

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
10040	PR ACNE SURGERY OF SKIN ABSCESS	PR INTEGUMENTARY SYSTEM SERVICES	10040	CPT(R)		\$275.00
10060	PR DRAIN SKIN ABSCESS SIMPLE	PR INTEGUMENTARY SYSTEM SERVICES	10060	CPT(R)		\$614.00
10061	PR DRAIN SKIN ABSCESS COMPLIC	PR INTEGUMENTARY SYSTEM SERVICES	10061	CPT(R)		\$1,027.00
10080	PR DRAIN PILONIDAL CYST SIMPL	PR INTEGUMENTARY SYSTEM SERVICES	10080	CPT(R)		\$952.01
10081	PR DRAIN PILONIDAL CYST COMPLIC	PR INTEGUMENTARY SYSTEM SERVICES	10081	CPT(R)		\$1,677.87
10120	PR REMOVE FOREIGN BODY SIMPLE	PR INTEGUMENTARY SYSTEM SERVICES	10120	CPT(R)		\$858.00
10121	PR REMOVE FOREIGN BODY COMPLIC	PR INTEGUMENTARY SYSTEM SERVICES	10121	CPT(R)		\$1,407.95
10140	PR DRAINAGE OF HEMATOMA/FLUID	PR INTEGUMENTARY SYSTEM SERVICES	10140	CPT(R)		\$762.34
10160	PR PUNCTURE DRAINAGE OF LESION	PR INTEGUMENTARY SYSTEM SERVICES	10160	CPT(R)		\$648.00
11000	PR DEBRIDEMENT, INFECTED SKIN, UP TO 10% BSA	PR INTEGUMENTARY SYSTEM SERVICES	11000	CPT(R)		\$299.10
11042	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,=<20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11042	CPT(R)		\$775.00
11043	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,=<20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11043	CPT(R)		\$1,583.00
11044	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,BONE,=<20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11044	CPT(R)		\$2,441.00
11045	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,EACH ADD 20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11045	CPT(R)		\$95.00
11046	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,EACH ADD 20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11046	CPT(R)		\$574.00
11047	PR DEBRIDEMENT, SKIN, SUB-Q TISSUE,MUSCLE,BONE,EACH ADD 20 SQ CM	PR INTEGUMENTARY SYSTEM SERVICES	11047	CPT(R)		\$910.00
11055	PR TRIM HYPERKERATOTIC SKIN LESION, ONE	PR INTEGUMENTARY SYSTEM SERVICES	11055	CPT(R)		\$279.00
11056	TRIM BENIGN HYPERKERATOTIC SKIN LESION,2-4	PR INTEGUMENTARY SYSTEM SERVICES	11056	CPT(R)		\$345.00
11102	PR TANGENTIAL BIOPSY SKIN SINGLE LESION	PR INTEGUMENTARY SYSTEM SERVICES	11102	CPT(R)		\$265.00
11104	PR PUNCH BIOPSY SKIN SINGLE LESION	PR INTEGUMENTARY SYSTEM SERVICES	11104	CPT(R)		\$629.00
11105	PR PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	PR INTEGUMENTARY SYSTEM SERVICES	11105	CPT(R)		\$374.00
11106	PR INCISIONAL BIOPSY SKIN SINGLE LESION	PR INTEGUMENTARY SYSTEM SERVICES	11106	CPT(R)		\$760.92
11107	PR INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	PR INTEGUMENTARY SYSTEM SERVICES	11107	CPT(R)		\$477.83
11200	PR REMOVAL OF SKIN TAGS, UP TO 15	PR INTEGUMENTARY SYSTEM SERVICES	11200	CPT(R)		\$480.00
11300	PR SHAV SKIN LES <5MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11300	CPT(R)		\$575.00
11301	PR SHAV SKIN LES 6-10MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11301	CPT(R)		\$359.00
11302	PR SHAV SKIN LES 11-20MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11302	CPT(R)		\$850.00
11303	PR SHAV SKIN LES >21MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11303	CPT(R)		\$638.32
11305	PR SHAV SKIN LES <5MM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11305	CPT(R)		\$245.00
11306	PR SHAV SKIN LES 6-10MM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11306	CPT(R)		\$1,200.00
11307	PR SHAV SKIN LES 11-20MM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11307	CPT(R)		\$539.84
11308	PR SHAV SKIN LES >21MM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11308	CPT(R)		\$572.66
11310	PR SHAV SKIN LES <5MM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11310	CPT(R)		\$330.00
11311	PR SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	PR INTEGUMENTARY SYSTEM SERVICES	11311	CPT(R)		\$737.00
11312	PR SHAV SKIN LES 11-20MM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11312	CPT(R)		\$380.00
11313	PR SHAV SKIN LES >21MM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11313	CPT(R)		\$740.45
11400	PR EXC SKIN BENIG <5MM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11400	CPT(R)		\$615.00
11401	PR EXC SKIN BENIG 0.6-1CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11401	CPT(R)		\$575.00
11402	PR EXC SKIN BENIG 1.1-2CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11402	CPT(R)		\$768.00
11403	PR EXC SKIN BENIG 2.1-3CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11403	CPT(R)		\$1,088.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
11406	PR EXC SKIN BENIG >4CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11406	CPT(R)		\$2,182.00
11420	PR EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	PR INTEGUMENTARY SYSTEM SERVICES	11420	CPT(R)		\$450.00
11421	PR EXC SKIN BENIG 0.6-1CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11421	CPT(R)		\$836.36
11422	PR EXC SKIN BENIG 1.1-2CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11422	CPT(R)		\$885.00
11423	PR EXC SKIN BENIG 2.1-3CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11423	CPT(R)		\$1,122.00
11424	PR EXC SKIN BENIG 3.1-4CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11424	CPT(R)		\$1,265.00
11426	PR EXC SKIN BENIG >4CM REMAINDR BODY	PR INTEGUMENTARY SYSTEM SERVICES	11426	CPT(R)		\$1,929.55
11440	PR EXC SKIN BENIG <5MM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11440	CPT(R)		\$650.00
11441	PR EXC SKIN BENIG 0.6-1CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11441	CPT(R)		\$850.00
11442	PR EXC SKIN BENIG 1.1-2CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11442	CPT(R)		\$1,000.00
11443	PR EXC SKIN BENIG 2.1-3CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11443	CPT(R)		\$1,291.23
11446	PR EXC SKIN BENIG >4CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11446	CPT(R)		\$2,976.39
11601	PR EXC SKIN MALIG 0.6-1CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11601	CPT(R)		\$992.13
11603	PR EXC SKIN MALIG 2.1-3CM TRUNK,ARM,LEG	PR INTEGUMENTARY SYSTEM SERVICES	11603	CPT(R)		\$1,515.00
11641	PR EXC SKIN MALIG 0.6-1CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11641	CPT(R)		\$1,200.00
11643	PR EXC SKIN MALIG 2.1-3CM FACE,FACIAL	PR INTEGUMENTARY SYSTEM SERVICES	11643	CPT(R)		\$1,721.64
11719	PR TRIM NAIL(S)	PR INTEGUMENTARY SYSTEM SERVICES	11719	CPT(R)		\$142.94
11720	PR DEBRIDEMENT OF NAIL(S), 1-5	PR INTEGUMENTARY SYSTEM SERVICES	11720	CPT(R)		\$150.00
11721	PR DEBRIDEMENT OF NAILS, 6 OR MORE	PR INTEGUMENTARY SYSTEM SERVICES	11721	CPT(R)		\$73.00
11730	PR REMOVAL OF NAIL PLATE	PR INTEGUMENTARY SYSTEM SERVICES	11730	CPT(R)		\$542.00
11732	PR REMOVE ADDITIONAL NAIL PLATE	PR INTEGUMENTARY SYSTEM SERVICES	11732	CPT(R)		\$158.00
11740	PR DRAIN BLOOD FROM UNDER NAIL	PR INTEGUMENTARY SYSTEM SERVICES	11740	CPT(R)		\$240.00
11750	PR REMOVAL OF NAIL BED	PR INTEGUMENTARY SYSTEM SERVICES	11750	CPT(R)		\$1,070.00
11760	PR RECONSTRUC OF NAIL BED	PR INTEGUMENTARY SYSTEM SERVICES	11760	CPT(R)		\$2,037.00
11765	PR EXCISION OF NAIL FOLD	PR INTEGUMENTARY SYSTEM SERVICES	11765	CPT(R)		\$837.00
11976	PR REMOVAL OF CONTRACEPTIVE CAPSUL	PR INTEGUMENTARY SYSTEM SERVICES	11976	CPT(R)		\$1,705.57
11981	PR INSERTION DRUG DELIVERY IMPLANT	PR INTEGUMENTARY SYSTEM SERVICES	11981	CPT(R)		\$775.00
11982	PR REMOVAL DRUG IMPLANT DEVICE	PR INTEGUMENTARY SYSTEM SERVICES	11982	CPT(R)		\$890.00
11983	PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE	PR INTEGUMENTARY SYSTEM SERVICES	11983	CPT(R)		\$1,400.00
12001	PR REPR SUPERF WND BODY <2.5CM	PR INTEGUMENTARY SYSTEM SERVICES	12001	CPT(R)		\$600.00
12002	PR REPR SUPERF WND BODY 2.6-7.5CM	PR INTEGUMENTARY SYSTEM SERVICES	12002	CPT(R)		\$685.00
12004	PR REPR SUPERF WND BODY 7.6-12.5	PR INTEGUMENTARY SYSTEM SERVICES	12004	CPT(R)		\$928.00
12011	PR REPR SUPERF WND FACE <2.5CM	PR INTEGUMENTARY SYSTEM SERVICES	12011	CPT(R)		\$700.00
12013	PR REPR SUPERF WND FACE 2.6-5	PR INTEGUMENTARY SYSTEM SERVICES	12013	CPT(R)		\$827.00
12014	PR REPR SUPERF WND FACE 5.1-7.5	PR INTEGUMENTARY SYSTEM SERVICES	12014	CPT(R)		\$1,230.00
12015	PR REPR SUPERF WND FACE 7.6-12.5	PR INTEGUMENTARY SYSTEM SERVICES	12015	CPT(R)		\$1,739.88
12020	PR CLOSURE SUPERF WND DEHIS SIMPLE	PR INTEGUMENTARY SYSTEM SERVICES	12020	CPT(R)		\$1,561.15
12021	PR CLOSURE SUPERF WND DEHIS W PACKING	PR INTEGUMENTARY SYSTEM SERVICES	12021	CPT(R)		\$995.78
12031	PR LAYR CLOS WND TRUNK,ARM,LEG <2.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12031	CPT(R)		\$1,222.00
12032	PR LAYR CLOS WND TRUNK,ARM,LEG 2.6-7.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12032	CPT(R)		\$950.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
12034	PR LAYR CLOS WND TRUNK,ARM,LEG 7.6-12.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12034	CPT(R)		\$1,890.00
12041	PR LAYR CLOS WND REST BODY <2.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12041	CPT(R)		\$910.43
12042	PR LAYR CLOS WND REST BODY 2.6-7.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12042	CPT(R)		\$1,250.00
12044	PR LAYR CLOS WND REST BODY 7.6-12.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12044	CPT(R)		\$1,874.84
12047	PR LAYR CLOS WND REST BODY >30 CM	PR INTEGUMENTARY SYSTEM SERVICES	12047	CPT(R)		\$3,676.72
12051	PR LAYR CLOS WND FACE,FACIAL <2.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12051	CPT(R)		\$1,581.00
12052	PR LAYR CLOS WND FACE,FACIAL 2.5-5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12052	CPT(R)		\$1,210.00
12053	PR LAYR CLOS WND FACE,FACIAL 5.1-7.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12053	CPT(R)		\$1,874.84
