

CMS SHOPPABLE SERVICES

EMERGENCY SERVICES

Charge #	Description	CPT Code	Charge	<u>Self Pay</u> <u>Discounted</u> Charge
4500020	<u>Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single</u>	10060	\$ 550.00	\$ 275.00
4510080	<u>Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple</u>	10080	\$ 481.00	\$ 240.50
4500047	<u>Incision and drainage of pilonidal cyst; complicated</u>	10120	\$ 547.30	\$ 273.65
4500045	<u>Incision and removal of foreign body, subcutaneous tissues; simple</u>	10121	\$ 1,349.40	\$ 674.70
4500023	<u>Incision and removal of foreign body, subcutaneous tissues; complicated</u>	10140	\$ 958.10	\$ 479.05
4500011	<u>Incision and drainage of hematoma, seroma or fluid collection</u>	10160	\$ 650.00	\$ 325.00
4510180	<u>Puncture aspiration of abscess, hematoma, bulla, or cyst</u>	10180	\$ 1,248.00	\$ 624.00
4500044	<u>Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone</u>	11042	\$ 384.80	\$ 192.40
4500169	<u>Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm</u>	11442	\$ 1,276.60	\$ 638.30
4511719	<u>Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm</u>	11719	\$ 75.00	\$ 37.50
4500074	<u>Debridement of nail(s) by any method(s); 1 to 5</u>	11730	\$ 552.50	\$ 276.25
4500025	<u>Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)</u>	11740	\$ 224.90	\$ 112.45
4500076	<u>Evacuation of subungual hematoma</u>	11750	\$ 829.40	\$ 414.70
4500075	<u>Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)</u>	11760	\$ 504.40	\$ 252.20
4511765	<u>Repair of nail bed</u>	11765	\$ 435.50	\$ 217.75
4500071	<u>Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)</u>	16020	\$ 481.00	\$ 240.50
4500072	<u>Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)</u>	16025	\$ 491.40	\$ 245.70
4500073	<u>Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, whole face or whole extremity, or more than 10% total body surface area)</u>	16030	\$ 501.80	\$ 250.90
4500010	<u>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm</u>	17110	\$ 552.50	\$ 276.25

4500049	<u>Chemical cauterization of granulation tissue (ie, proud flesh)</u>	17999	\$ 405.60	\$ 202.80
4520552	<u>Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")</u>	20552	\$ 290.00	\$ 145.00
4520610	<u>Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting</u>	20610	\$ 237.90	\$ 118.95
4500043	<u>Open treatment of mandibular fracture; with interdental fixation</u>	21480	\$ 438.10	\$ 219.05
4500031	<u>Open treatment of sternoclavicular dislocation, acute or chronic; Open treatment of greater humeral tuberosity fracture, includes</u>	23545	\$ 481.00	\$ 240.50
4500041	<u>internal fixation, when performed</u>	23650	\$ 427.70	\$ 213.85
4500032	<u>Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty</u>	24600	\$ 562.90	\$ 281.45
4500033	<u>Treatment of closed elbow dislocation; without anesthesia</u>	24605	\$ 2,779.40	\$ 1,389.70
4500040	<u>Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed</u>	24640	\$ 562.90	\$ 281.45
4526605	<u>Reconstruction of polydactylous digit, soft tissue and bone</u>	26605	\$ 1,352.00	\$ 676.00
4500042	<u>Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone</u>	26641	\$ 562.90	\$ 281.45
4500114	<u>Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia</u>	26700	\$ 427.70	\$ 213.85
4500034	<u>Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each</u>	26770	\$ 427.70	\$ 213.85
4500035	<u>Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia</u>	26775	\$ 2,779.40	\$ 1,389.70
4500036	<u>Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction</u>	27250	\$ 562.90	\$ 281.45
4500037	<u>Closed treatment of hip dislocation, traumatic; without anesthesia</u>	27252	\$ 2,779.40	\$ 1,389.70
4500038	<u>Closed treatment of hip dislocation, traumatic; requiring anesthesia</u>	27256	\$ 562.90	\$ 281.45
4500039	<u>Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation</u>	27257	\$ 2,779.40	\$ 1,389.70
4500190	<u>Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe</u>	28190	\$ 837.20	\$ 418.60
4500048	<u>Closed treatment of metatarsophalangeal joint dislocation; without anesthesia</u>	28660	\$ 640.90	\$ 320.45
4500050	<u>Application, cast; shoulder to hand (long arm)</u>	29075	\$ 460.20	\$ 230.10
4500053	<u>Application, cast; hand and lower forearm (gauntlet)</u>	29105	\$ 507.00	\$ 253.50
4500052	<u>Application of long arm splint (shoulder to hand)</u>	29125	\$ 487.50	\$ 243.75
4500060	<u>Application of finger splint</u>	29130	\$ 279.50	\$ 139.75
4500051	<u>Application of long leg cast (thigh to toes);</u>	29405	\$ 534.30	\$ 267.15

