Hospital Outpatient Department (HOPD) Procedure Price List- September 2023

CPT	Description	Fee	Group	RVU	Revenue Code	NDC	DrugDosage	DrugUnitQualifier	DrugUnitPrice	ForeignSystemIdentifier
10060	I&D ABCESS, SIMPLE OR 1	500.51	Office Procedure							
10060,FAC	I&D ABCESS, SIMPLE OR 1 -CLINICAL FEE	270.87	Office Procedure		510					
10060,PRO	I&D ABCESS, SIMPLE OR 1 -PROVIDER FEE	229.64	Office Procedure							
10061	I&D ABCESS, COMPLEX OR MULTIPLE	958.75	Office Procedure							
10061,FAC	I&D ABCESS, COMPLEX OR MULTIPLE -CLINICAL FEE	559.61	Office Procedure		510					
10061,PRO	I&D ABCESS, COMPLEX OR MULTIPLE -PROVIDER FEE	399.14	Office Procedure							
10080	I&D PILONIDAL CYST SIMPLE	1200.76	Office Procedure							
10080,FAC	I&D PILONIDAL CYST SIMPLE -CLINICAL FEE	973.46	Office Procedure		510					
10080,PRO	I&D PILONIDAL CYST SIMPLE -PROVIDER FEE	227.3	Office Procedure							
10120	I&D FOREIGN BODY SUBQ SIMPLE	788.63	Office Procedure							
10120,FAC	I&D FOREIGN BODY SUBQ SIMPLE -CLINICAL FEE	559.61	Office Procedure		510					
10120,PRO	I&D FOREIGN BODY SUBQ SIMPLE -PROVIDER FEE	229.02	Office Procedure							
10121	I&D FOREIGN BODY SUBQ COMPLEX	2647.71	Office Procedure							
10121,FAC	I&D FOREIGN BODY SUBQ COMPLEX -CLINICAL FEE	2249.33	Office Procedure		510					
10121,PRO	I&D FOREIGN BODY SUBQ COMPLEX -PROVIDER FEE	398.38	Office Procedure							
10140	I&D DRAINAGE OF HEMATOMA	2505.37	Office Procedure							
10140,FAC	I&D DRAINAGE OF HEMATOMA -CLINICAL FEE	2249.33	Office Procedure		510					
10140,PRO	I&D DRAINAGE OF HEMATOMA -PROVIDER FEE	256.04	Office Procedure							
10160	PUNCTURE ASP DRAINAGE ABCESS/CYST	769.61	Office Procedure							
10160,FAC	PUNCTURE ASP DRAINAGE ABCESS/CYST -CLINICAL FEE	559.61	Office Procedure		510					
10160,PRO	PUNCTURE ASP DRAINAGE ABCESS/CYST -PROVIDER FEE	210	Office Procedure							
10180	I&D COMPLEX DRAINAGE POSTOP WND	4261.84	Office Procedure							
10180,FAC	I&D COMPLEX DRAINAGE POSTOP WND -CLINICAL FEE	3874.88	Office Procedure		510					
10180,PRO	I&D COMPLEX DRAINAGE POSTOP WND -PROVIDER FEE	386.96	Office Procedure							
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	0	Screening/Assessment Tool							
1034F,PRO	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM) -PROVIDER FEE	0								
1036F	CURRENT TOBACCO NON-USER (CAD, CAP, COPD, PV) (DM) (IBD)	0	Screening/Assessment Tool							
1036F,PRO	CURRENT TOBACCO NON-USER (CAD, CAP, COPD, PV) (DM) (IBD) -PROVIDER FEE	0								
1111F	DISCHARGE MEDS RECONCILED W/ CURRENT MED LIST IN OUTPT MED RECORD (COA) (GER)	0	Screening/Assessment Tool							
1111F,PRO	DISCHARGE MEDS RECONCILED W/ CURRENT MED LIST IN OUTPT MED RECORD (COA) (GER) -PROVIDER FEE	0								
11200	SKIN TAG REMOVAL, UP <=15 LESIONS	437.39	Office Procedure							
11200,FAC	SKIN TAG REMOVAL, UP <=15 LESIONS -CLINICAL FEE	270.87	Office Procedure		510					
11200,PRO	SKIN TAG REMOVAL, UP <=15 LESIONS -PROVIDER FEE	166.52	Office Procedure							
11201	SKIN TAG REMOVAL, EA ADD 10 LESIONS	171.06	Office Procedure							
11201,FAC	SKIN TAG REMOVAL, EA ADD 10 LESIONS -CLINICAL FEE	135.44	Office Procedure		510					
11201,PRO	SKIN TAG REMOVAL, EA ADD 10 LESIONS -PROVIDER FEE	35.62	Office Procedure							
1123F	ADVANCE CARE PLANNING DISCUSSED & DOCUMENTED ADVA CARE PLAN OR SURROGATE DECISION MAKER DOCUMENTED IN THE MEDICAL RECORD	0	Office Procedure							
1123F,PRO	ADVANCE CARE PLANNING DISCUSSED & DOCUMENTED ADVA CARE PLAN OR SURROGATE DECISION MAKER DOCUMENTED IN THE MEDICAL RECORD -PROVIDER FEE	0								
1124F	ADVANCED CARE PLANNING DISCUSSED AND DOCUMENTED/NO SURROGATE OR ACP	0	Office Procedure							
1124F,PRO	ADVANCED CARE PLANNING DISCUSSED AND DOCUMENTED/NO SURROGATE OR ACP	0	Office Procedure							
1125F	PAIN SEVERITY QUANTIFIED; PAIN PRESENT (COA) (ONC)	0	Screening/Assessment Tool							
1125F,PRO	PAIN SEVERITY QUANTIFIED; PAIN PRESENT (COA) (ONC) -PROVIDER FEE	0								
1126F	PAIN SEVERITY QUANTIFIED; NO PAIN PRESENT (COA) (ONC)	0	Screening/Assessment Tool							
1126F,PRO	PAIN SEVERITY QUANTIFIED; NO PAIN PRESENT (COA) (ONC) -PROVIDER FEE	0								
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD (COA)	0	Office Procedure							
1159F,PRO	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD (COA) -PROVIDER FEE	0								
1160F	REVIEW OF ALL MEDICATIONS BY A PRESCRIBING PRACTITIONER	0	Office Procedure							
1160F,PRO	REVIEW OF ALL MEDICATIONS BY A PRESCRIBING PRACTITIONER -PROVIDER FEE	0								
1170F	FUNCTIONAL STATUS ASSESSED (COA) (RA)	0	Screening/Assessment Tool							
1170F,PRO	FUNCTIONAL STATUS ASSESSED (COA) (RA) -PROVIDER FEE	0								
12001	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; =<2.5 CM	367.65	Office Procedure							
12001,FAC	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; =<2.5 CM -CLINICAL FEE	270.87	Office Procedure		510					
12001,PRO	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; =<2.5 CM -PROVIDER FEE	96.78	Office Procedure							
12002	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; 2.6-7.5CM	397.33	Office Procedure							
12002,FAC	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; 2.6-7.5CM -CLINICAL FEE	270.87	Office Procedure		510					
12002,PRO	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; 2.6-7.5CM -PROVIDER FEE	126.46	Office Procedure							
12004	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; 7.6-12.5CM	427.73	Office Procedure							
12004,FAC	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; 7.6-12.5CM -CLINICAL FEE	270.87	Office Procedure		510					
12004,PRO	SIMPLE REP SCALP/NCK/AXILLAE/GENIT/TRNK/EXTEM; 7.6-12.5CM -PROVIDER FEE	156.86	Office Procedure							
12011	SIMPLE REPAIR FACE/EYELID/EYE/NOSE/LIP; =<2.5 CM	389.45	Office Procedure							
12011,FAC	SIMPLE REPAIR FACE/EYELID/EYE/NOSE/LIP; =<2.5 CM -CLINICAL FEE	270.87	Office Procedure		510					
12011,PRO	SIMPLE REPAIR FACE/EYELID/EYE/NOSE/LIP; =<2.5 CM -PROVIDER FEE	118.58	Office Procedure							
12013	SIMPLE REPAIR FACE/EYELID/EYE/NOSE/LIP; 2.6-5.0 CM	396.29	Office Procedure							
12013,FAC	SIMPLE REPAIR FACE/EYELID/EYE/NOSE/LIP; 2.6-5.0 CM -CLINICAL FEE	270.87	Office Procedure		510					
12013,PRO	SIMPLE REPAIR FACE/EYELID/EYE/NOSE/LIP; 2.6-5.0 CM -PROVIDER FEE	125.42	Office Procedure							
19083	BIOPSY BREAST, US GUIDED, 1ST LESION	2579.93	Surgical							
19083,FAC	BIOPSY BREAST, US GUIDED, 1ST LESION -CLINICAL FEE	2249.33	Surgical		510					
19083,PRO	BIOPSY BREAST, US GUIDED, 1ST LESION -PROVIDER FEE	330.6	Surgical							
19084	BIOPSY BREAST, US GUIDED, EA ADD LESION	1289.96	Surgical							
19084,FAC	BIOPSY BREAST, US GUIDED, EA ADD LESION -CLINICAL FEE	1124.66	Surgical		510					
19084,PRO	BIOPSY BREAST, US GUIDED, EA ADD LESION -PROVIDER FEE	165.3	Surgical							
2014F	MENTAL STATUS ASSESSED (CAP) (EM) F90.0 - F90.9	0	Screening/Assessment Tool							
2014F,PRO	MENTAL STATUS ASSESSED (CAP) (EM) F90.0 - F90.9 -PROVIDER FEE	0								
2022F	DILATED RETINAL EYE EXAM WITH INTERPRETATION BY AN OPHTHALMOLOGIST OR OPTOMETRIST DOCUMENTED AND REVIEWED (DM)	0	Quality Measures							
2022F,PRO	DIABETIC EYE EXAM REVIEWED W/OUT DIABETIC RETINOPATHY	0	Quality Measures							
2023F	DIABETIC EYE EXAM REVIEWED W/ DIABETIC RETINOPATHY	0	Quality Measures							
2023F,PRO	DIABETIC EYE EXAM REVIEWED W/ DIABETIC RETINOPATHY-PROVIDER FEE	0	Quality Measures							
2028F	FOOT EXAMINATION PERFORMED	0	Screening/Assessment Tool							
2028F,PRO	FOOT EXAMINATION PERFORMED -PROVIDER FEE	0								
20526	INJ THERAPEUTIC, CARPAL TUNNEL	530.96	Office Procedure							
20526,50	INJ THERAPEUTIC, CARPAL TUNNEL, BILAT	796.43	Office Procedure							
20526,FAC	INJ THERAPEUTIC, CARPAL TUNNEL -CLINICAL FEE	407.84	Office Procedure		510					
20526,FAC,5	INJ THERAPEUTIC, CARPAL TUNNEL, BILAT -CLINICAL FEE	611.75	Office Procedure		510					
20526,PRO	INJ THERAPEUTIC, CARPAL TUNNEL -PROVIDER FEE	123.12	Office Procedure							
20526,PRO,5	INJ THERAPEUTIC, CARPAL TUNNEL, BILAT -PROVIDER FEE	184.68	Office Procedure							
20550	INJ TENDON SHEATH/LIGAMENT, APONEUROSIS (EG PLANTAR FASCIA)	492.2	Office Procedure							
20550,50	INJ TENDON SHEATH/LIGAMENT, APONEUROSIS (EG PLANTAR FASCIA)	738.3	Office Procedure							
20550,FAC	INJ TENDON SHEATH/LIGAMENT, APONEUROSIS (EG PLANTAR FASCIA) -CLINICAL FEE	407.84	Office Procedure		510					