12054	PR LAYR CLOS WND FACE,FACIAL 7.6-12.5 CM	PR INTEGUMENTARY SYSTEM SERVICES	12054	CPT(R)		\$2,276.06
13120	PR REPR CMPL WND SCALP,EXTR 1.1-2.5	PR INTEGUMENTARY SYSTEM SERVICES	13120	CPT(R)		\$1,590.33
13121	PR REPR CMPL WND SCALP,EXTR 2.6-7.5	PR INTEGUMENTARY SYSTEM SERVICES	13121	CPT(R)		\$2,414.00
13122	PR REP,SKIN,SCALP/EXTREM+5CM/<	PR INTEGUMENTARY SYSTEM SERVICES	13122	CPT(R)		\$900.94
13131	PR REPR CMPL WND HEAD,FAC,HAND 1.1-2.5	PR INTEGUMENTARY SYSTEM SERVICES	13131	CPT(R)		\$2,035.33
16020	PR DRESS/DEBRID SMALL BURN NO ANES	PR INTEGUMENTARY SYSTEM SERVICES	16020	CPT(R)		\$370.00
17000	PR DESTRUC PREMALIGNANT, FIRST LESION	PR INTEGUMENTARY SYSTEM SERVICES	17000	CPT(R)		\$200.00
17003	PR DESTRUC PREMALIGNANT,2-14 LESIONS	PR INTEGUMENTARY SYSTEM SERVICES	17003	CPT(R)		\$40.00
17004	PR DESTRUC PREMALIGNANT,15+ LESIONS	PR INTEGUMENTARY SYSTEM SERVICES	17004	CPT(R)		\$700.00
17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	PR INTEGUMENTARY SYSTEM SERVICES	17110	CPT(R)		\$556.00
17111	DESTRUCTION BENIGN LESIONS 15 OR MORE	PR INTEGUMENTARY SYSTEM SERVICES	17111	CPT(R)		\$650.00
17250	PR CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	PR INTEGUMENTARY SYSTEM SERVICES	17250	CPT(R)		\$410.00
17263	PR DESTR MALIG TRUNK,EXTREM 2.1-3 CM	PR INTEGUMENTARY SYSTEM SERVICES	17263	CPT(R)		\$911.89
19100	PR BIOPSY OF BREAST, NEEDLE CORE	PR INTEGUMENTARY SYSTEM SERVICES	19100	CPT(R)		\$911.89
20550	PR INJECT TENDON SHEATH/LIGAMENT	PR MUSCULOSKELETAL SERVICES	20550	CPT(R)		\$436.00
20551	PR INJECT TENDON ORIGIN/INSERT	PR MUSCULOSKELETAL SERVICES	20551	CPT(R)		\$465.00
20552	PR INJECT TRIGGER POINT, 1 OR 2 MUSCLE(S)	PR MUSCULOSKELETAL SERVICES	20552	CPT(R)		\$425.00
20553	PR INJECT TRIGGER POINT, 3+ MUSCLES	PR MUSCULOSKELETAL SERVICES	20553	CPT(R)		\$500.00
20600	PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	PR MUSCULOSKELETAL SERVICES	20600	CPT(R)		\$375.00
20605	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	PR MUSCULOSKELETAL SERVICES	20605	CPT(R)		\$380.00
20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	PR MUSCULOSKELETAL SERVICES	20610	CPT(R)		\$467.20
20611	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	PR MUSCULOSKELETAL SERVICES	20611	CPT(R)		\$700.00
20612	PR ASPIRAT/INJECTION GANGLION CYST(S)	PR MUSCULOSKELETAL SERVICES	20612	CPT(R)		\$355.00
21011	PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ < 2CM	PR MUSCULOSKELETAL SERVICES	21011	CPT(R)		\$3,283.00
21014	PR EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2+CM	PR MUSCULOSKELETAL SERVICES	21014	CPT(R)		\$4,821.00
24640	PR CLOSED RX RADIAL HEAD DISLOC,CHILD	PR MUSCULOSKELETAL SERVICES	24640	CPT(R)		\$921.00
26010	PR DRAIN FINGER ABSCESS,SIMPLE	PR MUSCULOSKELETAL SERVICES	26010	CPT(R)		\$1,741.24
26605	PR CLOSED RX METACARPAL FX,MANIP	PR MUSCULOSKELETAL SERVICES	26605	CPT(R)		\$2,969.55
27323	PR BX THIGH/KNEE SOFT TISSUES,SUPERF	PR MUSCULOSKELETAL SERVICES	27323	CPT(R)		\$1,813.23
28660	PR CLOSED RX I-P JT,TOE DISLOCATION	PR MUSCULOSKELETAL SERVICES	28660	CPT(R)		\$1,111.33
29065	PR APPLY LONG ARM CAST	PR MUSCULOSKELETAL SERVICES	29065	CPT(R)		\$688.00
29075	PR APPLY FOREARM CAST	PR MUSCULOSKELETAL SERVICES	29075	CPT(R)		\$620.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
29085	PR APPLY HAND/WRIST CAST	PR MUSCULOSKELETAL SERVICES	29085	CPT(R)		\$809.88
29105	PR APPLY LONG ARM SPLINT	PR MUSCULOSKELETAL SERVICES	29105	CPT(R)		\$501.00
29125	PR APPLY FOREARM SPLINT,STATIC	PR MUSCULOSKELETAL SERVICES	29125	CPT(R)		\$367.00
29126	PR APPLY FOREARM SPLINT,DYNAMIC	PR MUSCULOSKELETAL SERVICES	29126	CPT(R)		\$598.41
29130	PR APPLY FINGER SPLINT,STATIC	PR MUSCULOSKELETAL SERVICES	29130	CPT(R)		\$252.00
29345	PR APPLY LONG LEG CAST	PR MUSCULOSKELETAL SERVICES	29345	CPT(R)		\$1,196.82
29355	PR APPLY LONG LEG CAST,WALKER	PR MUSCULOSKELETAL SERVICES	29355	CPT(R)		\$1,403.79
29405	PR APPLY SHORT LEG CAST	PR MUSCULOSKELETAL SERVICES	29405	CPT(R)		\$592.00
29425	PR APPLY SHORT LEG CAST,WALKER	PR MUSCULOSKELETAL SERVICES	29425	CPT(R)		\$359.00
29505	PR APPLY LONG LEG SPLINT	PR MUSCULOSKELETAL SERVICES	29505	CPT(R)		\$515.00
29515	PR APPLY LOWER LEG SPLINT	PR MUSCULOSKELETAL SERVICES	29515	CPT(R)		\$446.55
29580	PR APPLY OF PASTE BOOT	PR MUSCULOSKELETAL SERVICES	29580	CPT(R)		\$312.00
29700	PR REMV/REVISN BOOT/BODY CAST	PR MUSCULOSKELETAL SERVICES	29700	CPT(R)		\$476.93
29705	PR REMV/REVISN FULL ARM/LEG CAST	PR MUSCULOSKELETAL SERVICES	29705	CPT(R)		\$580.41
30300	PR REMOVE NASAL FOREIGN BODY	PR RESPIRATORY SYSTEM SERVICES	30300	CPT(R)		\$1,322.80
30901	PR CTRL NOSEBLEED,ANTER,SIMPLE	PR RESPIRATORY SYSTEM SERVICES	30901	CPT(R)		\$800.00
36000	PR PLACE NEEDLE IN VEIN	PR CARDIOVASCULAR SYSTEM SERVICES	36000	CPT(R)		\$196.76
36415	PR COLLECTION VENOUS BLOOD,VENIPUNCTURE	CHG LABORATORY	36415	CPT(R)		\$45.00
36416	PR COLLECTION CAPILLARY BLOOD SPECIMEN	CHG LABORATORY	36416	CPT(R)		\$37.00
41110	PR EXCIS TONGUE LESN	PR DIGESTIVE SYSTEM SERVICES	41110	CPT(R)		\$1,516.27
41805	PR REMOVAL FOREIGN BODY, GUM	PR DIGESTIVE SYSTEM SERVICES	41805	CPT(R)		\$2,474.63
42970	PR CNTRL NASOPHAR BLEED,SIMPLE,W/POST PACKS	PR DIGESTIVE SYSTEM SERVICES	42970	CPT(R)		\$3,608.45
46040	PR I&D PERIRECTAL ABSCESS	PR DIGESTIVE SYSTEM SERVICES	46040	CPT(R)		\$3,788.43
46050	PR I&D PERIANAL ABSCESS,SUPERFICIAL	PR DIGESTIVE SYSTEM SERVICES	46050	CPT(R)		\$1,466.78
46600	PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	PR DIGESTIVE SYSTEM SERVICES	46600	CPT(R)		\$540.00
51701	PR INSERT,NON-INDWELLING BLADDER CATHETER	PR URINARY SYSTEM SERVICES	51701	CPT(R)		\$470.46
51702	PR INSERT,TEMP INDWELLING BLAD CATH,SIMPLE	PR URINARY SYSTEM SERVICES	51702	CPT(R)		\$625.78
54056	PR DESTR PENIS LESN,SIMPL,CRYOSURG	PR MALE GENITAL SYSTEM SERVICES	54056	CPT(R)		\$945.24
54220	PR IRRIGAT CORPUS CAVERN,PRIAPISM	PR MALE GENITAL SYSTEM SERVICES	54220	CPT(R)		\$1,579.49
55250	PR REMOVAL OF SPERM DUCT(S)	PR MALE GENITAL SYSTEM SERVICES	55250	CPT(R)		\$2,400.00
56605	PR BIOPSY VULVA/PERINEUM,ONE LESN	PR FEMALE GENITAL SYSTEM SERVICES	56605	CPT(R)		\$650.00
57061	PR DESTRUCT,VAGINAL LESION(S),SIMPLE	PR FEMALE GENITAL SYSTEM SERVICES	57061	CPT(R)		\$750.00
57160	PR FIT/INSERT INTRAVAG SUPPORT DEVICE	PR FEMALE GENITAL SYSTEM SERVICES	57160	CPT(R)		\$428.00
57170	PR FITTING OF DIAPHRAGM/CAP	PR FEMALE GENITAL SYSTEM SERVICES	57170	CPT(R)		\$530.52
57420	PR COLPOSCOPY,ENTIRE VAGINA	PR FEMALE GENITAL SYSTEM SERVICES	57420	CPT(R)		\$1,029.36
57421	PR COLPOSCOPY,ENTIRE VAGINA,W/BIOPSY(S)	PR FEMALE GENITAL SYSTEM SERVICES	57421	CPT(R)		\$1,262.95
57452	PR COLPOSCOPY,CERVIX W/ADJ VAGINA	PR FEMALE GENITAL SYSTEM SERVICES	57452	CPT(R)		\$880.00
57454	PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURRETAG	PR FEMALE GENITAL SYSTEM SERVICES	57454	CPT(R)		\$1,325.00
57455	PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX	PR FEMALE GENITAL SYSTEM SERVICES	57455	CPT(R)		\$768.00
57456	PR COLPOSCOPY,CERVIX W/ADJ VAGINA, CURETTAG	PR FEMALE GENITAL SYSTEM SERVICES	57456	CPT(R)		\$1,120.42

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
57500	PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF LESION	PR FEMALE GENITAL SYSTEM SERVICES	57500	CPT(R)		\$1,136.00
58100	PR BIOPSY OF UTERUS LINING	PR FEMALE GENITAL SYSTEM SERVICES	58100	CPT(R)		\$817.00
58300	PR INSERT INTRAUTERINE DEVICE	PR FEMALE GENITAL SYSTEM SERVICES	58300	CPT(R)		\$717.00
58301	PR REMOVE INTRAUTERINE DEVICE	PR FEMALE GENITAL SYSTEM SERVICES	58301	CPT(R)		\$575.00
59425	PR ANTEPARTUM CARE ONLY, 4-6 VISITS	PR OB SERVICES	59425	CPT(R)		\$2,500.00
59426	PR ANTEPARTUM CARE ONLY, >7 VISITS	PR OB SERVICES	59426	CPT(R)		\$4,750.00
59430	PR CARE AFTER DELIVERY ONLY	PR OB SERVICES	59430	CPT(R)		\$900.00
64405	PR INJECTION AA&/STRD GREATER OCCIPITAL NERVE	PR NERVOUS SYSTEM SERVICES	64405	CPT(R)		\$1,750.00
64415	PR INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	PR NERVOUS SYSTEM SERVICES	64415	CPT(R)		\$1,330.00
64417	PR INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN	PR NERVOUS SYSTEM SERVICES	64417	CPT(R)		\$2,825.00
64418	PR INJECTION AA&/STRD SUPRASCAPULAR NERVE	PR NERVOUS SYSTEM SERVICES	64418	CPT(R)		\$1,962.00
64420	PR INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	PR NERVOUS SYSTEM SERVICES	64420	CPT(R)		\$1,956.00
64421	PR INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	PR NERVOUS SYSTEM SERVICES	64421	CPT(R)		\$2,780.00
64425	PR INJECTION AA&/STRD ILIOINGUINAL IH NERVES	PR NERVOUS SYSTEM SERVICES	64425	CPT(R)		\$1,981.00
64445	PR INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	PR NERVOUS SYSTEM SERVICES	64445	CPT(R)		\$1,414.00
64446	PR INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG	PR NERVOUS SYSTEM SERVICES	64446	CPT(R)		\$5,838.00
64447	PR INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	PR NERVOUS SYSTEM SERVICES	64447	CPT(R)		\$1,164.00
64448	PR INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN	PR NERVOUS SYSTEM SERVICES	64448	CPT(R)		\$5,835.00
64450	PR INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	PR NERVOUS SYSTEM SERVICES	64450	CPT(R)		\$2,000.00
65205	PR REMV F.B.,EYE,SUPERF CONJUNC	PR OPHTHALMOLOGY SERVICES	65205	CPT(R)		\$275.00
65210	PR REMV F.B.,EYE,EMBED CONJUNC	PR OPHTHALMOLOGY SERVICES	65210	CPT(R)		\$330.00
65220	PR REMV F.B.,EYE,CORNEA,NO SLIT	PR OPHTHALMOLOGY SERVICES	65220	CPT(R)		\$643.40
65222	PR REMV F.B.,EYE,CORNEA,SLIT LAMP	PR OPHTHALMOLOGY SERVICES	65222	CPT(R)		\$450.00
