	12/31/9999
44408		COLONOSCOPY W/DECOMPRESSION	$ 135.53	$ 266.72	3/1/2020	12/31/9999
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPA	$ 140.18	$ 140.18	3/1/2020	12/31/9999
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEO	$ 1,487.51	$ 1,487.51	3/1/2020	12/31/9999
45335		SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED S	$ 76.97	$ 195.69	3/1/2020	12/31/9999
45340		SIG W/TNDSC BALLOON DILATION	$ 96.30	$ 344.26	3/1/2020	12/31/9999
45346		SIGMOIDOSCOPY W/ABLATION	$ 50.23	$ 104.55	3/1/2020	12/31/9999
45347		SIGMOIDOSCOPY W/PLCMT STENT	$ 50.23	$ 104.55	3/1/2020	12/31/9999
45349		SIGMOIDOSCOPY W/RESECTION	$ 50.23	$ 104.55	3/1/2020	12/31/9999
45350		SGMDSC W/BAND LIGATION	$ 50.23	$ 104.55	3/1/2020	12/31/9999
45381		COLONOSCOPY SUBMUCOUS NJX	$ 207.61	$ 395.36	3/1/2020	12/31/9999
45386		COLONOSCOPY W/BALLOON DILAT	$ 224.58	$ 578.68	3/1/2020	12/31/9999
45388		COLONOSCOPY W/ABLATION	$ 177.31	$ 309.69	3/1/2020	12/31/9999
45389		COLONOSCOPY W/STENT PLCMT	$ 177.31	$ 309.69	3/1/2020	12/31/9999
45390		COLONOSCOPY W/RESECTION	$ 177.31	$ 309.69	3/1/2020	12/31/9999
45393		COLONOSCOPY W/DECOMPRESSION	$ 177.31	$ 309.69	3/1/2020	12/31/9999
45398		COLONOSCOPY W/BAND LIGATION	$ 177.31	$ 309.69	3/1/2020	12/31/9999
46020		PLACEMENT OF SETON	$ 174.09	$ 197.90	3/1/2020	12/31/9999
46601		DIAGNOSTIC ANOSCOPY	$ 29.64	$ 60.50	3/1/2020	12/31/9999
46607		DIAGNOSTIC ANOSCOPY & BIOPSY	$ 29.64	$ 60.50	3/1/2020	12/31/9999
46706		REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	$ 131.24	$ 131.24	3/1/2020	12/31/9999
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRA	$ 858.48	$ 858.48	3/1/2020	12/31/9999
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	$ 999.38	$ 999.38	3/1/2020	12/31/9999
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	$ 1,004.29	$ 1,004.29	3/1/2020	12/31/9999
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	$ 1,164.99	$ 1,164.99	3/1/2020	12/31/9999
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	$ 1,190.43	$ 1,190.43	3/1/2020	12/31/9999
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PE	$ 724.29	$ 724.29	3/1/2020	12/31/9999
47383		PERQ ABLTJ LVR CRYOABLATION	$ 437.98	$ 6,382.98	3/1/2020	12/31/9999
49013		PRPERTL PEL PACK HEMRRG TRMA	$ 385.34	$ 385.34	3/1/2020	12/31/9999
49014		REEXPLORATION PELVIC WOUND	$ 318.43	$ 318.43	3/1/2020	12/31/9999
49419		INSERTION OF INTRAPERITONEAL CANNULA OR	$ 366.03	$ 366.03	3/1/2020	12/31/9999
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	$ 610.94	$ 610.94	3/1/2020	12/31/9999
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	$ 749.15	$ 749.15	3/1/2020	12/31/9999
49566		REPAIR RECURRENT INCISIONAL HERNIA;	$ 694.41	$ 694.41	3/1/2020	12/31/9999
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED O	$ 844.05	$ 844.05	3/1/2020	12/31/9999
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR R	$ 1,242.76	$ 1,242.76	3/1/2020	12/31/9999
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL	$ 1,048.24	$ 1,048.24	3/1/2020	12/31/9999
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTO	$ 1,337.30	$ 1,337.30	3/1/2020	12/31/9999
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPH	$ 535.42	$ 535.42	3/1/2020	12/31/9999
51701		INSERTION OF NON-DWELLING BLADDER CATHET	$ 23.26	$ 50.03	3/1/2020	12/31/9999
51702		INSERTION OF TEMPORARY INDWELLING BLADDE	$ 25.57	$ 64.13	3/1/2020	12/31/9999
51703		INSERTION OF TEMPORARY INDWELLING BLADDE	$ 70.17	$ 116.81	3/1/2020	12/31/9999
51727	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 69.06	$ 69.06	3/1/2020	12/31/9999
51727	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 114.22	$ 114.22	3/1/2020	12/31/9999
51727		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 183.27	$ 183.27	3/1/2020	12/31/9999
51728	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 68.29	$ 68.29	3/1/2020	12/31/9999
51728	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 114.90	$ 114.90	3/1/2020	12/31/9999
51728		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 183.17	$ 183.17	3/1/2020	12/31/9999

51729	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 81.30	$ 81.30	3/1/2020	12/31/9999
51729	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 116.25	$ 116.25	3/1/2020	12/31/9999
51729		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	$ 197.54	$ 197.54	3/1/2020	12/31/9999
51784	26	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	$ 66.38	$ 66.38	3/1/2020	12/31/9999
51784	TC	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	$ 99.81	$ 99.81	3/1/2020	12/31/9999
51784		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	$ 166.20	$ 166.20	3/1/2020	12/31/9999
52001		CYSTOURETHROSCOPY WITH IRRIGATION AND EV	$ 261.11	$ 357.71	3/1/2020	12/31/9999
53431		URETHROPLASTY WITH TUBULARIZATION OF POS	$ 1,039.15	$ 1,039.15	3/1/2020	12/31/9999
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	$ 714.51	$ 714.51	3/1/2020	12/31/9999
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER N	$ 567.72	$ 567.72	3/1/2020	12/31/9999
53448		REMOVAL AND REPLACEMENT OF INFLATABLE UR	$ 1,115.63	$ 1,115.63	3/1/2020	12/31/9999
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, O	$ 670.13	$ 670.13	3/1/2020	12/31/9999
54150		CIRCUMCISION	$ 83.88	$ 140.88	3/1/2020	12/31/9999
54162		LYSIS OR EXCISION OF PENILE POST-CIRCUMC	$ 166.94	$ 226.83	3/1/2020	12/31/9999
54163		REPAIR INCOMPLETE CIRCUMCISION	$ 182.74	$ 182.74	3/1/2020	12/31/9999
54164		FRENULOTOMY OF PENIS	$ 157.97	$ 157.97	3/1/2020	12/31/9999
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COM	$ 655.68	$ 655.68	3/1/2020	12/31/9999
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) O	$ 455.62	$ 455.62	3/1/2020	12/31/9999
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RET	$ 1,567.56	$ 1,567.56	3/1/2020	12/31/9999
56405		I AND D OF ABSCESS, VULVA/PERINEAL	$ 82.18	$ 83.92	3/1/2020	12/31/9999
56420		DRAINAGE OF VULVA ABSCESS	$ 71.51	$ 96.25	3/1/2020	12/31/9999
56441		LYSIS OF LABIAL ADHESIONS	$ 110.21	$ 116.26	3/1/2020	12/31/9999
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE	$ 87.49	$ 100.15	3/1/2020	12/31/9999
56515		DESTROY VULVA LESION/S COMPL	$ 152.62	$ 171.62	3/1/2020	12/31/9999
56605		BIOPSY VULVA/PERINEUM; 1 LESION	$ 48.03	$ 64.72	3/1/2020	12/31/9999
56606		BIOPSY OF VULVA OR PERINEUM (SEPARATE PR	$ 23.68	$ 30.02	3/1/2020	12/31/9999
56810		PERINEOPLASTY, REPAIR OF PERINEUM, NON-O	$ 204.42	$ 204.42	3/1/2020	12/31/9999
56820		COLPOSCOPY OF THE VULVA;	$ 66.94	$ 85.94	3/1/2020	12/31/9999
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	$ 90.89	$ 115.08	3/1/2020	12/31/9999
57010		DRAINAGE OF PELVIC ABSCESS	$ 334.30	$ 334.30	3/1/2020	12/31/9999
57150		TREATMENT VAGINAL INFECTION	$ 23.68	$ 39.22	3/1/2020	12/31/9999
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGI	$ 330.34	$ 330.34	3/1/2020	12/31/9999
57160		FITTING AND INSERTION OF PESSARY OR OTHE	$ 38.02	$ 59.61	3/1/2020	12/31/9999
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	$ 38.55	$ 53.81	3/1/2020	12/31/9999
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	$ 563.86	$ 563.86	3/1/2020	12/31/9999
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	$ 71.12	$ 90.39	3/1/2020	12/31/9999
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	$ 97.11	$ 121.86	3/1/2020	12/31/9999
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	$ 779.45	$ 779.45	3/1/2020	12/31/9999
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPEN	$ 820.73	$ 820.73	3/1/2020	12/31/9999
57452		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	$ 72.12	$ 85.06	3/1/2020	12/31/9999
57454		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	$ 107.69	$ 120.65	3/1/2020	12/31/9999
57455		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	$ 95.93	$ 124.85	3/1/2020	12/31/9999
57456		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	$ 89.68	$ 117.92	3/1/2020	12/31/9999
57460		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	$ 129.33	$ 229.23	3/1/2020	12/31/9999
57461		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	$ 163.71	$ 302.48	3/1/2020	12/31/9999
57465		CAM CERVIX UTERI DRG COLP	$ 32.92	$ 43.31	1/1/2021	12/31/9999
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC L	$ 58.42	$ 101.33	3/1/2020	12/31/9999
57505		ENDOCERVICAL CURETTAGE	$ 69.96	$ 78.02	3/1/2020	12/31/9999
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	$ 91.02	$ 103.39	3/1/2020	12/31/9999
57511		CRYOCAUTERY INITIAL OR REPEAT CERVIX UTE	$ 102.01	$ 112.37	3/1/2020	12/31/9999
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WI	$ 69.30	$ 85.72	3/1/2020	12/31/9999
58110		ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED	$ 32.94	$ 38.40	3/1/2020	12/31/9999
58140		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	$ 777.55	$ 777.55	3/1/2020	12/31/9999
58145		REMOVAL OF UTERINE LESION	$ 461.97	$ 461.97	3/1/2020	12/31/9999
58146		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	$ 989.21	$ 989.21	3/1/2020	12/31/9999
58150		HYSTERECTOMY	$ 854.29	$ 854.29	3/1/2020	12/31/9999
58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND	$ 1,067.55	$ 1,067.55	3/1/2020	12/31/9999
58180		PARTIAL HYSTERECTOMY	$ 808.02	$ 808.02	3/1/2020	12/31/9999
58200		EXTENSIVE UTERINE SURGERY	$ 1,114.16	$ 1,114.16	3/1/2020	12/31/9999
58210		EXTENSIVE UTERINE SURGERY	$ 1,483.85	$ 1,483.85	3/1/2020	12/31/9999
58240		REMOVAL OF PELVIS CONTENTS	$ 2,100.21	$ 2,100.21	3/1/2020	12/31/9999
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRA	$ 703.94	$ 703.94	3/1/2020	12/31/9999
58262		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES	$ 786.53	$ 786.53	3/1/2020	12/31/9999
58263		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/	$ 847.35	$ 847.35	3/1/2020	12/31/9999
58267		HYSTERECTOMY & REPAIR VAGINA	$ 900.57	$ 900.57	3/1/2020	12/31/9999
58270		HYSTERECTOMY & REPAIR VAGINA	$ 755.07	$ 755.07	3/1/2020	12/31/9999
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PART	$ 837.64	$ 837.64	3/1/2020	12/31/9999
58280		HYSTERECTOMY, REVISE VAGINA	$ 897.47	$ 897.47	3/1/2020	12/31/9999
58285		HYSTERECTOMY	$ 1,123.41	$ 1,123.41	3/1/2020	12/31/9999
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	$ 988.34	$ 988.34	3/1/2020	12/31/9999
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	$ 1,072.67	$ 1,072.67	3/1/2020	12/31/9999