4500055	<u>Application of clubfoot cast with molding or manipulation, long or short leg</u>	29505	\$ 526.50	\$ 263.25
4500054	<u>Application of long leg splint (thigh to ankle or toes)</u>	29515	\$ 513.50	\$ 256.75
9129580	<u>Application of short leg splint (calf to foot)</u>	29580	\$ 148.20	\$ 74.10
4530300	<u>Rhinectomy; partial</u>	30300	\$ 309.40	\$ 154.70
4530901	<u>Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)</u>	30901	\$ 267.80	\$ 133.90
4530903	<u>Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method</u>	30903	\$ 299.00	\$ 149.50
4531500	<u>Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy</u>	31500	\$ 850.00	\$ 425.00
4500120	<u>Vermilionectomy (lip shave), with mucosal advancement</u>	40650	\$ 2,492.10	\$ 1,246.05
4500024	<u>Repair lip, full thickness; vermilion only</u>	40800	\$ 438.10	\$ 219.05
4500026	<u>Sphincterotomy, anal, division of sphincter (separate procedure)</u>	46083	\$ 609.70	\$ 304.85
4500200	<u>Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)</u>	51702	\$ 235.30	\$ 117.65
4500022	<u>Incision and drainage of vulva or perineal abscess</u>	56420	\$ 616.20	\$ 308.10
4500140	<u>Removal of foreign body, external eye; conjunctival superficial</u>	65220	\$ 308.10	\$ 154.05
4500028	<u>Excision soft tissue lesion, external auditory canal</u>	69200	\$ 215.80	\$ 107.90
4569209	<u>Removal foreign body from external auditory canal; with general anesthesia</u>	69209	\$ 213.20	\$ 106.60
4500046	<u>Removal impacted cerumen using irrigation/lavage, unilateral</u>	69210	\$ 213.20	\$ 106.60
7300015	<u>Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)</u>	93350	\$ 1,056.90	\$ 528.45
4500167	<u>Hydration administration into vein by infusion (each additional hour)</u>	96361	\$ 110.50	\$ 55.25
4500161	<u>Drug administration into vein by infusion for therapy, prevention, or diagnosis (up to 1 hour)</u>	96365	\$ 572.00	\$ 286.00
4500166	<u>Drug administration into vein by infusion for therapy, prevention, or diagnosis (each additional hour)</u>	96366	\$ 116.00	\$ 58.00
4500163	<u>Drug administration into vein by infusion of additional sequential infusion of new drug for therapy, prevention, or diagnosis (up to 1 hour)</u>	96367	\$ 156.00	\$ 78.00
4500165	<u>Drug administration into vein by infusion for therapy, prevention, or diagnosis (concurrent with another infusion)</u>	96368	\$ 227.50	\$ 113.75
4500150	<u>Drug administration beneath the skin or into muscle by injection for therapy, diagnosis, or prevention</u>	96372	\$ 212.00	\$ 106.00
4500152	<u>Drug administration into vein by push technique for therapy, diagnosis, or prevention (initial drug)</u>	96374	\$ 212.00	\$ 106.00
4500164	<u>Drug administration into vein by push technique for therapy, diagnosis, or prevention (each additional push of new drug)</u>	96375	\$ 156.00	\$ 78.00
4500168	<u>Drug administration into vein by push technique for therapy, diagnosis, or prevention (each additional push of same drug)</u>	96376	\$ 116.00	\$ 58.00
4500001	<u>Emergency department visit for minor problem</u>	99281	\$ 508.00	\$ 254.00

4500002	<u>Emergency department visit for problem of low to moderate severity</u>	99282	\$ 794.00	\$ 397.00
4500003	<u>Emergency department visit for problem of moderate severity</u>	99283	\$ 952.00	\$ 476.00
4500004	<u>Emergency department visit for problem of high severity</u>	99284	\$ 1,425.00	\$ 712.50
4500005	<u>Emergency department visit for problem with significant threat to life</u> <u>Critical care delivery to critically ill or injured patient (first 30-74</u>	99285	\$ 2,158.00	\$ 1,079.00
4500006	<u>minutes)</u>	99291	\$ 2,357.00	\$ 1,178.50
9899281	<u>Emergency department visit for minor problem</u>	99281	\$ 517.00	\$ 258.50
9899282	<u>Emergency department visit for problem of low to moderate severity</u>	99282	\$ 786.00	\$ 393.00
9899283	<u>Emergency department visit for problem of moderate severity</u>	99283	\$ 875.00	\$ 437.50
9899284	<u>Emergency department visit for problem of high severity</u>	99284	\$ 1,063.00	\$ 531.50
9899285	<u>Emergency department visit for problem with significant threat to life</u> <u>Emergency department visit for Critical care delivery to critically ill or</u>	99285	\$ 1,244.00	\$ 622.00
9899291	<u>injured patient (first 30-74 minutes)</u>	99291	\$ 1,716.00	\$ 858.00