20550,FAC,5	INJ TENDON SHEATH/LIGAMENT, APONEUROSIS (EG PLANTAR FASCIA) -CLINICAL FEE	611.76	Office Procedure		510					
20550,PRO	INJ TENDON SHEATH/LIGAMENT, APONEUROSIS (EG PLANTAR FASCIA) -PROVIDER FEE	84.36	Office Procedure							
20550,PRO,5	INJ TENDON SHEATH/LIGAMENT, APONEUROSIS (EG PLANTAR FASCIA) -PROVIDER FEE	126.54	Office Procedure							
20551	INJ TENDON 1 TENDON ORIGIN/INSERTION	492.2	Office Procedure							
20551,FAC	INJ TENDON 1 TENDON ORIGIN/INSERTION -CLINICAL FEE	407.84	Office Procedure		510					
20551,PRO	INJ TENDON 1 TENDON ORIGIN/INSERTION -PROVIDER FEE	84.36	Office Procedure							
20552	INJ TRIGGER POINT 1/2 MUS	488	Office Procedure							
20552,FAC	INJ TRIGGER POINTS 1 OR 2 MUSCLES -CLINICAL FEE	407.84	Office Procedure		510					
20552,PRO	INJ TRIGGER POINTS 1 OR 2 MUSCLES -PROVIDER FEE	80.16	Office Procedure							
20553	INJ TRIGGER POINTS 3 OR > MUSCLES	499.54	Office Procedure							
20553,FAC	INJ TRIGGER POINTS 3 OR > MUSCLES -CLINICAL FEE	407.84	Office Procedure		510					
20553,PRO	INJ TRIGGER POINTS 3 OR > MUSCLES -PROVIDER FEE	91.7	Office Procedure							
20600	ASPIRATION OR INJECT, SMALL JOINT/ BURSA W/O US	484.32	Office Procedure							
20600,FAC	ASPIRATION OR INJECT, SMALL JOINT/ BURSA W/O US -CLINICAL FEE	407.84	Office Procedure		510					
20600,PRO	ASPIRATION OR INJECT, SMALL JOINT/ BURSA W/O US -PROVIDER FEE	76.48	Office Procedure							
20605	ASPIRATION OR INJECT, INTERMEDIATE JOINT/ BURSA W/O US	487.76	Office Procedure							
20605,FAC	ASPIRATION OR INJECT, INTERMEDIATE JOINT/ BURSA W/O US -CLINICAL FEE	407.84	Office Procedure		510					

20605,PRO	ASPIRATION OR INJECT, INTERMEDIATE JOINT/ BURSA W/O US -PROVIDER FEE	79.92	Office Procedure							
20610	ASPIRATION OR INJECT, LARGE JOINT/ BURSA WITHOUT US	505.2	Office Procedure							
20610,FAC	ASPIRATION OR INJECT, LARGE JOINT/ BURSA WITHOUT US -CLINICAL FEE	407.84	Office Procedure		510					
20610,PRO	ASPIRATION OR INJECT, LARGE JOINT/ BURSA WITHOUT US -PROVIDER FEE	97.36	Office Procedure							
20611	APSIRATION OR INJECT, LARGE JOINT/ BURSA W/ ULTRASOUND	537.06	Office Procedure							
20611,FAC	APSIRATION OR INJECT, LARGE JOINT/ BURSA W/ ULTRASOUND -CLINICAL FEE	407.84	Office Procedure		510					
20611,PRO	APSIRATION OR INJECT, LARGE JOINT/ BURSA W/ ULTRASOUND -PROVIDER FEE	129.22	Office Procedure							
20612	ASPIRATION AND/OR INJECTION GANGLION CYST(S)	496.58	Office Procedure							
20612,FAC	ASPIRATION AND/OR INJECTION GANGLION CYST(S) -CLINICAL FEE	407.84	Office Procedure		510					
20612,PRO	ASPIRATION AND/OR INJECTION GANGLION CYST(S) -PROVIDER FEE	88.74	Office Procedure							
27096	INJECTION PROCEDURE FOR SACROILIA	178.98	Office Procedure							
27096,PRO	INJECTION SI JOINT -PROVIDER FEE	178.98	Office Procedure							
3008F	BODY MASS INDEX (BMI), DOCUMENTED (PV)	0	Screening/Assessment Tool							
3008F,PRO	BODY MASS INDEX (BMI), DOCUMENTED (PV) -PROVIDER FEE	0								
3044F	MOST RECENT HEMOGLOBIN A1C (HBA1C) < 7.0% (DM)	0	Screening/Assessment Tool							
3044F,PRO	MOST RECENT HEMOGLOBIN A1C (HBA1C) < 7.0% (DM)	0								
3045F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL <8	0	Quality Measures							
3045F,PRO	DIABETES AB1CSCREENING AND CONTROL <8	0	Quality Measures							
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0% (DM)	0	Screening/Assessment Tool							
3046F,PRO	MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0% (DM)	0								
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG (DM), (HTN, CKD, CAD)	0	Screening/Assessment Tool							
3074F,PRO	MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG (DM), (HTN, CKD, CAD)	0								
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM),(HTN, CKD, CAD)	0	Screening/Assessment Tool							
3075F,PRO	MOST RECENT SYSTOLIC BLOOD PRESSURE 130-139 MM HG (DM),(HTN, CKD, CAD)	0								
3077F	MOST RECENT SYSTOLIC BLOOD PRESSURE =>140 MM HG (HTN, CKD, CAD) (DM)	0	Screening/Assessment Tool							
3077F,PRO	MOST RECENT SYSTOLIC BLOOD PRESSURE =>140 MM HG (HTN, CKD, CAD) (DM)	0								
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG (HTN, CKD, CAD) (DM)	0	Screening/Assessment Tool							
3078F,PRO	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG (HTN, CKD, CAD) (DM)	0								
3079F	MOST RECENT DIASTOLIC BLOOD PRESSURE 80 89 MM HG (HTN, CKD, CAD) (DM)	0	Screening/Assessment Tool							
3079F,PRO	MOST RECENT DIASTOLIC BLOOD PRESSURE 80 89 MM HG (HTN, CKD, CAD) (DM)	0								
3080F	MOST RECENT DIASTOLIC BLOOD PRESSURE => TO 90 MM HG (HTN, CKD, CAD) (DM)	0	Screening/Assessment Tool							
3080F,PRO	MOST RECENT DIASTOLIC BLOOD PRESSURE => TO 90 MM HG (HTN, CKD, CAD) (DM)	0								
3085F	SUICIDE RISK ASSESSED (MDD, MDD ADOL) F32-F33.9	0	Screening/Assessment Tool							
3085F,PRO	SUICIDE RISK ASSESSED (MDD, MDD ADOL) F32-F33.9 -PROVIDER FEE	0								
3288F	FALLS RISK ASSESSMENT DOCUMENTED (GER)	0	Testing							
3288F,PRO	FALLS RISK ASSESSMENT DOCUMENTED (GER) -PROVIDER FEE	0								
36415	VENIPUNCTURE	21.43	Office Labs							
36415,FAC	VEN. PUNCTURE	21.43	Office Labs		300					
36589	REMOVAL OF TUNNELED CENTRAL VEN CATH W/O PORT	1161.47	Surgical							
36589,FAC	REMOVAL OF TUNNELED CENTRAL VEN CATH W/O PORT -CLINIC FEE	867.75	Office Procedure		510					
36589,PRO	REMOVAL OF TUNNELED CENTRAL VEN CATH W/O PORT -PROVIDER FEE	293.72								
36590	REMOVAL; TUNNELED CVAD W/ SUBQ PORT/PUMP	2639.48	Surgical							
36590,FAC	REMOVAL; TUNNELED CVAD W/ SUBQ PORT/PUMP -CLINICAL FEE	2231.78	Office Procedure		510					
36590,PRO	REMOVAL; TUNNELED CVAD W/ SUBQ PORT/PUMP -PROVIDER FEE	407.7	Office Procedure							
3725F	SCREENING FOR DEPRESSION PERFORMED (DEM)	0	Screening/Assessment Tool							
3725F,PRO	SCREENING FOR DEPRESSION PERFORMED (DEM) -PROVIDER FEE	0								
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	1100.97	Office Procedure							
62270,FAC	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC -CLINICAL FEE	966.51	Office Procedure		510					
62270,PRO	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC -PROVIDER FEE	134.46	Office Procedure							
62272	SPINAL PUNCTURE, THERAPEUTIC, DRAIN CEREBROSPINAL FLUID	1160.37	Office Procedure							
62272,FAC	SPINAL PUNCTURE, THERAPEUTIC, DRAIN CEREBROSPINAL FLUID -CLINICAL FEE	966.51	Office Procedure		510					
62272,PRO	SPINAL PUNCTURE, THERAPEUTIC, DRAIN CEREBROSPINAL FLUID -PROVIDER FEE	193.86	Office Procedure							
62321	INJECT, EPIDURAL OR SUBARACHNOID, CERV/THORACIC	1196.55	Procedures							
62321,FAC	INJECT, EPIDURAL OR SUBARACHNOID, CERV/THORACIC -CLINICAL FEE	966.51	Office Procedure		510					
62321,PRO	INJECT, EPIDURAL OR SUBARACHNOID, CERV/THORACIC -PROVIDER FEE	230.04	Office Procedure							
62323	INJECT, EPIDURAL OR SUBARACHNOID, LUMBAR/SACRAL	1179.69	Procedures							
62323,FAC	INJECT, EPIDURAL OR SUBARACHNOID, LUMBAR/SACRAL -CLINICAL FEE	966.51	Office Procedure		510					
62323,PRO	INJECT, EPIDURAL OR SUBARACHNOID, LUMBAR/SACRAL -PROVIDER FEE	213.18	Office Procedure							
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC W/FLUORO OR CT	1152.41	Office Procedure							
62328,FAC	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC W/FLUORO OR CT -CLINICAL FEE	966.51	Office Procedure		510					
62328,PRO	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC W/FLUORO OR CT -PROVIDER FEE	185.9	Office Procedure							
62329	SPINAL PUNCTURE, THERAPEUTIC, DRAIN CEREBROSPINAL FLUID W/FLUORO OR CT	1013.63	Office Procedure							
62329,FAC	SPINAL PUNCTURE, THERAPEUTIC, DRAIN CEREBROSPINAL FLUID W/FLUORO OR CT -CLINICAL FEE	966.51	Office Procedure		510					
62329,PRO	SPINAL PUNCTURE, THERAPEUTIC, DRAIN CEREBROSPINAL FLUID W/FLUORO OR CT -PROVIDER FEE	232.2	Office Procedure							
64405	INJ ANES/STEROID OCCIPITAL NERVE	520.96	Office Procedure							
64405,50	INJ ANES/STEROID OCCIPITAL NERVE, BILAT	781.43	Office Procedure							
64405,FAC	INJ ANES/STEROID OCCIPITAL NERVE -CLINICAL FEE	407.84	Office Procedure		510					
64405,FAC,5	INJ ANES/STEROID OCCIPITAL NERVE, BILAT -CLINICAL FEE	611.75	Office Procedure		510					
64405,PRO	INJ ANES/STEROID OCCIPITAL NERVE -PROVIDER FEE	113.12	Office Procedure							
64405,PRO,	INJ ANES/STEROID OCCIPITAL NERVE, BILAT -PROVIDER FEE	169.68	Office Procedure							
64450	INJ ANES/STEROID PERIPHERAL NERVE OR BRANCH	1056.99	Office Procedure							