58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	$ 1,132.77	$ 1,132.77	3/1/2020	12/31/9999
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	$ 1,042.17	$ 1,042.17	3/1/2020	12/31/9999
58300		INSERT INTRAUTERINE DEVICE	$ 43.88	$ 60.86	3/1/2020	12/31/9999
58301		REMOVAL OF IUD	$ 54.00	$ 74.73	3/1/2020	12/31/9999
58346		INSERTION OF HEYMAN CAPSULES FOR CLINICA	$ 386.18	$ 386.18	3/1/2020	12/31/9999
58400		FIXATION OF UTERUS	$ 379.34	$ 379.34	3/1/2020	12/31/9999
58410		FIXATION OF UTERUS	$ 681.95	$ 681.95	3/1/2020	12/31/9999
58520		REPAIR OF RUPTURED UTERUS	$ 664.27	$ 664.27	3/1/2020	12/31/9999
58540		REVISION OF UTERUS	$ 771.19	$ 771.19	3/1/2020	12/31/9999
58542		LSH W/T/O UT 250 G OR LESS	$ 806.17	$ 806.17	3/1/2020	12/31/9999
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	$ 819.72	$ 819.72	3/1/2020	12/31/9999
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	$ 887.46	$ 887.46	3/1/2020	12/31/9999
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	$ 764.79	$ 764.79	3/1/2020	12/31/9999
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	$ 969.38	$ 969.38	3/1/2020	12/31/9999
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTE	$ 832.93	$ 832.93	3/1/2020	12/31/9999
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	$ 973.78	$ 973.78	3/1/2020	12/31/9999
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	$ 1,116.00	$ 1,116.00	3/1/2020	12/31/9999
58605		LIGATION OR TRANSECTION FALLOP TUBES ABD	$ 257.07	$ 257.07	3/1/2020	12/31/9999
58611		LIGATION OR TRANSECTION OF FALLOPIAN TUB	$ 61.93	$ 61.92	3/1/2020	12/31/9999
58700		SALPINGECTOMY COMPLETE OR PARTIAL UNILAT	$ 647.21	$ 647.21	3/1/2020	12/31/9999
58720		REMOVAL OF OVARY/TUBE(S)	$ 609.18	$ 609.18	3/1/2020	12/31/9999
58805		DRAINAGE OF OVARIAN CYST(S)	$ 340.76	$ 340.76	3/1/2020	12/31/9999
58822		DRAINAGE OF OVARIAN ABSCESS	$ 574.38	$ 574.38	3/1/2020	12/31/9999
58900		BIOPSY OF OVARY(S)	$ 348.33	$ 348.33	3/1/2020	12/31/9999
58920		PARTIAL REMOVAL OF OVARY(S)	$ 599.03	$ 599.03	3/1/2020	12/31/9999
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATER	$ 570.74	$ 570.74	3/1/2020	12/31/9999
58940		OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL	$ 426.91	$ 426.91	3/1/2020	12/31/9999
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATER	$ 951.15	$ 951.15	3/1/2020	12/31/9999
58950		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	$ 905.58	$ 905.58	3/1/2020	12/31/9999
58951		RESECT OVARIAN MALIGNANCY	$ 1,169.14	$ 1,169.14	3/1/2020	12/31/9999
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	$ 1,318.72	$ 1,318.72	3/1/2020	12/31/9999
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	$ 1,636.93	$ 1,636.93	3/1/2020	12/31/9999
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	$ 1,777.53	$ 1,777.53	3/1/2020	12/31/9999
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF	$ 782.15	$ 782.15	3/1/2020	12/31/9999
59000		AMNIOCENTESIS; DIAGNOSTIC	$ 63.57	$ 99.26	3/1/2020	12/31/9999
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUI	$ 145.38	$ 145.38	3/1/2020	12/31/9999
59020	26	FETAL OXYTOCIN STRESS TEST	$ 29.75	$ 29.75	3/1/2020	12/31/9999
59020		FETAL OXYTOCIN STRESS TEST	$ 54.16	$ 54.16	3/1/2020	12/31/9999
59025	26	FETAL NON-STRESS TEST	$ 23.95	$ 23.95	3/1/2020	12/31/9999
59025	TC	FETAL NON-STRESS TEST	$ 12.19	$ 12.19	3/1/2020	12/31/9999
59025		FETAL NON-STRESS TEST	$ 39.19	$ 39.19	3/1/2020	12/31/9999
59030		FETAL BLOOD SAMPLING SCALP	$ 89.34	$ 89.34	3/1/2020	12/31/9999
59100		REMOVAL OF UTERUS LESION	$ 703.23	$ 703.23	3/1/2020	12/31/9999
59120		TREATMENT ATYPICAL PREGNANCY	$ 669.13	$ 669.13	3/1/2020	12/31/9999
59121		SURG TREAT ECTOPIC PREGN TUBAL WO SALPIN	$ 673.79	$ 673.79	3/1/2020	12/31/9999
59130		TREATMENT ATYPICAL PREGNANCY	$ 760.96	$ 760.96	3/1/2020	12/31/9999
59135		TREATMENT ATYPICAL PREGNANCY	$ 767.54	$ 767.54	3/1/2020	12/31/9999
59136		TX ECTOPIC PREGNANCY W/ PARTIAL RESECTIO	$ 728.57	$ 728.57	3/1/2020	12/31/9999
59140		TREATMENT ATYPICAL PREGNANCY	$ 314.09	$ 314.09	3/1/2020	12/31/9999
59150		LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUB	$ 651.22	$ 651.22	3/1/2020	12/31/9999
59151		LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBE	$ 639.43	$ 639.43	3/1/2020	12/31/9999
59160		CURRETTAGE, POSTPARTUM	$ 139.62	$ 164.94	3/1/2020	12/31/9999
59200		INSERTION OF HYGROSCOPIC CERVICAL DILATO	$ 35.53	$ 57.12	3/1/2020	12/31/9999
59300		EPISIOTOMY OR VAGINAL REPAIR	$ 114.74	$ 148.43	3/1/2020	12/31/9999
59320		CERCLAGE OF CERVIX DURING PREGNANCY, VAG	$ 120.20	$ 120.20	3/1/2020	12/31/9999
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	$ 218.84	$ 218.84	3/1/2020	12/31/9999
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOC	$ 81.26	$ 81.26	3/1/2020	12/31/9999
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSID	$ 72.28	$ 72.28	3/1/2020	12/31/9999
59400*		OBSTETRICAL CARE	$1,594.70	$1,594.70	7/1/2021	12/31/9999
59409*		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	$707.83	$707.83	7/1/2021	12/31/9999
59410*		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	$820.81	$820.81	7/1/2021	12/31/9999
59425*		ANTEPARTUM CARE ONLY; 4-6 VISITS	$313.29	$396.28	7/1/2021	12/31/9999
59426*		ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	$554.39	$708.94	7/1/2021	12/31/9999
59430*		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	$115.41	$127.16	7/1/2021	12/31/9999
59510		CESAREAN DELIVERY	$ 1,546.85	$ 1,546.85	3/1/2020	12/31/9999
59514		CESAREAN DELIVERY ONLY;	$ 718.18	$ 718.18	3/1/2020	12/31/9999
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPA	$ 926.19	$ 926.19	3/1/2020	12/31/9999
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CES	$ 416.73	$ 416.73	3/1/2020	12/31/9999
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL	$ 454.50	$ 454.50	3/1/2020	12/31/9999
59871		REMOVAL OF CERCLAGE SUTURE UNDER ANESTHE	$ 104.95	$ 104.95	3/1/2020	12/31/9999
60650		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOM	$ 996.41	$ 996.41	3/1/2020	12/31/9999

61316		INCISION AND SUBCUTANEOUS PLACEMENT OF C	$ 72.16	$ 72.16	3/1/2020	12/31/9999
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	$ 1,781.81	$ 1,781.81	3/1/2020	12/31/9999
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	$ 1,863.59	$ 1,863.59	3/1/2020	12/31/9999
61517		IMPLANTATION OF BRAIN INTRACAVITARY CHEM	$ 72.84	$ 72.84	3/1/2020	12/31/9999
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	$ 1,573.61	$ 1,573.61	3/1/2020	12/31/9999
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	$ 1,780.18	$ 1,780.18	3/1/2020	12/31/9999
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	$ 1,795.83	$ 1,795.83	3/1/2020	12/31/9999
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	$ 2,024.00	$ 2,024.00	3/1/2020	12/31/9999
61623		ENDOVASCULAR TEMPORARY BALLOON ARTERIAL	$ 479.93	$ 479.93	3/1/2020	12/31/9999
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	$ 1,205.43	$ 1,205.43	3/1/2020	12/31/9999
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	$ 339.38	$ 339.38	3/1/2020	12/31/9999
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	$ 1,778.39	$ 1,778.39	3/1/2020	12/31/9999
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	$ 501.69	$ 501.69	3/1/2020	12/31/9999
62148		INCISION AND RETRIEVAL OF SUBCUTANEOUS C	$ 103.26	$ 103.26	3/1/2020	12/31/9999
62160		NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEM	$ 160.11	$ 160.11	3/1/2020	12/31/9999
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSE	$ 1,218.19	$ 1,218.19	3/1/2020	12/31/9999
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENER	$ 1,505.02	$ 1,505.02	3/1/2020	12/31/9999
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	$ 1,600.54	$ 1,600.54	3/1/2020	12/31/9999
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	$ 1,247.58	$ 1,247.58	3/1/2020	12/31/9999
62264		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS	$ 194.88	$ 376.86	3/1/2020	12/31/9999
62270		SPINAL FLUID TAP	$ 61.19	$ 117.03	3/1/2020	12/31/9999
62302		MYELOGRAPHY LUMBAR INJECTION	$ 107.87	$ 206.58	3/1/2020	12/31/9999
62303		MYELOGRAPHY LUMBAR INJECTION	$ 109.34	$ 214.53	3/1/2020	12/31/9999
62304		MYELOGRAPHY LUMBAR INJECTION	$ 106.02	$ 203.53	3/1/2020	12/31/9999
62305		MYELOGRAPHY LUMBAR INJECTION	$ 110.65	$ 222.02	3/1/2020	12/31/9999
62320		NJX INTERLAMINAR CRV/THRC	$ 89.48	$ 143.00	3/1/2020	12/31/9999
62321		NJX INTERLAMINAR CRV/THRC	$ 96.48	$ 211.50	3/1/2020	12/31/9999
62322		NJX INTERLAMINAR LMBR/SAC	$ 77.07	$ 133.25	3/1/2020	12/31/9999
62323		NJX INTERLAMINAR LMBR/SAC	$ 88.14	$ 207.59	3/1/2020	12/31/9999
62324		NJX INTERLAMINAR CRV/THRC	$ 81.87	$ 125.33	3/1/2020	12/31/9999
62326		NJX INTERLAMINAR LMBR/SAC	$ 80.34	$ 131.49	3/1/2020	12/31/9999
62327		NJX INTERLAMINAR LMBR/SAC	$ 85.50	$ 191.35	3/1/2020	12/31/9999
62328		DX LMBR SPI PNXR W/FLUOR/CT	$ 78.87	$ 221.73	3/1/2020	12/31/9999
62329		THER SPI PNXR CSF FLUOR/CT	$ 98.28	$ 274.41	3/1/2020	12/31/9999
63042		REVISION OF SPINAL COLUMN	$ 980.45	$ 980.45	3/1/2020	12/31/9999
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	$ 1,851.47	$ 1,851.47	3/1/2020	12/31/9999
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	$ 1,848.06	$ 1,848.06	3/1/2020	12/31/9999
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	$ 244.43	$ 244.43	3/1/2020	12/31/9999
64416		INJECTION, ANESTHETIC AGENT; BRACHIAL PL	$ 153.58	$ 153.58	3/1/2020	12/31/9999
64446		INJECTION, ANESTHETIC AGENT; SCIATIC NER	$ 147.02	$ 147.02	3/1/2020	12/31/9999
64447		INJECTION, ANESTHETIC AGENT; FEMORAL NER	$ 60.94	$ 60.94	3/1/2020	12/31/9999
64448		INJECTION, ANESTHETIC AGENT; FEMORAL NER	$ 133.68	$ 133.68	3/1/2020	12/31/9999
64449		INJECTION, ANESTHETIC AGENT; LUMBAR PLEX	$ 131.99	$ 131.99	3/1/2020	12/31/9999
64451		NJX AA&/STRD NRV NRVTG SI JT	$ 70.06	$ 179.95	3/1/2020	12/31/9999
64454		NJX AA&/STRD GNCLR NRV BRNCH	$ 72.14	$ 181.73	3/1/2020	12/31/9999
64486		TAP BLOCK UNIL BY INJECTION	$ 47.53	$ 91.37	10/1/2020	12/31/9999
64487		TAP BLOCK UNI BY INFUSION	$ 54.41	$ 148.04	10/1/2020	12/31/9999
64488		TAP BLOCK BI INJECTION	$ 58.81	$ 112.28	10/1/2020	12/31/9999
64489		TAP BLOCK BI BY INFUSION	$ 66.19	$ 228.56	10/1/2020	12/31/9999
64517		INJECTION, ANESTHETIC AGENT; SUPERIOR HY	$ 100.59	$ 149.56	3/1/2020	12/31/9999
64561		INSERTION OF SACRAL NERVE NEUROSTIMULATO	$ 352.70	$ 1,086.38	3/1/2020	12/31/9999
64581		INCISION FOR IMPLANTATION OF NEUROSTIMUL	$ 687.37	$ 687.37	3/1/2020	12/31/9999
64624		DSTRJ NULYT AGT GNCLR NRV	$ 129.02	$ 347.04	3/1/2020	12/31/9999
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR	$ 186.04	$ 369.38	3/1/2020	12/31/9999
64821		SYMPATHECTOMY; RADIAL ARTERY	$ 563.07	$ 563.07	3/1/2020	12/31/9999
64822		SYMPATHECTOMY; ULNAR ARTERY	$ 560.72	$ 560.72	3/1/2020	12/31/9999
64823		SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	$ 635.33	$ 635.33	3/1/2020	12/31/9999
66179		AQUEOUS SHUNT EYE W/O GRAFT	$ 926.37	$ 776.12	3/1/2020	12/31/9999
66990		USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARA	$ 71.40	$ 71.40	3/1/2020	12/31/9999
67221		DESTRUCTION OF LOCALIZED LESION OF CHORO	$ 170.77	$ 239.82	3/1/2020	12/31/9999
67225		DESTRUCTION OF LOCALIZED LESION OF CHORO	$ 22.04	$ 23.74	3/1/2020	12/31/9999
67912		CORRECTION OF LAGOPHTHALMOS, WITH IMPLAN	$ 383.67	$ 754.44	3/1/2020	12/31/9999
69210		REMOVE IMPACTED EAR WAX	$ 25.27	$ 36.71	3/1/2020	12/31/9999
69990		MICROSURGICAL TECHNIQUES, REQUIRING USE	$ 167.28	$ 167.28	3/1/2020	12/31/9999
70150	26	X-RAY EXAM FACIAL BONES MINIUM OF THREE	$ 10.88	$ 10.88	3/1/2020	12/31/9999
70150	TC	X-RAY EXAM FACIAL BONES MINIUM OF THREE	$ 22.86	$ 22.86	3/1/2020	12/31/9999
70557	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 132.57	$ 132.57	3/1/2020	12/31/9999
70557	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 397.72	$ 397.72	3/1/2020	12/31/9999
70557		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 530.28	$ 530.28	3/1/2020	12/31/9999
70558	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 146.06	$ 146.06	3/1/2020	12/31/9999
70558	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 438.17	$ 438.17	3/1/2020	12/31/9999