67930	PR SUTURE EYELID WOUND,PARTIAL THICK	PR OPHTHALMOLOGY SERVICES	67930	CPT(R)		\$2,542.12
69110	PR REMOVAL EXTERNAL EAR,PARTIAL	PR AUDITORY SYSTEM SERVICES	69110	CPT(R)		\$4,305.85
69200	PR REMV EXT CANAL FOREIGN BODY	PR AUDITORY SYSTEM SERVICES	69200	CPT(R)		\$463.00
69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	PR AUDITORY SYSTEM SERVICES	69209	CPT(R)		\$144.20
69210	PR REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	PR AUDITORY SYSTEM SERVICES	69210	CPT(R)		\$266.00
76937	PR US GUIDE, VASCULAR ACCESS	PR IMAGING	76937	CPT(R)		\$310.00
80048	CHG BASIC METABOLIC PANEL CALCIUM TOTAL	CHG LABORATORY	80048	CPT(R)		\$160.00
80050	CHG GENERAL HEALTH PANEL	CHG LABORATORY	80050	CPT(R)		\$300.00
80053	CHG METABOLIC PANEL,COMPREHENSIVE	CHG LABORATORY	80053	CPT(R)		\$166.00
80055	CHG OBSTETRIC PANEL	CHG LABORATORY	80055	CPT(R)		\$611.00
80061	CHG LIPID PANEL	CHG LABORATORY	80061	CPT(R)		\$140.00
80074	CHG HEPATITIS PANEL,ACUTE	CHG LABORATORY	80074	CPT(R)		\$379.00
80156	ASSAY OF CARBAMAZEPINE TOTAL	CHG LABORATORY	80156	CPT(R)		\$216.00
80164	CHG DRUG SCREEN QUANT DIPROPYLACETIC ACID TOTAL	CHG LABORATORY	80164	CPT(R)		\$219.00
80203	CHG DRUG SCREEN QUANTITATIVE ZONISAMIDE	CHG LABORATORY	80203	CPT(R)		\$277.00
80230	CHG DRUG ASSAY INFLIXIMAB	CHG LABORATORY	80230	CPT(R)		\$554.00
80305	CHG DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	CHG LABORATORY	80305	CPT(R)		\$110.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
80306	CHG DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	CHG LABORATORY	80306	CPT(R)		\$95.00
80307	CHG DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	CHG LABORATORY	80307	CPT(R)		\$400.00
80323	CHG ALKALOIDS NOT OTHERWISE SPECIFIED	CHG LABORATORY	80323	CPT(R)		\$280.00
81000	CHG URINALYSIS, NONAUTO, W/SCOPE	CHG LABORATORY	81000	CPT(R)		\$60.00
81001	CHG URINALYSIS, AUTO, W/SCOPE	CHG LABORATORY	81001	CPT(R)		\$47.00
81002	CHG URINALYSIS NONAUTO W/O SCOPE	CHG LABORATORY	81002	CPT(R)		\$35.00
81003	CHG URINALYSIS, AUTO, W/O SCOPE	CHG LABORATORY	81003	CPT(R)		\$40.00
81025	CHG URINE PREGNANCY TEST	CHG LABORATORY	81025	CPT(R)		\$65.00
81374	PR HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	CHG LABORATORY	81374	CPT(R)		\$451.00
82010	CHG KETONE BODIES SERUM QUANTITATIVE	CHG LABORATORY	82010	CPT(R)		\$84.00
82024	ASSAY OF ACTH	CHG LABORATORY	82024	CPT(R)		\$458.00
82043	CHG URINE ALBUMIN QUANTITATIVE	CHG LABORATORY	82043	CPT(R)		\$106.00
82105	CHG ALPHA-FETOPROTEIN, SERUM	CHG LABORATORY	82105	CPT(R)		\$149.00
82120	CHG AMINES,VAGINAL FLUID,QUALITATIVE	CHG LABORATORY	82120	CPT(R)		\$36.05
82175	CHG ASSAY OF ARSENIC	CHG LABORATORY	82175	CPT(R)		\$260.00
82247	CHG BILIRUBIN TOTAL	CHG LABORATORY	82247	CPT(R)		\$39.00
82248	CHG BILIRUBIN DIRECT	CHG LABORATORY	82248	CPT(R)		\$76.00
82270	BLOOD OCCULT,BY PEROXID,FECES,SINGLE, COLORECTAL SCREEN	CHG LABORATORY	82270	CPT(R)		\$44.00
82272	BLOOD OCCULT,BY PEROXID, FECES, 1-3 SIMULT, NON CA SCREEN	CHG LABORATORY	82272	CPT(R)		\$54.44
82274	CHG BLOOD,OCCULT,FECAL HGB,FECES,1-3 SIMULT	CHG LABORATORY	82274	CPT(R)		\$180.00
82306	CHG ASSAY OF VIT D,CALCIFEDIOL W FRACTIONS, IF PERFORMED	CHG LABORATORY	82306	CPT(R)		\$290.00
82310	ASSAY OF CALCIUM, TOTAL	CHG LABORATORY	82310	CPT(R)		\$57.00
82365	CHG CALCULUS ASSAY,INFRARED SPECTR	CHG LABORATORY	82365	CPT(R)		\$186.00
82397	CHG CHEMILUMINESCENT ASSAY	CHG LABORATORY	82397	CPT(R)		\$186.00
82525	ASSAY OF COPPER	CHG LABORATORY	82525	CPT(R)		\$177.00
82533	CHG TOTAL CORTISOL	CHG LABORATORY	82533	CPT(R)		\$136.00
82570	ASSAY OF URINE CREATININE	CHG LABORATORY	82570	CPT(R)		\$181.00
82607	CHG VITAMIN B-12	CHG LABORATORY	82607	CPT(R)		\$150.00
82627	CHG DEHYDROEPIANDROSTERONE-SULFATE	CHG LABORATORY	82627	CPT(R)		\$213.00
82652	CHG ASSAY, DIHYDROXYVITAMIN D W/FRACTIONS, IF PERFORMED	CHG LABORATORY	82652	CPT(R)		\$395.00
82653	CHG ELASTASE PANCREATIC FECAL QUANTITATIVE	CHG LABORATORY	82653	CPT(R)		\$509.00
82670	CHG ASSAY OF TOTAL ESTRADIOL	CHG LABORATORY	82670	CPT(R)		\$240.00
82705	CHG FATS/LIPIDS, FECES, QUALITATIVE	CHG LABORATORY	82705	CPT(R)		\$120.00
82728	ASSAY OF FERRITIN	CHG LABORATORY	82728	CPT(R)		\$132.00
82746	CHG BLOOD FOLIC ACID SERUM	CHG LABORATORY	82746	CPT(R)		\$160.00
82747	ASSAY OF FOLIC ACID, RBC	CHG LABORATORY	82747	CPT(R)		\$230.00
82784	CHG ASSAY OF GAMMAGLOBULIN IGA, IGD, IGG, IGM, EACH	CHG LABORATORY	82784	CPT(R)		\$103.00
82947	ASSAY QUANTITATIVE,BLOOD GLUCOSE	CHG LABORATORY	82947	CPT(R)		\$45.00
82948	CHG REAGENT STRIP/BLOOD GLUCOSE	CHG LABORATORY	82948	CPT(R)		\$30.00
82950	CHG GLUCOSE TEST	CHG LABORATORY	82950	CPT(R)		\$50.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
82951	CHG GLUCOSE TOLERANCE TEST (GTT)	CHG LABORATORY	82951	CPT(R)		\$115.00
82952	CHG GTT-ADDED SAMPLES	CHG LABORATORY	82952	CPT(R)		\$30.00
82962	CHG GLUCOSE BLOOD TEST	CHG LABORATORY	82962	CPT(R)		\$36.00
83001	CHG GONADOTROPIN (FSH)	CHG LABORATORY	83001	CPT(R)		\$135.00
83002	CHG GONADOTROPIN (LH)	CHG LABORATORY	83002	CPT(R)		\$134.00
83018	CHG HEAVY METAL QUANTIAIVE EACH NES	CHG LABORATORY	83018	CPT(R)		\$229.00
83036	PR GLYCOSYLATED HEMOGLOBIN TEST	CHG LABORATORY	83036	CPT(R)		\$113.00
83516	CHG IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	CHG LABORATORY	83516	CPT(R)		\$180.00
83518	CHG IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	CHG LABORATORY	83518	CPT(R)		\$71.25
83520	CHG IMMUNOASSAY ANALYTE QUANTITATIVE NOS	CHG LABORATORY	83520	CPT(R)		\$317.00
83521	CHG IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	CHG LABORATORY	83521	CPT(R)		\$230.00
83525	CHG ASSAY OF INSULIN,TOTAL	CHG LABORATORY	83525	CPT(R)		\$47.00
83527	CHG ASSAY OF INSULIN,FREE	CHG LABORATORY	83527	CPT(R)		\$219.00
83540	ASSAY OF IRON	CHG LABORATORY	83540	CPT(R)		\$66.00
83605	ASSAY OF LACTIC ACID	CHG LABORATORY	83605	CPT(R)		\$125.00
83615	CHG LACTATE (LD) (LDH) ENZYME	CHG LABORATORY	83615	CPT(R)		\$53.00
83630	PR LACTOFERRIN, FECAL, QUAL	CHG LABORATORY	83630	CPT(R)		\$219.00
83655	ASSAY OF LEAD	CHG LABORATORY	83655	CPT(R)		\$130.00
83690	ASSAY OF LIPASE	CHG LABORATORY	83690	CPT(R)		\$90.00
83721	ASSAY OF BLOOD LIPOPROTEIN,LDL CHOLEST	CHG LABORATORY	83721	CPT(R)		\$95.00
83735	ASSAY OF MAGNESIUM	CHG LABORATORY	83735	CPT(R)		\$65.00
83825	ASSAY OF MERCURY	CHG LABORATORY	83825	CPT(R)		\$277.00
83880	CHG NATRIURETIC PEPTIDE	CHG LABORATORY	83880	CPT(R)		\$393.00
83970	CHG ASSAY OF PARATHORMONE	CHG LABORATORY	83970	CPT(R)		\$363.00
83993	CHG ASSAY FOR CALPROTECTIN FECAL	CHG LABORATORY	83993	CPT(R)		\$460.00
84100	ASSAY OF INORGANIC PHOSPHORUS	CHG LABORATORY	84100	CPT(R)		\$51.00
84144	ASSAY OF PROGESTERONE	CHG LABORATORY	84144	CPT(R)		\$200.00
84145	CHG ASSAY OF PROCALCITONIN	CHG LABORATORY	84145	CPT(R)		\$251.00
84146	ASSAY OF PROLACTIN	CHG LABORATORY	84146	CPT(R)		\$194.00
84153	CHG PROSTATE SPECIFIC ANTIGEN,TOTAL	CHG LABORATORY	84153	CPT(R)		\$155.00
84154	CHG PROSTATE SPECIFIC ANTIGEN,FREE	CHG LABORATORY	84154	CPT(R)		\$195.00
84155	CHG PROTEIN TOT XCPT REFRACTOMETRY SERUM	CHG LABORATORY	84155	CPT(R)		\$47.00
84156	PROTEIN TOT XCPT REFRACTOMETRY URINE	CHG LABORATORY	84156	CPT(R)		\$112.00
84165	CHG PROTEIN E-PHORESIS, SERUM	CHG LABORATORY	84165	CPT(R)		\$124.00
84207	ASSAY OF VITAMIN B-6	CHG LABORATORY	84207	CPT(R)		\$282.00
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	CHG LABORATORY	84270	CPT(R)		\$263.00
84402	ASSAY OF TESTOSTERONE	CHG LABORATORY	84402	CPT(R)		\$182.00
84403	ASSAY OF TOTAL TESTOSTERONE	CHG LABORATORY	84403	CPT(R)		\$225.00
84436	ASSAY OF TOTAL THYROXINE	CHG LABORATORY	84436	CPT(R)		\$60.00
84439	ASSAY OF FREE THYROXINE	CHG LABORATORY	84439	CPT(R)		\$130.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
84443	CHG ASSAY THYROID STIM HORMONE	CHG LABORATORY	84443	CPT(R)		\$170.00
84466	ASSAY OF TRANSFERRIN	CHG LABORATORY	84466	CPT(R)		\$178.00
84478	ASSAY OF TRIGLYCERIDES	CHG LABORATORY	84478	CPT(R)		\$57.00
84481	CHG TRIIODOTHYRONINE FREE ASSAY (FT-3)	CHG LABORATORY	84481	CPT(R)		\$275.00
84482	CHG TRIIODOTHYRONINE T3 REVERSE	CHG LABORATORY	84482	CPT(R)		\$281.00
84484	ASSAY OF TROPONIN, QUANT	CHG LABORATORY	84484	CPT(R)		\$402.00
84550	ASSAY OF URIC ACID, BLOOD	CHG LABORATORY	84550	CPT(R)		\$50.00
84702	CHORIONIC GONADOTROPIN, QUANT	CHG LABORATORY	84702	CPT(R)		\$170.00
84703	CHORIONIC GONADOTROPIN, QUAL	CHG LABORATORY	84703	CPT(R)		\$112.00
85014	CHG HEMATOCRIT	CHG LABORATORY	85014	CPT(R)		\$60.00
85018	CHG HEMOGLOBIN	CHG LABORATORY	85018	CPT(R)		\$40.00
85025	CHG COMPLETE CBC & AUTO DIFF WBC	CHG LABORATORY	85025	CPT(R)		\$83.00
85027	CHG COMPLETE CBC	CHG LABORATORY	85027	CPT(R)		\$55.00
85379	FIBRIN DEGRADPRODUCTS,D-DIMER, QUANT	CHG LABORATORY	85379	CPT(R)		\$372.00
85384	CHG FIBRINOGEN, ACTIVITY	CHG LABORATORY	85384	CPT(R)		\$11.00
85610	CHG PROTHROMBIN TIME	CHG LABORATORY	85610	CPT(R)		\$48.00
85652	CHG RBC SED RATE, AUTO	CHG LABORATORY	85652	CPT(R)		\$70.00
85730	CHG THROMBOPLAS TIME PARTIAL	CHG LABORATORY	85730	CPT(R)		\$175.00
86036	CHG ANTINEUTROPHIL CYTOPLASMIC ANTIB SCREEN EA ANTB	CHG LABORATORY	86036	CPT(R)		\$237.00
86038	CHG ANTINUCLEAR ANTIBODIES	CHG LABORATORY	86038	CPT(R)		\$115.00
86039	CHG ANTINUCLEAR ANTIBODIES TITER	CHG LABORATORY	86039	CPT(R)		\$111.00
86140	CHG C-REACTIVE PROTEIN	CHG LABORATORY	86140	CPT(R)		\$90.00
86146	CHG BETA 2 GLYCOPROTEIN I ANTIBODY,EA	CHG LABORATORY	86146	CPT(R)		\$269.00
86147	CHG CARDIOLIPIN ANTIBODY	CHG LABORATORY	86147	CPT(R)		\$223.00
86160	CHG COMPLEMENT, ANTIGEN	CHG LABORATORY	86160	CPT(R)		\$148.00