64450,FAC	INJ ANES/STEROID PERIPHERAL NERVE OR BRANCH -CLINICAL FEE	966.51	Office Procedure		510					
64450,PRO	INJ ANES/STEROID PERIPHERAL NERVE OR BRANCH -PROVIDER FEE	90.48	Office Procedure							
64483	INJ(S) ANES/STEROID EPIDURAL LUMBAR 1 LVL, W/IMAG	1517.19	Office Procedure							
64483,50	INJ(S) ANES/STEROID EPIDURAL LUMBAR 1 LVL, W/IMAG	2275.79	Office Procedure							
64483,FAC	INJ(S) ANES/STEROID EPIDURAL LUMBAR 1 LVL, W/IMAG-CLINICAL FEE	1278.27	Office Procedure		510					
64483,FAC,5	INJ(S) ANES/STEROID EPIDURAL LUMBAR 1 LVL, W/IMAG-CLINICAL FEE	1917.41	Office Procedure		510					
64483,PRO	INJ(S) ANES/STEROID EPIDURAL LUMBAR 1 LVL, W/IMAG -PROVIDER FEE	238.92	Office Procedure							
64483,PRO,	INJ(S) ANES/STEROID EPIDURAL LUMBAR 1 LVL, W/IMAG -PROVIDER FEE	358.38	Office Procedure							
64484	INJ(S) ANES/STEROID EPIDURAL LUMBAR EA ADD LVL, W/IMAG	622.27	Office Procedure							
64484,50	INJ(S) ANES/STEROID EPIDURAL LUMBAR EA ADD LVL, W/IMAG	933.41	Office Procedure							
64484,FAC	INJ(S) ANES/STEROID EPIDURAL LUMBAR EA ADD LVL, W/IMAG -CLINICAL FEE	511.31	Office Procedure		510					
64484,FAC,5	INJ(S) ANES/STEROID EPIDURAL LUMBAR EA ADD LVL, W/IMAG -CLINICAL FEE	766.97	Office Procedure		510					
64484,PRO	INJ(S) ANES/STEROID EPIDURAL LUMBAR EA ADD LVL, W/IMAG -PROVIDER FEE	110.96	Office Procedure							
64484,PRO,	INJ(S) ANES/STEROID EPIDURAL LUMBAR EA ADD LVL, W/IMAG -PROVIDER FEE	166.44	Office Procedure							
64490	INJ PARAVERT F JNT C/T 1 LEV	1504.69	Office Procedure							
64490,FAC	INJ PARAVERT F JNT C/T 1 LEV-FACILITY FEE	1278.27	Office Procedure		510					
64490,PRO	INJ PARAVERT F JNT C/T 1 LEV-PROVIDER FEE	226.42	Office Procedure							
64491	INJ PARAVERT F JNT C/T 2 LEV	766.84	Office Procedure							
64491,FAC	INJ PARAVERT F JNT C/T 2 LEV-CLINICAL FEE	639.14	Office Procedure		510					
64491,PRO	INJ PARAVERT F JNT C/T 2 LEV-PROVIDER FEE	127.7	Office Procedure							
64492	INJ PARAVERT F JNT C/T 3 LEV	513.36	Office Procedure							
64492,FAC	INJ PARAVERT F JNT C/T 3 LEV-CLINCAL FEE	383.48	Office Procedure		510					
64492,PRO	INJ PARAVERT F JNT C/T 3 LEV-PROVIDER FEE	129.88	Office Procedure							
64493	INJ DIAG OR THERAP AGENT PARVERT 1 LEVEL	1473.03	Office Procedure							
64493,50	INJ DIAG OR THERAP AGENT PARVERT 1 LEVEL	2209.55	Office Procedure							
64493,FAC	INJ DIAG OR THERAP AGENT PARVERT 1 LEVEL-CLINICAL FEE	1278.27	Office Procedure		510					
64493,FAC,5	INJ DIAG OR THERAP AGENT PARVERT 1 LEVEL-CLINICAL FEE	1917.41	Office Procedure		510					
64493,PRO	INJ DIAG OR THERAP AGENT PARVERT 1 LEVEL -PROVIDER FEE	194.76	Office Procedure							
64493,PRO,	INJ DIAG OR THERAP AGENT PARVERT 1 LEVEL -PROVIDER FEE	292.14	Office Procedure							
64494	INJ DIAG OR THERAP AGENT PARVERT L/S 2ND LEVEL	749.36	Office Procedure							
64494,50	INJ DIAG OR THERAP AGENT PARVERT L/S 2ND LEVEL -CLINICAL FEE	1124.03	Office Procedure							
64494,FAC	INJ DIAG OR THERAP AGENT PARVERT L/S 2ND LEVEL -CLINICAL FEE	639.14	Office Procedure		510					
64494,FAC,5	INJ DIAG OR THERAP AGENT PARVERT L/S 2ND LEVEL -CLINICAL FEE	958.7	Office Procedure		510					
64494,PRO	INJ DIAG OR THERAP AGENT PARVERT L/S 2ND LEVEL -PROVIDER FEE	110.22	Office Procedure							
64494,PRO,	INJ DIAG OR THERAP AGENT PARVERT L/S 2ND LEVEL -PROVIDER FEE	165.33	Office Procedure							
64495	INJ PARAVERT F JNT L/S 3 LEV	622.97	Office Procedure							

64495,FAC	INJ PARAVERT F JNT L/S 3 LEV-CLINICAL FEE	511.31	Office Procedure		510					
64495,PRO	INJ PARAVERT F JNT L/S 3 LEV-PROVIDER FEE	111.66	Office Procedure							
64612	CHEMODENERERVATION MUSCLE FACIAL, UNILAT	664.86	Procedures							
64612,50	CHEMODENERERVATION MUSCLE FACIAL, UNILAT	997.28	Procedures							
64612,FAC	CHEMODENERERVATION MUSCLE FACIAL, UNILAT -CLINICAL FEE	407.84	Office Procedure		510					
64612,FAC,5	CHEMODENERERVATION MUSCLE FACIAL, UNILAT	611.75	Procedures		510					
64612,PRO	CHEMODENERERVATION MUSCLE FACIAL, UNILAT -PROVIDER FEE	257.02	Office Procedure							
64612,PRO,	CHEMODENERERVATION MUSCLE FACIAL, UNILAT	385.53	Procedures							
64615	CHEMODNRERV MUSCLE FACIAL TRIGEMINAL CERV SPINAL, BILAT	671.08	Procedures							
64615,FAC	CHEMODNRERV MUSCLE FACIAL TRIGEMINAL CERV SPINAL, BILAT -CLINICAL FEE	407.84	Office Procedure		510					
64615,PRO	CHEMODNRERV MUSCLE FACIAL TRIGEMINAL CERV SPINAL, BILAT -PROVIDER FEE	263.24	Office Procedure							
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	641.02	Office Procedure							
64616,50	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)	961.52	Office Procedure							
64616,FAC	CHEMODENERV NECK MUSCLE UNILAT (EG, CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS) -CLINICAL FEE	407.84	Office Procedure		510					
64616,FAC,5	CHEMODENERERVATION MUSCLE FACIAL, UNILAT	611.75	Procedures		510					
64616,PRO	CHEMODENERV NECK MUSCLE UNILAT (EG, CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS) -PROVIDER FEE	233.18	Office Procedure							
64616,PRO,	CHEMODENERERVATION MUSCLE FACIAL, UNILAT	349.77	Procedures							
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	1194.77	Office Procedure							
64642,FAC	CHEMODENERVATION 1 EXTREM 1-4 MUSCLES -CLINICAL FEE	966.51	Office Procedure		510					
64642,PRO	CHEMODENERVATION 1 EXTREM 1-4 MUSCLES -PROVIDER FEE	228.26	Office Procedure							
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S)	537.66	Office Procedure							
64643,FAC	CHEMODENERVATION EA ADD EXTREM 1-4 MUSCLES -CLINICAL FEE	386.6	Office Procedure		510					
64643,PRO	CHEMODENERVATION EA ADD EXTREM 1-4 MUSCLES -PROVIDER FEE	151.06	Office Procedure							
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE	1215.79	Office Procedure							
64644,FAC	CHEMODENERVATION 1 EXTREM => 5 MUSCLES -CLINICAL FEE	966.51	Office Procedure		510					
64644,PRO	CHEMODENERVATION 1 EXTREM => 5 MUSCLES -PROVIDER FEE	249.28	Office Procedure							
64645	CHEMODENERVATION 1 EXTREM EA ADDL 5/> MUSCLES	561.64	Office Procedure							
64645,FAC	CHEMODENERVATION 1 EXTREM EA ADDL 5/> MUSCLES-FACILITY FEE	386.6	Office Procedure		510					
64645,PRO	CHEMODENERVATION 1 EXTREM EA ADDL 5/> MUSCLES -PROVIDER FEE	175.04	Office Procedure							
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	1214.79	Office Procedure							
64646,FAC	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES -CLINICAL FEE	966.51	Office Procedure		510					
64646,PRO	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES -PROVIDER FEE	248.28	Office Procedure							
64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	1252.65	Office Procedure							
64647,FAC	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES -CLINICAL FEE	966.51	Office Procedure		510					
64647,PRO	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES -PROVIDER FEE	286.14	Office Procedure							
69200	REM FB EXT AUD CANAL, WO ANESTHESIA	276.75	Office Procedure							
69200,FAC	REM FB EXT AUD CANAL, WO ANESTHESIA -CLINICAL FEE	174.17	Office Procedure		510					
69200,PRO	REM FB EXT AUD CANAL, WO ANESTHESIA -PROVIDER FEE	102.58	Office Procedure							
69209	CERUMEN REMOVAL W/IRRIGATION/LAVAGE, UNILAT	119.82	Office Procedure							
69209,50	CERUMEN REMOVAL W/IRRIGATION/LAVAGE, BIILAT	179.73	Office Procedure							
69209,FAC	CERUMEN REMOVAL W/IRRIGATION/LAVAGE, UNILAT -CLINICAL FEE	86.22	Office Procedure		510					
69209,FAC,5	CERUMEN REMOVAL W/IRRIGATION/LAVAGE, BIILAT -CLINICAL FEE	129.33	Office Procedure		510					
69209,PRO	CERUMEN REMOVAL W/IRRIGATION/LAVAGE, UNILAT -PROVIDER FEE	33.6	Office Procedure							
69209,PRO,	CERUMEN REMOVAL W/IRRIGATION/LAVAGE, BIILAT -PROVIDER FEE	50.4	Office Procedure							
69210	CERUMEN REMOVAL W/INSTRUMENT, UNILAT	156.8	Office Procedure							
69210,FAC	CERUMEN REMOVAL W/INSTRUMENT, UNILAT -CLINICAL FEE	86.22	Office Procedure		510					
69210,PRO	CERUMEN REMOVAL W/INSTRUMENT, UNILAT -PROVIDER FEE	70.58	Office Procedure							
70100,TC	X-RAY MANDIBLE <4VIEWS	217.2	Radiology		320					
70140,TC	X-RAY FACIAL BONES <3V	217.2	Radiology		320					
70150,TC	X-RAY FACIAL BONES MIN 3V	267.2	Radiology		320					
70160,TC	X-RAY NASAL BONES MIN 3V	217.2	Radiology		320					
70200,TC	X-RAY ORBITS MIN 4V	267.2	Radiology		320					
70210,TC	X-RAY SINUSES <3V	217.2	Radiology		320					
70220,TC	X-RAY SINUSES MIN 3V	217.2	Radiology		320					