70558		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 584.21	$ 584.21	3/1/2020	12/31/9999
70559	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 147.19	$ 147.19	3/1/2020	12/31/9999
70559	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 441.57	$ 441.57	3/1/2020	12/31/9999
70559		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 588.77	$ 588.77	3/1/2020	12/31/9999
71045	26	X-ray exam chest 1 view	$ 7.88	$ 7.88	3/1/2020	12/31/9999
71045	TC	X-ray exam chest 1 view	$ 8.82	$ 8.82	3/1/2020	12/31/9999
71045		X-ray exam chest 1 view	$ 16.72	$ 16.72	3/1/2020	12/31/9999
71046	26	X-ray exam chest 2 views	$ 9.42	$ 9.42	3/1/2020	12/31/9999
71046	TC	X-ray exam chest 2 views	$ 16.23	$ 16.23	3/1/2020	12/31/9999
71046		X-ray exam chest 2 views	$ 25.66	$ 25.66	3/1/2020	12/31/9999
71047	26	X-ray exam chest 3 views	$ 12.17	$ 12.17	3/1/2020	12/31/9999
71047	TC	X-ray exam chest 3 views	$ 20.69	$ 20.69	3/1/2020	12/31/9999
71047		X-ray exam chest 3 views	$ 32.85	$ 32.85	3/1/2020	12/31/9999
71048	26	X-ray exam chest 4+ views	$ 14.01	$ 14.01	3/1/2020	12/31/9999
71048	TC	X-ray exam chest 4+ views	$ 21.28	$ 21.28	3/1/2020	12/31/9999
71048		X-ray exam chest 4+ views	$ 35.28	$ 35.28	3/1/2020	12/31/9999
71101	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	$ 11.19	$ 11.19	3/1/2020	12/31/9999
71101	TC	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	$ 20.08	$ 20.08	3/1/2020	12/31/9999
71271	26	CT THORAX LUNG CANCER SCR C-	$ 39.57	$ 39.57	1/1/2021	12/31/9999
71271		CT THORAX LUNG CANCER SCR C-	$ 112.29	$ 112.29	1/1/2021	12/31/9999
71271	TC	CT THORAX LUNG CANCER SCR C-	$ 72.72	$ 72.72	1/1/2021	12/31/9999
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 61.89	$ 61.89	3/1/2020	12/31/9999
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 488.74	$ 488.74	3/1/2020	12/31/9999
72040	26	X-RAY OF SPINE, 3 VIEWS OR LESS	$ 9.33	$ 9.33	3/1/2020	12/31/9999
72040	TC	X-RAY OF SPINE, 3 VIEWS OR LESS	$ 19.79	$ 19.79	3/1/2020	12/31/9999
72050	26	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	$ 13.02	$ 13.02	3/1/2020	12/31/9999
72050	TC	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	$ 28.25	$ 28.25	3/1/2020	12/31/9999
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	$ 9.33	$ 9.33	3/1/2020	12/31/9999
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	$ 21.15	$ 21.15	3/1/2020	12/31/9999
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	$ 11.68	$ 11.68	3/1/2020	12/31/9999
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	$ 20.88	$ 20.88	3/1/2020	12/31/9999
72081		X-RAY EXAM ENTIRE SPI 1 VW	$ 32.56	$ 32.56	3/1/2020	12/31/9999
72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	$ 14.15	$ 14.15	3/1/2020	12/31/9999
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	$ 37.99	$ 37.99	3/1/2020	12/31/9999
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	$ 52.13	$ 52.13	3/1/2020	12/31/9999
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	$ 15.41	$ 15.41	3/1/2020	12/31/9999
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	$ 41.23	$ 41.23	3/1/2020	12/31/9999
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	$ 56.65	$ 56.65	3/1/2020	12/31/9999
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	$ 17.91	$ 17.91	3/1/2020	12/31/9999
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	$ 49.49	$ 49.49	3/1/2020	12/31/9999
72084		X-RAY EXAM ENTIRE SPI 6/> VW	$ 67.40	$ 67.40	3/1/2020	12/31/9999
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	$ 9.33	$ 9.33	3/1/2020	12/31/9999
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	$ 21.22	$ 21.22	3/1/2020	12/31/9999
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 73.85	$ 73.85	3/1/2020	12/31/9999
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 496.62	$ 496.62	3/1/2020	12/31/9999
73030	26	X-RAY EXAM OF SHOULDER	$ 7.81	$ 7.81	3/1/2020	12/31/9999
73030	TC	X-RAY EXAM OF SHOULDER	$ 15.76	$ 15.76	3/1/2020	12/31/9999
73060	26	X-RAY EXAM OF HUMERUS	$ 7.22	$ 7.22	3/1/2020	12/31/9999
73060	TC	X-RAY EXAM OF HUMERUS	$ 15.76	$ 15.76	3/1/2020	12/31/9999
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	$ 6.30	$ 6.30	3/1/2020	12/31/9999
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	$ 14.77	$ 14.77	3/1/2020	12/31/9999
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	$ 6.62	$ 6.62	3/1/2020	12/31/9999
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	$ 14.77	$ 14.77	3/1/2020	12/31/9999
73100	TC	X-RAY EXAM OF WRIST	$ 15.37	$ 15.37	3/1/2020	12/31/9999
73110	26	X-RAY EXAM OF WRIST	$ 7.22	$ 7.22	3/1/2020	12/31/9999
73110	TC	X-RAY EXAM OF WRIST	$ 19.39	$ 19.39	3/1/2020	12/31/9999
73130	26	X-RAY EXAM OF HAND	$ 7.22	$ 7.22	3/1/2020	12/31/9999
73130	TC	X-RAY EXAM OF HAND	$ 17.10	$ 17.10	3/1/2020	12/31/9999
73140	26	X-RAY EXAM OF FINGER(S)	$ 5.69	$ 5.69	3/1/2020	12/31/9999
73140	TC	X-RAY EXAM OF FINGER(S)	$ 16.81	$ 16.81	3/1/2020	12/31/9999
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 57.30	$ 57.30	3/1/2020	12/31/9999
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 423.97	$ 423.97	3/1/2020	12/31/9999
73501	26	X-RAY EXAM HIP UNI 1 VIEW	$ 8.31	$ 8.31	3/1/2020	12/31/9999
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	$ 16.76	$ 16.76	3/1/2020	12/31/9999
73501		X-RAY EXAM HIP UNI 1 VIEW	$ 25.06	$ 25.06	3/1/2020	12/31/9999
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	$ 9.87	$ 9.87	3/1/2020	12/31/9999
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	$ 24.72	$ 24.72	3/1/2020	12/31/9999
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	$ 34.59	$ 34.59	3/1/2020	12/31/9999
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	$ 12.59	$ 12.59	3/1/2020	12/31/9999
73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	$ 30.62	$ 30.62	3/1/2020	12/31/9999
73503		X-RAY EXAM HIP UNI 4/> VIEWS	$ 43.20	$ 43.20	3/1/2020	12/31/9999

73521	26	X-RAY EXAM HIPS BI 2 VIEWS	$ 10.16	$ 10.16	3/1/2020	12/31/9999
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	$ 23.25	$ 23.25	3/1/2020	12/31/9999
73521		X-RAY EXAM HIPS BI 2 VIEWS	$ 33.41	$ 33.41	3/1/2020	12/31/9999
73551	26	X-RAY EXAM OF FEMUR 1	$ 7.38	$ 7.38	3/1/2020	12/31/9999
73551	TC	X-RAY EXAM OF FEMUR 1	$ 15.88	$ 15.88	3/1/2020	12/31/9999
73551		X-RAY EXAM OF FEMUR 1	$ 23.25	$ 23.25	3/1/2020	12/31/9999
73552	26	X-RAY EXAM OF FEMUR 2/>	$ 8.31	$ 8.31	3/1/2020	12/31/9999
73552	TC	X-RAY EXAM OF FEMUR 2/>	$ 18.82	$ 18.82	3/1/2020	12/31/9999
73552		X-RAY EXAM OF FEMUR 2/>	$ 27.13	$ 27.13	3/1/2020	12/31/9999
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	$ 7.22	$ 7.22	3/1/2020	12/31/9999
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	$ 15.09	$ 15.09	3/1/2020	12/31/9999
73560		RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	$ 22.28	$ 22.28	3/1/2020	12/31/9999
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	$ 7.81	$ 7.81	3/1/2020	12/31/9999
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	$ 18.92	$ 18.92	3/1/2020	12/31/9999
73562		RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	$ 26.73	$ 26.73	3/1/2020	12/31/9999
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	$ 7.22	$ 7.22	3/1/2020	12/31/9999
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	$ 14.22	$ 14.22	3/1/2020	12/31/9999
73610	26	X-RAY EXAM OF ANKLE	$ 7.22	$ 7.22	3/1/2020	12/31/9999
73610	TC	X-RAY EXAM OF ANKLE	$ 17.10	$ 17.10	3/1/2020	12/31/9999
73630	26	X-RAY EXAM OF FOOT	$ 7.22	$ 7.22	3/1/2020	12/31/9999
73630	TC	X-RAY EXAM OF FOOT	$ 16.81	$ 16.81	3/1/2020	12/31/9999
73660	26	X-RAY EXAM OF TOE(S)	$ 5.40	$ 5.40	3/1/2020	12/31/9999
73660	TC	X-RAY EXAM OF TOE(S)	$ 15.94	$ 15.94	3/1/2020	12/31/9999
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 57.30	$ 57.30	3/1/2020	12/31/9999
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 431.17	$ 431.17	3/1/2020	12/31/9999
74018	26	X-ray exam abdomen 1 view	$ 7.88	$ 7.88	3/1/2020	12/31/9999
74018	TC	X-ray exam abdomen 1 view	$ 15.05	$ 15.05	3/1/2020	12/31/9999
74018		X-ray exam abdomen 1 view	$ 22.94	$ 22.94	3/1/2020	12/31/9999
74019	26	X-ray exam abdomen 2 views	$ 10.04	$ 10.04	3/1/2020	12/31/9999
74019	TC	X-ray exam abdomen 2 views	$ 18.02	$ 18.02	3/1/2020	12/31/9999
74019		X-ray exam abdomen 2 views	$ 28.05	$ 28.05	3/1/2020	12/31/9999
74021	26	X-ray exam abdomen 3+ views	$ 11.80	$ 11.80	3/1/2020	12/31/9999
74021	TC	X-ray exam abdomen 3+ views	$ 20.98	$ 20.98	3/1/2020	12/31/9999
74021		X-ray exam abdomen 3+ views	$ 32.78	$ 32.78	3/1/2020	12/31/9999
74022	26	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	$ 13.61	$ 13.61	3/1/2020	12/31/9999
74022	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	$ 24.87	$ 24.87	3/1/2020	12/31/9999
74221	26	X-RAY XM ESOPHAGUS 2CNTRST	$ 30.56	$ 30.56	3/1/2020	12/31/9999
74221		X-RAY XM ESOPHAGUS 2CNTRST	$ 91.98	$ 91.98	3/1/2020	12/31/9999
74221	TC	X-RAY XM ESOPHAGUS 2CNTRST	$ 61.43	$ 61.43	3/1/2020	12/31/9999
74248	26	X-RAY SM INT F-THRU STD	$ 30.56	$ 30.56	3/1/2020	12/31/9999
74248		X-RAY SM INT F-THRU STD	$ 70.06	$ 70.06	3/1/2020	12/31/9999
74248	TC	X-RAY SM INT F-THRU STD	$ 39.50	$ 39.50	3/1/2020	12/31/9999
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	$ 15.66	$ 15.66	3/1/2020	12/31/9999
74300		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	$ 44.73	$ 44.73	3/1/2020	12/31/9999
75901	26	MECHANICAL REMOVAL OF PERICATHETER OBSTR	$ 22.09	$ 22.09	3/1/2020	12/31/9999
75901	TC	MECHANICAL REMOVAL OF PERICATHETER OBSTR	$ 63.66	$ 63.66	3/1/2020	12/31/9999
75901		MECHANICAL REMOVAL OF PERICATHETER OBSTR	$ 87.51	$ 87.51	3/1/2020	12/31/9999
75902	26	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	$ 17.42	$ 17.42	3/1/2020	12/31/9999
75902	TC	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	$ 63.66	$ 63.66	3/1/2020	12/31/9999
75902		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	$ 84.37	$ 84.37	3/1/2020	12/31/9999
76145		MED PHYSIC DOS EVAL RAD EXPS	$ 628.82	$ 628.82	1/1/2021	12/31/9999
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	$ 139.19	$ 139.19	3/1/2020	12/31/9999
76511	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	$ 53.68	$ 53.68	3/1/2020	12/31/9999
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	$ 78.15	$ 78.15	3/1/2020	12/31/9999
76512	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	$ 47.23	$ 47.23	3/1/2020	12/31/9999
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	$ 73.36	$ 73.36	3/1/2020	12/31/9999
76513	TC	ECHO EXAM OF EYE, WATER BATH	$ 50.30	$ 50.30	3/1/2020	12/31/9999
76513		ECHO EXAM OF EYE, WATER BATH	$ 80.98	$ 80.98	3/1/2020	12/31/9999
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	$ 8.14	$ 8.14	3/1/2020	12/31/9999
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	$ 1.92	$ 1.92	3/1/2020	12/31/9999
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	$ 11.09	$ 11.09	3/1/2020	12/31/9999
76516	TC	ECHO EXAM OF EYE	$ 39.05	$ 39.05	3/1/2020	12/31/9999
76516		ECHO EXAM OF EYE	$ 53.79	$ 53.79	3/1/2020	12/31/9999
76519	TC	OPTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	$ 42.45	$ 42.45	3/1/2020	12/31/9999
76519		OPTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	$ 67.85	$ 67.85	3/1/2020	12/31/9999
76529		ECHO EXAM OF EYE	$ 54.55	$ 54.55	3/1/2020	12/31/9999
76641	26	ULTRASOUND BREAST COMPLETE	$ 31.57	$ 31.57	3/1/2020	12/31/9999
76641	TC	ULTRASOUND BREAST COMPLETE	$ 58.88	$ 58.88	3/1/2020	12/31/9999
76641		ULTRASOUND BREAST COMPLETE	$ 90.45	$ 90.45	3/1/2020	12/31/9999
76642	26	ULTRASOUND BREAST LIMITED	$ 29.40	$ 29.40	3/1/2020	12/31/9999
76642	TC	ULTRASOUND BREAST LIMITED	$ 45.02	$ 45.02	3/1/2020	12/31/9999

76642		ULTRASOUND BREAST LIMITED	$ 74.42	$ 74.42	3/1/2020	12/31/9999
76706	26	US ABDL AORTA SCREEN AAA	$ 24.37	$ 24.37	3/1/2020	12/31/9999
76706	TC	US ABDL AORTA SCREEN AAA	$ 55.23	$ 55.23	3/1/2020	12/31/9999
76706		US ABDL AORTA SCREEN AAA	$ 79.60	$ 79.60	3/1/2020	12/31/9999
76770		US EXAM ABDO BACK WALL COMP	$ 104.38	$ 104.38	3/1/2020	12/31/9999
76801	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 41.67	$ 41.67	3/1/2020	12/31/9999
76801	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 63.40	$ 63.40	3/1/2020	12/31/9999
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 105.07	$ 105.07	3/1/2020	12/31/9999
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 34.68	$ 34.68	3/1/2020	12/31/9999
76802	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 32.73	$ 32.73	3/1/2020	12/31/9999
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 59.80	$ 59.80	3/1/2020	12/31/9999
76805	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 41.39	$ 41.39	3/1/2020	12/31/9999
76805	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 75.50	$ 75.50	3/1/2020	12/31/9999
76805		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 116.88	$ 116.88	3/1/2020	12/31/9999
76810	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 40.79	$ 40.79	3/1/2020	12/31/9999
76810		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 81.10	$ 81.10	3/1/2020	12/31/9999
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 78.47	$ 78.47	3/1/2020	12/31/9999
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 86.78	$ 86.78	3/1/2020	12/31/9999
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 165.26	$ 165.26	3/1/2020	12/31/9999
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 73.38	$ 73.38	3/1/2020	12/31/9999
76812	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 45.05	$ 45.05	3/1/2020	12/31/9999
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 161.78	$ 161.78	3/1/2020	12/31/9999
76813	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 51.18	$ 51.18	3/1/2020	12/31/9999
76813	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 61.72	$ 61.72	3/1/2020	12/31/9999
76813		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 112.90	$ 112.90	3/1/2020	12/31/9999
76814	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 42.92	$ 42.92	3/1/2020	12/31/9999
76814	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 31.64	$ 31.64	3/1/2020	12/31/9999
76814		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 74.55	$ 74.55	3/1/2020	12/31/9999
76815	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 28.84	$ 28.84	3/1/2020	12/31/9999
76815		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 72.78	$ 72.78	3/1/2020	12/31/9999
76816	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 35.30	$ 35.30	3/1/2020	12/31/9999
76816	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 54.15	$ 54.15	3/1/2020	12/31/9999
76816		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 89.46	$ 89.46	3/1/2020	12/31/9999
76817	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 33.18	$ 33.18	3/1/2020	12/31/9999
76817	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 52.69	$ 52.69	3/1/2020	12/31/9999
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	$ 81.26	$ 81.26	3/1/2020	12/31/9999
76818	26	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	$ 46.98	$ 46.98	3/1/2020	12/31/9999
76818	TC	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	$ 56.66	$ 56.66	3/1/2020	12/31/9999
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	$ 97.24	$ 97.24	3/1/2020	12/31/9999
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	$ 32.05	$ 32.05	3/1/2020	12/31/9999
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	$ 43.14	$ 43.14	3/1/2020	12/31/9999
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	$ 75.18	$ 75.18	3/1/2020	12/31/9999
76820	26	UMBILICAL ARTERY ECHO	$ 20.76	$ 20.76	3/1/2020	12/31/9999
76820	TC	DOPPLER VELOCIMETRY, FETAL; UMBILICAL AR	$ 22.81	$ 22.81	3/1/2020	12/31/9999
76825		ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	$ 167.51	$ 167.51	3/1/2020	12/31/9999
76830	26	ULTRASOUND, TRANSVAGINAL	$ 28.98	$ 28.98	3/1/2020	12/31/9999
76830	TC	ULTRASOUND, TRANSVAGINAL	$ 66.74	$ 66.74	3/1/2020	12/31/9999
76830		ULTRASOUND, TRANSVAGINAL	$ 95.72	$ 95.72	3/1/2020	12/31/9999
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	$ 29.26	$ 29.26	3/1/2020	12/31/9999
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	$ 67.04	$ 67.04	3/1/2020	12/31/9999
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	$ 96.30	$ 96.30	3/1/2020	12/31/9999
76937	26	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	$ 13.68	$ 13.68	3/1/2020	12/31/9999
76937	TC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	$ 15.16	$ 15.16	3/1/2020	12/31/9999
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	$ 31.32	$ 31.32	3/1/2020	12/31/9999
76940	26	ULTRASOUND GUIDANCE FOR, AND MONITORING	$ 94.20	$ 94.20	3/1/2020	12/31/9999
76940	TC	ULTRASOUND GUIDANCE FOR, AND MONITORING	$ 59.05	$ 59.05	3/1/2020	12/31/9999
76940		ULTRASOUND GUIDANCE FOR, AND MONITORING	$ 153.98	$ 153.98	3/1/2020	12/31/9999
77012	26	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	$ 50.69	$ 50.69	3/1/2020	12/31/9999
77012	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	$ 234.53	$ 234.53	3/1/2020	12/31/9999
77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	$ 286.34	$ 286.34	3/1/2020	12/31/9999
77048	26	MRI BREAST C-+ W/CAD UNI	$ 92.20	$ 92.20	3/1/2020	12/31/9999
77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	$ 16.25	$ 16.25	3/1/2020	12/31/9999
77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	$ 73.89	$ 73.89	3/1/2020	12/31/9999
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	$ 90.14	$ 90.14	3/1/2020	12/31/9999
77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	$ 20.20	$ 20.20	3/1/2020	12/31/9999
77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	$ 109.19	$ 109.19	3/1/2020	12/31/9999
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	$ 129.40	$ 129.40	3/1/2020	12/31/9999
77080	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	$ 8.43	$ 8.43	3/1/2020	12/31/9999
77080	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	$ 47.69	$ 47.69	3/1/2020	12/31/9999
77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	$ 56.13	$ 56.13	3/1/2020	12/31/9999
77084	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 71.66	$ 71.66	3/1/2020	12/31/9999