LABORATORY AND PATHOLOGY SERVICES

<u>Description</u>	<u>CPT Code</u>	<u>Charge</u>	<u>Self Pay Discounted Charge</u>
3001102 <u>Collection of venous blood by venipuncture</u>	36415	\$ 15.00	\$ 7.50
3001112 <u>Collection of venous blood by venipuncture</u>	36415	\$ 43.00	\$ 21.50
3089133 <u>Collection of venous blood by venipuncture</u>	36415	\$ 43.00	\$ 21.50
<u>Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)</u>			
3001804 <u>Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)</u>	80048	\$ 523.00	\$ 261.50
3000425 <u>Sodium (84295)</u>	80051	\$ 354.90	\$ 177.45
<u>Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)</u>			
3000541 <u>Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)</u>	80053	\$ 622.00	\$ 311.00
3001606 <u>cholesterol (HDL cholesterol) (83718) Triglycerides (84478)</u>	80061	\$ 236.60	\$ 118.30

	<u>Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295)</u>				
3001805	<u>Urea nitrogen (BUN) (84520)</u>	80069	\$ 448.50	\$ 224.25	
	<u>Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)</u>				
3001632	<u>(84450)</u>	80076	\$ 399.10	\$ 199.55	
	<u>Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service</u>				
3080100	<u>Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)</u>	80305	\$ 176.80	\$ 88.40	
1881000	<u>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy</u>	81000	\$ 14.30	\$ 7.15	
3000412	<u>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy</u>	81001	\$ 148.20	\$ 74.10	
3001589	<u>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy</u>	81003	\$ 93.60	\$ 46.80	
3001839	<u>Urine pregnancy test, by visual color comparison methods</u>	81025	\$ 118.30	\$ 59.15	
	<u>Lab analysis to measure the amylase (enzyme) level in serum specimen</u>				
3001120	<u>Lab analysis to measure the amount of total bilirubin in a patient's blood. Bilirubin is the yellow color pigment found in the bile, a fluid made by the liver.</u>	82150	\$ 231.40	\$ 115.70	
3001407	<u>Lab analysis to measure the total calcium level in blood specimen</u>	82247	\$ 191.10	\$ 95.55	
3002406	<u>Lab analysis to measure the total creatine kinase (cardiac enzyme) level in blood specimen</u>	82310	\$ 148.20	\$ 74.10	
3001408	<u>Lab analysis to measure the creatine kinase (cardiac enzyme) level (MB fraction only)</u>	82550	\$ 209.30	\$ 104.65	
3000494	<u>Lab analysis to measure the creatinine level to test for kidney function or muscle injury (other than blood specimen)</u>	82553	\$ 162.50	\$ 81.25	
3008257	<u>Lab analysis to measure the Lipoprotein level, direct measurement; high density cholesterol (HDL cholesterol)</u>	82570	\$ 698.10	\$ 349.05	
3000021	<u>Lab analysis to measure the magnesium level in body fluids and cells</u>	83718	\$ 202.80	\$ 101.40	
3001265	<u>Lab analysis to measure the natriuretic peptide (heart and blood vessel protein) level in plasma specimen</u>	83735	\$ 228.00	\$ 114.00	
3083880	<u>Lab analysis to measure the phosphate level</u>	83880	\$ 454.74	\$ 227.37	
3001004	<u>Lab analysis to measure the phosphate level</u>	84100	\$ 137.80	\$ 68.90	

3001115	<u>Lab analysis to measure the blood potassium level in blood specimen</u>	84132	\$ 162.50	\$ 81.25
3000495	<u>Lab analysis to measure the amount of troponin (protein) in serum specimen</u>	84484	\$ 214.50	\$ 107.25
3040101	<u>Lab analysis to measure the uric acid level in blood specimen</u>	84550	\$ 158.60	\$ 79.30
3004410	<u>Lab analysis to measure the blood count in a specimen</u>	85007	\$ 130.00	\$ 65.00
3000423	<u>Lab analysis to measure red blood cell concentration</u>	85014	\$ 32.50	\$ 16.25
3050181	<u>Lab analysis to measure blood count (hemoglobin)</u>	85018	\$ 75.40	\$ 37.70
3000411	<u>Lab analysis to measure complete blood cell count (red cells, white blood cell, and platelets), automated test and automated differential white blood cell count</u>	85025	\$ 299.50	\$ 149.75
3002038	<u>Lab analysis to measure complete blood cell count (red cells, white blood cell, and platelets), automated test</u>	85027	\$ 172.00	\$ 86.00
3000449	<u>Lab analysis to evaluate the clotting time in plasma specimen and monitor drug effectiveness</u>	85610	\$ 171.00	\$ 85.50
3000437	<u>Lab analysis to measure coagulation in plasma or whole blood specimen</u>	85730	\$ 194.00	\$ 97.00
3018103	<u>Culture, presumptive, pathogenic organisms, screening only;</u>	87181	\$ 85.80	\$ 42.90
3010002	<u>Lab analysis to identify COVID-19</u>	87635	\$ 153.00	\$ 76.50
3087635	<u>Rapid Lab Analysis to indentify COVID-19</u>	87635	\$ 157.50	\$ 78.75
3087807	<u>Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique</u>	87807	\$ 67.60	\$ 33.80
3004428	<u>Lab analysis by immunoassay to identify Strep (streptococcus) Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen;</u>	87880	\$ 154.70	\$ 77.35
3002201	<u>manual</u>	88150	\$ 208.00	\$ 104.00