70250,TC	X-RAY SKULL < 4 VIEWS	267.2	Radiology		320					
70330,TC	X-RAY TEMPOROMANDIBULAR, BILAT	217.2	Radiology		320					
70360,TC	X-RAY NECK, SOFT TISSUE	217.2	Radiology		320					
71045,TC	X-RAY, CHEST, 1 VIEW	217.2	Radiology		320					
71046,TC	X-RAY, CHEST, 2 VIEWS	217.2	Radiology		320					
71047,TC	X-RAY, CHEST, 3 VIEWS	217.2	Radiology		320					
71048,TC	X-RAY, CHEST, MIN 4 VIEWS	267.2	Radiology		320					
71100,TC	X-RAY RIBS UNI 2 VIEWS	217.2	Radiology		320					
71101,TC	X-RAY RIBS UNILAT, WITH PA CHEST, MIN 3 VIEWS	267.2	Radiology		320					
71110,TC	X-RAY RIBS BILAT, 3 VIEWS	267.2	Radiology		320					
71111,TC	X-RAY RIBS BILAT, WITH PA CHEST, MIN 4 VIEWS	267.2	Radiology		320					
71120,TC	X-RAY BREASTBONE 2/>VWS	217.2	Radiology		320					
72020,TC	X-RAY SPINE 1 VIEW	217.2	Radiology		320					
72040,TC	X-RAY SPINE CERVICAL 2 OR 3 VIEW	217.2	Radiology		320					
72050,TC	X-RAY SPINE CERVICAL 4 OR 5 VIEW	267.2	Radiology		320					
72052,TC	X-RAY SPINE CERVICAL 6 OR MORE VIEWS	267.2	Radiology		320					
72070,TC	X-RAY SPINE THORACIC, 2 VIEWS	267.2	Radiology		320					
72072,TC	X-RAY SPINE THORACIC, 3 VIEWS	267.2	Radiology		320					
72074,TC	X-RAY SPINE THORACIC, MIN 4 VIEWS	267.2	Radiology		320					
72080,TC	X-RAY SPINE THORACOLUMBAR, MIN 2 V	217.2	Radiology		320					
72100,TC	X-RAY SPINE LUMBOSACRAL, 2 OR 3 VIEWS	267.2	Radiology		320					
72110,TC	X-RAY SPINE LUMBOSACRAL,MIN 4 VIEWS	267.2	Radiology		320					
72114,TC	X-RAY SPINE LUMBOSACRAL, INCLD BENDING, MIN 6 VIEWS	267.2	Radiology		320					
72120,TC	X-RAY SPINE LUMBOSACRAL, BENDING ONLY, 2 OR 3 VIEWS	267.2	Radiology		320					
72170,TC	X-RAY PELVIS, 1 OR 2 VIEWS	267.2	Radiology		320					
72190,TC	X-RAY PELVIS, MIN 3 VIEWS	267.2	Radiology		320					
72200,TC	X-RAY SI JOINTS, <3 VIEWS	267.2	Radiology		320					
72202,TC	X-RAY SI JOINTS =>3 VIEWS	267.2	Radiology		320					
72220,TC	X-RAY SACRUM COCCYX, MIN 2 V	217.2	Radiology		320					
73000,TC	X-RAY CLAVICLE, COMPLETE	217.2	Radiology		320					
73010,TC	X-RAY SCAPULA (SHOULDER BLADE) COMPLETE	267.2	Radiology		320					
73020,TC	X-RAY SHOULDER, 1 VIEW	217.2	Radiology		320					
73030,TC	X-RAY SHOULDER, MIN 2 VIEW	217.2	Radiology		320					
73040,TC	X-RAY ARTHROGRAM SHOULDER	921.08	Radiology		320					
73050,TC	X-RAY ACROMIOCLAVICULAR JOINT BILAT	217.2	Radiology		320					
73060,TC	X-RAY HUMERUS, MIN 2 VIEWS	217.2	Radiology		320					
73070,TC	X-RAY ELBOW, 2 VIEWS	217.2	Radiology		320					
73080,TC	X-RAY ELBOW, COMPLETE, MIN 3 VIEWS	217.2	Radiology		320					
73090,TC	X-RAY FOREARM, 2 VIEWS	217.2	Radiology		320					
73100,TC	X-RAY WRIST, 2 VIEWS	217.2	Radiology		320					
73110,TC	X-RAY WRIST, MIN 3 VIEWS	217.2	Radiology		320					
73120,TC	X-RAY HAND, 2 VIEWS	267.2	Radiology		320					
73130,TC	X-RAY HAND, MIN 3 VIEWS	217.2	Radiology		320					
73140,TC	X-RAY FINGER(S), MIN 2 VIEW	217.2	Radiology		320					
73501,TC	X-RAY HIP UNILAT, W/PELVIS WHEN PERFORMED, 1 V	217.2	Radiology		320					
73502,TC	X-RAY HIP UNILAT, W/PELVIS WHEN PERFORMED, 2-3 V	217.2	Radiology		320					
73521,TC	X-RAY HIPS BILAT, W/PELVIS WHEN PERFORMED, 2 VIEW	267.2	Radiology		320					
73522,TC	X-RAY HIPS BILAT, W/PELVIS WHEN PERFORMED, 3-4 VIEW	267.2	Radiology		320					
73552,TC	X-RAY FEMUR; MIN 2 VIEWS	217.2	Radiology		320					
73560,TC	X-RAY KNEE, 1 OR 2 VIEWS	217.2	Radiology		320					
73562,TC	X-RAY KNEE, 3 VIEWS	217.2	Radiology		320					
73564,TC	X-RAY KNEE, MIN 4 VIEWS	267.2	Radiology		320					
73565,TC	X-RAY KNEE, BOTH STANDING, AP VIEW	217.2	Radiology		320					

73590,TC	X-RAY TIBIA AND FIBULA, 2 VIEW	217.2	Radiology		320					
73600,TC	X-RAY ANKLE, 2 VIEW	217.2	Radiology		320					
73610,TC	X-RAY ANKLE, MIN 3 VIEW	217.2	Radiology		320					
73620,TC	X-RAY FOOT, 2 VIEW	217.2	Radiology		320					
73630,TC	X-RAY FOOT, MIN 3 VIEW	217.2	Radiology		320					
73650,TC	X-RAY CALCANEUS MIN 2 V	217.2	Radiology		320					
73660,TC	X-RAY TOE(S), MIN 2 V	217.2	Radiology		320					
74018,TC	X-RAY ABDOMEN 1 VIEW	217.2	Radiology		320					
74019,TC	X-RAY ABDOMEN 2 VIEWS	267.2	Radiology		320					
74022,TC	X-RAY ABDOMEN SERIES, INCL MIN 2V ABD, AND 1V CHEST	267.2	Radiology		320					
76937	US GUIDANCE FOR VASCULAR	100.17	Radiology							
76937,FAC	US GUIDANCE FOR VASCULAR -CLINICAL FEE	69.65	Radiology		402					
76937,PRO	US GUIDANCE FOR VASCULAR -PROVIDER FEE	30.52	Radiology							
76942	US GUIDANCE FOR NEEDLE PLACEMENT	159.3	Radiology							
76942,FAC	US GUIDANCE FOR NEEDLE PLACEMENT -CLINICAL FEE	76.83	Radiology		402					
76942,PRO	US GUIDANCE FOR NEEDLE PLACEMENT -PROVIDER FEE	82.48	Radiology							
76942,PRO,	US GUIDANCE FOR NEEDLE PLACEMENT -PROVIDER FEE	82.48	Radiology							
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS	276.35	Radiology							
77001,FAC	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS -CLINICAL FEE	228.03	Radiology		320					
77001,PRO	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS -PROVIDER FEE	48.33	Radiology							
77001,PRO,	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS -PROVIDER FEE	48.33	Radiology							
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	320.43	Radiology							
77002,FAC	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT -CLINICAL FEE	247.23	Radiology		320					
77002,PRO	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT -PROVIDER FEE	73.2	Radiology							
77002,PRO,	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT -PROVIDER FEE	73.2	Radiology							
80047	BASIC METABOLIC PANEL	34.33	Office Labs							
80047,FAC	BASIC METABOLIC PANEL -CLINICAL FEE	34.33	Office Labs		301					
81003	URINALYSIS, BY DIP STICK OR TABLE	5.63	Office Labs							
81003,FAC	URINALYSIS, BY DIP STICK OR TABLE -CLINICAL FEE	5.63	Office Labs		307					
81025	URINE PREGNANCY TEST, BY VISUAL C	21.53	Office Labs							
81025,FAC	URINE PREGNANCY TEST, BY VISUAL C -CLINICAL FEE	21.53	Office Labs		307					
82043	URINE, MICROALBUMIN, QUANTIT	14.45	Office Labs							
82043,FAC	URINE, MICROALBUMIN, QUANT -CLINICAL FEE	14.45	Office Labs		301					
82044	ALBUMIN; URINE (EG, MICROALBUMIN), SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	15.58	Office Labs							
82044,FAC	ALBUMIN; URINE (EG, MICROALBUMIN), SEMIQUANT -CLINICAL FEE	15.58	Office Labs		301					
82270	BLOOD, OCCULT, BY PEROXIDASE ACTI	10.95	Office Labs							
82270,FAC	BLOOD, OCCULT, FECES BY PEROXIDASE ACTIVITY -CLINICAL FEE	10.95	Office Labs		301					
82962	BLOOD SUGAR	8.2	Office Labs							
82962,FAC	BLOOD SUGAR POC -CLINICAL FEE	8.2	Office Labs		301					
85025	COMPLETE (CBC),AUTOMATED(HGB, HCT	19.43	Office Labs							
85025,FAC	COMPLETE (CBC), AUTO -CLINICAL FEE	19.43	Office Labs		305					
85610	PROTHROMBIN TIME;	10.73	Office Labs							
85610,FAC	PROTHROMBIN TIME; -CLINICAL FEE	10.73	Office Labs		305					
85610,FAC,(	PROTHROMBIN TIME; QW -CLINICAL FEE	10.73	Office Labs		305					
85610,QW	PROTHROMBIN TIME;	10.73	Office Labs							
86580	TUBERCULOSIS, INTRADERMAL	59.32	Office Labs							
86580,FAC	TUBERCULOSIS, INTRADERMAL -CLINICAL FEE	37.44	Testing		300					
86580,PRO	TUBERCULOSIS, INTRADERMAL -PROVIDER FEE	21.88	Testing							
87220	KOH	10.68	Office Labs							
87220,FAC	KOH -CLINICAL FEE	10.68	Office Labs		306					
87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG, SARS-COV, SARS-COV-2 [COVID-19])	88.33	Office Labs							
87426,FAC	INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOASSAY TECH -CLINICAL FEE	88.33	Office Labs		306					
87428	RAPID SARS FLU	64.97	Office Labs							
87428,FAC	RAPID SARS FLU -CLINICAL FEE	64.97	Office Labs		306					
87635	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	128.28	Office Labs							
87635,FAC	INFECTIOUS AGENT DETECT BY NUCLEIC ACID (DNA OR RNA) -CLINICAL FEE	128.28	Office Labs		306					
87804	INFLUENZA ASSAY, DIRECT OPTICAL	41.38	Office Labs							
87804,FAC	INFLUENZA ASSAY, DIRECT OPTICAL -CLINICAL FEE	41.38	Office Labs		306					
87880	STREPTOCOCCUS, GROUP A	41.33	Office Labs							
87880,FAC	STREPTOCOCCUS, GROUP A -CLINICAL FEE	41.33	Office Labs		306					
901,CHST	IPL-LUMECCA CHEST 1 SESSION -GLOBAL FEE	150	Office Procedure							
901,FACE	IPL-LUMECCA FACE 1 SESSION -GLOBAL FEE	150	Office Procedure							
901,FCCH	IPL-LUMECCA FACE AND CHEST 1 SESSION -GLOBAL FEE	250	Office Procedure							
901,FLAR	IPL-LUMECCA FULL ARMS 1 SESSION -GLOBAL FEE	250	Office Procedure							