86200	PR CYCLIC CIRULLINATED PEPTIDE ANTIBODY	CHG LABORATORY	86200	CPT(R)		\$137.00
86225	CHG DNA ANTIBODY, NATV/2 STRAND	CHG LABORATORY	86225	CPT(R)		\$191.00
86235	CHG NUCLEAR ANTIGEN ANTIBODY	CHG LABORATORY	86235	CPT(R)		\$90.00
86304	CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 125	CHG LABORATORY	86304	CPT(R)		\$303.00
86308	CHG HETEROPHILE ANTIBODIES,SCREEN	CHG LABORATORY	86308	CPT(R)		\$121.82
86364	CHG TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	CHG LABORATORY	86364	CPT(R)		\$216.00
86376	CHG MICROSOMAL ANTIBODY	CHG LABORATORY	86376	CPT(R)		\$124.00
86431	CHG RHEUMATOID FACTOR, QUANT	CHG LABORATORY	86431	CPT(R)		\$68.00
86480	CHG TB TEST, CELL MEDIATED ANTIGEN RESPONSE,GAMMA INTERFRON	CHG LABORATORY	86480	CPT(R)		\$220.00
86510	CHG HISTOPLASMOSIS SKIN TEST	CHG LABORATORY	86510	CPT(R)		\$37.05
86580	CHG TB INTRADERMAL TEST	CHG LABORATORY	86580	CPT(R)		\$72.75
86592	CHG SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	CHG LABORATORY	86592	CPT(R)		\$53.00
86593	CHG SYPHILIS TEST, QUANTITATIVE	CHG LABORATORY	86593	CPT(R)		\$70.00
86644	CHG CMV ANTIBODY	CHG LABORATORY	86644	CPT(R)		\$248.00
86645	CHG CMV ANTIBODY, IGM	CHG LABORATORY	86645	CPT(R)		\$248.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
86664	CHG EPSTEIN-BARR ANTIBODY,NUCLEAR	CHG LABORATORY	86664	CPT(R)		\$193.00
86665	CHG EPSTEIN-BARR ANTIBODY,V CAPSID	CHG LABORATORY	86665	CPT(R)		\$242.00
86677	CHG HELICOBACTER PYLORI	CHG LABORATORY	86677	CPT(R)		\$99.00
86694	CHG HERPES SIMPLEX TEST	CHG LABORATORY	86694	CPT(R)		\$207.00
86695	CHG HERPES SIMPLEX TEST	CHG LABORATORY	86695	CPT(R)		\$148.00
86696	CHG HERPES SIMPLEX TEST, TYPE 2	CHG LABORATORY	86696	CPT(R)		\$148.00
86704	CHG HEP B CORE AB TEST, TOTAL	CHG LABORATORY	86704	CPT(R)		\$186.00
86705	CHG HEP B CORE AB TEST, IGM	CHG LABORATORY	86705	CPT(R)		\$217.00
86706	CHG HEPATITIS B SURFACE AB TEST	CHG LABORATORY	86706	CPT(R)		\$92.00
86735	CHG MUMPS	CHG LABORATORY	86735	CPT(R)		\$233.00
86762	CHG RUBELLA	CHG LABORATORY	86762	CPT(R)		\$90.00
86765	CHG RUBEOLA	CHG LABORATORY	86765	CPT(R)		\$236.00
86769	CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	CHG LABORATORY	86769	CPT(R)		\$55.00
86778	CHG TOXOPLASMA, IGM	CHG LABORATORY	86778	CPT(R)		\$239.00
86780	CHG ANTIBODY TREPONEMA PALLIDUM	CHG LABORATORY	86780	CPT(R)		\$163.00
86787	CHG VARICELLA-ZOSTER	CHG LABORATORY	86787	CPT(R)		\$149.00
86800	CHG THYROGLOBULIN ANTIBODY	CHG LABORATORY	86800	CPT(R)		\$77.00
86803	CHG HEPATITIS C AB TEST	CHG LABORATORY	86803	CPT(R)		\$145.00
86804	CHG HEP C AB TEST, CONFIRM	CHG LABORATORY	86804	CPT(R)		\$685.00
86812	CHG HLA TYPING, A,B,OR C /SINGLE	CHG LABORATORY	86812	CPT(R)		\$331.00
86850	CHG RBC ANTIBODY SCREEN	CHG LABORATORY	86850	CPT(R)		\$111.00
86880	ANTIHUMAN GLOBULIN DIR EA ANTISERUM	CHG LABORATORY	86880	CPT(R)		\$77.00
86900	CHG BLOOD TYPING SEROLOGIC ABO	CHG LABORATORY	86900	CPT(R)		\$61.00
86901	CHG BLOOD TYPING SEROLOGIC RH (D)	CHG LABORATORY	86901	CPT(R)		\$64.00
87015	CHG SPECIMEN CONCENTRAT, INFECT AGENTS	CHG LABORATORY	87015	CPT(R)		\$79.00
87040	CHG BLOOD CULTURE FOR BACTERIA	CHG LABORATORY	87040	CPT(R)		\$172.00
87045	CHG STOOL CULTURE,SALMONELLA & SHIGELLA	CHG LABORATORY	87045	CPT(R)		\$236.00
87046	CHG STOOL CULTURE, ADDL PATHOGENS	CHG LABORATORY	87046	CPT(R)		\$75.00
87070	CHG CULTURE SPEC, BACTERIA, NOT URINE,STOOL,BLOOD	CHG LABORATORY	87070	CPT(R)		\$102.00
87075	CHG CULTURE SPECIMEN, ANAEROBIC	CHG LABORATORY	87075	CPT(R)		\$169.00
87077	CHG BACTERIA IDENTIFICATION, AEROBIC ISOLATE	CHG LABORATORY	87077	CPT(R)		\$39.00
87081	CHG BACTERIA CULTURE SCREEN	CHG LABORATORY	87081	CPT(R)		\$94.00
87086	CHG URINE CULTURE, COLONY COUNT	CHG LABORATORY	87086	CPT(R)		\$94.00
87102	CHG FUNGUS ISOLATION CULTURE	CHG LABORATORY	87102	CPT(R)		\$102.00
87147	CHG CULTURE TYPING, SEROLOGIC	CHG LABORATORY	87147	CPT(R)		\$75.00
87150	CHG CULTURE TYPING, NUCLEIC ACID AMP PROBE, CULT/ISOLATE, EACH	CHG LABORATORY	87150	CPT(R)		\$160.00
87177	CHG OVA AND PARASITES SMEARS	CHG LABORATORY	87177	CPT(R)		\$121.00
87186	CHG ANTIBIOTIC SENS,MIC,EACH	CHG LABORATORY	87186	CPT(R)		\$84.00
87205	CHG SMEAR,PRIMARY W/INTERP	CHG LABORATORY	87205	CPT(R)		\$149.00
87209	PR SMEAR, COMPLEX STAIN, FOR OVA/ PARA	CHG LABORATORY	87209	CPT(R)		\$166.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
87210	CHG SMEAR,STAIN,WET MNT,INTERP	CHG LABORATORY	87210	CPT(R)		\$47.00
87329	CHG IAAD IA GIARDIA	CHG LABORATORY	87329	CPT(R)		\$208.00
87338	CHG IAAD IA HPYLORI STOOL	CHG LABORATORY	87338	CPT(R)		\$335.00
87340	CHG IAAD IA HEPATITIS B SURFACE ANTIGEN	CHG LABORATORY	87340	CPT(R)		\$118.00
87389	CHG IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	CHG LABORATORY	87389	CPT(R)		\$120.00
87400	CHG IAAD IA INFLUENZA A/B EACH	CHG LABORATORY	87400	CPT(R)		\$55.00
87426	CHG IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	CHG LABORATORY	87426	CPT(R)		\$24.00
87427	CHG IAAD IA SHIGA-LIKE TOXIN	CHG LABORATORY	87427	CPT(R)		\$115.00
87449	CHG IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	CHG LABORATORY	87449	CPT(R)		\$187.00
87480	CHG CANDIDA, DNA, DIR PROBE	CHG LABORATORY	87480	CPT(R)		\$178.00
87491	CHG CHYLM D TRACH, DNA, AMP PROBE	CHG LABORATORY	87491	CPT(R)		\$155.00
87493	CHG CYTOMED, DNA, AMP PROBE	CHG LABORATORY	87493	CPT(R)		\$300.00
87510	CHG GARDNER VAG, DNA, DIR PROBE	CHG LABORATORY	87510	CPT(R)		\$178.00
87522	CHG IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	CHG LABORATORY	87522	CPT(R)		\$516.00
87529	CHG HSV, DNA, AMP PROBE	CHG LABORATORY	87529	CPT(R)		\$298.00
87563	CHG IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	CHG LABORATORY	87563	CPT(R)		\$263.00
87591	CHG N.GONORRHOEAE, DNA, AMP PROB	CHG LABORATORY	87591	CPT(R)		\$175.00
87624	CHG IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	CHG LABORATORY	87624	CPT(R)		\$170.00
87635	CHG IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	CHG LABORATORY	87635	CPT(R)		\$40.00
87640	PR STAPH A, DNA, AMP PROBE	CHG LABORATORY	87640	CPT(R)		\$222.00
87641	PR MRSA, DNA, AMP PROBE	CHG LABORATORY	87641	CPT(R)		\$204.00
87660	CHG TRICHOMONAS VAGIN, DIR PROBE	CHG LABORATORY	87660	CPT(R)		\$190.00
87798	CHG DETECT AGENT NOS, DNA, AMP	CHG LABORATORY	87798	CPT(R)		\$116.00
87801	CHG DETECT AGENT, MULT ORGS, DNA, AMP	CHG LABORATORY	87801	CPT(R)		\$537.00
87804	CHG IAADIADOO INFLUENZA	CHG LABORATORY	87804	CPT(R)		\$86.00
87807	CHG IAADIADOO RESPIRATORY SYNCTIAL VIRUS	CHG LABORATORY	87807	CPT(R)		\$55.00
87880	CHG IAADIADOO STREPTOCOCCUS GROUP A	CHG LABORATORY	87880	CPT(R)		\$82.00
87899	CHG IAADIADOO NOT OTHERWISE SPECIFIED	CHG LABORATORY	87899	CPT(R)		\$99.00
88164	CHG CYTOPATH TBS CERV/VAG MANUAL	CHG LABORATORY	88164	CPT(R)		\$70.00
88175	PR CYTOPAT,CER/VAG,THIN LAYER,MAN RES,INTER	CHG LABORATORY	88175	CPT(R)		\$112.00
90384	PR RH IG, FULL-DOSE, IM	PR IMMUNE GLOBULINS	90384	CPT(R)		\$476.45
90460	PR IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	PR IMMUNIZATIONS	90460	CPT(R)		\$27.44
90461	PR IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	PR IMMUNIZATIONS	90461	CPT(R)		\$27.44
90471	PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	PR IMMUNIZATIONS	90471	CPT(R)		\$27.44
90472	PR IMMUNIZ,ADMIN,EACH ADDL	PR IMMUNIZATIONS	90472	CPT(R)		\$65.00
90473	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,1 VAC/TOX	PR IMMUNIZATIONS	90473	CPT(R)		\$60.00
90474	PR IMMUNIZ ADMIN,INTRANASAL/ORAL,EACH ADDL	PR IMMUNIZATIONS	90474	CPT(R)		\$30.00
90619	PR MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	PR THERAPEUTIC INJECTIONS	90619	CPT(R)		\$0.00
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90632	CPT(R)		\$209.00
90632	PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90632	CPT(R)	SL	\$119.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
90633	PR HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	PR THERAPEUTIC INJECTIONS	90633	CPT(R)		\$0.00
90636	PR HEPA/HEPB VACCINE ADULT IM	PR THERAPEUTIC INJECTIONS	90636	CPT(R)		\$423.11
90647	PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	PR THERAPEUTIC INJECTIONS	90647	CPT(R)		\$0.00
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	PR THERAPEUTIC INJECTIONS	90649	CPT(R)		\$565.33
90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	PR THERAPEUTIC INJECTIONS	90649	CPT(R)	SL	\$0.00
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	PR THERAPEUTIC INJECTIONS	90651	CPT(R)		\$0.00
90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	PR THERAPEUTIC INJECTIONS	90651	CPT(R)	SL	\$0.00
90658	PR IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	PR IMMUNIZATIONS	90658	CPT(R)		\$40.00
90660	PR LAIV3 VACCINE LIVE FOR INTRANASAL USE	PR IMMUNIZATIONS	90660	CPT(R)		\$120.89
90662	PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM	PR IMMUNIZATIONS	90662	CPT(R)		\$68.00
90670	PR PCV13 VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90670	CPT(R)		\$0.00
90674	PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	PR IMMUNIZATIONS	90674	CPT(R)		\$45.00
90674	PR CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	PR IMMUNIZATIONS	90674	CPT(R)	SA	\$0.00
90675	PR RABIES VACCINE, IM	PR THERAPEUTIC INJECTIONS	90675	CPT(R)		\$0.00
90677	PR PCV20 VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90677	CPT(R)		\$0.00
90680	PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	PR THERAPEUTIC INJECTIONS	90680	CPT(R)		\$0.00
90685	PR IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	PR IMMUNIZATIONS	90685	CPT(R)		\$99.21