OUTPATIENT LABORATORY AND PATHOLOGY SERVICES

<u>Description</u>	<u>CPT Code</u>	<u>Charge</u>	<u>Self Pay Discounted Charge</u>
3001102 <u>Collection of venous blood by venipuncture</u>	36415	\$ 15.00	\$ 7.50
3089133 <u>Collection of venous blood by venipuncture</u>	36415	\$ 43.00	\$ 21.50
<u>Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)</u>			
3001804 <u>Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)</u>	80048	\$ 81.00	\$ 40.50
3000425 <u>Sodium (84295)</u>	80051	\$ 46.00	\$ 23.00

3000541	<u>Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)</u>	80053	\$	116.00	\$	58.00
3001606	<u>Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)</u>	80061	\$	83.00	\$	41.50
3001805	<u>Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)</u>	80069	\$	74.00	\$	37.00
3001632	<u>Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)</u>	80076	\$	83.00	\$	41.50
3080100	<u>Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service</u>	80305	\$	83.00	\$	41.50
3000412	<u>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy</u>	81001	\$	55.00	\$	27.50
3001589	<u>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy</u>	81003	\$	33.00	\$	16.50
3001839	<u>Urine pregnancy test, by visual color comparison methods</u>	81025	\$	11.00	\$	5.50
3001120	<u>Lab analysis to measure the amylase (enzyme) level in serum specimen</u>	82150	\$	46.00	\$	23.00
3001407	<u>Lab analysis that measures the amount of total bilirubin in a patient's blood. Bilirubin is the yellow color pigment found in the bile, a fluid made by the liver.</u>	82247	\$	28.00	\$	14.00
3002406	<u>Lab analysis to measure the total calcium level in blood specimen</u>	82310	\$	28.00	\$	14.00
3001408	<u>Lab analysis to measure the total creatine kinase (cardiac enzyme) level in blood specimen</u>	82550	\$	36.00	\$	18.00
3000021	<u>Lab analysis to measure the Lipoprotein level, direct measurement; high density cholesterol (HDL cholesterol)</u>	83718	\$	39.00	\$	19.50
3001265	<u>Lab analysis to measure the magnesium level in body fluids and cells</u>	83735	\$	35.00	\$	17.50

3083880	<u>Lab analysis to measure the natriuretic peptide (heart and blood vessel protein) level in plasma specimen</u>	83880	\$ 222.00	\$ 111.00
3001004	<u>Lab analysis to measure the phosphate level</u>	84100	\$ 28.00	\$ 14.00
3001115	<u>Lab analysis to measure the blood potassium level in blood specimen</u>	84132	\$ 26.00	\$ 13.00
3000495	<u>Lab analysis to measure the amount of troponin (protein) in serum specimen</u>	84484	\$ 165.00	\$ 82.50
3040101	<u>Lab analysis to measure the uric acid level in blood specimen</u>	84550	\$ 72.30	\$ 36.15
3004410	<u>Lab analysis to measure the blood count in a specimen</u>	85007	\$ 31.00	\$ 15.50
3050181	<u>Lab analysis to measure blood count (hemoglobin)</u>	85018	\$ 21.00	\$ 10.50
3000411	<u>Lab analysis to measure complete blood cell count (red cells, white blood cell, and platelets), automated test and automated differential white blood cell count</u>	85025	\$ 78.00	\$ 39.00
3002038	<u>Lab analysis to measure complete blood cell count (red cells, white blood cell, and platelets), automated test</u>	85027	\$ 56.00	\$ 28.00
3000449	<u>Lab analysis to evaluate the clotting time in plasma specimen and monitor drug effectiveness</u>	85610	\$ 46.00	\$ 23.00
3000437	<u>Lab analysis to measure coagulation in plasma or whole blood specimen</u>	85730	\$ 61.00	\$ 30.50
3010002	<u>Lab analysis to identify COVID-19</u>	87635	\$ 153.00	\$ 76.50
3087635	<u>Rapid Lab Analysis to indentify COVID-19</u>	87635	\$ 157.50	\$ 78.75
3087807	<u>Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique</u>	87807	\$ 37.40	\$ 18.70
3004428	<u>Lab analysis by immunoassay to identify Strep (streptococcus)</u>	87880	\$ 46.00	\$ 23.00

PHYSICAL/OCCUPATIONAL/SPEECH THERAPY SERVICES

<u>Description</u>	<u>CPT Code</u>	<u>Charge</u>	<u>Self Pay Discounted Charge</u>
<u>Speech, language, voice, communication, and/or hearing processing disorder treatment</u>	92507	\$ 308.10	\$ 154.05
<u>Evaluation of speech fluency (eg, stuttering, cluttering)</u>	92522	\$ 265.20	\$ 132.60
<u>Swallowing and/or oral feeding function treatment</u>	92526	\$ 349.00	\$ 174.50
<u>Swallowing function evaluation</u>	92610	\$ 390.00	\$ 195.00
<u>Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument</u>	96125	\$ 394.00	\$ 197.00
<u>Application of a modality to 1 or more areas; hot or cold packs</u>	97012	\$ 62.40	\$ 31.20
<u>Physical therapy exercise to develop strength, endurance, range of motion, and flexibility (each 15 minutes)</u>	97110	\$ 137.00	\$ 68.50
<u>Physical therapy exercise to develop strength, endurance, range of motion, and flexibility (each 15 minutes)</u>	97110	\$ 131.00	\$ 65.50
<u>Physical therapy exercise of walking training to 1 or more areas (each 15 minutes)</u>	97116	\$ 173.00	\$ 86.50