901,FLBK	IPL-LUMECCA FULL BACK 1 SESSION -GLOBAL FEE	250	Office Procedure							
901,FLLG	IPL-LUMECCA FULL LEGS 1 SESSION -GLOBAL FEE	250	Office Procedure							
901,HNDS	IPL-LUMECCA HANDS 1 SESSION -GLOBAL FEE	100	Office Procedure							
901,LWAR	IPL-LUMECCA LOWER ARMS 1 SESSION -GLOBAL FEE	125	Office Procedure							
901,LWLG	IPL-LUMECCA LOWER LEGS 1 SESSION -GLOBAL FEE	150	Office Procedure							
901,PRO	OB ANTEPARTUM VISIT -PROVIDER FEE	0	Office Visits							
901,PRO,AC	OB ANTEPARTUM VISIT -PROVIDER FEE	0	Office Visits							
901,UPAR	IPL-LUMECCA UPPER ARMS 1 SESSION -GLOBAL FEE	125	Office Procedure							
901,UPBK	IPL-LUMECCA UPPER BACK 1 SESSION -GLOBAL FEE	150	Office Procedure							
901,UPLG	IPL-LUMECCA UPPER LEGS 1 SESSION -GLOBAL FEE	150	Office Procedure							
90460	IMMUNIZATION ADMIN, W/COUNS, 1ST <= 18 YR	49.06	Office Procedure							
90460,PRO	IMMUNIZATION ADMIN, W/COUNS, 1ST <= 18 YR -PROVIDER FEE	49.06								
90461	IMMUNIZATION ADMIN, W/COUNS, EA ADD <= 18 YR	22.02	Office Procedure							
90461,PRO	IMMUNIZATION ADMIN, W/COUNS, EA ADD <= 18 YR -PROVIDER FEE	22.02								
90471	IMMUNIZATION ADMIN INITIAL	145.19	Office Procedure							
90471,FAC	IMMUNIZATION ADMIN INITIAL -CLINICAL FEE	101.21	Office Procedure		771					
90471,PRO	IMMUNIZATION ADMIN INITIAL -PROVIDER FEE	43.98	Office Procedure							
90472	IMMUNIZATION ADMIN EACH ADDL	65.06	Office Procedure							
90472,FAC	IMMUNIZATION ADMIN EACH ADDL -CLINICAL FEE	33.54	Office Procedure		771					
90472,PRO	IMMUNIZATION ADMIN EACH ADDL -PROVIDER FEE	31.52	Office Procedure							
90474	IMMUNIZATION ADMIN ORAL/NASAL ADDL	57.58	Office Procedure							
90474,FAC	IMMUNIZATION ADMIN ORAL/NASAL ADDL -CLINICAL FEE	31.94	Office Procedure		771					
90474,PRO	IMMUNIZATION ADMIN ORAL/NASAL ADDL -PROVIDER FEE	25.64	Office Procedure							
92950	CARDIOPULMONARY RESUSCITATION	812.79	Office Procedure							
92950,FAC	CARDIOPULMONARY RESUSCITATION -CLINICAL FEE	420.09	Office Procedure		510					
92950,PRO	CARDIOPULMONARY RESUSCITATION -PROVIDER FEE	392.7	Office Procedure							
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL, EXTRENAL	1115.45	Office Procedure							
92960,FAC	CARDIOVERSION, ELECTIVE, ELECTRICAL, EXTRENAL -CLINICAL FEE	882.21	Office Procedure		510					
92960,PRO	CARDIOVERSION, ELECTIVE, ELECTRICAL, EXTRENAL -PROVIDER FEE	233.24	Office Procedure							
93000	EKG/INTERPRETATION/RPT	103.82	Testing							
93005,FAC	EKG, TRACING ONLY -CLINICAL FEE	86.22	Testing		730					
93010,PRO	EKG INTERPERTATION ONLY -PROVIDER FEE	17.6	Testing							
93015	CARDIOVASCULAR STRESS; TRACING & INTERP	495.93	Testing							
93016	CARDIOVASCULAR STRESS; SUPERVISION ONLY	45.68	Testing							
93016,PRO	CARDIOVASCULAR STRESS; SUPERVISION ONLY, -PROVIDER FEE	45.68	Testing							
93017,FAC	CARDIOVASCULAR STRESS; TRACING -CLINICAL FEE	420.09	Testing		510					
93018	CARDIOVASCULAR STRESS; INTERP& REPORT	30.16	Testing							
93018,PRO	CARDIOVASCULAR STRESS; INTERP& REPORT -PROVIDER FEE	30.16	Testing							
93224	HOLTER UP TO 48 HR GLOBAL RECORD, SCAN,& REPORT	388.07	Testing							
93225,FAC	HOLTER UP TO 48 HR HOOK UP, RECORD, DISCONNECT -CLINICAL FEE	174.17	Testing		510					
93226,FAC	HOLTER UP TO 48 HR SCANNING ANALYSIS -CLINICAL FEE	174.17	Testing		510					
93227	HOLTER UP TO 48 HR INTERP & REPORT	39.74	Testing							
93227,PRO	HOLTER UP TO 48 HR INTERP & REPORT -PROVIDER FEE	39.74	Testing							

93241	EXTERNAL ECG GLOBAL 48HR-7 DAY -GLOBAL FEE	275.83	Testing							
93242	EXTERNAL ECG RECORDING 48HR-7 DAY	50.94	Testing							
93242,FAC	EXTERNAL ECG RECORDING 48HR-7 DAY -CLINICAL FEE	50.94	Testing		510					
93243,FAC	EXTERNAL ECG SCANNING/ANALYSIS 48HR-7 DAY -CLINICAL FEE	174.17	Testing		510					
93244	EXTERNAL ECG INTERP&REPORT 48HR-7 DAY	50.72	Testing							
93244,PRO	EXTERNAL ECG INTERP&REPORT 48HR-7 DAY -PROVIDER FEE	50.72	Testing							
93245	EXTERNAL ECG GLOBAL 7-15 DAY -GLOBAL FEE	316.25	Testing							
93246	EXTERNAL ECG RECORDING 7-15 DAY	86.22	Testing							
93246,FAC	EXTERNAL ECG RECORDING 7-15 DAY -CLINICAL FEE	86.22	Testing		510					
93247,FAC	EXTERNAL ECG SCANNING/ANALYSIS 7-15 DAY -CLINICAL FEE	174.17	Testing		510					
93248	EXTERNAL ECG INTERP&REPORT 7-15 DAY	55.86	Testing							
93248,PRO	EXTERNAL ECG INTERP&REPORT 7-15 DAY -PROVIDER FEE	55.86	Testing							
93272	ECG/REVIEW EXTERNAL PATIENT, INTERPRET ONLY	52.18	Testing							
93272,PRO	ECG/REVIEW EXTERNAL PATIENT, INTERPRET ONLY -PROVIDER FEE	52.18								
93279	PROG DVC EVAL 1 LEAD PM	120.16	Testing							
93279,FAC	PROG DVC EVAL 1 LEAD PM -CLINICAL FEE	52.5	Testing		510					
93279,PRO	PROG DVC EVAL 1 LEAD PM -PROVIDER FEE	67.66	Testing							
93279,PRO,	PROG DVC EVAL 1 LEAD PM -PROVIDER FEE	67.66	Testing							
93280	PROG DVC EVAL DUAL LEAD PACEMAKER	132.72	Testing							
93280,FAC	PROG DVC EVAL DUAL LEAD PACEMAKER -CLINICAL FEE	52.5	Testing		510					
93280,PRO	PROG DVC EVAL DUAL LEAD PACEMAKER -PROVIDER FEE	80.22	Testing							
93280,PRO,	PROG DVC EVAL DUAL LEAD PACEMAKER -PROVIDER FEE	80.22	Testing							
93281	PROG DVC EVAL MULT LEAD PACEMAKER	142.8	Testing							
93281,FAC	PROG DVC EVAL MULT LEAD PACEMAKER -CLINICAL FEE	52.5	Testing		510					
93281,PRO	PROG DVC EVAL MULT LEAD PACEMAKER -PROVIDER FEE	90.3	Testing							
93281,PRO,	PROG DVC EVAL MULT LEAD PACEMAKER -PROVIDER FEE	90.3	Testing							
93282	PROG DVC EVAL 1 LEAD ICD TRANSVENOUS	142.8	Testing							
93282,FAC	PROG DVC EVAL 1 LEAD ICD TRANSVENOUS -CLINICAL FEE	52.5	Testing		510					
93282,PRO	PROG DVC EVAL 1 LEAD ICD TRANSVENOUS -PROVIDER FEE	90.3	Testing							
93282,PRO,	PROG DVC EVAL 1 LEAD ICD TRANSVENOUS -PROVIDER FEE	90.3	Testing							
93283	PROG DVC EVAL DUAL LEAD ICD TRANSVENOUS	173.8	Testing							
93283,FAC	PROG DVC EVAL DUAL LEAD ICD TRANSVENOUS -CLINICAL FEE	52.5	Testing		510					
93283,PRO	PROG DVC EVAL DUAL LEAD ICD TRANSVENOUS -PROVIDER FEE	121.3	Testing							
93283,PRO,	PROG DVC EVAL DUAL LEAD ICD TRANSVENOUS -CLINICAL FEE	52.5	Testing		510					
93283,PRO	PROG DVC EVAL DUAL LEAD ICD TRANSVENOUS -PROVIDER FEE	121.3	Testing							
93283,PRO,	PROG DVC EVAL DUAL LEAD ICD TRANSVENOUS -PROVIDER FEE	121.3	Testing							
93284	PROG DVC EVAL MULT LEAD ICD TRANSVENOUS	184.16	Testing							
93284,FAC	PROG DVC EVAL MULT LEAD ICD TRANSVENOUS -CLINICAL FEE	52.5	Testing		510					
93284,PRO	PROG DVC EVAL MULT LEAD ICD TRANSVENOUS -PROVIDER FEE	131.66	Testing							
93284,PRO,	PROG DVC EVAL MULT LEAD ICD TRANSVENOUS -PROVIDER FEE	131.66	Testing							
93288	INTERROGATION/ANALYSIS PACEMAKER	96.68	Testing							
93288,FAC	INTERROGATION/ANALYSIS PACEMAKER -CLINICAL FEE	52.5	Testing		510					
93288,PRO	INTERROGATION/ANALYSIS PACEMAKER -PROVIDER FEE	44.18	Testing							
93288,PRO,	INTERROGATION/ANALYSIS PACEMAKER -PROVIDER FEE	44.18	Testing							
93289	ICD DEVICE INTERROGATE	125.02	Testing							
93289,FAC	ICD DEVICE INTERROGATE-CLINIC FEE	52.5	Testing		510					
93289,PRO	ICD DEVICE INTERROGATE-PROVIDER FEE	72.52	Testing							
93289,PRO,	ICD DEVICE INTERROGATE-PROVIDER FEE	72.52	Testing							
93291	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	76.44	Testing							
93291,FAC	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON-CLINICAL FEE	37.44	Testing		510					
93291,PRO	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON-PROVIDER FEE	39	Testing							
93291,PRO,	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON-PROVIDER FEE	39	Testing							
93306,26	ECHO, TRANSTHORACIC, W/COLOR & DOPPLER	184.93	Radiology							
93306,PRO	ECHO, TRANSTHORACIC, W/COLOR & DOPPLER -PROVIDER FEE	184.93	Radiology							
93306,PRO,	ECHO, TRANSTHORACIC, W/COLOR & DOPPLER -PROVIDER FEE	184.93	Radiology							
93307,26	ECHO, TRANSTHORACIC, W/O COLOR & DOPPLER	117.53	Radiology							
93307,PRO,	ECHO, TRANSTHORACIC, W/O COLOR & DOPPLER -PROVIDER FEE	117.53	Radiology							
93308,26	ECHOCARDIOGRAPHY, TRANSTHORACIC, LIMITED OR FU	67.08	Radiology							
93308,PRO	ECHOCARDIOGRAPHY, TRANSTHORACIC, LIMITED OR FU -PROVIDER FEE	67.08	Radiology							
93308,PRO,	ECHOCARDIOGRAPHY, TRANSTHORACIC, LIMITED OR FU -PROVIDER FEE	67.08	Radiology							
93312,26	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL	286.8	Radiology							
93312,PRO	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL -PROVIDER FEE	286.8	Radiology							