77084	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 410.20	$ 410.20	3/1/2020	12/31/9999
77084		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	$ 481.87	$ 481.87	3/1/2020	12/31/9999
77301	26	INTENSITY MODULATED RADIOTHERAPY PLAN, I	$ 356.85	$ 356.85	3/1/2020	12/31/9999
77301	TC	INTENSITY MODULATED RADIOTHERAPY PLAN, I	$ 979.65	$ 979.65	3/1/2020	12/31/9999
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, I	$ 1,368.72	$ 1,368.72	3/1/2020	12/31/9999
77306	26	TELETHX ISODOSE PLAN SIMPLE	$ 61.35	$ 61.35	3/1/2020	12/31/9999
77306	TC	TELETHX ISODOSE PLAN SIMPLE	$ 60.35	$ 60.35	3/1/2020	12/31/9999
77306		TELETHX ISODOSE PLAN SIMPLE	$ 121.68	$ 121.68	3/1/2020	12/31/9999
77307	26	TELETHX ISODOSE PLAN CPLX	$ 127.28	$ 127.28	3/1/2020	12/31/9999
77307	TC	TELETHX ISODOSE PLAN CPLX	$ 110.44	$ 110.44	3/1/2020	12/31/9999
77307		TELETHX ISODOSE PLAN CPLX	$ 237.71	$ 237.71	3/1/2020	12/31/9999
77316	26	BRACHYTX ISODOSE PLAN SIMPLE	$ 61.58	$ 61.58	3/1/2020	12/31/9999
77316	TC	BRACHYTX ISODOSE PLAN SIMPLE	$ 93.65	$ 93.65	3/1/2020	12/31/9999
77316		BRACHYTX ISODOSE PLAN SIMPLE	$ 155.22	$ 155.22	3/1/2020	12/31/9999
77317	26	BRACHYTX ISODOSE INTERMED	$ 81.01	$ 81.01	3/1/2020	12/31/9999
77317	TC	BRACHYTX ISODOSE INTERMED	$ 122.22	$ 122.22	3/1/2020	12/31/9999
77317		BRACHYTX ISODOSE INTERMED	$ 203.23	$ 203.23	3/1/2020	12/31/9999
77318	26	BRACHYTX ISODOSE COMPLEX	$ 127.76	$ 127.76	3/1/2020	12/31/9999
77318	TC	BRACHYTX ISODOSE COMPLEX	$ 165.84	$ 165.84	3/1/2020	12/31/9999
77318		BRACHYTX ISODOSE COMPLEX	$ 293.58	$ 293.58	3/1/2020	12/31/9999
77385		NTSTY MODUL RAD TX DLVR SMPL	$ 424.06	$ 424.06	3/1/2020	12/31/9999
77386		NTSTY MODUL RAD TX DLVR CPLX	$ 424.06	$ 424.06	3/1/2020	12/31/9999
77768	26	HDR RDNCL SKN SURF BRACHYTX	$ 62.95	$ 62.95	3/1/2020	12/31/9999
77768	TC	HDR RDNCL SKN SURF BRACHYTX	$ 232.39	$ 232.39	3/1/2020	12/31/9999
77768		HDR RDNCL SKN SURF BRACHYTX	$ 295.34	$ 295.34	3/1/2020	12/31/9999
77770	26	HDR RDNCL NTRSTL/ICAV BRCHTX	$ 87.65	$ 87.65	3/1/2020	12/31/9999
77770	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	$ 182.90	$ 182.90	3/1/2020	12/31/9999
77770		HDR RDNCL NTRSTL/ICAV BRCHTX	$ 270.56	$ 270.56	3/1/2020	12/31/9999
77771	26	HDR RDNCL NTRSTL/ICAV BRCHTX	$ 171.26	$ 171.26	3/1/2020	12/31/9999
77771	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	$ 333.13	$ 333.13	3/1/2020	12/31/9999
77771		HDR RDNCL NTRSTL/ICAV BRCHTX	$ 504.39	$ 504.39	3/1/2020	12/31/9999
77772	26	HDR RDNCL NTRSTL/ICAV BRCHTX	$ 242.85	$ 242.85	3/1/2020	12/31/9999
77772	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	$ 525.71	$ 525.71	3/1/2020	12/31/9999
77772		HDR RDNCL NTRSTL/ICAV BRCHTX	$ 768.57	$ 768.57	3/1/2020	12/31/9999
78265	26	GASTRIC EMPTYING IMAG STUDY	$ 42.32	$ 42.32	3/1/2020	12/31/9999
78265	TC	GASTRIC EMPTYING IMAG STUDY	$ 301.38	$ 301.38	3/1/2020	12/31/9999
78265		GASTRIC EMPTYING IMAG STUDY	$ 343.70	$ 343.70	3/1/2020	12/31/9999
78266	26	GASTRIC EMPTYING IMAG STUDY	$ 46.90	$ 46.90	3/1/2020	12/31/9999
78266	TC	GASTRIC EMPTYING IMAG STUDY	$ 360.65	$ 360.65	3/1/2020	12/31/9999
78266		GASTRIC EMPTYING IMAG STUDY	$ 407.56	$ 407.56	3/1/2020	12/31/9999
78804	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	$ 48.15	$ 48.15	3/1/2020	12/31/9999
78804	TC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	$ 381.16	$ 381.16	3/1/2020	12/31/9999
78804		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	$ 433.82	$ 433.82	3/1/2020	12/31/9999
78811		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	$ 991.15	$ 991.15	3/1/2020	12/31/9999
78812		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	$ 1,008.11	$ 1,008.11	3/1/2020	12/31/9999
78813		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	$ 1,011.33	$ 1,011.33	3/1/2020	12/31/9999
78814		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	$ 1,020.00	$ 1,020.00	3/1/2020	12/31/9999
78815		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	$ 1,030.80	$ 1,030.80	3/1/2020	12/31/9999
78816		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	$ 1,033.32	$ 1,033.32	3/1/2020	12/31/9999
79005		RADIOPHARMACEUTICAL THERAPY, BY ORAL ADM	$ 150.12	$ 150.12	3/1/2020	12/31/9999
79101		RADIOPHARMACEUTICAL THERAPY, BY INTRAVEN	$ 161.74	$ 161.74	3/1/2020	12/31/9999
79403	26	RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	$ 103.18	$ 103.18	3/1/2020	12/31/9999
79403	TC	RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	$ 112.79	$ 112.79	3/1/2020	12/31/9999
79403		RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	$ 215.97	$ 215.97	3/1/2020	12/31/9999
79445		RADIOPHARMACEUTICAL THERAPY, BY INTRA-AR	$ 193.97	$ 193.97	3/1/2020	12/31/9999
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	$ 27.51	$ 27.51	3/1/2020	12/31/9999
80048		BASIC METABOLIC PANEL	$ 10.16	$ 10.16	3/1/2020	12/31/9999
80050		GENERAL HEALTH SCREEN PANEL	$ 11.48	$ 11.72	3/1/2020	12/31/9999
80051		ELECTROLYTE PANEL	$ 8.76	$ 8.76	3/1/2020	12/31/9999
80053		COMPREHENSIVE METABOLIC PANEL	$ 10.72	$ 10.72	3/1/2020	12/31/9999
80055		OBSTETRIC PANEL	$ 30.78	$ 30.78	3/1/2020	12/31/9999
80061		LIPID PROFILE	$ 16.89	$ 16.89	3/1/2020	12/31/9999
80074		ACUTE HEPATITIS PANEL	$ 59.15	$ 59.15	3/1/2020	12/31/9999
80076		HEPATIC FUNCTION PANEL	$ 10.17	$ 10.17	3/1/2020	12/31/9999
80155		DRUG ASSAY CAFFEINE	$ 17.52	$ 17.52	3/1/2020	12/31/9999
80159		DRUG ASSAY CLOZAPINE	$ 22.92	$ 22.92	3/1/2020	12/31/9999
80163		ASSAY OF DIGOXIN FREE	$ 17.37	$ 17.37	3/1/2020	12/31/9999
80165		DIPROPYLACETIC ACID FREE	$ 17.54	$ 17.54	3/1/2020	12/31/9999
80169		DRUG ASSAY EVEROLIMUS	$ 17.01	$ 17.01	3/1/2020	12/31/9999
80171		DRUG SCREEN QUANT GABAPENTIN	$ 16.43	$ 16.43	3/1/2020	12/31/9999
80175		DRUG SCREEN QUAN LAMOTRIGINE	$ 16.43	$ 16.43	3/1/2020	12/31/9999

80177		DRUG SCRN QUAN LEVETIRACETAM	$ 16.43	$ 16.43	3/1/2020	12/31/9999
80180		DRUG SCRN QUAN MYCOPHENOLATE	$ 22.38	$ 22.38	3/1/2020	12/31/9999
80183		DRUG SCRN QUANT OXCARBAZEPIN	$ 16.43	$ 16.43	3/1/2020	12/31/9999
80195		SIROLIMUS	$ 19.52	$ 19.52	3/1/2020	12/31/9999
80199		DRUG SCREEN QUANT TIAGABINE	$ 22.38	$ 22.38	3/1/2020	12/31/9999
80203		DRUG SCREEN QUANT ZONISAMIDE	$ 16.43	$ 16.43	3/1/2020	12/31/9999
80305		DRUG TEST PRSMV DIR OPT OBS	$ 14.29	$ 14.29	3/1/2020	12/31/9999
80306		DRUG TEST PRSMV INSTRMNT	$ 19.44	$ 19.44	3/1/2020	12/31/9999
80307		DRUG TEST PRSMV CHEM ANLYZR	$ 76.26	$ 76.26	3/1/2020	12/31/9999
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	$ 4.52	$ 4.52	3/1/2020	12/31/9999
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	$ 4.02	$ 4.02	3/1/2020	12/31/9999
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	$ 3.24	$ 3.24	3/1/2020	12/31/9999
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	$ 2.86	$ 2.86	3/1/2020	12/31/9999
81005		URINE TESTS	$ 2.75	$ 2.75	3/1/2020	12/31/9999
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	$ 3.26	$ 3.26	3/1/2020	12/31/9999
81015		MICROSCOPIC URINE EXAM	$ 3.85	$ 3.85	3/1/2020	12/31/9999
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	$ 4.68	$ 4.68	3/1/2020	12/31/9999
81025		UA PREG. TEST - COLOR COMPARISON METHOD	$ 8.02	$ 8.02	3/1/2020	12/31/9999
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION,	$ 3.80	$ 3.80	3/1/2020	12/31/9999
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	$ 3.63	$ 3.63	3/1/2020	12/31/9999
82105		ALPHA-FETOPROTEIN SERUM	$ 21.29	$ 21.29	3/1/2020	12/31/9999
82120		AMINES, VAGINAL FLUID, QUALITATIVE	$ 4.78	$ 4.78	3/1/2020	12/31/9999
82150		AMYLASE	$ 8.22	$ 8.22	3/1/2020	12/31/9999
82239		BILE ACIDS; TOTAL	$ 20.67	$ 20.67	3/1/2020	12/31/9999
82247		BILIRUBIN; TOTAL	$ 6.33	$ 6.33	3/1/2020	12/31/9999
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	$ 4.13	$ 4.13	3/1/2020	12/31/9999
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	$ 4.62	$ 4.62	3/1/2020	12/31/9999
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	$ 4.62	$ 4.62	3/1/2020	12/31/9999
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	$ 20.04	$ 20.04	3/1/2020	12/31/9999
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	$ 37.57	$ 37.57	3/1/2020	12/31/9999
82310		CALCIUM; TOTAL	$ 6.53	$ 6.53	3/1/2020	12/31/9999
82533		TOTAL CORTISOL	$ 20.70	$ 20.70	3/1/2020	12/31/9999
82565		CREATININE; BLOOD	$ 6.50	$ 6.50	3/1/2020	12/31/9999
82570		CREATININE; OTHER SOURCE	$ 6.56	$ 6.56	3/1/2020	12/31/9999
82575		CREATININE CLEARANCE	$ 11.99	$ 11.99	3/1/2020	12/31/9999
82607		CYANOCOBALAMIN (VITAMIN B-12)	$ 19.13	$ 19.13	3/1/2020	12/31/9999
82670		ESTRADIOL	$ 30.22	$ 30.22	3/1/2020	12/31/9999
82677		ESTRIOL	$ 30.69	$ 30.69	3/1/2020	12/31/9999
82728		FERRITIN SPECIFY METHOD	$ 17.28	$ 17.28	3/1/2020	12/31/9999
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	$ 4.95	$ 4.95	3/1/2020	12/31/9999
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	$ 5.59	$ 5.59	3/1/2020	12/31/9999
82948		GLUCOSE BLOOD STICK TEST	$ 4.52	$ 4.52	3/1/2020	12/31/9999
82950		GLUCOSE POST GLUCOSE DOSE	$ 6.76	$ 6.76	3/1/2020	12/31/9999
82951		GLUCOSE TOLERANCE	$ 18.32	$ 18.32	3/1/2020	12/31/9999
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	$ 5.59	$ 5.59	3/1/2020	12/31/9999
82962		BLOOD GLUCOSE BY MONITORING DEVICE	$ 2.97	$ 2.97	3/1/2020	12/31/9999
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMO	$ 23.58	$ 23.58	3/1/2020	12/31/9999
83002		LUTEINIZING HORMONE (LH)	$ 23.50	$ 23.50	3/1/2020	12/31/9999
83020		HEMOGLOBIN FRACTIONATION AND QUANTITATIO	$ 17.88	$ 17.88	3/1/2020	12/31/9999
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	$ 2.99	$ 2.99	3/1/2020	12/31/9999
83030		HEMOGLOBIN F(FETAL) CHEMICAL	$ 11.77	$ 11.77	3/1/2020	12/31/9999
83033		HEMOGLOBIN; F (FETAL), QUALITATIVE	$ 8.48	$ 8.48	3/1/2020	12/31/9999
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	$ 12.32	$ 12.32	3/1/2020	12/31/9999
83045		METHEMOGLOBIN	$ 7.06	$ 7.06	3/1/2020	12/31/9999
83050		METHEMOGLOBIN QUANTITATIVE	$ 10.42	$ 10.42	3/1/2020	12/31/9999
83051		METHEMOGLOBIN PLASMA	$ 10.40	$ 10.40	3/1/2020	12/31/9999
83060		SULFHEMOGLOBIN QUANTITATIVE	$ 11.77	$ 11.77	3/1/2020	12/31/9999
83065		HEMOGLOBIN THERMOLABILE	$ 9.80	$ 9.80	3/1/2020	12/31/9999
83068		HEMOGLOBIN UNSTABLESCREEN	$ 4.10	$ 4.10	3/1/2020	12/31/9999
83069		HEMOGLOBIN URINE	$ 5.61	$ 5.61	3/1/2020	12/31/9999
83540		IRON	$ 8.22	$ 8.22	3/1/2020	12/31/9999
83615		LACTATE DEHYDROGENASE (LD), (LDH)	$ 7.67	$ 7.67	3/1/2020	12/31/9999
83630		LACTOFERRIN, FECAL; QUALITATIVE	$ 27.93	$ 27.93	3/1/2020	12/31/9999
83655		LEAD	$ 15.36	$ 15.36	3/1/2020	12/31/9999
83655	EP	ASSAY OF LEAD	$ 15.76	$ 15.76	3/1/2020	12/31/9999
83690		LIPASE	$ 8.74	$ 8.74	3/1/2020	12/31/9999
83695		LIPOPROTEIN (A)	$ 18.43	$ 18.43	3/1/2020	12/31/9999
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	$ 16.02	$ 16.02	3/1/2020	12/31/9999
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	$ 35.32	$ 35.32	3/1/2020	12/31/9999
83704		LIPOPROTEIN BLD QUAN PART	$ 35.32	$ 35.32	3/1/2020	12/31/9999
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	$ 12.11	$ 12.11	3/1/2020	12/31/9999