4397532	<u>Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</u>	97129	\$ 143.00	\$ 71.50
4397130	<u>Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes</u>	97130	\$ 143.00	\$ 71.50
4269010	<u>Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)</u>	97140	\$ 115.70	\$ 57.85
4264801	<u>Physical therapy evaluation (typically 20 minutes)</u>	97161	\$ 377.00	\$ 188.50
4297162	<u>Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.</u>	97162	\$ 377.00	\$ 188.50
4297163	<u>Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.</u>	97163	\$ 377.00	\$ 188.50

Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes

4247002	<u>are spent face-to-face with the patient and/or family.</u>	97164	\$	253.50	\$	126.75
4722222	<u>Occupational therapy evaluation (typically 30 minutes)</u>	97165	\$	364.00	\$	182.00
4797166	<u>Occupational therapy evaluation (typically 45 minutes)</u>	97166	\$	364.00	\$	182.00

Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face

4797167	<u>with the patient and/or family.</u>	97167	\$	400.00	\$	200.00
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Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60

4722223 minutes are spent face-to-face with the patient and/or family. 97168 \$ 240.50 \$ 120.25

Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-

4268127 face with the patient and/or family. 97530 \$ 141.00 \$ 70.50

Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15

4268016 minutes 97535 \$ 133.90 \$ 66.95

RESPIRATORY THERAPY SERVICES

<u>Description</u>	<u>CPT Code</u>	<u>Charge</u>	<u>Self Pay Discounted Charge</u>
4102004 <u>Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy</u>	31500	\$ 224.90	\$ 112.45
4105006 <u>Intubation, endotracheal, emergency procedure</u>	31502	\$ 128.00	\$ 64.00
4136600 <u>Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report</u>	36600	\$ 78.00	\$ 39.00
4102010 <u>Hemoglobin; glycosylated (A1C)</u>	83050	\$ 58.50	\$ 29.25
7300389 <u>Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel</u>	93005	\$ 341.00	\$ 170.50

4501600	<u>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report</u>	93041	\$ 743.00	\$ 371.50
7300015	<u>Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)</u>	93350	\$ 1,056.90	\$ 528.45
4102014	<u>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day</u>	94010	\$ 171.60	\$ 85.80
4101001	<u>Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation</u>	94060	\$ 296.40	\$ 148.20
4102013	<u>Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)</u>	94150	\$ 68.90	\$ 34.45
4102015	<u>Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube</u>	94618	\$ 171.60	\$ 85.80
4102011	<u>Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings</u>	94640	\$ 104.00	\$ 52.00
4194644	<u>Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device</u>	94644	\$ 190.75	\$ 95.38
4102029	<u>Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour</u>	94645	\$ 79.30	\$ 39.65
410502	<u>Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)</u>	94660	\$ 138.00	\$ 69.00
4100300	<u>Continuous positive airway pressure ventilation (CPAP), initiation and management</u>	94664	\$ 157.30	\$ 78.65
4100317	<u>Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device</u>	94667	\$ 179.40	\$ 89.70
4100316	<u>Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation</u>	94668	\$ 85.80	\$ 42.90
4102000	<u>Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)</u>	94760	\$ 180.70	\$ 90.35
4102002	<u>Noninvasive ear or pulse oximetry for oxygen saturation; single determination</u>	94761	\$ 337.35	\$ 168.68
7300656	<u>Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist</u>	95812	\$ 560.30	\$ 280.15