93312,PRO,	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL -PROVIDER FEE	286.8	Radiology							
93313	ECHO TRANSESOPHAGEAL, PROBE PLACMNT	30.2	Radiology							
93313,PRO	ECHO TRANSESOPHAGEAL, PROBE PLACMNT -PROVIDER FEE	30.2	Radiology							
93325,26	DOPPLER ECHOCARDIOGRAPHY COLOR FL ADD ON	8.3	Radiology							
93325,PRO	DOPPLER ECHOCARDIOGRAPHY COLOR FL ADD ON -PROVIDER FEE	8.3	Radiology							
93325,PRO,	DOPPLER ECHOCARDIOGRAPHY COLOR FL ADD ON -PROVIDER FEE	8.3	Radiology							
93350,26	ECHOCARDIOGRAPHY, TRANSTHORACIC, STRESS	184.93	Radiology							
93350,PRO	ECHOCARDIOGRAPHY, TRANSTHORACIC, STRESS -PROVIDER FEE	184.93	Radiology							
93350,PRO,	ECHOCARDIOGRAPHY, TRANSTHORACIC, STRESS -PROVIDER FEE	184.93	Radiology							
93352	ADMIN ECG CONTRAST AGENT	73.94	Testing							
93352,PRO	ADMIN ECG CONTRAST AGENT -PROVIDER FEE	73.94								
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD	216.77	Testing							
94010,FAC	SPIROMETRY, INCLUDING GRAPHIC RECORD -CLINICAL FEE	199.17	Testing		510					
94010,PRO	SPIROMETRY, INCLUDING GRAPHIC RECORD -PROVIDER FEE	17.6	Testing							
94010,PRO,	SPIROMETRY, INCLUDING GRAPHIC RECORD -PROVIDER FEE	17.6	Testing							
94060	SPIROMETRY W/ PRE&POST BRONCHODILATION	442.13	Testing							
94060,FAC	SPIROMETRY W/ PRE&POST BRONCHODILATION -CLINICAL FEE	420.09	Testing		510					
94060,PRO	SPIROMETRY W/ PRE&POST BRONCHODILATION -PROVIDER FEE	22.04	Testing							
94060,PRO,	SPIROMETRY W/ PRE&POST BRONCHODILATION -PROVIDER FEE	22.04	Testing							
94070	BRONCHOSPASM CHALLENGE EVALUATION	479.69	Testing							
94070,FAC	BRONCHOSPASM CHALLENGE EVALUATION -CLINICAL FEE	420.09	Testing		510					
94070,PRO	BRONCHOSPASM CHALLENGE EVALUATION -PROVIDER FEE	59.6	Testing							
94070,PRO,	BRONCHOSPASM CHALLENGE EVALUATION -PROVIDER FEE	59.6	Testing							
94618	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST)	231.41	Testing							
94618,FAC	PULMONARY STRESS TESTING (EG, 6-MIN WALK TEST) -CLINICAL FEE	183.63	Testing		510					
94618,PRO	PULMONARY STRESS TESTING (EG, 6-MIN WALK TEST) -PROVIDER FEE	47.78	Testing							
94618,PRO,	PULMONARY STRESS TESTING (EG, 6-MIN WALK TEST) -PROVIDER FEE	47.78	Testing							
94640	PRESSURIZED OR NONPRESSURIZED INH	306.91	Testing							
94640,FAC	AIRWAY INHALATION TX -CLINICAL FEE	287.25	Office Visits		510					
94640,PRO	AIRWAY INHALATION TX -PROVIDER FEE	19.66	Office Visits							
94664	DEMO/EVAL PATIENT UTILIZATION; INHALATION DEVICE	324.51	Testing							
94664,FAC	DEMO/EVAL PATIENT UTILIZATION; INHALATION DEVICE -CLINICAL FEE	287.25	Testing		510					
94664,PRO	DEMO/EVAL PATIENT UTILIZATION; INHALATION DEVICE -PROVIDER FEE	37.26	Testing							
94726	PULM FUNCT TST PLETHYSMOGRAP	445.81	Testing							
94726,FAC	PULMONARY FUNCT TEST PLETHYSMOGRAPHY -CLINICAL FEE	420.09	Testing		510					
94726,PRO	PULMONARY FUNCT TEST PLETHYSMOGRAPHY -PROVIDER FEE	25.72	Testing							
94726,PRO,	PULMONARY FUNCT TEST PLETHYSMOGRAPHY -PROVIDER FEE	25.72	Testing							
94727	PULM FUNCTION TEST BY GAS	243.87	Testing							
94727,FAC	PULMONARY FUNCTION TEST BY GAS -CLINICAL FEE	218.15	Testing		510					
94727,PRO	PULMONARY FUNCTION TEST BY GAS -PROVIDER FEE	25.72	Testing							
94729	CO/MEMBANE DIFFUSE CAPACITY	106.32	Testing							
94729,FAC	CO/MEMBANE DIFFUSE CAPACITY -CLINICAL FEE	87.26	Testing		510					
94729,PRO	CO/MEMBANE DIFFUSE CAPACITY -PROVIDER FEE	19.06	Testing							
94729,PRO,	CO/MEMBANE DIFFUSE CAPACITY -PROVIDER FEE	19.06	Testing							
95885	EMG EACH EXTREMITY W/NERVE COND LIMITED	207.02	Testing							
95885,FAC	EMG EACH EXTREMITY W/NERVE COND LIMITED -CLINICAL FEE	168.04	Testing		510					
95885,PRO	EMG EACH EXTREMITY W/NERVE COND LIMITED -PROVIDER FEE	38.98	Testing							

95885,PRO,	EMG EACH EXTREMITY W/NERVE COND LIMITED -PROVIDER FEE	38.98	Testing							
95886	EMG EA EXTREMITY W/NERVE COND COMPLETE	265.7	Testing							
95886,FAC	EMG EA EXTREMITY W/NERVE COND COMPLETE -CLINICAL FEE	168.04	Testing		510					
95886,PRO	EMG EA EXTREMITY W/NERVE COND COMPLETE -PROVIDER FEE	97.66	Testing							
95886,PRO,	EMG EA EXTREMITY W/NERVE COND COMPLETE -PROVIDER FEE	97.66	Testing							
95887	EMG NON-EXTREMITY W/NERVE CONDUCTION	247.98	Testing							
95887,FAC	EMG NON-EXTREMITY W/NERVE CONDUCTION -CLINICAL FEE	168.04	Testing		510					
95887,PRO	EMG NON-EXTREMITY W/NERVE CONDUCTION -PROVIDER FEE	79.94	Testing							
95907	MOTOR&/SENS 1-2 NRV CNDJ TST	331.29	Testing							
95907,FAC	NERVE CONDUCTION STUDY 1-2 STUDIES -CLINICAL FEE	218.15	Testing		510					
95907,PRO	NERVE CONDUCTION STUDY 1-2 STUDIES -PROVIDER FEE	113.14	Testing							
95907,PRO,	NERVE CONDUCTION STUDY 1-2 STUDIES -PROVIDER FEE	113.14	Testing							
95908	MOTOR&/SENS 3-4 NRV CNDJ TST	561.27	Testing							
95908,FAC	NERVE CONDUCTION STUDY 3-4 STUDIES -CLINICAL FEE	420.09	Testing		510					
95908,PRO	NERVE CONDUCTION STUDY 3-4 STUDIES -PROVIDER FEE	141.18	Testing							
95908,PRO,	NERVE CONDUCTION STUDY 3-4 STUDIES -PROVIDER FEE	141.18	Testing							
95909	MOTOR&/SENS 5-6 NRV CNDJ TST	589.81	Testing							
95909,FAC	NERVE CONDUCTION STUDY 5-6 STUDIES -CLINICAL FEE	420.09	Testing		510					
95909,PRO	NERVE CONDUCTION STUDY 5-6 STUDIES -PROVIDER FEE	169.72	Testing							
95909,PRO,	NERVE CONDUCTION STUDY 5-6 STUDIES -PROVIDER FEE	169.72	Testing							
95910	MOTOR&SENS 7-8 NRV CNDJ TEST	645.65	Testing							
95910,FAC	NERVE CONDUCTION STUDY 7-8 STUDIES -CLINICAL FEE	420.09	Testing		510					
95910,PRO	NERVE CONDUCTION STUDY 7-8 STUDIES -PROVIDER FEE	225.56	Testing							
95910,PRO,	NERVE CONDUCTION STUDY 7-8 STUDIES -PROVIDER FEE	225.56	Testing							
95911	MOTOR&SEN 9-10 NRV CNDJ TEST	1006.53	Testing							
95911,FAC	NERVE CONDUCTION STUDY 9-10 STUDIES -CLINICAL FEE	725.15	Testing		510					
95911,PRO	NERVE CONDUCTION STUDY 9-10 STUDIES -PROVIDER FEE	281.38	Testing							
95911,PRO,	NERVE CONDUCTION STUDY 9-10 STUDIES -PROVIDER FEE	281.38	Testing							
95912	MOTOR&SEN 11-12 NRV CND TEST	1062.37	Testing							
95912,FAC	NERVE CONDUCTION STUDY 11-12 STUDIES -CLINICAL FEE	725.15	Testing		510					
95912,PRO	NERVE CONDUCTION STUDY 11-12 STUDIES -PROVIDER FEE	337.22	Testing							
95912,PRO,	NERVE CONDUCTION STUDY 11-12 STUDIES -PROVIDER FEE	337.22	Testing							
95913	MOTOR&SENS 13/> NRV CND TEST	1124.85	Testing							
95913,FAC	NERVE CONDUCTION STUDY 13 OR MORE STUDIES -CLINICAL FEE	725.15	Testing		510					
95913,PRO	NERVE CONDUCTION STUDY 13 OR MORE STUDIES -PROVIDER FEE	399.7	Testing							
95913,PRO,	NERVE CONDUCTION STUDY 13 OR MORE STUDIES -PROVIDER FEE	399.7	Testing							
95937	NEUROMUSCULAR JUNCTION TEST	292.19	Testing							
95937,FAC	NEUROMUSCLAR JUNCTION TESTING EACH -CLINICAL FEE	218.15	Testing		510					
95937,PRO	NEUROMUSCLAR JUNCTION TESTING EACH -PROVIDER FEE	74.04	Testing							
95970	ANALYZE NEUROSTIM NO PROG	214.25	Testing							
95970,FAC	ANALYSIS/PROG NEUROSTIMULATOR W/O PROGRAMING -CLINICAL FEE	174.17	Testing		510					
95970,PRO	ANALYSIS/PROG NEUROSTIMULATOR W/O PROGRAMING -PROVIDER FEE	40.08	Testing							
95976	ANALYSIS/PROGRAMMING SIMPLE CRANIAL NERVE NEUROSTIMULATOR	136.5	Testing							
95976,FAC	ANALYSIS/PROG SIMPLE CRANIAL NERVE NEUROSTIMULATOR -CLINICAL FEE	52.5	Testing		510					
95976,PRO	ANALYSIS/PROG SIMPLE CRANIAL NERVE NEUROSTIMULATOR -PROVIDER FEE	84	Testing							
95977	ANALYSIS/PROGRAMMING COMPLEX CRANIAL NERVE NEUROSTIMULATOR	262.12	Testing							
95977,FAC	ANALYSIS/PROG COMPLEX CRANIAL NERVE NEUROSTIMULATOR -CLINICAL FEE	149.72	Testing		510					
95977,PRO	ANALYSIS/PROG COMPLEX CRANIAL NERVE NEUROSTIMULATOR -PROVIDER FEE	112.4	Testing							
95983	ANALYSIS/PROGRAMMING BRAIN NEUROSTIMULATOR-1ST 15 MINUTES	256.18	Testing							
95983,FAC	ANALYSIS/PROG BRAIN NEUROSTIMULATOR, 1ST 15 MIN -CLINICAL FEE	149.72	Testing		510					
95983,PRO	ANALYSIS/PROG BRAIN NEUROSTIMULATOR, 1ST 15 MIN -PROVIDER FEE	106.46	Testing							
95984	ANALYSIS/PROGRAMMING BRAIN NEUROSTIMULATOR-EACH ADDTL 15 MINUTES	153.33	Testing							
95984,FAC	ANALYSIS/PROG BRAIN NEUROSTIMULATOR, EA ADD 15 MIN -CLINICAL FEE	59.89	Testing		510					
95984,PRO	ANALYSIS/PROG BRAIN NEUROSTIMULATOR, EA ADD 15 MIN -PROVIDER FEE	93.44	Testing							
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRMPT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM-PROVIDER FEEPT-FOCUSED HLTH RISK ASSMT S(	44.52	Testing							