83876		MYELOPEROXIDASE (MPO)	$ 19.26	$ 19.26	3/1/2020	12/31/9999
83880		NATRIURETIC PEPTIDE	$ 48.31	$ 48.31	3/1/2020	12/31/9999
83950		ONCOPROTEIN, HER-2/NEU	$ 91.65	$ 91.65	3/1/2020	12/31/9999
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	$ 95.78	$ 95.78	3/1/2020	12/31/9999
83986		PH BODY FLUID EXCEPT BLOOD	$ 4.54	$ 4.54	3/1/2020	12/31/9999
83993		CALPROTECTIN, FECAL	$ 24.91	$ 24.91	3/1/2020	12/31/9999
84030		ASSAY OF BLOOD PKU	$ 6.98	$ 6.98	3/1/2020	12/31/9999
84112		EVAL AMNIOTIC FLUID PROTEIN	$ 82.33	$ 82.33	3/1/2020	12/31/9999
84144		PROGESTERONE	$ 26.48	$ 26.48	3/1/2020	12/31/9999
84145		PROCALCITONIN (PCT)	$ 25.21	$ 25.21	3/1/2020	12/31/9999
84146		PROLACTIN	$ 24.59	$ 24.59	3/1/2020	12/31/9999
84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	$ 4.65	$ 4.65	3/1/2020	12/31/9999
84302		SODIUM; OTHER SOURCE	$ 6.92	$ 6.92	3/1/2020	12/31/9999
84402		TESTOSTERONE; FREE	$ 32.97	$ 32.97	3/1/2020	12/31/9999
84410		TESTOSTERONE BIOAVAILABLE	$ 32.77	$ 32.77	3/1/2020	12/31/9999
84431		THROMBOXANE METABOLITE(S), INCLUDING THR	$ 16.83	$ 16.83	3/1/2020	12/31/9999
84436		ASSAY OF TOTAL THYROXINE	$ 7.32	$ 7.32	3/1/2020	12/31/9999
84439		THYROXINE; FREE	$ 11.45	$ 11.45	3/1/2020	12/31/9999
84443		TSH	$ 20.69	$ 20.69	3/1/2020	12/31/9999
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT	$ 6.56	$ 6.56	3/1/2020	12/31/9999
84460		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	$ 6.72	$ 6.72	3/1/2020	12/31/9999
84466		ASSAY OF TRANSFERRIN	$ 16.20	$ 16.20	3/1/2020	12/31/9999
84479		ASSAY OF THYROID (T3 OR T4)	$ 7.57	$ 7.57	3/1/2020	12/31/9999
84481		TRIDOTHYRONINE (T-3); FREE	$ 21.50	$ 21.50	3/1/2020	12/31/9999
84550		ASSAY OF BLOOD/URIC ACID	$ 5.73	$ 5.73	3/1/2020	12/31/9999
84702		GONADOTROPIN CHORIONIC QUANTITATIVE	$ 11.10	$ 11.10	3/1/2020	12/31/9999
84702		CHORIONIC GONADOTROPIN TEST	$ 11.10	$ 11.10	3/1/2020	12/31/9999
84703		GONADOTROPIN CHORIONIC QUALITATIVE	$ 9.72	$ 9.72	3/1/2020	12/31/9999
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA	$ 11.10	$ 11.10	3/1/2020	12/31/9999
85002		BLEEDING TIME	$ 6.41	$ 6.41	3/1/2020	12/31/9999
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	$ 9.21	$ 9.21	3/1/2020	12/31/9999
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	$ 4.90	$ 4.90	3/1/2020	12/31/9999
85008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	$ 4.90	$ 4.90	3/1/2020	12/31/9999
85009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COU	$ 5.28	$ 5.28	3/1/2020	12/31/9999
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	$ 3.37	$ 3.37	3/1/2020	12/31/9999
85014		BLOOD COUNT; HEMATOCRIT (HCT)	$ 3.37	$ 3.37	3/1/2020	12/31/9999
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	$ 3.00	$ 3.00	3/1/2020	12/31/9999
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	$ 11.06	$ 11.06	3/1/2020	12/31/9999
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	$ 9.21	$ 9.21	3/1/2020	12/31/9999
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	$ 6.12	$ 6.12	3/1/2020	12/31/9999
85041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM	$ 4.27	$ 4.27	3/1/2020	12/31/9999
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	$ 6.12	$ 6.12	3/1/2020	12/31/9999
85045		BLOOD COUNT; RETICULOCYTE, AUTOMATED	$ 5.69	$ 5.69	3/1/2020	12/31/9999
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	$ 3.61	$ 3.61	3/1/2020	12/31/9999
85049		BLOOD COUNT; PLATELET, AUTOMATED	$ 6.36	$ 6.36	3/1/2020	12/31/9999
85210		CLOTTING FACTOR II PROTHROMBIN SPECIFIC	$ 18.48	$ 18.48	3/1/2020	12/31/9999
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	$ 13.10	$ 13.10	3/1/2020	12/31/9999
85390	26	FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	$ 15.46	$ 15.46	3/1/2020	12/31/9999
85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	$ 34.13	$ 34.13	3/1/2020	12/31/9999
85610		PROTHROMBIN TIME	$ 4.99	$ 4.99	3/1/2020	12/31/9999
86038		ANTINUCLEAR ANTIBODIES (ANA);	$ 15.34	$ 15.34	3/1/2020	12/31/9999
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS	$ 18.43	$ 18.43	3/1/2020	12/31/9999
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	$ 18.43	$ 18.43	3/1/2020	12/31/9999
86308		HETEROPHILE ANTIBODIES; SCREENING	$ 6.57	$ 6.57	3/1/2020	12/31/9999
86309		HETEROPHILE ANTIBODIES; TITER	$ 8.22	$ 8.22	3/1/2020	12/31/9999
86310		HETEROPHILE ABSORPTION	$ 9.35	$ 9.35	3/1/2020	12/31/9999
86328		IA NFCT AB SARSCOV2 COVID19	$ 45.23	$ 45.23	4/10/2020	12/31/9999
86355		B CELLS, TOTAL COUNT	$ 53.68	$ 53.68	3/1/2020	12/31/9999
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (	$ 33.98	$ 33.98	3/1/2020	12/31/9999
86357		NATURAL KILLER (NK) CELLS, TOTAL COUNT	$ 53.68	$ 53.68	3/1/2020	12/31/9999
86367		STEM CELLS (IE, CD34), TOTAL COUNT	$ 53.68	$ 53.68	3/1/2020	12/31/9999
86376		MICROSOMAL ANTIBODIES (EG, THRYOID OR LI	$ 17.59	$ 17.59	3/1/2020	12/31/9999
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANT	$ 14.50	$ 14.50	3/1/2020	12/31/9999
86408		NEUTRLZG ANTB SARSCOV2 SCR	$ 42.13	$ 42.13	8/10/2020	12/31/9999
86409		TITER	$ 79.61	$ 79.61	8/10/2020	12/31/9999
86480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	$ 88.19	$ 88.19	3/1/2020	12/31/9999
86580		SENSITIVITY TEST TUBERCULOSIS	$ 5.59	$ 5.59	3/1/2020	12/31/9999
86592		SYPHILIS, PRECIPITATION OR FLOCCULATION	$ 5.41	$ 5.41	3/1/2020	12/31/9999
86644		ANTIBODY; CMV	$ 18.24	$ 18.24	3/1/2020	12/31/9999
86645		ANTIBODY; CMV, IGM	$ 18.42	$ 18.42	3/1/2020	12/31/9999
86695		ANTIBODY; HERPES SIMPLEX. TYPE I	$ 16.74	$ 16.74	3/1/2020	12/31/9999

86696		ANTIBODY; HERPES SIMPLEX, TYPE 2	$ 24.57	$ 24.57	3/1/2020	12/31/9999
86701		HIV-1ANTIBODY	$ 11.27	$ 11.27	3/1/2020	12/31/9999
86702		HIV-2 ANTIBODY	$ 14.92	$ 14.92	3/1/2020	12/31/9999
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	$ 14.92	$ 14.92	3/1/2020	12/31/9999
86711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	$ 17.93	$ 17.93	3/1/2020	12/31/9999
86747		ANTIBODY; PARVOVIRUS	$ 18.42	$ 18.42	3/1/2020	12/31/9999
86762		ANTIBODY; RUBELLA	$ 18.24	$ 18.24	3/1/2020	12/31/9999
86769		SARS-COV-2 COVID-19 ANTIBODY	$ 42.13	$ 42.13	4/10/2020	12/31/9999
86777		ANTIBODY; TOXOPLASMA	$ 18.24	$ 18.24	3/1/2020	12/31/9999
86778		ANTIBODY; TOXOPLASMA, IGM	$ 18.27	$ 18.27	3/1/2020	12/31/9999
86780		TREPONEMA PALLIDUM	$ 17.22	$ 17.22	3/1/2020	12/31/9999
86787		ANTIBODY; VARICELLA-ZOSTER	$ 16.35	$ 16.35	3/1/2020	12/31/9999
86788		ANTIBODY; WEST NILE VIRUS, IGM	$ 20.65	$ 20.65	3/1/2020	12/31/9999
86789		ANTIBODY; WEST NILE VIRUS	$ 20.45	$ 20.45	3/1/2020	12/31/9999
86794		Zika virus igm antibody	$ 20.65	$ 20.65	3/1/2020	12/31/9999
86803		HEPATITIS C ANTIBODY;	$ 18.12	$ 18.12	3/1/2020	12/31/9999
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	$ 104.50	$ 104.50	3/1/2020	12/31/9999
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	$ 34.83	$ 34.83	3/1/2020	12/31/9999
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	$ 49.40	$ 49.40	3/1/2020	12/31/9999
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	$ 37.07	$ 37.07	3/1/2020	12/31/9999
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	$ 100.07	$ 100.07	3/1/2020	12/31/9999
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	$ 85.77	$ 85.77	3/1/2020	12/31/9999
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	$ 157.27	$ 157.27	3/1/2020	12/31/9999
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	$ 142.97	$ 142.97	3/1/2020	12/31/9999
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	$ 443.21	$ 443.21	3/1/2020	12/31/9999
86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	$ 400.31	$ 400.31	3/1/2020	12/31/9999
86850		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQ	$ 14.78	$ 14.78	3/1/2020	12/31/9999
86870		ANTIBODY ID, EACH PANEL FOR EACH SERUM T	$ 26.10	$ 26.10	3/1/2020	12/31/9999
86900		BLOOD TYPING SEROLOGIC ABO	$ 3.78	$ 3.78	3/1/2020	12/31/9999
86901		BLOOD TYPING SEROLOGIC RH(D)	$ 3.78	$ 3.78	3/1/2020	12/31/9999
87045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	$ 13.42	$ 13.42	3/1/2020	12/31/9999
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	$ 12.25	$ 12.25	3/1/2020	12/31/9999
87076		CULTURE, BACTERIAL; ANAEROBIC ISOLATE, A	$ 10.25	$ 10.25	3/1/2020	12/31/9999
87077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADD	$ 10.25	$ 10.25	3/1/2020	12/31/9999
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	$ 7.31	$ 7.31	3/1/2020	12/31/9999
87084		CULTURE W COLONY ESTIMATION FROM DENSITY	$ 10.93	$ 10.93	3/1/2020	12/31/9999
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY	$ 11.49	$ 11.49	3/1/2020	12/31/9999
87088		CULTURE, BACTERIAL; WITH ISOLATION AND P	$ 11.52	$ 11.52	3/1/2020	12/31/9999
87109		CULTURE MYCOPLASM ANY SOURCE	$ 19.40	$ 19.40	3/1/2020	12/31/9999
87110		CULTURE, CHLAMYDIA, ANY SOURCE	$ 27.88	$ 27.88	3/1/2020	12/31/9999
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLE	$ 31.90	$ 31.90	3/1/2020	12/31/9999
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLE	$ 76.98	$ 76.98	3/1/2020	12/31/9999
87177		OVA AND PARASITES	$ 12.66	$ 12.66	3/1/2020	12/31/9999
87184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	$ 8.75	$ 8.75	3/1/2020	12/31/9999
87186		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	$ 10.97	$ 10.97	3/1/2020	12/31/9999
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	$ 25.58	$ 25.58	3/1/2020	12/31/9999
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	$ 4.84	$ 4.84	3/1/2020	12/31/9999
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	$ 5.41	$ 5.41	3/1/2020	12/31/9999
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATIO	$ 34.78	$ 34.78	3/1/2020	12/31/9999
87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 16.31	$ 16.31	3/1/2020	12/31/9999
87271		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 16.31	$ 16.31	3/1/2020	12/31/9999
87340		HEPATITIS B SURFACE AG IA	$ 12.05	$ 12.05	3/1/2020	12/31/9999
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY EN	$ 30.47	$ 30.47	3/1/2020	12/31/9999
87420		RESP SYNCYTIAL AG IA	$ 14.44	$ 14.44	3/1/2020	12/31/9999
87426		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 38.13	$ 38.13	9/1/2020	12/31/9999
87428		SARSCOV & INF VIR A&B AG IA	$ 63.59	$ 63.59	10/6/2020	12/31/9999
87430		STREP A AG IA	$ 14.54	$ 14.54	3/1/2020	12/31/9999
87480		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 25.46	$ 25.46	3/1/2020	12/31/9999
87483		CNS DNA AMP PROBE TYPE 12-25	$ 250.51	$ 250.51	3/1/2020	12/31/9999
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 31.12	$ 31.12	3/1/2020	12/31/9999
87492		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 41.34	$ 41.34	3/1/2020	12/31/9999
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AM	$ 31.90	$ 31.90	3/1/2020	12/31/9999
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 31.12	$ 31.12	3/1/2020	12/31/9999
87505		NFCT AGENT DETECTION GI	$ 92.16	$ 92.16	3/1/2020	12/31/9999
87506		IADNA-DNA/RNA PROBE TQ 6-11	$ 139.62	$ 139.62	3/1/2020	12/31/9999
87507		IADNA-DNA/RNA PROBE TQ 12-25	$ 258.26	$ 258.26	3/1/2020	12/31/9999
87510		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 25.46	$ 25.46	3/1/2020	12/31/9999
87563		M. GENITALIUM AMP PROBE	$ 25.46	$ 25.46	3/1/2020	12/31/9999
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 31.12	$ 31.12	3/1/2020	12/31/9999
87623		HPV LOW-RISK TYPES	$ 32.09	$ 32.09	3/1/2020	12/31/9999
87624		HPV HIGH-RISK TYPES	$ 32.09	$ 32.09	3/1/2020	12/31/9999