90686	PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	PR IMMUNIZATIONS	90686	CPT(R)		\$0.00
90686	PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	PR IMMUNIZATIONS	90686	CPT(R)	SL	\$0.00
90687	PR IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	PR IMMUNIZATIONS	90687	CPT(R)		\$85.33
90687	PR IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	PR IMMUNIZATIONS	90687	CPT(R)	SL	\$0.00
90688	PR IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	PR IMMUNIZATIONS	90688	CPT(R)		\$0.00
90694	PR AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	PR THERAPEUTIC INJECTIONS	90694	CPT(R)		\$0.00
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	PR THERAPEUTIC INJECTIONS	90696	CPT(R)		\$0.00
90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	PR THERAPEUTIC INJECTIONS	90696	CPT(R)	SL	\$0.00
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90698	CPT(R)		\$341.33
90698	PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	PR THERAPEUTIC INJECTIONS	90698	CPT(R)	SL	\$0.00
90700	DTAP IMMUNIZATION, IM, <7 YO	PR THERAPEUTIC INJECTIONS	90700	CPT(R)		\$0.00
90707	PR MMR VIRUS IMMUNIZATION, SUBCUT	PR THERAPEUTIC INJECTIONS	90707	CPT(R)		\$0.00
90713	PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q	PR THERAPEUTIC INJECTIONS	90713	CPT(R)		\$145.78
90713	PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q	PR THERAPEUTIC INJECTIONS	90713	CPT(R)	SL	\$0.00
90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	PR THERAPEUTIC INJECTIONS	90714	CPT(R)		\$69.00
90715	PR TDAP VACCINE >7 YO, IM	PR THERAPEUTIC INJECTIONS	90715	CPT(R)		\$0.00
90716	PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	PR THERAPEUTIC INJECTIONS	90716	CPT(R)		\$0.00
90717	PR YELLOW FEVER IMMUNIZATN,LIVE,SUB-Q	PR THERAPEUTIC INJECTIONS	90717	CPT(R)		\$362.67
90723	PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	PR THERAPEUTIC INJECTIONS	90723	CPT(R)		\$0.00
90732	PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	PR THERAPEUTIC INJECTIONS	90732	CPT(R)		\$165.00
90733	PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	PR THERAPEUTIC INJECTIONS	90733	CPT(R)		\$423.11
90734	PR MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	PR THERAPEUTIC INJECTIONS	90734	CPT(R)		\$0.00
90736	PR ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	PR THERAPEUTIC INJECTIONS	90736	CPT(R)		\$650.67

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
90739	PR HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	PR THERAPEUTIC INJECTIONS	90739	CPT(R)		\$0.00
90740	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	PR THERAPEUTIC INJECTIONS	90740	CPT(R)		\$881.78
90740	PR HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	PR THERAPEUTIC INJECTIONS	90740	CPT(R)	SL	\$0.00
90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	PR THERAPEUTIC INJECTIONS	90744	CPT(R)		\$167.11
90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	PR THERAPEUTIC INJECTIONS	90744	CPT(R)	SL	\$0.00
90746	PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	PR THERAPEUTIC INJECTIONS	90746	CPT(R)		\$180.00
90750	PR HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	PR THERAPEUTIC INJECTIONS	90750	CPT(R)		\$0.00
90785	PR PSYCHOTHERAPY COMPLEX INTERACTIVE	PR MENTAL HEALTH SERVICES	90785	CPT(R)		\$75.00
90791	PR PSYCHIATRIC DIAGNOSTIC EVALUATION	PR MENTAL HEALTH SERVICES	90791	CPT(R)		\$500.00
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	PR MENTAL HEALTH SERVICES	90832	CPT(R)		\$277.35
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	PR MENTAL HEALTH SERVICES	90832	CPT(R)	SA	\$0.00
90833	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	PR MENTAL HEALTH SERVICES	90833	CPT(R)		\$390.00
90833	PR PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	PR MENTAL HEALTH SERVICES	90833	CPT(R)	SA	\$295.00
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	PR MENTAL HEALTH SERVICES	90834	CPT(R)		\$260.00
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	PR MENTAL HEALTH SERVICES	90834	CPT(R)	SA	\$0.00
90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	PR MENTAL HEALTH SERVICES	90837	CPT(R)		\$250.00
90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	PR MENTAL HEALTH SERVICES	90837	CPT(R)	SA	\$0.00
90839	PR PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	PR MENTAL HEALTH SERVICES	90839	CPT(R)		\$400.00
90840	PR PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	PR MENTAL HEALTH SERVICES	90840	CPT(R)		\$130.00
90845	PR PSYCHOANALYSIS	PR MENTAL HEALTH SERVICES	90845	CPT(R)		\$313.74
90846	PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	PR MENTAL HEALTH SERVICES	90846	CPT(R)		\$237.00
90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	PR MENTAL HEALTH SERVICES	90847	CPT(R)		\$286.00
90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	PR MENTAL HEALTH SERVICES	90847	CPT(R)	SA	\$0.00
90853	PR GROUP PSYCHOTHERAPY	PR MENTAL HEALTH SERVICES	90853	CPT(R)		\$150.00
91300	PR SARSCOV2 VACCINE DIL RECON 30 MCG/0.3 ML IM USE	PR IMMUNIZATIONS	91300	CPT(R)		\$0.00
91301	PR SARSCOV2 VACCINE 100 MCG/0.5 ML IM USE	PR IMMUNIZATIONS	91301	CPT(R)		\$99.21
91302	PR SARSCOV2 VACCINE CHADOX1 5X1010 VP/0.5ML IM USE	PR IMMUNIZATIONS	91302	CPT(R)		\$0.00
91303	PR SARSCOV2 VACCINE AD26 5X1010VP/0.5ML IM USE	PR IMMUNIZATIONS	91303	CPT(R)		\$0.00
91305	PR SARSCOV2 VACCINE 30MCG/0.3ML TRIS-SUCROSE IM USE	PR GASTROENTEROLOGY	91305	CPT(R)		\$0.00
91306	PR SARSCOV2 VACCINE 50 MCG/0.25 ML IM USE	PR GASTROENTEROLOGY	91306	CPT(R)		\$0.00
91307	PR SARSCOV2 VACCINE 10MCG/0.2ML TRIS-SUCROSE IM USE	PR GASTROENTEROLOGY	91307	CPT(R)		\$0.00
91308	PR SARSCOV2 VACCINE 3MCG/0.2ML TRIS-SUCROSE IM USE	PR GASTROENTEROLOGY	91308	CPT(R)		\$0.00
91311	PR SARSCOV2 VACCINE 25 MCG/0.25 ML IM USE	PR GASTROENTEROLOGY	91311	CPT(R)		\$0.00
91312	PR SARSCOV2 VACCINE BIVALENT 30 MCG/0.3 ML IM USE	PR IMMUNIZATIONS	91312	CPT(R)		\$0.00
91313	PR SARSCOV2 VACCINE BIVALENT 50 MCG/0.5 ML IM USE	PR IMMUNIZATIONS	91313	CPT(R)		\$0.00
91314	PR SARSCOV2 VACCINE BIVALENT 25 MCG/0.25 ML IM USE	PR IMMUNIZATIONS	91314	CPT(R)		\$0.00
91315	PR SARSCOV2 VACCINE BIVALENT 10 MCG/0.2 ML IM USE	PR IMMUNIZATIONS	91315	CPT(R)		\$0.00
91316	PR SARSCOV2 VACCINE BIVALENT 10 MCG/0.2 ML IM USE	PR GASTROENTEROLOGY	91316	CPT(R)		\$0.00
91317	PR SARSCOV2 VACCINE BIVALENT 3 MCG/0.2 ML IM USE	PR GASTROENTEROLOGY	91317	CPT(R)		\$0.00
92283	PR COLOR VISION EXAMINATION	PR OPHTHALMOLOGY SERVICES	92283	CPT(R)		\$199.11

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
92551	PR PURE TONE HEARING TEST, AIR	PR OTORHINOLARYNGOLOGIC	92551	CPT(R)		\$53.00
92552	PR PURE TONE AUDIOMETRY, AIR	PR OTORHINOLARYNGOLOGIC	92552	CPT(R)		\$55.00
92567	PR TYMPANOMETRY	PR OTORHINOLARYNGOLOGIC	92567	CPT(R)		\$134.00
92950	PR HEART/LUNG RESUSCITATION (CPR)	PR CARDIOVASCULAR SYSTEM SERVICES	92950	CPT(R)		\$2,244.15
93000	PR ELECTROCARDIOGRAM, COMPLETE	PR CARDIOVASCULAR SYSTEM SERVICES	93000	CPT(R)		\$195.00
93005	PR ELECTROCARDIOGRAM, TRACING	PR CARDIOVASCULAR SYSTEM SERVICES	93005	CPT(R)		\$185.00
93010	PR ELECTROCARDIOGRAM REPORT	PR CARDIOVASCULAR SYSTEM SERVICES	93010	CPT(R)		\$129.00
93308	PR ECHO HEART XTHORACIC,LIMITED	PR CARDIOVASCULAR SYSTEM SERVICES	93308	CPT(R)	26	\$234.00
93308	PR ECHO HEART XTHORACIC,LIMITED	PR CARDIOVASCULAR SYSTEM SERVICES	93308	CPT(R)	TC	\$665.00
94010	PR BREATHING CAPACITY TEST	PR PULMONARY	94010	CPT(R)		\$210.00
94150	PR VITAL CAPACITY TEST	PR PULMONARY	94150	CPT(R)		\$60.12
94640	PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	PR PULMONARY	94640	CPT(R)		\$115.00
94664	PR DEMO &/OR EVAL,PT USE,AEROSOL DEVICE	PR PULMONARY	94664	CPT(R)		\$55.00
94760	PR NONINVASV OXYGEN SATUR;SINGLE	PR PULMONARY	94760	CPT(R)		\$40.00
95115	PR IMMUNOTHERAPY, ONE INJECTION	PR ALLERGY AND IMMUNOLOGY SERVICES	95115	CPT(R)		\$38.00
95117	PR IMMUNOTHERAPY, 2+ INJECTIONS	PR ALLERGY AND IMMUNOLOGY SERVICES	95117	CPT(R)		\$50.00
95251	PR CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	PR ENDOCRINE SYSTEM SERVICES	95251	CPT(R)		\$282.00
96110	PR DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	PR CNS ASSESSMENTS AND TESTS	96110	CPT(R)		\$51.00
96127	PR BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	PR MENTAL HEALTH SERVICES	96127	CPT(R)		\$32.00
96156	PR HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	PR MENTAL HEALTH SERVICES	96156	CPT(R)		\$485.00
96158	PR HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	PR MENTAL HEALTH SERVICES	96158	CPT(R)		\$331.00
96159	PR HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	PR MENTAL HEALTH SERVICES	96159	CPT(R)		\$116.00
96160	PR PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	PR MENTAL HEALTH SERVICES	96160	CPT(R)		\$20.00
96161	PR CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	PR MENTAL HEALTH SERVICES	96161	CPT(R)		\$20.00
96164	PR HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	PR MENTAL HEALTH SERVICES	96164	CPT(R)		\$63.18
96165	PR HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	PR MENTAL HEALTH SERVICES	96165	CPT(R)		\$30.50
96167	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	PR MENTAL HEALTH SERVICES	96167	CPT(R)		\$361.67
96168	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	PR MENTAL HEALTH SERVICES	96168	CPT(R)		\$116.00
96170	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	PR MENTAL HEALTH SERVICES	96170	CPT(R)		\$405.24
96171	PR HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	PR MENTAL HEALTH SERVICES	96171	CPT(R)		\$165.58