96160,FAC	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM-CLINICAL FEE	44.52	Testing		510					
96360	HYDRATION IV INFUSION	309.86	Office Procedure							
96360,FAC	HYDRATION IV INFUSION INITIAL HR -CLINICAL FEE	309.86	Office Procedure		260					
96361	HYDRATION IV ADD ON	63.56	Office Procedure							
96361,FAC	HYDRATION IV INFUSION ADDL HR -CLINICAL FEE	63.56	Office Procedure		260					
96369	SC THER INFUSION UP TO 1 HR	309.86	Office Procedure							
96369,FAC	SC THER INFUSION UP TO 1 HR -CLINICAL FEE	309.86	Office Procedure		260					
96372	INJECTION SUBQ OR IM	63.56	Office Procedure							
96372,FAC	INJECTION SUBQ OR IM -CLINICAL FEE	63.56	Office Procedure		260					
96374	INJECTION IV 1 OR INITIAL	309.86	Office Procedure							
96374,FAC	INJECTION IV 1 OR INITIAL -CLINICAL FEE	309.86	Office Procedure		260					
96375	INJECTION IV 1 OR EA ADD NEW DRUG -PROVIDER FEE	63.56	Office Procedure							
96375,FAC	INJECTION IV 1 OR EA ADD NEW DRUG -CLINICAL FEE	63.56	Office Procedure		260					
96376	INJECTION IV 1 OR EA ADD SAME DRUG	154.93	Office Procedure							
96376,FAC	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION -CLINICAL FEE	154.93	Office Procedure		260					
99024	POSTOP FOLLOW-UP VISIT	0	Office Visits							
99024,PRO	POSTOP FOLLOW-UP VISIT -PROVIDER FEE	0								
99080	SPECIAL REPORTS OR FORMS	25	Office Visits							
99080,PRO	SPECIAL REPORTS OR FORMS -PROVIDER FEE	25								
99081	MEDICAL RECORDS FEE (PAGE 1-50)	0.5	Office Visits							
99081,PRO	MEDICAL RECORDS FEE (PAGE 1-50) -PROVIDER FEE	0.5								
99082	MEDICAL RECORDS FEE (PAGE 51 & UP)	0.25	Office Visits							
99082,PRO	MEDICAL RECORDS FEE (PAGE 51 & UP) -PROVIDER FEE	0.25								
99083	MEDICAL RECORDS RETRIEVAL FEE	10	Office Visits							
99083,PRO	MEDICAL RECORDS RETRIEVAL FEE -PROVIDER FEE	10								
99084	DISABILITY FORM FEE	15	Office Visits							
99084,PRO	DISABILITY FORM FEE -PROVIDER FEE	15								
99152	MOD SEDATION SAME PHYS, >5 YRS, 1ST 15 MINS	26.84	Office Procedure							
99152,PRO	MOD SEDATION SAME PHYS, >5 YRS, 1ST 15 MINS -PROVIDER FEE	26.84								
99153	MOD SEDATION SAME PHYS, ADD 15 MIN	23.94	Office Procedure							
99153,PRO	MOD SEDATION SAME PHYS, ADD 15 MIN -PROVIDER FEE	23.94								
99156	MOD SEDATION DIFF PHYS, >5 YRS, 1ST 15 MIN	163.24	Office Procedure							
99156,PRO	MOD SEDATION DIFF PHYS, >5 YRS, 1ST 15 MIN -PROVIDER FEE	163.24								
99157	MOD SEDATION DIFF PHYS, ADD 15 MIN	133.74	Office Procedure							
99157,PRO	MOD SEDATION DIFF PHYS, ADD 15 MIN -PROVIDER FEE	133.74								
99173	VISUAL ACUITY SCREEN, QUANTITATIVE, BILAT	0	Screening/Assessment Tool							
99173,PRO	VISUAL ACUITY SCREEN, QUANTITATIVE, BILAT -PROVIDER FEE	0								
99202	E&M NEW PT LEVEL 2	259.14	New Outpatient Visit							
99202,FAC	E&M NEW PT LEVEL 2 -CLINIC FEE	181.29	New Outpatient Visit		510					
99202,PRO	E&M NEW PT LEVEL 2 -PROVIDER FEE	77.85	New Outpatient Visit							
99203	E&M NEW PT LEVEL 3	315.33	New Outpatient Visit							
99203,FAC	E&M NEW PT LEVEL 3 -CLINIC FEE	181.29	New Outpatient Visit		510					
99203,PRO	E&M NEW PT LEVEL 3 -PROVIDER FEE	134.04	New Outpatient Visit							
99204	E&M NEW PT LEVEL 4	397.25	New Outpatient Visit							
99204,FAC	E&M NEW PT LEVEL 4 -CLINIC FEE	181.29	New Outpatient Visit		510					
99204,PRO	E&M NEW PT LEVEL 4 -PROVIDER FEE	215.96	New Outpatient Visit							
99205	E&M NEW PT LEVEL 5	474.54	New Outpatient Visit							
99205,FAC	E&M NEW PT LEVEL 5 -CLINIC FEE	181.29	New Outpatient Visit		510					
99205,NSWI	NEW/INITIAL OFFICE VISIT NON SURG WEIGHT MANAGEMENT	131.25	Office Visits							
99205,PRO	E&M NEW PT LEVEL 5 -PROVIDER FEE	293.25	New Outpatient Visit							
99211	E&M ESTABLISHED PT LEVEL 1	195.59	Subsequent Outpatient Visit							
99211,FAC	E&M ESTABLISHED PT LEVEL 1 -CLINIC FEE	181.29	Subsequent Outpatient Visit		510					

99211,PRO	E&M ESTABLISHED PT LEVEL 1 -PROVIDER FEE	14.3	Subsequent Outpatient Visit							
99212	E&M ESTABLISHED PT LEVEL 2	238.86	Subsequent Outpatient Visit							
99212,FAC	E&M ESTABLISHED PT LEVEL 2 -CLINIC FEE	181.29	Subsequent Outpatient Visit		510					
99212,PRO	E&M ESTABLISHED PT LEVEL 2 -PROVIDER FEE	57.57	Subsequent Outpatient Visit							
99213	E&M ESTABLISHED PT LEVEL 3	288.32	Subsequent Outpatient Visit							
99213,DT	DOT PHYSICAL	95	Office Visits							
99213,FAC	E&M ESTABLISHED PT LEVEL 3 -CLINIC FEE	181.29	Subsequent Outpatient Visit		510					
99213,NSWI	EST/SUBSEQUENT OFFICE VISIT NON SURG WEIGHT MANAGEMENT	106.25	Office Visits							
99213,PRO	E&M ESTABLISHED PT LEVEL 3 -PROVIDER FEE	107.03	Subsequent Outpatient Visit							
99213,SP	SPORTS/SCHOOL PHYSICAL	75	Office Visits							
99214	E&M ESTABLISHED PT LEVEL 4	339.42	Subsequent Outpatient Visit							
99214,FAC	E&M ESTABLISHED PT LEVEL 4 -CLINIC FEE	181.29	Subsequent Outpatient Visit		510					
99214,PRO	E&M ESTABLISHED PT LEVEL 4 -PROVIDER FEE	158.13	Subsequent Outpatient Visit							
99215	E&M ESTABLISHED PT LEVEL 5	413.58	Subsequent Outpatient Visit							
99215,FAC	E&M ESTABLISHED PT LEVEL 5 -CLINIC FEE	181.29	Subsequent Outpatient Visit		510					
99215,NSWI	EST/SUBSEQUENT OFFICE VISIT NON SURG WEIGHT MANAGEMENT	106.25	Office Visits							
99215,PRO	E&M ESTABLISHED PT LEVEL 5 -PROVIDER FEE	232.29	Subsequent Outpatient Visit							
99221	INITIAL HOSPITAL CARE E&M, LOW	134.52	Office Visits							
99221,AI	INITIAL HOSPITAL CARE E&M, LOW (AI MODIFIER; PRINCIPLE PHYS OF RECORD)	134.52	Office Visits							
99221,PRO	INITIAL HOSPITAL CARE E&M, LOW -PROVIDER FEE	134.52								
99221,PRO,	INITIAL HOSPITAL CARE E&M, LOW (AI MODIFIER; PRINCIPLE PHYS OF RECORD) -PROVIDER FEE	134.52								
99222	INITIAL HOSPITAL CARE E&M, MODERATE	211.11	Office Visits							
99222,AI	INITIAL HOSPITAL CARE E&M, MODERATE (AI MODIFIER; PRINCIPLE PHYS OF RECORD)	211.11	Office Visits							
99222,PRO	INITIAL HOSPITAL CARE E&M, MODERATE -PROVIDER FEE	211.11								
99222,PRO,	INITIAL HOSPITAL CARE E&M, MODERATE (AI MODIFIER; PRINCIPLE PHYS OF RECORD) -PROVIDER FEE	211.11								
99223	INITIAL HOSPITAL CARE E&M, COMPLEX	281.61	Office Visits							
99223,AI	INITIAL HOSPITAL CARE E&M, COMPLEX (AI MODIFIER; PRINCIPLE PHYS OF RECORD)	281.61	Office Visits							
99223,PRO	INITIAL HOSPITAL CARE E&M, COMPLEX -PROVIDER FEE	281.61								
99223,PRO,	INITIAL HOSPITAL CARE E&M, COMPLEX (AI MODIFIER; PRINCIPLE PHYS OF RECORD) -PROVIDER FEE	281.61								
99231	SUBSEQ HOSPITAL CARE E&M, LOW	80.48	Office Visits							
99231,PRO	SUBSEQ HOSPITAL CARE E&M, LOW -PROVIDER FEE	80.48								
99232	SUBSEQ HOSPITAL CARE E&M, MODERATE	128.43	Office Visits							
99232,PRO	SUBSEQ HOSPITAL CARE E&M, MODERATE -PROVIDER FEE	128.43								
99233	SUBSEQ HOSPITAL CARE E&M, COMPLEX	193.22	Office Visits							
99233,PRO	SUBSEQ HOSPITAL CARE E&M, COMPLEX -PROVIDER FEE	193.22								
99242	OFFICE CONSULTATION LEVEL 2	219.57	Office Visits							
99242,PRO	OFFICE CONSULTATION LEVEL 2 -PROVIDER FEE	219.57								
99243	OFFICE CONSULTATION LEVEL 3	283.93	Office Visits							
99243,PRO	OFFICE CONSULTATION LEVEL 3 -PROVIDER FEE	283.93								
99244	OFFICE CONSULTATION LEVEL 4	349.81	Office Visits							
99244,PRO	OFFICE CONSULTATION LEVEL 4 -PROVIDER FEE	349.81								
99245	OFFICE CONSULTATION LEVEL 5	450	Office Visits							
99245,PRO	OFFICE CONSULTATION LEVEL 5 -PROVIDER FEE	450								
99291	CRITICAL CARE, FIRST 30-74 MINUTES	345.59	Office Visits							
99291,PRO	CRITICAL CARE, FIRST 30-74 MINUTES -PROVIDER FEE	345.59								
99381	INITIAL PREVEN E&M AGE <1	190.16	Office Visits							
99381,PRO	INITIAL PREVEN E&M AGE <1 -PROVIDER FEE	190.16								
99382	INITIAL PREVEN E&M AGE 1 TO 4	206.37	Office Visits							
99382,PRO	INITIAL PREVEN E&M AGE 1 TO 4 -PROVIDER FEE	206.37								
99383	INITIAL PREVEN E&M AGE 5 TO 11	202.04	Office Visits							
99383,PRO	INITIAL PREVEN E&M AGE 5 TO 11 -PROVIDER FEE	202.04								
99384	INITIAL PREVEN E&M AGE 12 TO 17	218.25	Office Visits							
99384,PRO	INITIAL PREVEN E&M AGE 12 TO 17 -PROVIDER FEE	218.25								
99385	INITIAL PREVEN E&M AGE 18 TO 39	218.25	Office Visits							
99385,PRO	INITIAL PREVEN E&M AGE 18 TO 39 -PROVIDER FEE	218.25								
99386	INITIAL PREVEN E&M AGE 40 TO 64	257.15	Office Visits							
99386,PRO	INITIAL PREVEN E&M AGE 40 TO 64 -PROVIDER FEE	257.15								