87625		HPV TYPES 16 & 18 ONLY	$ 32.09	$ 32.09	3/1/2020	12/31/9999
87631		RESP VIRUS 3-5 TARGETS	$ 89.40	$ 89.40	3/1/2020	12/31/9999
87632		RESP VIRUS 6-11 TARGETS	$ 135.43	$ 135.43	3/1/2020	12/31/9999
87633		RESP VIRUS 12-25 TARGETS	$ 250.51	$ 250.51	3/1/2020	12/31/9999
87634		Rsv dna/rna amp probe	$ 18.42	$ 18.42	3/1/2020	12/31/9999
87635		SARS-COV-2 COVID-19 AMP PRB	$ 51.31	$ 51.31	3/18/2020	12/31/9999
87636		SARSCOV2 & INF A&B AMP PRB	$ 142.63	$ 142.63	10/6/2020	12/31/9999
87637		SARSCOV2&INF A&B&RSV AMP PRB	$ 142.63	$ 142.63	10/6/2020	12/31/9999
87653		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 31.12	$ 31.12	3/1/2020	12/31/9999
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 25.46	$ 25.46	3/1/2020	12/31/9999
87661		TRICHOMONAS VAGINALIS AMPLIF	$ 30.39	$ 30.39	3/1/2020	12/31/9999
87662		Zika virus dna/rna amp probe	$ 31.12	$ 31.12	3/1/2020	12/31/9999
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 50.89	$ 50.89	3/1/2020	12/31/9999
87801		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	$ 62.23	$ 62.23	3/1/2020	12/31/9999
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 16.31	$ 16.31	3/1/2020	12/31/9999
87803		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 16.31	$ 16.31	3/1/2020	12/31/9999
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 16.31	$ 16.31	3/1/2020	12/31/9999
87806		HIV ANTIGEN W/HIV ANTIBODIES	$ 31.42	$ 31.42	3/1/2020	12/31/9999
87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 16.31	$ 16.31	3/1/2020	12/31/9999
87808		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 14.54	$ 14.54	3/1/2020	12/31/9999
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	$ 14.54	$ 14.54	3/1/2020	12/31/9999
87811		SARS-COV-2 COVID19 W/OPTIC	$ 41.38	$ 41.38	10/6/2020	12/31/9999
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	$ 14.54	$ 14.54	3/1/2020	12/31/9999
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	$ 115.91	$ 115.91	3/1/2020	12/31/9999
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHE	$ 18.17	$ 18.17	3/1/2020	12/31/9999
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	$ 97.44	$ 97.44	3/1/2020	12/31/9999
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	$ 97.44	$ 97.44	3/1/2020	12/31/9999
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	$ 28.83	$ 28.83	3/1/2020	12/31/9999
88143		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	$ 28.83	$ 28.83	3/1/2020	12/31/9999
88147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	$ 15.04	$ 15.04	3/1/2020	12/31/9999
88148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	$ 15.04	$ 15.04	3/1/2020	12/31/9999
88153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	$ 15.04	$ 15.04	3/1/2020	12/31/9999
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	$ 15.04	$ 15.04	3/1/2020	12/31/9999
88165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	$ 15.04	$ 15.04	3/1/2020	12/31/9999
88166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	$ 15.04	$ 15.04	3/1/2020	12/31/9999
88167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	$ 15.04	$ 15.04	3/1/2020	12/31/9999
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	$ 30.40	$ 30.40	3/1/2020	12/31/9999
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	$ 36.98	$ 36.98	3/1/2020	12/31/9999
88333	26	PATHOLOGY CONSULTATION DURING SURGERY; C	$ 55.30	$ 55.30	3/1/2020	12/31/9999
88333	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	$ 19.50	$ 19.50	3/1/2020	12/31/9999
88333		PATHOLOGY CONSULTATION DURING SURGERY; C	$ 81.74	$ 81.74	3/1/2020	12/31/9999
88334	26	PATHOLOGY CONSULTATION DURING SURGERY; C	$ 30.87	$ 30.87	3/1/2020	12/31/9999
88334	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	$ 11.94	$ 11.94	3/1/2020	12/31/9999
88334		PATHOLOGY CONSULTATION DURING SURGERY; C	$ 42.82	$ 42.82	3/1/2020	12/31/9999
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	$ 18.85	$ 18.85	3/1/2020	12/31/9999
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	$ 37.37	$ 37.37	3/1/2020	12/31/9999
88341		IMMUNOHISTO ANTB ADDL SLIDE	$ 56.23	$ 56.23	3/1/2020	12/31/9999
88344	26	IMMUNOHISTO ANTIBODY SLIDE	$ 34.66	$ 34.66	3/1/2020	12/31/9999
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	$ 63.30	$ 63.30	3/1/2020	12/31/9999
88344		IMMUNOHISTO ANTIBODY SLIDE	$ 97.95	$ 97.95	3/1/2020	12/31/9999
88350	26	IMMUNOFLUOR ANTB ADDL STAIN	$ 24.78	$ 24.78	3/1/2020	12/31/9999
88350	TC	IMMUNOFLUOR ANTB ADDL STAIN	$ 35.97	$ 35.97	3/1/2020	12/31/9999
88350		IMMUNOFLUOR ANTB ADDL STAIN	$ 60.75	$ 60.75	3/1/2020	12/31/9999
88364	26	INSITU HYBRIDIZATION (FISH)	$ 23.51	$ 23.51	3/1/2020	12/31/9999
88364	TC	INSITU HYBRIDIZATION (FISH)	$ 57.70	$ 57.70	3/1/2020	12/31/9999
88364		INSITU HYBRIDIZATION (FISH)	$ 81.22	$ 81.22	3/1/2020	12/31/9999
88366	26	INSITU HYBRIDIZATION (FISH)	$ 54.56	$ 54.56	3/1/2020	12/31/9999
88366	TC	INSITU HYBRIDIZATION (FISH)	$ 70.95	$ 70.95	3/1/2020	12/31/9999
88366		INSITU HYBRIDIZATION (FISH)	$ 125.51	$ 125.51	3/1/2020	12/31/9999
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	$ 61.77	$ 61.77	3/1/2020	12/31/9999
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 50.35	$ 50.35	3/1/2020	12/31/9999
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 39.13	$ 39.13	3/1/2020	12/31/9999
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 131.65	$ 131.65	3/1/2020	12/31/9999
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 170.79	$ 170.79	3/1/2020	12/31/9999
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 56.97	$ 56.97	3/1/2020	12/31/9999
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 122.52	$ 122.52	3/1/2020	12/31/9999
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	$ 179.49	$ 179.49	3/1/2020	12/31/9999
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND	$ 25.15	$ 25.15	3/1/2020	12/31/9999
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND	$ 15.03	$ 15.03	3/1/2020	12/31/9999
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	$ 7.47	$ 7.47	3/1/2020	12/31/9999
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUT	$ 6.53	$ 6.53	3/1/2020	12/31/9999

88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	$ 7.47	$ 7.47	3/1/2020	12/31/9999
88741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	$ 7.47	$ 7.47	3/1/2020	12/31/9999
89049		CAFFEINE HALOTHANE CONTRACTURE TEST (CHC	$ 54.55	$ 167.82	3/1/2020	12/31/9999
89055		LEUKOCYTE ASSESSMENT FECAL	$ 6.07	$ 6.07	3/1/2020	12/31/9999
90460	EP	IM ADMIN 1ST/ONLY COMPONENT	$ 21.47	$ 21.47	3/1/2020	12/31/9999
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PE	$ 21.47	$ 21.47	3/1/2020	12/31/9999
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PE	$ 13.97	$ 13.97	3/1/2020	12/31/9999
90472	EP	IMMUNIZATION ADMINISTRATION, EACH ADDITI	$ 21.47	$ 21.47	3/1/2020	12/31/9999
90472		IMMUNIZATION ADMINISTRATION, EACH ADDITI	$ 13.97	$ 13.97	3/1/2020	12/31/9999
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	$ 21.47	$ 21.47	3/1/2020	12/31/9999
90473		IMMUNIZATION ADMINISTRATION BY INTRANASA	$ 13.97	$ 13.97	3/1/2020	12/31/9999
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	$ 21.47	$ 21.47	3/1/2020	12/31/9999
90474		IMMUNIZATION ADMINISTRATION BY INTRANASA	$ 13.97	$ 13.97	3/1/2020	12/31/9999
90785		INTERACTIVE COMPLEXITY	$ 3.95	$ 3.95	3/1/2020	12/31/9999
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	$ 98.35	$ 125.15	3/1/2020	12/31/9999
90792		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH M	$ 101.68	$ 104.39	3/1/2020	12/31/9999
90839		PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUT	$ 117.20	$ 125.04	3/1/2020	12/31/9999
90840		PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONA	$ 97.67	$ 105.27	3/1/2020	12/31/9999
91110	26	ADMINISTRATION OF ORAL CAPSULE FOR EVALU	$ 170.39	$ 170.39	3/1/2020	12/31/9999
91110	TC	ADMINISTRATION OF ORAL CAPSULE FOR EVALU	$ 680.21	$ 680.21	3/1/2020	12/31/9999
91110		ADMINISTRATION OF ORAL CAPSULE FOR EVALU	$ 850.62	$ 850.62	3/1/2020	12/31/9999
91122	26	ANORECTAL MANOMETRY	$ 75.51	$ 75.51	3/1/2020	12/31/9999
91122	TC	ANORECTAL MANOMETRY	$ 107.80	$ 107.80	3/1/2020	12/31/9999
91122		ANORECTAL MANOMETRY	$ 183.31	$ 183.31	3/1/2020	12/31/9999
91200	26	LIVER ELASTOGRAPHY	$ 12.94	$ 12.94	3/1/2020	12/31/9999
91200		LIVER ELASTOGRAPHY	$ 30.57	$ 30.57	3/1/2020	12/31/9999
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	$ 25.40	$ 25.40	3/1/2020	12/31/9999
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	$ 46.53	$ 46.53	3/1/2020	12/31/9999
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	$ 71.94	$ 71.94	3/1/2020	12/31/9999
92537	26	CALORIC VSTBLR TEST W/REC	$ 27.76	$ 27.76	3/1/2020	12/31/9999
92537	TC	CALORIC VSTBLR TEST W/REC	$ 7.02	$ 7.02	3/1/2020	12/31/9999
92537		CALORIC VSTBLR TEST W/REC	$ 34.80	$ 34.80	3/1/2020	12/31/9999
92538	26	CALORIC VSTBLR TEST W/REC	$ 13.88	$ 13.88	3/1/2020	12/31/9999
92538	TC	CALORIC VSTBLR TEST W/REC	$ 3.78	$ 3.78	3/1/2020	12/31/9999
92538		CALORIC VSTBLR TEST W/REC	$ 17.66	$ 17.66	3/1/2020	12/31/9999
92551		HEARING TEST	$ 8.25	$ 8.25	3/1/2020	12/31/9999
92552		HEARING TEST	$ 16.62	$ 16.62	3/1/2020	12/31/9999
92560		HEARING TEST, SCREENING	$ 18.86	$ 18.86	3/1/2020	12/31/9999
92567		TYMPANOMETRY	$ 12.59	$ 14.04	3/1/2020	12/31/9999
92601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	$ 120.05	$ 120.05	3/1/2020	12/31/9999
92602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	$ 82.28	$ 82.28	3/1/2020	12/31/9999
92603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	$ 74.18	$ 74.18	3/1/2020	12/31/9999
92604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	$ 47.19	$ 47.19	3/1/2020	12/31/9999
92608		EVALUATION FOR PRESCRIPTION FOR SPEECH-G	$ 19.73	$ 19.73	3/1/2020	12/31/9999
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEE	$ 54.58	$ 54.58	3/1/2020	12/31/9999
92610		EVALUATION OF ORAL AND PHARYNGEAL SWALLO	$ 89.28	$ 89.28	3/1/2020	12/31/9999
92611		MOTION FLUOROSCOPIC EVALUATION OF SWALLO	$ 93.37	$ 93.37	3/1/2020	12/31/9999
92612		ENDOSCOPY SWALLOW (FEES) VID	$ 60.57	$ 139.48	3/1/2020	12/31/9999
92614		LARYNGOSCOPIC SENSORY VID	$ 60.57	$ 125.87	3/1/2020	12/31/9999
92616		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATIO	$ 89.79	$ 174.14	3/1/2020	12/31/9999
92651		AEP HEARING STATUS DETER I&R	$ 68.11	$ 68.11	1/1/2021	12/31/9999
92652		AEP THRSHLD EST MLT FREQ I&R	$ 90.20	$ 90.20	1/1/2021	12/31/9999
92653		AEP NEURODIAGNOSTIC I&R	$ 66.34	$ 66.34	1/1/2021	12/31/9999
92950		HEART-LUNG RESUSCITATION	$ 147.65	$ 221.92	3/1/2020	12/31/9999
92973		REMOVAL OF BLOOD CLOT IN HEART ARTERY	$ 163.56	$ 163.56	3/1/2020	12/31/9999
92974		TRANSCATHETER PLACEMENT OF RADIATION DEL	$ 149.80	$ 149.80	3/1/2020	12/31/9999
93000		ELECTROCARDIOGRAM, COMPLETE	$ 16.81	$ 16.81	3/1/2020	12/31/9999
93010		ELECTROCARDIOGRAM REPORT	$ 7.51	$ 7.51	3/1/2020	12/31/9999
93025		MICROVOLT T-WAVE ALTERNANS FOR ASSESSMEN	$ 223.85	$ 223.85	3/1/2020	12/31/9999
93242		EXT ECG>48HR<7D RECORDING	$ 11.38	$ 11.38	1/1/2021	12/31/9999
93244		EXT ECG>48HR<7D REV&INTERPJ	$ 18.86	$ 18.86	1/1/2021	12/31/9999
93246		EXT ECG>7D<15D RECORDING	$ 11.38	$ 11.38	1/1/2021	12/31/9999
93248		EXT ECG>7D<15D REV&INTERPJ	$ 20.70	$ 20.70	1/1/2021	12/31/9999
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	$ 38.85	$ 38.85	3/1/2020	12/31/9999
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	$ 17.34	$ 17.34	3/1/2020	12/31/9999
93260		PRGRMG DEV EVAL IMPLTBL SYS	$ 56.19	$ 56.19	3/1/2020	12/31/9999
93261	26	INTERROGATE SUBQ DEFIB	$ 33.90	$ 33.90	3/1/2020	12/31/9999
93261	TC	INTERROGATE SUBQ DEFIB	$ 17.34	$ 17.34	3/1/2020	12/31/9999
93261		INTERROGATE SUBQ DEFIB	$ 51.23	$ 51.23	3/1/2020	12/31/9999
93303	26	ECHO TRANSTHORACIC	$ 57.67	$ 57.67	3/1/2020	12/31/9999
93303	TC	ECHO TRANSTHORACIC	$ 117.10	$ 117.10	3/1/2020	12/31/9999