X-RAY/RADIOLOGICAL/CAT SCAN/ULTRASOUND SERVICES

<u>Description</u>	<u>CPT Code</u>	<u>Charge</u>	<u>Self Pay Discounted Charge</u>
3200508 <u>Radiologic examination, eye, for detection of foreign body</u>	70110	\$ 526.50	\$ 263.25
3200509 <u>Radiologic examination, facial bones; less than 3 views</u>	70150	\$ 474.50	\$ 237.25
3200510 <u>Radiologic examination, facial bones; complete, minimum of 3 views</u>	70160	\$ 474.50	\$ 237.25
3200571 <u>Radiologic examination, nasal bones, complete, minimum of 3 views</u>	70200	\$ 443.30	\$ 221.65
3200511 <u>Radiologic examination, sinuses, paranasal, less than 3 views</u>	70220	\$ 594.10	\$ 297.05
3200512 <u>Radiologic examination, sinuses, paranasal, complete, minimum of 3 views</u>	70250	\$ 474.50	\$ 237.25
3200506 <u>X-ray of skull, fewer than 4 views</u>	70260	\$ 652.60	\$ 326.30
3200513 <u>Radiologic examination, skull; complete, minimum of 4 views</u>	70330	\$ 429.00	\$ 214.50
3200445 <u>Chest x-ray (single view)</u>	71045	\$ 380.00	\$ 190.00
3200444 <u>Radiologic examination, chest; single view</u>	71046	\$ 445.00	\$ 222.50
3200517 <u>Radiologic examination, ribs, bilateral; 3 views</u>	71111	\$ 698.10	\$ 349.05
3200674 <u>Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views</u>	71120	\$ 370.50	\$ 185.25
3200518 <u>Radiologic examination, spine, single view, specify level</u>	72040	\$ 451.10	\$ 225.55
3200519 <u>Radiologic examination, spine, cervical; 2 or 3 views</u>	72050	\$ 501.80	\$ 250.90
3200520 <u>Radiologic examination, spine, cervical; 4 or 5 views</u>	72052	\$ 358.80	\$ 179.40
3200521 <u>Radiologic examination, spine, cervical; 6 or more views</u>	72070	\$ 553.80	\$ 276.90
3272080 <u>Radiologic examination, spine; thoracic, minimum of 4 views</u>	72080	\$ 325.00	\$ 162.50
3272090 <u>Radiologic examination, spine; thoracolumbar junction, minimum of 2 views</u>	72081	\$ 352.30	\$ 176.15
3200522 <u>Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views</u>	72100	\$ 526.50	\$ 263.25
3200523 <u>Radiologic examination, spine, lumbosacral; 2 or 3 views</u>	72110	\$ 765.70	\$ 382.85
3201693 <u>Radiologic examination, sacroiliac joints; less than 3 views</u>	72202	\$ 423.80	\$ 211.90
3200524 <u>Radiologic examination, sacroiliac joints; 3 or more views</u>	72220	\$ 501.80	\$ 250.90
3200661 <u>Radiologic examination, shoulder, arthrography, radiological supervision and interpretation</u>	73050	\$ 395.20	\$ 197.60
3273521 <u>Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views</u>	73521	\$ 572.00	\$ 286.00
3200534 <u>Radiologic examination; lower extremity; ankle 1 view</u>	73600	\$ 343.20	\$ 171.60
3200012 <u>Abdominal x-ray (single view)</u>	74018	\$ 423.80	\$ 211.90
3201639 <u>Radiologic examination, abdomen; 1 view</u>	74019	\$ 317.20	\$ 158.60
3200446 <u>Radiologic examination, abdomen; 3 or more views</u>	74022	\$ 657.80	\$ 328.90
3276000 <u>Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation</u>	76000	\$ 1,080.30	\$ 540.15
3570450 <u>Head or brain CT scan without contrast to examine injury, foreign bodies, or tumors</u>	70450	\$ 1,411.80	\$ 705.90

3570460	<u>Computed tomography, head or brain; without contrast material</u>	70460	\$ 1,634.10	\$ 817.05
3570470	<u>Computed tomography, head or brain; with contrast material(s)</u>	70470	\$ 2,176.20	\$ 1,088.10
3570480	<u>Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections</u>	70480	\$ 1,470.30	\$ 735.15
3570481	<u>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material</u>	70481	\$ 1,705.60	\$ 852.80
3570482	<u>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)</u>	70482	\$ 2,057.90	\$ 1,028.95
3570486	<u>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections</u>	70486	\$ 1,423.50	\$ 711.75
3577487	<u>Computed tomography, maxillofacial area; without contrast material</u>	70487	\$ 1,682.20	\$ 841.10
3577488	<u>Computed tomography, maxillofacial area; with contrast material(s)</u>	70488	\$ 2,057.90	\$ 1,028.95
3570490	<u>Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections</u>	70490	\$ 1,470.30	\$ 735.15
3570491	<u>Computed tomography, soft tissue neck; without contrast material</u>	70491	\$ 1,710.80	\$ 855.40
3570492	<u>Computed tomography, soft tissue neck; with contrast material(s)</u>	70492	\$ 2,057.90	\$ 1,028.95
3570496	<u>Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections</u>	70496	\$ 2,600.00	\$ 1,300.00
3570498	<u>Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>	70498	\$ 2,600.00	\$ 1,300.00
3571250	<u>Chest CT scan without contrast to examine injury, foreign bodies, or tumors</u>	71250	\$ 1,705.60	\$ 852.80
3571260	<u>Computed tomography, thorax, diagnostic; without contrast material</u>	71260	\$ 2,057.90	\$ 1,028.95
3571270	<u>Computed tomography, thorax, diagnostic; with contrast material(s)</u>	71270	\$ 2,421.90	\$ 1,210.95
3500297		71271	\$ 1,705.60	\$ 852.80
3571275	<u>Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections</u>	71275	\$ 3,040.00	\$ 1,520.00
3572125	<u>Spinal CT scan of upper spine without contrast to examine injury, foreign bodies, or tumors</u>	72125	\$ 2,353.00	\$ 1,176.50
3572126	<u>Computed tomography, cervical spine; without contrast material</u>	72126	\$ 2,763.80	\$ 1,381.90
3572127	<u>Computed tomography, cervical spine; with contrast material</u>	72127	\$ 3,264.30	\$ 1,632.15
3572128	<u>Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections</u>	72128	\$ 2,034.50	\$ 1,017.25