96360	PR IV INFUSION, HYDRATION, 31-60 MIN	PR CHEMOTHERAPY SERVICES	96360	CPT(R)		\$315.00
96361	PR IV INFUSION, HYDRATION, EA ADD HOUR	PR CHEMOTHERAPY SERVICES	96361	CPT(R)		\$122.00
96365	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR	PR CHEMOTHERAPY SERVICES	96365	CPT(R)		\$493.00
96366	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,EA ADD HOUR	PR CHEMOTHERAPY SERVICES	96366	CPT(R)		\$159.00
96372	PR INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT	PR CHEMOTHERAPY SERVICES	96372	CPT(R)		\$128.00
96374	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, INITIAL DRUG	PR CHEMOTHERAPY SERVICES	96374	CPT(R)		\$440.00
96375	PR INJECTION,THERAP/PROPH/DIAGNOST, IV PUSH, EA ADD, NEW DRUG	PR CHEMOTHERAPY SERVICES	96375	CPT(R)		\$320.00
96523	PR IRRIG IMPLANTED DRUG DELIVERY DEVICE	PR CHEMOTHERAPY SERVICES	96523	CPT(R)		\$175.00
97597	PR DEBRIDEMENT OPEN WOUND 20 SQ CM<	PR PHYSICAL MEDICINE SERVICES	97597	CPT(R)		\$345.00
97598	PR DEBRIDEMENT OPEN WOUND EA ADDL 20 SQ CM	PR PHYSICAL MEDICINE SERVICES	97598	CPT(R)		\$195.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
97602	PR RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	PR PHYSICAL MEDICINE SERVICES	97602	CPT(R)		\$186.00
97605	PR NEGATIVE PRESSURE WOUND THERAPY DME	PR PHYSICAL MEDICINE SERVICES	97605	CPT(R)		\$310.00
97606	PR NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	PR PHYSICAL MEDICINE SERVICES	97606	CPT(R)		\$254.00
97607	PR NEG PRESSURE WOUND THERAPY NON DME	PR PHYSICAL MEDICINE SERVICES	97607	CPT(R)		\$361.00
97608	PR NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	PR PHYSICAL MEDICINE SERVICES	97608	CPT(R)		\$427.00
97610	PR LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	PR PHYSICAL MEDICINE SERVICES	97610	CPT(R)		\$678.00
98925	PR OSTEOPATHIC MANIP,1-2 BODY REGN	PR OSTEOPATHIC TREATMENT	98925	CPT(R)		\$145.00
98926	PR OSTEOPATHIC MANIP,3-4 BODY REGN	PR OSTEOPATHIC TREATMENT	98926	CPT(R)		\$169.00
98927	PR OSTEOPATHIC MANIP,5-6 BODY REGN	PR OSTEOPATHIC TREATMENT	98927	CPT(R)		\$175.00
98928	PR OSTEOPATHIC MANIP,7-8 BODY REGN	PR OSTEOPATHIC TREATMENT	98928	CPT(R)		\$429.00
98929	PR OSTEOPATHIC MANIP,9-10 BODY REGN	PR OSTEOPATHIC TREATMENT	98929	CPT(R)		\$299.00
98960	PR SELF-MGMT EDUC & TRAIN, 1 PT, EA 30 MIN	PR CHIROPRACTIC TREATMENT	98960	CPT(R)		\$84.00
98966	PR NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	PR MEDICAL SERVICES	98966	CPT(R)		\$52.15
98967	PR NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	PR MEDICAL SERVICES	98967	CPT(R)		\$131.62
98968	PR NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	PR MEDICAL SERVICES	98968	CPT(R)		\$357.46
98970	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MIN	PR MEDICAL SERVICES	98970	CPT(R)		\$59.27
98971	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 11-20MIN	PR MEDICAL SERVICES	98971	CPT(R)		\$154.62
98972	PR QNHP ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MIN	PR MEDICAL SERVICES	98972	CPT(R)		\$85.04
99000	PR HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	PR MISCELLANEOUS SERVICES	99000	CPT(R)		\$52.00
99024	PR POST-OP FOLLOW-UP VISIT	PR MISCELLANEOUS SERVICES	99024	CPT(R)		\$0.00
99050	PR MEDICAL SERVICES AFTER HRS	PR MISCELLANEOUS SERVICES	99050	CPT(R)		\$200.00
99070	PR SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	PR MISCELLANEOUS SERVICES	99070	CPT(R)		\$0.00
99172	PR VISUAL FUNCT SCREENING, BILAT	PR MISCELLANEOUS SERVICES	99172	CPT(R)		\$106.67
99173	PR VISUAL SCREENING TEST, BILAT	PR MISCELLANEOUS SERVICES	99173	CPT(R)		\$38.00
99188	PR APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	PR MISCELLANEOUS SERVICES	99188	CPT(R)		\$26.00
99195	PR PHLEBOTOMY	PR MISCELLANEOUS SERVICES	99195	CPT(R)		\$225.00
99202	PR OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99202	CPT(R)		\$248.00
99203	PR OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99203	CPT(R)		\$361.00
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99204	CPT(R)		\$542.00
99205	PR OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99205	CPT(R)		\$937.60
99211	PR OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	PR EVALUATION AND MANAGEMENT SERVICES	99211	CPT(R)		\$80.00
99212	PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99212	CPT(R)		\$185.18
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99213	CPT(R)		\$265.00
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99214	CPT(R)		\$360.00
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99215	CPT(R)		\$600.00
99304	PR INITIAL NURSING FACILITY CARE SF/LOW MDM 25 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99304	CPT(R)		\$461.00
99305	PR INITIAL NURSING FACILITY CARE MOD MDM 35 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99305	CPT(R)		\$300.00
99306	PR INITIAL NURSING FACILITY CARE HI MDM 45 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99306	CPT(R)		\$948.00
99307	PR SBSQ NURSING FACILITY CARE SF MDM 10 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99307	CPT(R)		\$150.00
99308	PR SBSQ NURSING FACILITY CARE LOW MDM 15 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99308	CPT(R)		\$296.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
99309	PR SBSQ NURSING FACILITY CARE MOD MDM 30 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99309	CPT(R)		\$280.00
99310	PR SBSQ NURSING FACILITY CARE HIGH MDM 45 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99310	CPT(R)		\$382.00
99315	PR NURSING FACILITY DSCHRG MGMT 30 MIN/< TOT TIME	PR EVALUATION AND MANAGEMENT SERVICES	99315	CPT(R)		\$367.56
99316	PR NURSING FACILITY DSCHRG MGMT 30 MIN+ TOT TIME	PR EVALUATION AND MANAGEMENT SERVICES	99316	CPT(R)		\$421.38
99341	PR HOME/RES VISIT NEW PATIENT SF MDM 15 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99341	CPT(R)		\$155.79
99342	PR HOME/RES VISIT NEW PATIENT LOW MDM 30 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99342	CPT(R)		\$244.81
99344	PR HOME/RES VISIT NEW PATIENT MOD MDM 60 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99344	CPT(R)		\$511.88
99345	PR HOME/RES VISIT NEW PATIENT HIGH MDM 75 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99345	CPT(R)		\$620.37
99347	PR HOME/RES VISIT EST PATIENT SF MDM 20 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99347	CPT(R)		\$157.00
99348	PR HOME/RES VISIT EST PATIENT LOW MDM 30 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99348	CPT(R)		\$305.00
99349	PR HOME/RES VISIT EST PATIENT MOD MDM 40 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99349	CPT(R)		\$408.00
99350	PR HOME/RES VISIT EST PATIENT HIGH MDM 60 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99350	CPT(R)		\$531.00
99381	PR PREVENTIVE VISIT,NEW,INFANT < 1 YR	PR EVALUATION AND MANAGEMENT SERVICES	99381	CPT(R)		\$350.00
99382	PR PREVENTIVE VISIT,NEW,AGE 1-4	PR EVALUATION AND MANAGEMENT SERVICES	99382	CPT(R)		\$346.00
99383	PR PREVENTIVE VISIT,NEW,AGE5-11	PR EVALUATION AND MANAGEMENT SERVICES	99383	CPT(R)		\$352.00
99384	PR PREVENTIVE VISIT,NEW,12-17	PR EVALUATION AND MANAGEMENT SERVICES	99384	CPT(R)		\$390.00
99385	PR PREVENTIVE VISIT,NEW,18-39	PR EVALUATION AND MANAGEMENT SERVICES	99385	CPT(R)		\$478.00
99386	PR PREVENTIVE VISIT,NEW,40-64	PR EVALUATION AND MANAGEMENT SERVICES	99386	CPT(R)		\$500.00
99387	PR PREVENTIVE VISIT,NEW,65 & OVER	PR EVALUATION AND MANAGEMENT SERVICES	99387	CPT(R)		\$619.00
99391	PR PREVENTIVE VISIT,EST, INFANT < 1 YR	PR EVALUATION AND MANAGEMENT SERVICES	99391	CPT(R)		\$285.00
99392	PR PREVENTIVE VISIT,EST,AGE 1-4	PR EVALUATION AND MANAGEMENT SERVICES	99392	CPT(R)		\$305.00
99393	PR PREVENTIVE VISIT,EST,AGE5-11	PR EVALUATION AND MANAGEMENT SERVICES	99393	CPT(R)		\$300.00
99394	PR PREVENTIVE VISIT,EST,12-17	PR EVALUATION AND MANAGEMENT SERVICES	99394	CPT(R)		\$335.00
99395	PR PREVENTIVE VISIT,EST,18-39	PR EVALUATION AND MANAGEMENT SERVICES	99395	CPT(R)		\$390.00
99396	PR PREVENTIVE VISIT,EST,40-64	PR EVALUATION AND MANAGEMENT SERVICES	99396	CPT(R)		\$431.00
99397	PR PREVENTIVE VISIT,EST,65 & OVER	PR EVALUATION AND MANAGEMENT SERVICES	99397	CPT(R)		\$589.03
99401	PR PREVENT COUNSEL,INDIV,15 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99401	CPT(R)		\$125.00
99402	PR PREVENT COUNSEL,INDIV,30 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99402	CPT(R)		\$222.56
99403	PR PREVENT COUNSEL,INDIV,45 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99403	CPT(R)		\$260.40
99404	PR PREVENT COUNSEL,INDIV,60 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99404	CPT(R)		\$322.71
99406	PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	PR ALCOHOL & DRUG ABUSE TRMT	99406	CPT(R)		\$94.40
99407	PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	PR ALCOHOL & DRUG ABUSE TRMT	99407	CPT(R)		\$81.00
99408	PR ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	PR ALCOHOL & DRUG ABUSE TRMT	99408	CPT(R)		\$161.35
99409	PR ALCOHOL/SUBSTANCE SCREEN & INTERVEN >30 MIN	PR ALCOHOL & DRUG ABUSE TRMT	99409	CPT(R)		\$211.37
99417	PR PROLONGED OUTPATIENT E/M SERVICE EACH 15 MINUTES	PR EVALUATION AND MANAGEMENT SERVICES	99417	CPT(R)		\$0.00
99421	PR ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	PR HOME HEALTH PROCEDURES/SERVICES	99421	CPT(R)		\$50.18
99422	PR ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	PR HOME HEALTH PROCEDURES/SERVICES	99422	CPT(R)		\$182.53
99423	PR ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	PR HOME HEALTH PROCEDURES/SERVICES	99423	CPT(R)		\$211.32