93303		ECHO TRANSTHORACIC	$ 174.74	$ 174.74	3/1/2020	12/31/9999
93306	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	$ 61.18	$ 61.18	3/1/2020	12/31/9999
93306	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	$ 153.33	$ 153.33	3/1/2020	12/31/9999
93306		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	$ 213.30	$ 213.30	3/1/2020	12/31/9999
93320	26	DOPPLER ECHO EXAM HEART	$ 17.20	$ 17.20	3/1/2020	12/31/9999
93320	TC	DOPPLER ECHO EXAM HEART	$ 44.97	$ 44.97	3/1/2020	12/31/9999
93320		DOPPLER ECHO EXAM HEART	$ 62.18	$ 62.18	3/1/2020	12/31/9999
93325	26	DOPPLER COLOR FLOW ADD-ON	$ 3.24	$ 3.24	3/1/2020	12/31/9999
93325	TC	DOPPLER COLOR FLOW ADD-ON	$ 38.10	$ 38.10	3/1/2020	12/31/9999
93325		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELO	$ 41.36	$ 41.36	3/1/2020	12/31/9999
93355		ECHO TRANSESOPHAGEAL (TEE)	$ 197.98	$ 197.98	3/1/2020	12/31/9999
93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CO	$ 897.83	$ 897.83	3/1/2020	12/31/9999
93581		PERCUTANEOUS TRANSCATHETER CLOSURE OF A	$ 1,188.11	$ 1,188.11	3/1/2020	12/31/9999
93613	26	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENS	$ 211.26	$ 211.26	3/1/2020	12/31/9999
93644	26	ELECTROPHYSIOLOGY EVALUATION	$ 172.38	$ 172.38	3/1/2020	12/31/9999
93644	TC	ELECTROPHYSIOLOGY EVALUATION	$ 86.76	$ 86.76	3/1/2020	12/31/9999
93644		ELECTROPHYSIOLOGY EVALUATION	$ 259.14	$ 259.14	3/1/2020	12/31/9999
93701	26	BIOIMPEDANCE, THORACIC, ELECTRICAL	$ 8.14	$ 8.14	3/1/2020	12/31/9999
93701	TC	BIOIMPEDANCE, THORACIC, ELECTRICAL	$ 26.42	$ 26.42	3/1/2020	12/31/9999
93701		BIOIMPEDANCE, THORACIC, ELECTRICAL	$ 34.57	$ 34.57	3/1/2020	12/31/9999
93985	26	DUP-SCAN HEMO COMPL BI STD	$ 33.68	$ 33.68	3/1/2020	12/31/9999
93985		DUP-SCAN HEMO COMPL BI STD	$ 224.50	$ 224.50	3/1/2020	12/31/9999
93986	26	DUP-SCAN HEMO COMPL UNI STD	$ 21.59	$ 21.59	3/1/2020	12/31/9999
93986		DUP-SCAN HEMO COMPL UNI STD	$ 130.19	$ 130.19	3/1/2020	12/31/9999
94150		VITAL CAPACITY TEST.	$ 17.83	$ 17.83	3/1/2020	12/31/9999
94375		RESPIRATORY FLOW VOLUME LOOP	$ 29.81	$ 29.81	3/1/2020	12/31/9999
94640		PRESSURIZED OR NONPRESSURIZED INHALATION	$ 10.69	$ 10.69	3/1/2020	12/31/9999
94644		CONTINUOUS INHALATION TREATMENT WITH AER	$ 31.56	$ 31.56	3/1/2020	12/31/9999
94645		CONTINUOUS INHALATION TREATMENT WITH AER	$ 11.96	$ 11.96	3/1/2020	12/31/9999
94664		DEMONSTRATION AND/OR EVALUATION OF PATIE	$ 11.43	$ 11.45	3/1/2020	12/31/9999
94761		NONINVASIVE EAR OR PULSE OXIMETRY MULTIP	$ 4.03	$ 4.03	3/1/2020	12/31/9999
95004		INJECTION OF ALLERGENIC EXTRACTS INTO SK	$ 4.55	$ 4.55	3/1/2020	12/31/9999
95165		PROFESSIONAL SERVICES FOR THE SUPERVISIO	$ 2.65	$ 9.26	3/1/2020	12/31/9999
95249		CONT GLUC MNTR PT PROV EQP	$ 46.10	$ 46.10	3/1/2020	12/31/9999
95250		CONT GLUC MNTR PHYS/QHP EQP	$ 126.18	$ 126.18	3/1/2020	12/31/9999
95251		CONT GLUC MNTR ANALYSIS I&R	$ 31.23	$ 31.23	3/1/2020	12/31/9999
95717		EEG PHYS/QHP 2-12 HR W/O VID	$ 89.24	$ 90.43	3/1/2020	12/31/9999
95718		EEG PHYS/QHP 2-12 HR W/VEEG	$ 116.88	$ 118.66	3/1/2020	12/31/9999
95719		EEG PHYS/QHP EA INCR W/O VID	$ 138.15	$ 139.64	3/1/2020	12/31/9999
95720		EEG PHY/QHP EA INCR W/VEEG	$ 180.97	$ 183.63	3/1/2020	12/31/9999
95721		EEG PHY/QHP>36<60 HR W/O VID	$ 181.56	$ 185.13	3/1/2020	12/31/9999
95722		EEG PHY/QHP>36<60 HR W/VEEG	$ 220.77	$ 224.64	3/1/2020	12/31/9999
95723		EEG PHY/QHP>60<84 HR W/O VID	$ 224.62	$ 229.37	3/1/2020	12/31/9999
95724		EEG PHY/QHP>60<84 HR W/VEEG	$ 281.54	$ 286.88	3/1/2020	12/31/9999
95725		EEG PHY/QHP>84 HR W/O VID	$ 255.57	$ 261.81	3/1/2020	12/31/9999
95726		EEG PHY/QHP>84 HR W/VEEG	$ 355.73	$ 362.55	3/1/2020	12/31/9999
95851	26	RANGE OF MOTION EVALUATION	$ 4.97	$ 10.67	3/1/2020	12/31/9999
95851		RANGE OF MOTION EVALUATION	$ 6.62	$ 13.23	3/1/2020	12/31/9999
95990		REFILLING AND MAINTENANCE OF IMPLANTABLE	$ 52.02	$ 52.02	3/1/2020	12/31/9999
95991		REFILLING AND MAINTENANCE BY PHYSICIAN O	$ 32.24	$ 79.18	3/1/2020	12/31/9999
96110	EP	DEVELOPMENTAL SCREEN W/SCORE	$ 8.67	$ 8.67	3/1/2020	12/31/9999
96110		DEVELOPMENTAL SCREEN W/SCORE	$ 8.67	$ 8.67	3/1/2020	12/31/9999
96112		DEVEL TST PHYS/QHP 1ST HR	$ 111.77	$ 118.30	3/1/2020	12/31/9999
96113		DEVEL TST PHYS/QHP EA ADDL	$ 51.02	$ 52.79	3/1/2020	12/31/9999
96127	EP	BRIEF EMOTIONAL/BEHAV ASSMT	$ 4.38	$ 4.38	3/1/2020	12/31/9999
96127		BRIEF EMOTIONAL/BEHAV ASSMT	$ 4.38	$ 4.38	3/1/2020	12/31/9999
96138		PSYCL/NRPSYC TECH 1ST	$ 31.99	$ 31.99	3/1/2020	12/31/9999
96139		PSYCL/NRPSYC TST TECH EA	$ 31.99	$ 31.99	3/1/2020	12/31/9999
96146		PSYCL/NRPSYC TST AUTO RESULT	$ 1.70	$ 1.70	3/1/2020	12/31/9999
96156		HLTH BHV ASSMT/REASSESSMENT	$ 78.02	$ 85.73	3/1/2020	12/31/9999
96158	EP	HLTH BHV IVNTJ INDIV 1ST 30	$ 49.53	$ 54.51	4/1/2020	12/31/9999
96158		HLTH BHV IVNTJ INDIV 1ST 30	$ 53.24	$ 58.59	4/1/2020	12/31/9999
96159		HLTH BHV IVNTJ INDIV EA ADDL	$ 18.35	$ 20.43	3/1/2020	12/31/9999
96160		PT-FOCUSED HLTH RISK ASSMT	$ 3.84	$ 3.84	3/1/2020	12/31/9999
96161	EP	CAREGIVER HEALTH RISK ASSMT	$ 3.84	$ 3.84	3/1/2020	12/31/9999
96161		CAREGIVER HEALTH RISK ASSMT	$ 3.84	$ 3.84	3/1/2020	12/31/9999
96360		INTRAVENOUS INFUSION, HYDRATION; INITIAL	$ 50.42	$ 50.42	3/1/2020	12/31/9999
96361		INTRAVENOUS INFUSION, HYDRATION; EACH AD	$ 14.68	$ 14.68	3/1/2020	12/31/9999
96365		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	$ 61.50	$ 61.50	3/1/2020	12/31/9999
96366		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	$ 19.76	$ 19.76	3/1/2020	12/31/9999
96367		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	$ 31.08	$ 31.08	3/1/2020	12/31/9999
96368		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	$ 18.44	$ 18.44	3/1/2020	12/31/9999
96369		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	$ 133.91	$ 133.91	3/1/2020	12/31/9999
96370		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	$ 14.27	$ 14.27	3/1/2020	12/31/9999
96371		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	$ 64.77	$ 64.77	3/1/2020	12/31/9999
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	$ 17.01	$ 17.01	3/1/2020	12/31/9999
96373		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	$ 16.38	$ 16.38	3/1/2020	12/31/9999