3572129	<u>Computed tomography, thoracic spine; without contrast material</u>	72129	\$ 2,353.00	\$ 1,176.50
3572130	<u>Computed tomography, thoracic spine; with contrast material</u>	72130	\$ 3,264.30	\$ 1,632.15
3572131	<u>Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections</u>	72131	\$ 2,353.00	\$ 1,176.50
3572132	<u>Computed tomography, lumbar spine; without contrast material</u>	72132	\$ 2,587.00	\$ 1,293.50
3572133	<u>Computed tomography, lumbar spine; with contrast material</u>	72133	\$ 3,292.90	\$ 1,646.45
3572191		72191	\$ 2,057.90	\$ 1,028.95
3572192	<u>Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>	72192	\$ 2,057.90	\$ 1,028.95
3572193	<u>Computed tomography, pelvis; without contrast material</u>	72193	\$ 1,730.30	\$ 865.15
3572194	<u>Computed tomography, pelvis; with contrast material(s)</u>	72194	\$ 2,557.10	\$ 1,278.55
3573200	<u>Arm CT scan without contrast for injury, foreign bodies, or tumors</u>	73200	\$ 1,470.30	\$ 735.15
3573201	<u>Computed tomography, upper extremity; without contrast material</u>	73201	\$ 1,705.60	\$ 852.80
3573202	<u>Computed tomography, upper extremity; with contrast material(s)</u>	73202	\$ 2,046.20	\$ 1,023.10
3573206	<u>Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections</u>	73206	\$ 1,950.00	\$ 975.00
3573700	<u>Leg CT scan without contrast for injury, foreign bodies, or tumors</u>	73700	\$ 1,462.50	\$ 731.25
3573701	<u>Computed tomography, lower extremity; without contrast material</u>	73701	\$ 1,699.10	\$ 849.55
3573702	<u>Computed tomography, lower extremity; with contrast material(s)</u>	73702	\$ 2,057.90	\$ 1,028.95
3573706	<u>Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections</u>	73706	\$ 1,850.00	\$ 925.00
3574150	<u>Abdominal CT scan without contrast for injury, foreign bodies, or tumors</u>	74150	\$ 1,940.90	\$ 970.45
3574160	<u>Computed tomography, abdomen; without contrast material</u>	74160	\$ 2,553.20	\$ 1,276.60
3574170	<u>Computed tomography, abdomen; with contrast material(s)</u>	74170	\$ 2,559.70	\$ 1,279.85
3574174	<u>Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections</u>	74174	\$ 3,750.00	\$ 1,875.00
3574175	<u>Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>	74175	\$ 3,150.00	\$ 1,575.00
3574176	<u>Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing</u>	74176	\$ 3,150.00	\$ 1,575.00
3574177	<u>Computed tomography, abdomen and pelvis; without contrast material</u>	74177	\$ 3,750.00	\$ 1,875.00
3574178	<u>Computed tomography, abdomen and pelvis; with contrast material(s)</u>	74178	\$ 4,150.00	\$ 2,075.00

3575635	<u>Abdominal aorta and both leg arteries CTA scan with contrast</u>	75635	\$ 1,875.00	\$ 937.50
3476536	<u>Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)</u>	76536	\$ 781.30	\$ 390.65
3240023	<u>Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation</u>	76604	\$ 396.50	\$ 198.25
3240035	<u>Ultrasound, chest (includes mediastinum), real time with image documentation</u>	76641	\$ 449.00	\$ 224.50
3242035	<u>Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete</u>	76642	\$ 409.50	\$ 204.75
3240010	<u>Ultrasound, abdomen, unilateral, real time with image documentation, including axilla when performed; limited</u>	76700	\$ 770.00	\$ 385.00
3476700	<u>Ultrasound, abdomen, unilateral, real time with image documentation, including axilla when performed; limited</u>	76700	\$ 1,156.00	\$ 578.00
3240070	<u>Ultrasound, abdominal, real time with image documentation; complete</u>	76705	\$ 422.50	\$ 211.25
3276705	<u>Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)</u>	76706	\$ 845.00	\$ 422.50
3240025	<u>Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)</u>	76770	\$ 856.70	\$ 428.35
3240075	<u>Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete</u>	76775	\$ 455.00	\$ 227.50
3240077	<u>Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses</u>	76801	\$ 383.50	\$ 191.75
3240079	<u>Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses</u>	76805	\$ 520.00	\$ 260.00
3476830	<u>Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study</u>	76830	\$ 856.70	\$ 428.35
3240050	<u>Ultrasound, pelvic (nonobstetric), real time with image documentation; complete</u>	76856	\$ 599.00	\$ 299.50
3244110	<u>Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study</u>	93306	\$ 868.40	\$ 434.20
3204113	<u>Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography</u>	93307	\$ 1,575.60	\$ 787.80
3240026	<u>Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection</u>	93922	\$ 422.50	\$ 211.25

Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete

3240092	<u>bilateral study</u>	93925	\$ 1,144.00	\$ 572.00
	<u>Duplex scan of lower extremity arteries or arterial bypass grafts;</u>			
3240030	<u>complete bilateral study</u>	93926	\$ 793.00	\$ 396.50
	<u>Duplex scan of lower extremity arteries or arterial bypass grafts;</u>			
3240029	<u>unilateral or limited study</u>	93930	\$ 1,144.00	\$ 572.00
	<u>Duplex scan of upper extremity arteries or arterial bypass grafts;</u>			
3240028	<u>complete bilateral study</u>	93931	\$ 659.10	\$ 329.55
	<u>Duplex scan of upper extremity arteries or arterial bypass grafts;</u>			
3240091	<u>unilateral or limited study</u>	93970	\$ 907.00	\$ 453.50
	<u>Duplex scan of extremity veins including responses to compression</u>			
3240094	<u>and other maneuvers; complete bilateral study</u>	93971	\$ 549.00	\$ 274.50
	<u>Duplex scan of extremity veins including responses to compression</u>			
3493971	<u>and other maneuvers; complete bilateral study</u>	93971	\$ 1,040.00	\$ 520.00
	<u>Duplex scan of extremity veins including responses to compression</u>			
3493972	<u>and other maneuvers; complete bilateral study</u>	93971	\$ 1,040.00	\$ 520.00
	<u>Duplex scan of arterial inflow and venous outflow of abdominal,</u>			
3240031	<u>pelvic, scrotal contents and/or retroperitoneal organs; limited study</u>	93978	\$ 1,053.00	\$ 526.50

WOUND CARE

<u>Description</u>	<u>CPT Code</u>	<u>Charge</u>	<u>Self Pay Discounted Charge</u>
4899201 <u>New patient wound care minimum 10 minutes</u>	99201	\$ 231.00	\$ 115.50
4899202 <u>New patient wound care minimum 20 minutes</u>	99202	\$ 281.00	\$ 140.50
4899203 <u>New patient wound care minimum 30 minutes</u>	99203	\$ 372.00	\$ 186.00
4899204 <u>New patient wound care minimum 44 minutes</u>	99204	\$ 436.00	\$ 218.00
4899205 <u>New patient wound care minimum 60 minutes</u>	99205	\$ 760.00	\$ 380.00
4899211 <u>Established patient wound care minimum 10 minutes</u>	99211	\$ 72.00	\$ 36.00
4899212 <u>Established patient wound care minimum 20 minutes</u>	99212	\$ 91.00	\$ 45.50
4899213 <u>Established patient wound care minimum 30 minutes</u>	99213	\$ 169.00	\$ 84.50
4899214 <u>Established patient wound care minimum 44 minutes</u>	99214	\$ 273.00	\$ 136.50
4899215 <u>Established patient wound care minimum 60 minutes</u>	99215	\$ 364.00	\$ 182.00

LAKE BUTLER FAMILY & PEDIATRIC CLINIC

5281002	<u>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy</u>	81002	\$ 10.40	\$ 5.20
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5281025	<u>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy</u>	81025	\$	14.30	\$	7.15
5286580	<u>Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon</u>	86580	\$	28.60	\$	14.30
5287430	<u>Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; rotavirus</u>	87430	\$	26.00	\$	13.00
5207635	<u>Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets</u>	87635	\$	157.50	\$	78.75
5287635	<u>Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets</u>	87635	\$	153.00	\$	76.50
5287804	<u>Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets</u>	87804	\$	54.60	\$	27.30
5290832	<u>Psychotherapy, 30 minutes</u>	90832	\$	254.80	\$	127.40
5210005	<u>Psychotherapy, 45 minutes</u>	90834	\$	254.80	\$	127.40
5299201	<u>New patient office visit, typically 20 minutes</u>	99201	\$	91.00	\$	45.50
5292031	<u>New patient office visit, typically 30 minutes</u>	99203	\$	255.00	\$	127.50
5299204	<u>New patient office visit, typically 45 minutes</u>	99204	\$	373.00	\$	186.50
5299205	<u>Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.</u>	99205	\$	676.00	\$	338.00
5299211	<u>Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.</u>	99211	\$	55.00	\$	27.50

5299212	<u>Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.</u>	99212	\$	91.00	\$	45.50
5299213	<u>Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.</u>	99213	\$	127.00	\$	63.50
5299214	<u>Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.</u>	99214	\$	203.00	\$	101.50
5299215	<u>Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.</u>	99215	\$	468.00	\$	234.00
5299381	<u>Initial New Patient Well Child Under 1yr</u>	99381	\$	228.00	\$	114.00
5299382	<u>Initial New Patient Well Child 1yr-4yr</u>	99382	\$	244.00	\$	122.00
5299383	<u>Initial New Patient Well Child 5yr-11yr</u>	99383	\$	245.00	\$	122.50
5299384	<u>Initial New Patient Well Child 12yr-17yr</u>	99384	\$	255.00	\$	127.50
5299385	<u>Initial new patient preventative maintenance evaluation (18-39 years old)</u>	99385	\$	263.00	\$	131.50
5299386	<u>Initial new patient preventative maintenance evaluation (40-64 years old)</u>	99386	\$	272.00	\$	136.00