99387	INITIAL PREVEN E&M AGE 65 AND OLDER	279.84	Office Visits							
99387,PRO	INITIAL PREVEN E&M AGE 65 AND OLDER -PROVIDER FEE	279.84								
99391	EST PREVEN E&M AGE <1	144.78	Office Visits							
99391,PRO	EST PREVEN E&M AGE <1 -PROVIDER FEE	144.78								
99392	EST PREVEN E&M AGE 1 TO 4	162.07	Office Visits							
99392,PRO	EST PREVEN E&M AGE 1 TO 4 -PROVIDER FEE	162.07								
99393	EST PREVEN E&M AGE 5 TO 11	159.9	Office Visits							
99393,PRO	EST PREVEN E&M AGE 5 TO 11 -PROVIDER FEE	159.9								
99394	EST PREVEN E&M AGE 12 TO 17	178.28	Office Visits							
99394,PRO	EST PREVEN E&M AGE 12 TO 17 -PROVIDER FEE	178.28								
99395	EST PREVEN E&M AGE 18 TO 39	180.43	Office Visits							
99395,PRO	EST PREVEN E&M AGE 18 TO 39 -PROVIDER FEE	180.43								
99396	EST PREVEN E&M AGE 40 TO 64	198.81	Office Visits							
99396,PRO	EST PREVEN E&M AGE 40 TO 64 -PROVIDER FEE	198.81								
99397	EST PREVEN E&M AGE >65	218.25	Office Visits							
99397,PRO	EST PREVEN E&M AGE >65 -PROVIDER FEE	218.25								
99401	PREVEN MED COUNSELING OR RISK REDUCT, 15 MIN	44.1	Office Visits							
99401,PRO	PREVEN MED COUNSELING OR RISK REDUCT, 15 MIN -PROVIDER FEE	44.1								
99403	PREVEN MED COUNSELING OR RISK REDUCT, 45 MIN	102.9	Office Visits							
99403,PRO	PREVEN MED COUNSELING OR RISK REDUCT, 45 MIN -PROVIDER FEE	102.9								
99406	SMOKING CESSATION 3 TO 10 MINUTES	63.71	Office Visits							
99406,FAC	SMOKING CESSATION 3 TO 10 MINUTES -CLINICAL FEE	44.52	Office Visits		510					
99406,PRO	SMOKING CESSATION 3 TO 10 MINUTES -PROVIDER FEE	19.19								
99407	BEHAV CHNG SMOKING > 10 MIN	85.11	Office Visits							
99407,FAC	SMOKING CESSATION >10 MINUTES -CLINICAL FEE	44.52	Office Visits		510					
99407,PRO	SMOKING CESSATION >10 MINUTES -PROVIDER FEE	40.59	Office Visits							
99417	PROLONGED OFFICE/OUTPATIENT E/M SVC, EA 15 MIN	69.87	Office Visits							
99417,PRO	PROLONGED OFFICE/OUTPATIENT E/M SVC, EA 15 MIN -PROVIDER FEE	69.87								
99418	PROLONGED INPATIENT/OBSERVATION EM SVC EA 15 MIN	79.84	Office Visits							
99418,PRO	PROLONGED INPATIENT/OBSERVATION EM SVC EA 15 MIN-PROVIDER FEE	79.84	Office Visits							
99441	TELEPHONE E&M, EST PT, PARENT, OR GUARDIAN, 5-10 MINUTES	56.66	Office Visits							
99441,PRO	'TELEPHONE E&M, EST PT, PARENT, OR GUARDIAN, 5-10 MINUTES -PROVIDER FEE	56.66								
99442	TELEPHONE E&M, EST PT, PARENT, OR GUARDIAN, 11-20 MINUTES	107.03	Office Visits							
99442,PRO	TELEPHONE E&M, EST PT, PARENT, OR GUARDIAN, 11-20 MINUTES -PROVIDER FEE	107.03	Office Visits							
99443	TELEPHONE E&M, EST PT, PARENT, OR GUARDIAN, 21-30 MIN	157.2	Office Visits							
99443,PRO	TELEPHONE E&M, EST PT, PARENT, OR GUARDIAN, 21-30 MIN -PROVIDER FEE	157.2								
99496	TRANS CARE MGMT 7 DAY DISCH	490.64	Office Visits							
99496,FAC	TRANS CARE MGMT 7 DAY DISCH -CLINICAL FEE	181.29	Office Visits		510					
99496,PRO	TRANS CARE MGMT 7 DAY DISCH -PROVIDER FEE	309.35	Office Visits							
99497	ADVANCE CARE PLANNING FIRST 30 MINUTES	236.3	Office Visits							
99497,FAC	ADVANCE CARE PLANNING FIRST 30 MINUTES -CLINICAL FEE	113.78	Office Visits		510					
99497,PRO	ADVANCE CARE PLANNING FIRST 30 MINUTES -PROVIDER FEE	122.52	Office Visits							
99498	ADVANCE CARE PLANNING EA ADD 30 MINUTES	172.77	Office Visits							
99498,FAC	ADVANCE CARE PLANNING EA ADD 30 MINUTES-CLINICAL FEE	56.89	Office Procedure		510					
99498,PRO	ADVANCE CARE PLANNING EA ADD 30 MINUTES -PROVIDER FEE	115.88								
G0008	ADMIN INFUENZA VIRUS VACCINE	145.19	Office Procedure							
G0008,FAC	ADMIN INFUENZA VIRUS VACCINE -CLINICAL FEE	101.21	Office Procedure		771					
G0008,PRO	ADMIN INFUENZA VIRUS VACCINE -PROVIDER FEE	43.98	Office Procedure							
G0009	ADMIN PNEUMOCOCCAL VACCINE	145.19	Office Procedure							
G0009,FAC	ADMIN PNEUMOCOCCAL VACCINE -CLINICAL FEE	101.21	Office Procedure		771					

G0009,PRO	ADMIN PNEUMOCOCCAL VACCINE -PROVIDER FEE	43.98	Office Procedure							
G0010	ADMIN HEPATITIS B VACCINE	145.19	Office Procedure							
G0010,FAC	ADMIN HEPATITIS B VACCINE -CLINICAL FEE	101.21	Office Procedure		771					
G0010,PRO	ADMIN HEPATITIS B VACCINE -PROVIDER FEE	43.98	Office Procedure							
G0101	CA SCREEN PELVIC/BREAST EXAM	173.38	Testing							
G0101,FAC	CA SCREEN PELVIC/BREAST EXAM -CLINICAL FEE	113.78	Testing		510					
G0101,PRO	CA SCREEN PELVIC/BREAST EXAM -PROVIDER FEE	59.6	Testing							
G0105	COLORECTAL CA SCRN HIGH RISK	197.32	Testing							
G0105,PRO	COLORECTAL CA SCRN HIGH RISK -PROVIDER FEE	197.32								
G0121	COLORECTAL CA SCRN NOT HIGH RISK	197.92	Testing							
G0121,PRO	COLORECTAL CA SCRN NOT HIGH RISK -PROVIDER FEE	197.92								
G0245	INITIAL E/M DIABETIC PT W/SENSORY NEUROPATHY	85.92	Testing							
G0245,PRO	INITIAL E/M DIABETIC PT W/SENSORY NEUROPATHY -PROVIDER FEE	85.92								
G0260,FAC	INJECTION SI JOINT -CLINICAL FEE	966.51	Surgical		510					
G0296	VISIT TO DETERMINE LDCT ELIG	169.4	Office Visits							
G0296,FAC	COUNSELING VISIT FOR LDCT -CLINICAL FEE	113.78	Screening/Assessment Tool		510					
G0296,PRO	COUNSELING VISIT FOR LDCT -PROVIDER FEE	55.62	Screening/Assessment Tool							
G0372	MD SERVICE REQUIRED FOR PMD	19.04	Office Visits							
G0372,PRO	MD SERVICE REQUIRED FOR PMD -PROVIDER FEE	19.04								
G0402	INITIAL PREVENTIVE EXAM (DURING 1ST 12 MONTHS OF MC ENROLLMENT)	465.45	Office Visits							
G0402,FAC	INITIAL PREVENTIVE EXAM (DURING 1ST 12 MONTHS OF MC ENROLLMENT) -CLINICAL FEE	181.29	Office Visits		510					
G0402,PRO	INITIAL PREVENTIVE EXAM (DURING 1ST 12 MONTHS OF MC ENROLLMENT) -PROVIDER FEE	284.16	Office Visits							
G0403	EKG FOR INITIAL PREVENT EXAM	31.4	Testing							
G0403,PRO	EKG FOR INITIAL PREVENT EXAM -PROVIDER FEE	31.4								
G0426	TELEHEALTH CONSULT ED OR INTIAL INPT, 50 MIN	282.22	Office Visits							
G0426,PRO	TELEHEALTH CONSULT ED OR INTIAL INPT, 50 MIN -PROVIDER FEE	282.22								
G0438	AWV/PPPS INITIAL VISIT	359.66	Office Visits							
G0438,FAC	ANNUAL WELLNESS VST W/PREV PLAN OF SERVICE, INITIAL VISIT -CLINICAL FEE	0	Office Visits		510					
G0438,PRO	ANNUAL WELLNESS VST W/PREV PLAN OF SERVICE, INITIAL VISIT -PROVIDER FEE	359.66	Office Visits							
G0439	AWV/PPPS SUBSEQUENT VISIT	281.46	Office Visits							
G0439,FAC	ANNUAL WELLNESS VST W/PREV PLAN OF SERVICE, SUBQ VISIT -CLINICAL FEE	0	Office Visits		510					
G0439,PRO	ANNUAL WELLNESS VST W/PREV PLAN OF SERVICE, SUBQ VISIT -PROVIDER FEE	281.46	Office Visits							
G0442	ANNUAL ALCOHOL SCREEN 15 MIN	64.32	Office Visits							
G0442,FAC	ANNUAL ALCOHOL SCREEN 15 MIN -CLINICAL FEE	44.52	Office Visits		510					
G0442,PRO	ANNUAL ALCOHOL SCREEN 15 MIN -PROVIDER FEE	19.8	Office Visits							
G0444	ANNUAL DEPRESSION SCREENING 15 MINUTES	64.32	Office Visits							
G0444,FAC	ANNUAL DEPRESSION SCREENING 15 MINUTES -CLINICAL FEE	44.52	Office Visits		510					
G0444,PRO	ANNUAL DEPRESSION SCREENING 15 MINUTES -PROVIDER FEE	19.8	Office Visits							
G0447	BEHAVIOR COUNSELING OBESITY 15 MINUTES	49.68	Office Visits							
G0447,PRO	BEHAVIOR COUNSELING OBESITY 15 MINUTES -PROVIDER FEE	49.68								
G0463,FAC	E&M CLINIC LEVEL -CLINICAL FEE	181.29	Office Visits		510					
G2012	VIRTUAL CHECK-IN EST PATIENT, 5-10 MINUTES	27.08	Office Visits							
G2012,PRO	VIRTUAL CHECK-IN EST PATIENT, 5-10 MINUTES -PROVIDER FEE	27.08								
G2212	PROLONGED EVALUATION & MANAGEMENT SERVICE(S)	67.42	Office Visits							
G2212,PRO	PROLONGED EVALUATION & MANAGEMENT SERVICE(S) -PROVIDER FEE	67.42								
G9226	FOOT EXAMINATION PERFORMED	0	Screening/Assessment Tool							
G9226,PRO	FOOT EXAMINATION PERFORMED -PROVIDER FEE	0								
NCS	NO CHARGE SERVICE	0	Office Visits							
P3001	SCREENING PAP SMEAR BY PHYSICIAN	49.94	Office Labs							
P3001,PRO	SCREENING PAP SMEAR BY PHYSICIAN -PROVIDER FEE	49.94	Testing							
Q0091	SCREENING PAPANICOLAOU SMEAR; OBT	77.04	Testing							
Q0091,FAC	SCREENING PAPANICOLAOU (PAP) SMEAR; OBTAINING -CLINICAL FEE	37.44	Testing		311					
Q0091,PRO	SCREENING PAPANICOLAOU (PAP) SMEAR; OBTAINING -PROVIDER FEE	39.6	Testing							
Q3014,FAC	TELEHEALTH FACILITY FEE	53.3	Office Procedure		510					
S2083	ADJUSTMENT OF GASTRIC BAND DIAMET	257.25	Surgical							
S2083,PRO	ADJUSTMENT OF GASTRIC BAND DIAMET -PROVIDER FEE	257.25	Surgical							
S2900	SURGICAL TECHNIQ REQ USE OF ROBOTIC SURGICAL SYSTEM	0	Surgical							