96374		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	$ 48.80	$ 48.80	3/1/2020	12/31/9999
96375		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	$ 21.17	$ 21.17	3/1/2020	12/31/9999
96920		LASER TREATMENT FOR INFLAMMATORY SKIN DI	$ 56.73	$ 141.77	3/1/2020	12/31/9999
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DI	$ 57.03	$ 139.68	3/1/2020	12/31/9999
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DI	$ 97.34	$ 207.21	3/1/2020	12/31/9999
97032		APPLICATION OF A MODALITY TO ONE OR MORE	$ 13.44	$ 13.44	3/1/2020	12/31/9999
97129		THER IVNTJ 1ST 15 MIN	$ 20.73	$ 21.03	3/1/2020	12/31/9999
97130		THER IVNTJ EA ADDL 15 MIN	$ 20.10	$ 20.10	3/1/2020	12/31/9999
97161		PT EVAL LOW COMPLEX 20 MIN	$ 69.42	$ 69.42	3/1/2020	12/31/9999
97162		PT EVAL MOD COMPLEX 30 MIN	$ 69.42	$ 69.42	3/1/2020	12/31/9999
97163		PT EVAL HIGH COMPLEX 45 MIN	$ 69.42	$ 69.42	3/1/2020	12/31/9999
97164		PT RE-EVAL EST PLAN CARE	$ 47.03	$ 47.03	3/1/2020	12/31/9999
97165		OT EVAL LOW COMPLEX 30 MIN	$ 67.35	$ 67.35	3/1/2020	12/31/9999
97166		OT EVAL MOD COMPLEX 45 MIN	$ 67.35	$ 67.35	3/1/2020	12/31/9999
97167		OT EVAL HIGH COMPLEX 60 MIN	$ 67.35	$ 67.35	3/1/2020	12/31/9999
97168		OT RE-EVAL EST PLAN CARE	$ 44.44	$ 44.44	3/1/2020	12/31/9999
97607		NEG PRESS WND TX <=50 SQ CM	$ 17.04	$ 261.39	5/1/2021	12/31/9999
97608		NEG PRESS WOUND TX >50 CM	$ 18.85	$ 255.09	5/1/2021	12/31/9999
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT	$ 23.90	$ 23.90	3/1/2020	12/31/9999
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES	$ 27.25	$ 27.25	3/1/2020	12/31/9999
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING	$ 27.25	$ 27.25	3/1/2020	12/31/9999
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND	$ 27.25	$ 27.25	3/1/2020	12/31/9999
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	$ 18.17	$ 18.17	3/1/2020	12/31/9999
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	$ 9.73	$ 9.73	3/1/2020	12/31/9999
99070		SUPPLIES AND MATERIALS PROVIDED BY THE P	$ 9.69	$ 9.69	3/1/2020	12/31/9999
99082		UNUSUAL TRAVEL	$ 0.85	$ 0.85	3/1/2020	12/31/9999
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	$ 41.30	$ 54.46	3/1/2020	12/31/9999
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	$ 62.33	$ 83.20	3/1/2020	12/31/9999
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	$ 104.67	$ 129.02	3/1/2020	12/31/9999
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	$ 136.22	$ 163.11	3/1/2020	12/31/9999
99211		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	$ 7.93	$ 16.79	3/1/2020	12/31/9999
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	$ 21.11	$ 33.44	3/1/2020	12/31/9999
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	$ 41.29	$ 55.84	3/1/2020	12/31/9999
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	$ 63.88	$ 84.13	3/1/2020	12/31/9999
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	$ 90.70	$ 113.79	3/1/2020	12/31/9999
99217		HOSPITAL OBSERVATION CARE DISCHARGE	$ 61.20	$ 61.20	3/1/2020	12/31/9999
99218		HOSPITAL OBSERVATION CARE TYPICALLY 30 M	$ 57.73	$ 57.73	3/1/2020	12/31/9999
99219		HOSPITAL OBSERVATION CARE TYPICALLY 50 M	$ 95.59	$ 95.59	3/1/2020	12/31/9999
99220		HOSPITAL OBSERVATION CARE TYPICALLY 70 M	$ 134.07	$ 134.07	3/1/2020	12/31/9999
99221		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	$ 82.90	$ 82.90	3/1/2020	12/31/9999
99222		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	$ 113.13	$ 113.13	3/1/2020	12/31/9999
99223		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	$ 166.57	$ 166.57	3/1/2020	12/31/9999
99224		SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	$ 23.25	$ 23.25	3/1/2020	12/31/9999
99225		SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	$ 41.29	$ 41.29	3/1/2020	12/31/9999
99226		SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	$ 61.74	$ 61.74	3/1/2020	12/31/9999
99231		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	$ 34.23	$ 34.23	3/1/2020	12/31/9999
99232		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	$ 61.69	$ 61.69	3/1/2020	12/31/9999
99233		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	$ 88.37	$ 88.37	3/1/2020	12/31/9999
99234		HOSPITAL OBSERVATION OR INPATIENT CARE L	$ 116.95	$ 116.95	3/1/2020	12/31/9999
99235		OBSERV/HOSP SAME DATE	$ 153.63	$ 153.63	3/1/2020	12/31/9999
99236		HOSPITAL OBSERVATION OR INPATIENT CARE H	$ 190.93	$ 190.93	3/1/2020	12/31/9999
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	$ 60.99	$ 60.99	3/1/2020	12/31/9999
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE	$ 88.65	$ 88.65	3/1/2020	12/31/9999
99241		PATIENT OFFICE CONSULTATION, TYPICALLY 1	$ 27.52	$ 39.90	3/1/2020	12/31/9999
99242		PATIENT OFFICE CONSULTATION, TYPICALLY 3	$ 58.08	$ 74.76	3/1/2020	12/31/9999
99243		PATIENT OFFICE CONSULTATION, TYPICALLY 4	$ 80.94	$ 102.81	3/1/2020	12/31/9999
99244		PATIENT OFFICE CONSULTATION, TYPICALLY 6	$ 128.52	$ 152.70	3/1/2020	12/31/9999
99245		PATIENT OFFICE CONSULTATION, TYPICALLY 8	$ 160.34	$ 187.68	3/1/2020	12/31/9999
99251		INPATIENT HOSPITAL CONSULTATION, TYPICAL	$ 40.74	$ 40.74	3/1/2020	12/31/9999
99252		INPATIENT HOSPITAL CONSULTATION, TYPICAL	$ 63.14	$ 63.14	3/1/2020	12/31/9999
99253		INPATIENT HOSPITAL CONSULTATION, TYPICAL	$ 95.85	$ 95.84	3/1/2020	12/31/9999
99254		INPATIENT HOSPITAL CONSULTATION, TYPICAL	$ 138.63	$ 138.63	3/1/2020	12/31/9999
99255		INPATIENT HOSPITAL CONSULTATION, TYPICAL	$ 168.91	$ 168.91	3/1/2020	12/31/9999
99281		EMERGENCY DEPARTMENT VISIT, SELF LIMITED	$ 17.00	$ 17.00	3/1/2020	12/31/9999
99282		EMERGENCY DEPARTMENT VISIT, LOW TO MODER	$ 33.08	$ 33.08	3/1/2020	12/31/9999
99283		EMERGENCY DEPARTMENT VISIT, MODERATELY S	$ 51.25	$ 51.25	3/1/2020	12/31/9999
99284		EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	$ 95.96	$ 95.96	3/1/2020	12/31/9999
99285		EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	$ 142.66	$ 142.66	3/1/2020	12/31/9999
99307		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	$ 36.46	$ 36.46	3/1/2020	12/31/9999
99308		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	$ 55.72	$ 55.72	3/1/2020	12/31/9999
99309		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	$ 73.92	$ 73.92	3/1/2020	12/31/9999
99310		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	$ 109.31	$ 109.31	3/1/2020	12/31/9999
99315		NURSING FACILITY DISCHARGE DAY MANAGEMEN	$ 53.33	$ 53.33	3/1/2020	12/31/9999
99316		NURSING FACILITY DISCHARGE DAY MANAGEMEN	$ 69.68	$ 69.68	3/1/2020	12/31/9999
99318		NURSING FACILITY ANNUAL ASSESSMENT, TYPI	$ 77.27	$ 77.27	3/1/2020	12/31/9999
99324		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	$ 49.55	$ 49.55	3/1/2020	12/31/9999
99325		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	$ 72.16	$ 72.16	3/1/2020	12/31/9999
99326		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	$ 119.32	$ 119.32	3/1/2020	12/31/9999

99327		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	$ 155.63	$ 155.63	3/1/2020	12/31/9999
99328		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	$ 183.20	$ 183.20	3/1/2020	12/31/9999
99334		ESTABLISHED PATIENT ASSISTED LIVING VISI	$ 51.07	$ 51.07	3/1/2020	12/31/9999
99335		ESTABLISHED PATIENT ASSISTED LIVING VISI	$ 79.11	$ 79.11	3/1/2020	12/31/9999
99336		ESTABLISHED PATIENT ASSISTED LIVING VISI	$ 111.39	$ 111.39	3/1/2020	12/31/9999
99337		ESTABLISHED PATIENT ASSISTED LIVING VISI	$ 160.05	$ 160.05	3/1/2020	12/31/9999
99341		NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	$ 49.55	$ 49.55	3/1/2020	12/31/9999
99342		NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	$ 72.16	$ 72.16	3/1/2020	12/31/9999
99343		NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	$ 116.21	$ 116.21	3/1/2020	12/31/9999
99344		NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	$ 152.58	$ 152.58	3/1/2020	12/31/9999
99345		NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	$ 183.51	$ 183.51	3/1/2020	12/31/9999
99347		ESTABLISHED PATIENT HOME VISIT, TYPICALL	$ 48.35	$ 48.35	3/1/2020	12/31/9999
99348		ESTABLISHED PATIENT HOME VISIT, TYPICALL	$ 73.01	$ 73.01	3/1/2020	12/31/9999
99349		ESTABLISHED PATIENT HOME VISIT, TYPICALL	$ 106.31	$ 106.31	3/1/2020	12/31/9999
99350		ESTABLISHED PATIENT HOME VISIT, TYPICALL	$ 148.21	$ 148.21	3/1/2020	12/31/9999
99354		PROLONG E&M/PSYCTX SERV O/P	$ 79.98	$ 84.41	3/1/2020	12/31/9999
99355		PROLONG E&M/PSYCTX SERV O/P	$ 79.13	$ 83.57	3/1/2020	12/31/9999
99356		PROLONGED PHYSICIAN SERVICE IN THE INPAT	$ 77.09	$ 77.09	3/1/2020	12/31/9999
99357		PROLONGED PHYSICIAN SERVICE IN THE INPAT	$ 77.61	$ 77.61	3/1/2020	12/31/9999
99381	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	$ 55.86	$ 83.63	3/1/2020	12/31/9999
99382	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99382		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	$ 63.74	$ 91.17	3/1/2020	12/31/9999
99383	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99383		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	$ 63.74	$ 90.53	3/1/2020	12/31/9999
99384	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99384		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	$ 71.82	$ 98.63	3/1/2020	12/31/9999
99385	EP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 70.39	$ 96.64	3/1/2020	12/31/9999
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	$ 86.38	$ 113.26	3/1/2020	12/31/9999
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	$ 47.78	$ 69.73	3/1/2020	12/31/9999
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	$ 55.86	$ 77.83	3/1/2020	12/31/9999
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	$ 55.86	$ 77.50	3/1/2020	12/31/9999
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-01	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	$ 63.74	$ 85.37	3/1/2020	12/31/9999
99395	EP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 80.18	$ 80.18	3/1/2020	12/31/9999
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	$ 62.46	$ 83.98	3/1/2020	12/31/9999
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	$ 70.39	$ 91.91	3/1/2020	12/31/9999
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	$ 78.76	$ 103.11	3/1/2020	12/31/9999
99401		PREVENTIVE COUNSELING INDIV	$ 20.68	$ 32.28	6/22/2021	12/31/9999
99404		PREVENTIVE COUNSELING INDIV	$ 83.76	$ 94.14	3/1/2020	12/31/9999
99406	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	$ 10.65	$ 11.91	3/1/2020	12/31/9999
99406		SMOKING AND TOBACCO USE CESSATION COUNSE	$ 10.65	$ 11.91	3/1/2020	12/31/9999
99407	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	$ 22.06	$ 23.01	3/1/2020	12/31/9999
99407		SMOKING AND TOBACCO USE CESSATION COUNSE	$ 22.06	$ 23.01	3/1/2020	12/31/9999
99408	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	$ 29.40	$ 30.68	3/1/2020	12/31/9999
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	$ 29.40	$ 30.68	3/1/2020	12/31/9999
99409	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	$ 59.03	$ 60.29	3/1/2020	12/31/9999
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	$ 59.03	$ 60.29	3/1/2020	12/31/9999
99412		PREVENTIVE COUNSELING GROUP	$ 10.90	$ 16.54	3/1/2020	12/31/9999
99421		OL DIG E/M SVC 5-10 MIN	$ 16.08	$ 25.48	3/10/2020	12/31/9999
99422		OL DIG E/M SVC 11-20 MIN	$ 31.46	$ 42.54	3/10/2020	12/31/9999
99423		OL DIG E/M SVC 21+ MIN	$ 48.67	$ 64.10	3/10/2020	12/31/9999
99441		PHONE E/M PHYS/QHP 5-10 MIN	$ 16.08	$ 25.48	3/10/2020	12/31/9999
99442		PHONE E/M PHYS/QHP 11-20 MIN	$ 31.46	$ 42.54	3/10/2020	12/31/9999
99443		PHONE E/M PHYS/QHP 21-30 MIN	$ 48.67	$ 64.10	3/10/2020	12/31/9999
99453		REM MNTR PHYSIOL PARAM SETUP	$ 15.39	$ 15.39	3/10/2020	12/31/9999
99454		REM MNTR PHYSIOL PARAM DEV	$ 51.32	$ 51.32	3/10/2020	12/31/9999
99457		REM PHYSIOL MNTR 1ST 20 MIN	$ 27.90	$ 43.34	3/10/2020	12/31/9999
99458		REM PHYSIOL MNTR EA ADDL 20	$ 27.90	$ 35.63	3/10/2020	12/31/9999
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE	$ 51.85	$ 51.85	3/1/2020	12/31/9999
99461		INITIAL CARE, PER DAY, FOR EVALUATION AN	$ 57.89	$ 76.56	3/1/2020	12/31/9999
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	$ 27.66	$ 27.66	3/1/2020	12/31/9999
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE	$ 69.37	$ 69.37	3/1/2020	12/31/9999
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PR	$ 121.47	$ 121.47	3/1/2020	12/31/9999
99473		SELF-MEAS BP PT EDUCAJ/TRAIN	$ 9.15	$ 9.15	3/10/2020	12/31/9999
99474		SELF-MEAS BP 2 READG BID 30D	$ 7.71	$ 12.76	3/10/2020	12/31/9999
0001A	EP	IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0001A		IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0002A	EP	IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0002A		IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0011A	EP	IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0011A		IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0012A	EP	IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999

0012A		IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0031A	EP	IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0031A		IMMUNIZATION ADMINISTRATION BY INTRAMUSC	$ 40.00	$ 40.00	3/15/2021	12/31/9999
0225U		NF DESCRIPTION BEGIN DATE/COVERAGE EFFE	$ 298.60	$ 298.60	8/10/2020	12/31/9999
0226U		SVNT SARSCOV2 ELISA PLSM SRM	$ 42.28	$ 42.28	8/10/2020	12/31/9999
0240U		NFCT DS VIR RESP RNA 3 TRGT	$ 142.63	$ 142.63	10/6/2020	12/31/9999
0241U		NFCT DS VIR RESP RNA 4 TRGT	$ 142.63	$ 142.63	10/6/2020	12/31/9999
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	$ 20.16	$ 20.16	3/1/2020	12/31/9999
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVIC	$ 11.29	$ 11.29	3/1/2020	12/31/9999
G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	$ 20.33	$ 20.33	3/1/2020	12/31/9999
G0480		DRUG TEST DEF 1-7 CLASSES	$ 76.39	$ 76.39	3/1/2020	12/31/9999
G0481		DRUF TEST DEF 8-14 CLASSES	$ 117.52	$ 117.52	3/1/2020	12/31/9999
G0482		DRUF TEST DEF 15-21 CLASSES	$ 158.64	$ 158.64	3/1/2020	12/31/9999
G0483		DRUF TEST DEF 22 OR MORE DRUG CLASSES	$ 205.65	$ 205.65	3/1/2020	12/31/9999
G2011		ALCOHOL/SUB ABUSE ASSESS	$ 14.53	$ 14.53	3/1/2020	12/31/9999
G2012		BRIEF CHECK IN BY MD/QHP	$ 16.08	$ 25.48	3/10/2020	12/31/9999
G2023		SPECIMEN COLLECT COVID-19	$ 23.46	$ 23.46	3/1/2020	12/31/9999
G2024		SPEC COLL SNF/LAB COVID-19	$ 25.46	$ 25.46	3/1/2020	12/31/9999
G9919		SCRN ND POS ND PROV OF REC	$ 29.40	$ 30.68	1/1/2021	6/30/2021
P9041		ALBUMIN (HUMAN), 5%, 50 ML	$ 20.10	$ 20.10	3/1/2020	12/31/9999
P9047		ALBUMIN (HUMAN), 25%, 50 ML	$ 40.22	$ 40.22	3/1/2020	12/31/9999
Q0111		WET MOUNTS/ W PREPARATIONS	$ 5.04	$ 5.04	3/1/2020	12/31/9999
Q0112		ALL POTASSIUM HYDROXIDE (KOH) PREPARATIO	$ 5.63	$ 5.63	3/1/2020	12/31/9999
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/	$ 21.79	$ 21.79	3/1/2020	12/31/9999
Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LI	$ 499.24	$ 499.24	3/1/2020	12/31/9999
Q2050		DOXORUBICIN INJ 10MG	$ 579.33	$ 579.33	3/1/2020	12/31/9999
Q3014		TELEHEALTH ORIGINATING SITE FACILITY FEE	$ 23.36	$ 23.36	3/1/2020	12/31/9999
S0023		INJECTION, CIMETIDINE HYDROCHLORIDE, 300	$ 0.61	$ 0.61	3/1/2020	12/31/9999
S9442		BIRTHING CLASSES, NONPHYSICIAN PROVIDER,	$ 8.67	$ 8.67	3/1/2020	12/31/9999
U0001		2019- NCOV DIAGNOSTIC P	$ 37.71	$ 37.71	3/1/2020	12/31/9999
U0002		COVID-19 LAB TEST NON-CDC	$ 53.88	$ 53.88	3/1/2020	12/31/9999
U0003		COV-19 AMP PRB HGH THRUPUT	$ 75.00	$ 75.00	1/1/2021	12/31/9999
U0004		COV-19 TEST NON-CDC HGH THRU	$ 75.00	$ 75.00	1/1/2021	12/31/9999
U0005		INFEC AGEN DETEC AMPLI PROBE	$ 25.00	$ 25.00	1/1/2021	12/31/9999