99439	PR CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO	PR EVALUATION AND MANAGEMENT SERVICES	99439	CPT(R)		\$155.00
99441	PR PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99441	CPT(R)		\$100.47

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
99442	PR PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99442	CPT(R)		\$136.64
99442	PR PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99442	CPT(R)	DOT	\$100.00
99443	PR PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	PR EVALUATION AND MANAGEMENT SERVICES	99443	CPT(R)		\$458.14
99450	PR LIFE/DISABILITY EVALUATION	PR EVALUATION AND MANAGEMENT SERVICES	99450	CPT(R)		\$216.99
99455	PR WORK RELATED/MED DBLT XM TREATING PHYS	PR EVALUATION AND MANAGEMENT SERVICES	99455	CPT(R)		\$185.00
99473	PR SELF-MEAS BP PT EDUCAJ/TRAIING & DEV CALIBRATION	PR HOME HEALTH PROCEDURES/SERVICES	99473	CPT(R)		\$69.00
99474	PR SELF-MEAS BP 2 READG 1 MIN APART BID 30 DAY PD	PR HOME HEALTH PROCEDURES/SERVICES	99474	CPT(R)		\$89.00
99484	PR CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99484	CPT(R)		\$222.56
99487	PR COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO	PR EVALUATION AND MANAGEMENT SERVICES	99487	CPT(R)		\$430.00
99489	PR CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO	PR EVALUATION AND MANAGEMENT SERVICES	99489	CPT(R)		\$202.00
99490	PR CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	PR EVALUATION AND MANAGEMENT SERVICES	99490	CPT(R)		\$161.35
99491	PR CHRONIC CARE MGMT SVC PHYS 1ST 30 MIN CAL MONTH	PR HOME HEALTH PROCEDURES/SERVICES	99491	CPT(R)		\$446.00
99492	PR 1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99492	CPT(R)		\$523.01
99493	PR SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99493	CPT(R)		\$456.24
99494	PR 1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99494	CPT(R)		\$280.98
99495	PR TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	PR EVALUATION AND MANAGEMENT SERVICES	99495	CPT(R)		\$540.00
99496	PR TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	PR EVALUATION AND MANAGEMENT SERVICES	99496	CPT(R)		\$818.00
99497	PR ADVANCE CARE PLANNING FIRST 30 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99497	CPT(R)		\$171.86
99498	PR ADVANCE CARE PLANNING EA ADDL 30 MINS	PR EVALUATION AND MANAGEMENT SERVICES	99498	CPT(R)		\$322.71
99499	PR UNLISTED E/M SERVICE	PR EVALUATION AND MANAGEMENT SERVICES	99499	CPT(R)		\$185.00
99499	PR UNLISTED E/M SERVICE	PR EVALUATION AND MANAGEMENT SERVICES	99499	CPT(R)	DOT	\$215.25
99499	PR UNLISTED E/M SERVICE	PR EVALUATION AND MANAGEMENT SERVICES	99499	CPT(R)	SP	\$25.00
99999	NO CHARGE E&M	PR EVALUATION AND MANAGEMENT SERVICES	99999	Custom		\$0.00
2200315	PR KNEE SLEEVE SUPPORT (OPEN/CLOSED PATELLA)	PR DME	A4466	Custom		\$8.03
2200652	PR BASIC PHYSICAL EXAM	PR EVALUATION AND MANAGEMENT SERVICES	99212	CPT(R)		\$300.00
0001A	PR IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 1ST DOSE	PR THERAPEUTIC INJECTIONS	0001A	CPT(R)		\$40.00
0002A	PR IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 2ND DOSE	PR THERAPEUTIC INJECTIONS	0002A	CPT(R)		\$40.00
0003A	PR IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON 3RD DOSE	PR THERAPEUTIC INJECTIONS	0003A	CPT(R)		\$40.00
0004A	PR IMM ADMN SARSCOV2 30MCG/0.3ML DIL RECON BST DOSE	PR THERAPEUTIC INJECTIONS	0004A	CPT(R)		\$40.00
0011A	PR IMM ADMN SARSCOV2 100 MCG/0.5 ML 1ST DOSE	PR THERAPEUTIC INJECTIONS	0011A	CPT(R)		\$40.00
0012A	PR IMM ADMN SARSCOV2 100 MCG/0.5 ML 2ND DOSE	PR THERAPEUTIC INJECTIONS	0012A	CPT(R)		\$40.00
0013A	PR IMM ADMN SARSCOV2 100 MCG/0.5 ML 3RD DOSE	PR THERAPEUTIC INJECTIONS	0013A	CPT(R)		\$40.00
0021A	PR IMM ADMN SARSCOV2 5X1010 VP/0.5 ML 1ST DOSE	PR THERAPEUTIC INJECTIONS	0021A	CPT(R)		\$40.00
0022A	PR IMM ADMN SARSCOV2 5X1010 VP/0.5 ML 2ND DOSE	PR THERAPEUTIC INJECTIONS	0022A	CPT(R)		\$40.00
0031A	PR IMM ADMN SARSCOV2 AD26 5X1010VP/0.5 ML 1 DOSE	PR THERAPEUTIC INJECTIONS	0031A	CPT(R)		\$40.00
0034A	PR IMM ADMN SARSCOV2 AD26 5X1010 VP/0.5 ML BST DOSE	PR THERAPEUTIC INJECTIONS	0034A	CPT(R)		\$40.00
0051A	PR IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 1ST	PR THERAPEUTIC INJECTIONS	0051A	CPT(R)		\$40.00
0052A	PR IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 2ND	PR THERAPEUTIC INJECTIONS	0052A	CPT(R)		\$40.00
0053A	PR IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE 3RD	PR THERAPEUTIC INJECTIONS	0053A	CPT(R)		\$40.00
0054A	PR IMM ADMN SARSCOV2 30MCG/0.3ML TRIS-SUCROSE BST	PR THERAPEUTIC INJECTIONS	0054A	CPT(R)		\$40.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
0064A	PR IMM ADMN SARSCOV2 50 MCG/0.25 ML BOOSTER DOSE	PR THERAPEUTIC INJECTIONS	0064A	CPT(R)		\$40.00
0071A	PR IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 1ST	PR THERAPEUTIC INJECTIONS	0071A	CPT(R)		\$40.00
0072A	PR IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE 2ND	PR THERAPEUTIC INJECTIONS	0072A	CPT(R)		\$40.00
0074A	PR IMM ADMN SARSCOV2 10MCG/0.2ML TRIS-SUCROSE BST	PR THERAPEUTIC INJECTIONS	0074A	CPT(R)		\$40.00
0081A	PR IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 1ST	PR THERAPEUTIC INJECTIONS	0081A	CPT(R)		\$40.00
0082A	PR IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 2ND	PR THERAPEUTIC INJECTIONS	0082A	CPT(R)		\$40.00
0083A	PR IMM ADMN SARSCOV2 3MCG/0.2ML TRIS-SUCROSE 3RD	PR THERAPEUTIC INJECTIONS	0083A	CPT(R)		\$40.00
0111A	PR IMM ADMN SARSCOV2 25 MCG/0.25 ML 1ST DOSE	PR THERAPEUTIC INJECTIONS	0111A	CPT(R)		\$40.00
0112A	PR IMM ADMN SARSCOV2 25 MCG/0.25 ML 2ND DOSE	PR THERAPEUTIC INJECTIONS	0112A	CPT(R)		\$40.00
0124A	PR IMM ADMN SARSCOV2 BIVALENT 30 MCG/0.3 ML ADDL	PR THERAPEUTIC INJECTIONS	0124A	CPT(R)		\$40.00
0134A	PR IMM ADMN SARSCOV2 BIVALENT 50 MCG/0.5 ML ADDL	PR THERAPEUTIC INJECTIONS	0134A	CPT(R)		\$40.00
0144A	PR IMM ADMN SARSCOV2 BIVALENT 25 MCG/0.25 ML ADDL	PR THERAPEUTIC INJECTIONS	0144A	CPT(R)		\$40.00
0154A	PR IMM ADMN SARSCOV2 BIVALENT 10 MCG/0.2 ML ADDL	PR THERAPEUTIC INJECTIONS	0154A	CPT(R)		\$40.00
0164A	PR IMM ADMN SARSCOV2 BIVALENT 10 MCG/0.2 ML ADDL	PR THERAPEUTIC INJECTIONS	0164A	CPT(R)		\$40.00
0173A	PR IMM ADMN SARSCOV2 BIVALENT 3 MCG/0.2 ML 3RD	PR THERAPEUTIC INJECTIONS	0173A	CPT(R)		\$40.00
0241U	CHG NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	CHG LABORATORY	0241U	CPT(R)		\$156.00
0353U	CHG IADNA CHLMYD TRCHMTS&NEISSRA GONORR MULT AMP PRB	CHG LABORATORY	0353U	CPT(R)		\$80.00
1036F	CURRENT TOBACCO NON-USER	PR MISCELLANEOUS SERVICES	1036F	CPT(R)		\$0.00
1090F	PR PRESENCE/ABSENCE URINARY INCONTINENCE ASSESSED	PR MISCELLANEOUS SERVICES	1090F	CPT(R)		\$0.00
1100F	PR PT FALLS ASSESS DOC 2+ FALLS/FALL W/INJURY/YR	PR MISCELLANEOUS SERVICES	1100F	CPT(R)		\$0.00
1101F	PR PT FALLS ASSESS DOC 0-1 FALLS W/OUT INJ PAST YR	PR MISCELLANEOUS SERVICES	1101F	CPT(R)		\$0.00
1111F	PR DISCHARGE MEDS RECONCILED W/ CURRENT OUTPATIENT MED LIST	PR MISCELLANEOUS SERVICES	1111F	CPT(R)		\$0.00
1123F	PR ADV CARE PLAN DISCUSSED, PLAN OR SURROGATE DOCUMENTED	PR MISCELLANEOUS SERVICES	1123F	CPT(R)		\$0.00
1124F	PR ADV CARE PLAN DISCUSSED, UNABLE/UNWILL DOC PLAN OR SURROGATE	PR MISCELLANEOUS SERVICES	1124F	CPT(R)		\$0.00
1125F	PR PAIN SEVERITY QUANTIFIED, PAIN PRESENT	PR MISCELLANEOUS SERVICES	1125F	CPT(R)		\$0.00
1126F	PR PAIN SEVERITY QUANTIFIED, NO PAIN PRESENT	PR MISCELLANEOUS SERVICES	1126F	CPT(R)		\$0.00
1159F	PR MEDICATION LIST DOCUMENTED IN MEDICAL RECORD	PR MISCELLANEOUS SERVICES	1159F	CPT(R)		\$0.00
1160F	PR REVIEW ALL MEDS BY PRESCRIBER/CLIN PHARMACIST DOCUMENTED	PR MISCELLANEOUS SERVICES	1160F	CPT(R)		\$0.00
1170F	PR FUNCTIONAL STATUS ASSESSED	PR MISCELLANEOUS SERVICES	1170F	CPT(R)		\$0.00
1220F	PR PATIENT SCREENED FOR DEPRESSION	PR MISCELLANEOUS SERVICES	1220F	CPT(R)		\$0.00
2022F	PR DILATED RETINAL EXAM W/EVIDENCE OF RETINOPATHY	PR MISCELLANEOUS SERVICES	2022F	CPT(R)		\$0.00
2023F	PR DILATED RETINAL EXAM W/O EVIDENCE OF RETINOPATHY	PR MISCELLANEOUS SERVICES	2023F	CPT(R)		\$0.00
2024F	PR 7 STANDARD FLD RETINAL PHOTO W/EVC RTNOPHTY	PR MISCELLANEOUS SERVICES	2024F	CPT(R)		\$0.00
2025F	PR 7 STANDARD FLD RETINAL PHOTO W/O EVC RTNOPHTY	PR MISCELLANEOUS SERVICES	2025F	CPT(R)		\$0.00
2026F	PR EYE IMG VALID MATCH DX 7 STND FLD W/EVC RTNOPHTY	PR MISCELLANEOUS SERVICES	2026F	CPT(R)		\$0.00
2033F	PR EYE IMG VLD MTCH DX 7 STND FLD W/O EVC RTNOPHTY	PR MISCELLANEOUS SERVICES	2033F	CPT(R)		\$0.00
3044F	PR MOST RECENT HEMOGLOBIN A1C LEVEL <7.0%	PR CARDIOVASCULAR SYSTEM SERVICES	3044F	CPT(R)		\$0.00
3046F	PR MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0%	PR CARDIOVASCULAR SYSTEM SERVICES	3046F	CPT(R)		\$0.00
3051F	PR MOST RECENT HG A1C>EQUAL TO 7.0%&<8.0%	PR MISCELLANEOUS SERVICES	3051F	CPT(R)		\$0.00
3052F	PR MOST RECENT HG A1C>EQUAL TO 8.0%&<EQUAL TO 9.0%	PR MISCELLANEOUS SERVICES	3052F	CPT(R)		\$0.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
3072F	LOW RISK FOR RETINOPATHY	PR MISCELLANEOUS SERVICES	3072F	CPT(R)		\$0.00
3074F	PR MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG	PR CARDIOVASCULAR SYSTEM SERVICES	3074F	CPT(R)		\$0.00
3075F	PR MOST RECENT SYSTOLIC BLOOD PRESS GE 130-139MM HG	PR CARDIOVASCULAR SYSTEM SERVICES	3075F	CPT(R)		\$0.00
3077F	PR MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MM HG	PR MISCELLANEOUS SERVICES	3077F	CPT(R)		\$0.00
3078F	PR MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG	PR CARDIOVASCULAR SYSTEM SERVICES	3078F	CPT(R)		\$0.00
3079F	PR MOST RECENT DIASTOLIC BLOOD PRESSURE 80-89 MM HG	PR MISCELLANEOUS SERVICES	3079F	CPT(R)		\$0.00
3080F	PR MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MM HG	PR CARDIOVASCULAR SYSTEM SERVICES	3080F	CPT(R)		\$0.00
3288F	PR FALLS RISK ASSESSMENT DOCUMENTED	PR MISCELLANEOUS SERVICES	3288F	CPT(R)		\$0.00
4004F	PR PT SCRND TOBACCO USE RCVD TOBACCO CESSATION TALK	PR MISCELLANEOUS SERVICES	4004F	CPT(R)		\$0.00
4010F	PR ACE INHIBITOR/ARB THERAPY RXD/CURRENTLY TAKEN	PR MISCELLANEOUS SERVICES	4010F	CPT(R)		\$0.00
97799PE	CLIENT PHYSICAL EXAM, BASIC	PR PHYSICAL MEDICINE SERVICES	97799	Custom		\$185.00
97799PES	CLIENT PHYSICAL EXAM, DETAILED	PR PHYSICAL MEDICINE SERVICES	97799	Custom		\$200.00
99499DOT	PR DOT PHYSICAL	PR EVALUATION AND MANAGEMENT SERVICES	99499	Custom		\$215.25
99499J	PR NON-DOT PHYSICAL/CARD	PR EVALUATION AND MANAGEMENT SERVICES	99499	Custom		\$125.00
99499SP	PR SPORTS PHYSICAL	PR EVALUATION AND MANAGEMENT SERVICES	99499	Custom		\$75.34
A4467	PR BELT STRAP SLEEV GRMNT COVER	PR MEDICAL & SURGICAL SUPPLY	A4467	HCPCS		\$81.00
A4550	PR SURGICAL TRAYS	PR MEDICAL & SURGICAL SUPPLY	A4550	HCPCS		\$100.00
A4565	PR SLINGS	PR MEDICAL & SURGICAL SUPPLY	A4565	HCPCS		\$30.01
A4580	PR CAST SUPPLIES (PLASTER)	PR MEDICAL & SURGICAL SUPPLY	A4580	HCPCS		\$150.00
A6531	PR COMPRESSION STOCKING BK30-40	PR MEDICAL & SURGICAL SUPPLY	A6531	HCPCS		\$73.02
A9999	PR DME SUPPLY OR ACCESSORY, NOS	PR MISCELLANEOUS SERVICES	A9999	HCPCS		\$0.00
A9999AA	PR KNEE BRACE HINGED 16"	PR MISCELLANEOUS SERVICES	A9999	Custom		\$43.76
D1206	PR TOPICAL APPLICATION OF FLUORIDE VARNISH	PR DENTAL	D1206	ADA		\$0.00
E0116	PR CRUTCH UNDERARM EACH NO WOOD	PR DME	E0116	HCPCS		\$75.00
E0116	PR CRUTCH UNDERARM EACH NO WOOD	PR DME	E0116	HCPCS	NU	\$68.72
E0116	PR CRUTCH UNDERARM EACH NO WOOD	PR DME	E0116	HCPCS	RR	\$11.38
E0116	PR CRUTCH UNDERARM EACH NO WOOD	PR DME	E0116	HCPCS	UE	\$51.72
E0190	PR POSITIONING CUSHION	PR DME	E0190	HCPCS		\$120.00
E0190	PR POSITIONING CUSHION	PR DME	E0190	HCPCS	NU	\$114.60
G0008	PR ADMIN INFLUENZA VIRUS VAC	PR PROFESSIONAL SERVICES	G0008	HCPCS		\$69.00
G0009	PR ADMIN PNEUMOCOCCAL VACCINE	PR PROFESSIONAL SERVICES	G0009	HCPCS		\$69.00
G0010	PR ADMIN HEPATITIS B VACCINE	PR PROFESSIONAL SERVICES	G0010	HCPCS		\$72.00
G0071	PR COMM SVCS BY RHC/FQHC 5 MIN	PR PROFESSIONAL SERVICES	G0071	HCPCS		\$36.98
G0101	PR CA SCREEN, PELVIC/BREAST EXAM	PR PROFESSIONAL SERVICES	G0101	HCPCS		\$129.96
G0127	PR TRIM NAIL(S)	PR PROFESSIONAL SERVICES	G0127	HCPCS		\$66.67
G0245	PR INITIAL FOOT EXAM PT LOPS	PR PROFESSIONAL SERVICES	G0245	HCPCS		\$199.95
G0246	PR FOLLOWUP EVAL OF FOOT PT LOP	PR PROFESSIONAL SERVICES	G0246	HCPCS		\$122.00
G0246	PR FOLLOWUP EVAL OF FOOT PT LOP	PR PROFESSIONAL SERVICES	G0246	HCPCS	SA	\$99.99
G0328	PR FECAL BLOOD SCRNM IMMUNOASSAY	PR PROFESSIONAL SERVICES	G0328	HCPCS		\$66.01
G0402	PR INITIAL PREVENTIVE EXAM	PR PROFESSIONAL SERVICES	G0402	HCPCS		\$451.08

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
G0438	PR PPPS, INITIAL VISIT	PR PROFESSIONAL SERVICES	G0438	HCPCS		\$509.04
G0439	PR PPPS, SUBSEQ VISIT	PR PROFESSIONAL SERVICES	G0439	HCPCS		\$348.00
G0444	PR DEPRESSION SCREEN ANNUAL	PR PROFESSIONAL SERVICES	G0444	HCPCS		\$0.00
G0466	PR FQHC VISIT NEW PATIENT	PR PROFESSIONAL SERVICES	G0466	HCPCS		\$274.05
G0467	PR FQHC VISIT, ESTAB PT	PR PROFESSIONAL SERVICES	G0467	HCPCS		\$225.08
G0468	PR FQHC VISIT, IPPE OR AWV	PR PROFESSIONAL SERVICES	G0468	HCPCS		\$283.92
G0469	PR FQHC VISIT, MH NEW PT	PR PROFESSIONAL SERVICES	G0469	HCPCS		\$270.05
G0469	PR FQHC VISIT, MH NEW PT	PR PROFESSIONAL SERVICES	G0469	HCPCS	SA	\$0.00
G0470	PR FQHC VISIT, MH ESTAB PT	PR PROFESSIONAL SERVICES	G0470	HCPCS		\$249.99
G0511	PR CCM/BHI BY RHC/FQHC 20MIN MO	PR PROFESSIONAL SERVICES	G0511	HCPCS		\$200.00
G0512	PR COCM BY RHC/FQHC 60 MIN MO	PR PROFESSIONAL SERVICES	G0512	HCPCS		\$200.00
G2010	PR REMOT IMAGE SUBMIT BY PT	PR PROFESSIONAL SERVICES	G2010	HCPCS		\$46.18
G2012	PR BRIEF CHECK IN BY MD/QHP	PR PROFESSIONAL SERVICES	G2012	HCPCS		\$65.18
G2025	PR DIS SITE TELE SVCS RHC/FQHC	CHG LABORATORY	G2025	HCPCS		\$139.89
G2061	PR QUAL NONMD EST PT 5-10M	PR PROFESSIONAL SERVICES	G2061	HCPCS		\$23.80
G2062	PR QUAL NONMD EST PT 11-20M	PR PROFESSIONAL SERVICES	G2062	HCPCS		\$41.92
G2063	PR QUAL NONMD EST PT 21>MIN	PR PROFESSIONAL SERVICES	G2063	HCPCS		\$65.15
G8427	PR DOCREV CUR MEDS BY ELIG CLIN	PR PROFESSIONAL SERVICES	G8427	HCPCS		\$0.00
G8431	PR POS CLIN DEPRES SCR N F/U DOC	PR PROFESSIONAL SERVICES	G8431	HCPCS		\$0.00
G8510	PR SCR DEP NEG, NO PLAN REQD	PR PROFESSIONAL SERVICES	G8510	HCPCS		\$0.00
G9664	PR TAKING STATIN OR REC'D ORDER	PR PROFESSIONAL SERVICES	G9664	HCPCS		\$0.00
H0049	PR ALCOHOL/DRUG SCREENING	PR ALCOHOL & DRUG ABUSE TRMT	H0049	HCPCS		\$0.00
H2011	PR CRISIS INTERVEN SVC, 15 MIN	PR ALCOHOL & DRUG ABUSE TRMT	H2011	HCPCS		\$91.05
J0561	PR PENICILLIN G BENZATHINE INJ, 100000 UNITS	PR INJECTABLE MEDS	J0561	HCPCS		\$41.30
J0696	PR CEFTRIAXONE SODIUM INJECTION, 250 MG	PR INJECTABLE MEDS	J0696	HCPCS		\$40.00
J0702	PR BETAMETHASONE ACET&SOD PHOSP, 3 MG	PR INJECTABLE MEDS	J0702	HCPCS		\$25.01
J0715	PR CEFTIZOXIME SODIUM / 500 MG	PR INJECTABLE MEDS	J0715	HCPCS		\$50.00
J0735	PR CLONIDINE HYDROCHLORIDE, 1 MG	PR INJECTABLE MEDS	J0735	HCPCS		\$126.00
J1040	PR METHYLPREDNISOLONE 80 MG INJ	PR INJECTABLE MEDS	J1040	HCPCS		\$40.60
J1050	PR MEDROXYPROGESTERONE ACETATE PER MG	PR INJECTABLE MEDS	J1050	HCPCS		\$1.70
J1100	PR DEXAMETHASONE SODIUM PHOS, 1 MG	PR INJECTABLE MEDS	J1100	HCPCS		\$5.00
J1885	PR KETOROLAC TROMETHAMINE INJ, 15 MG	PR INJECTABLE MEDS	J1885	HCPCS		\$20.00
J1940	PR FUROSEMIDE INJECTION, 20 MG	PR INJECTABLE MEDS	J1940	HCPCS		\$2.30
J1950	PR LEUPROLIDE ACETATE /3.75 MG	PR INJECTABLE MEDS	J1950	HCPCS		\$3,771.00
J2357	PR OMALIZUMAB INJECTION, 5 MG	PR INJECTABLE MEDS	J2357	HCPCS		\$111.00
J2405	PR ONDANSETRON HCL INJECTION, 1 MG	PR INJECTABLE MEDS	J2405	HCPCS		\$9.00
J2550	PR PROMETHAZINE HCL INJECTION, 50 MG	PR INJECTABLE MEDS	J2550	HCPCS		\$23.00
J2790	PR RHO D IMMUNE GLOBULIN INJ, 1 PACKAGE	PR INJECTABLE MEDS	J2790	HCPCS		\$252.00
J2920	PR METHYLPREDNISOLONE INJECTION, 40 MG	PR INJECTABLE MEDS	J2920	HCPCS		\$300.00
J2930	PR METHYLPREDNISOLONE INJECTION, 125 MG	PR INJECTABLE MEDS	J2930	HCPCS		\$30.00

PROCEDURE	PROCEDURE NAME	CATEGORY	CODE	CODE TYPE	MOD	CC ASC PB MASTER FEE SCHEDULE (208730000)
J3030	PR SUMATRIPTAN SUCCINATE / 6 MG	PR INJECTABLE MEDS	J3030	HCPCS		\$162.96
J3301	PR TRIAMCINOLONE ACET INJ NOS, 10 MG	PR INJECTABLE MEDS	J3301	HCPCS		\$15.00
J3420	PR VITAMIN B12 INJECTION, 1000 MCG	PR INJECTABLE MEDS	J3420	HCPCS		\$19.99
J7030	PR NORMAL SALINE SOLUTION INFUS, 1000 ML	PR INJECTABLE MEDS	J7030	HCPCS		\$32.00
J7296	PR KYLEENA, 19.5 MG	PR INJECTABLE MEDS	J7296	HCPCS		\$2,199.37
J7298	PR MIRENA, 52 MG	PR INJECTABLE MEDS	J7298	HCPCS		\$2,040.00
J7300	PR INTRAUT COPPER CONTRACEPTIVE, 1 UNITS	PR INJECTABLE MEDS	J7300	HCPCS		\$1,791.56
J7301	PR SKYLA, 13.5 MG	PR INJECTABLE MEDS	J7301	HCPCS		\$1,752.00
J7307	PR ETONOGESTREL IMPLANT SYSTEM, 1 UNITS	PR INJECTABLE MEDS	J7307	HCPCS		\$1,870.00
J7613	PR ALBUTEROL NON-COMP UNIT, 1 MG	PR INJECTABLE MEDS	J7613	HCPCS		\$10.00
J7620	PR ALBUTEROL IPRATROP NON-COMP, 3 ML	PR INJECTABLE MEDS	J7620	HCPCS		\$15.00
J8499	PR ORAL PRESCRIP DRUG NON CHEMO	PR INJECTABLE MEDS	J8499	HCPCS		\$0.41
L0130	PR FLEX THERMOPLASTIC COLLAR MO	PR ORTHOTIC PROCEDURES/SUPPLIES	L0130	HCPCS		\$0.00
L0172	PR CERV COL SR FOAM 2PC PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L0172	HCPCS		\$251.54
L1820	PR KO ELAS W/ CONDYLE PADS & JO	PR ORTHOTIC PROCEDURES/SUPPLIES	L1820	HCPCS		\$228.00
L1830	PR KO IMMOB CANVAS LONG PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L1830	HCPCS		\$145.01
L2999	PR LOWER EXTREMITY ORTHOSIS NOS	PR ORTHOTIC PROCEDURES/SUPPLIES	L2999	HCPCS		\$0.00
L3260	PR AMBULATORY SURGICAL BOOT EAC	PR ORTHOTIC PROCEDURES/SUPPLIES	L3260	HCPCS		\$68.98
L3670	PR SO ACRO/CLAV CAN WEB PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L3670	HCPCS		\$210.96
L3807	PR WHFO W/O JOINTS PRE CST	PR ORTHOTIC PROCEDURES/SUPPLIES	L3807	HCPCS		\$450.06
L3908	PR WHO COCK-UP NONMOLDE PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L3908	HCPCS		\$109.82
L3927	PR FO PIP DIP NO JT SPR PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L3927	HCPCS		\$78.92
L3999	PR UPPER LIMB ORTHOSIS NOS	PR ORTHOTIC PROCEDURES/SUPPLIES	L3999	HCPCS		\$0.00
L4350	PR ANKLE CONTROL ORTHO PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L4350	HCPCS		\$149.96
L4360	PR PNEUMAT WALKING BOOT PRE CST	PR ORTHOTIC PROCEDURES/SUPPLIES	L4360	HCPCS		\$500.14
L4361	PR PNEUMA/VAC WALK BOOT PRE OTS	PR ORTHOTIC PROCEDURES/SUPPLIES	L4361	HCPCS		\$450.16
L4386	PR NON-PNEUM WALK BOOT PRE CST	PR ORTHOTIC PROCEDURES/SUPPLIES	L4386	HCPCS		\$344.00
M0243	PR CASIRIVI AND IMDEVI INFUSION	PR CARDIOVASCULAR SYSTEM SERVICES	M0243	HCPCS		\$450.00
PBPSM	PR PATIENT SUPPLIED MEDICATION	PR MISCELLANEOUS SERVICES	PBPSM	Custom		\$0.00
Q0162	PR ONDANSETRON ORAL	PR MEDICAL SERVICES	Q0162	HCPCS		\$7.00
Q3014	PR TELEHEALTH FACILITY FEE	PR MEDICAL SERVICES	Q3014	HCPCS		\$78.19
Q4049	PR FINGER SPLINT, STATIC	PR MEDICAL SERVICES	Q4049	HCPCS		\$37.01
S8431	PR COMPRESSION BANDAGE	PR MEDICAL SERVICES	S8431	HCPCS		\$29.00
S8450	PR SPLINT DIGIT	PR MEDICAL SERVICES	S8450	HCPCS		\$41.00
S8451	PR SPLINT WRIST OR ANKLE	PR MEDICAL SERVICES	S8451	HCPCS		\$50.00
U0003	PR COV-19 AMP PRB HGH THRUPUT	CHG LABORATORY	U0003	HCPCS		\$40.00
U0004	PR COV-19 TEST NON-CDC HGH THRU	CHG LABORATORY	U0004	HCPCS		\$40.00
U0005	PR INFEC AGEN DETEC AMPLI PROBE	CHG LABORATORY	U0005	HCPCS		\$40.00