

*These prices are before your insurance has adjusted the rate, based upon the contract.
They are reflective of the maximum price you would ever be expected to pay.*

CPT Code	Description	Fee
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts,	\$305.00
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$350.00
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$625.00
10120	Incision and removal of foreign body, subcutaneous tissues; simple	\$460.00
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	\$660.00
10140	Incision and drainage of hematoma, seroma or fluid collection	\$495.00
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$395.00
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	\$140.00
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	\$265.00
11719	Trimming of nondystrophic nails, any number	\$50.00
11730	Avulsion of nail plate, partial or complete, simple; single	\$290.00
11740	Evacuation of subungual hematoma	\$150.00
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$270.00
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	\$330.00
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	\$400.00
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	\$510.00
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$330.00
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$365.00
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$1,170.00
15850	Removal of sutures under anesthesia (other than local), same surgeon	\$140.00
16000	Initial treatment, first degree burn, when no more than local treatment is required	\$210.00
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	\$250.00
16025	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)	\$455.00
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	\$560.00
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	\$200.00

CPT Code	Description	Fee
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	\$20.00
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative	\$335.00
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative	\$400.00
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	\$240.00
21086	Impression and custom preparation; auricular prosthesis	\$5,880.00
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	\$600.00
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	\$430.00
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$610.00
28190	Removal of foreign body, foot; subcutaneous	\$790.00
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	\$450.00
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without	\$380.00
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation,	\$495.00
29130	Application of finger splint; static	\$125.00
29260	Strapping; elbow or wrist	\$85.00
29280	Strapping; hand or finger	\$90.00
29530	Strapping; knee	\$85.00
29550	Strapping; toes	\$55.00
30300	Removal foreign body, intranasal; office type procedure	\$710.00
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	\$290.00
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	\$80.00
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	\$30.00
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	\$50.00
36415	Collection of venous blood by venipuncture	\$10.00
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$15.00
36591	Collection of blood specimen from a completely implantable venous access device	\$50.00
41010	Incision of lingual frenum (frenotomy)	\$630.00
42809	Removal of foreign body from pharynx	\$540.00
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	\$1,510.00
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	\$110.00
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$175.00
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	\$465.00
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	\$210.00
56441	Lysis of labial adhesions	\$440.00
62270	Spinal puncture, lumbar, diagnostic	\$490.00
64450	Injection, anesthetic agent; other peripheral nerve or branch	\$180.00
65205	Removal of foreign body, external eye; conjunctival superficial	\$135.00

CPT Code	Description	Fee
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	\$250.00
65220	Removal of foreign body, external eye; corneal, without slit lamp	\$210.00
65222	Removal of foreign body, external eye; corneal, with slit lamp	\$375.00
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	\$1,765.00
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	\$2,100.00
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior	\$1,985.00
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	\$1,100.00
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	\$1,065.00
67800	Excision of chalazion; single	\$350.00
67805	Excision of chalazion; multiple, different lids	\$720.00
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or	\$1,090.00
67820	Correction of trichiasis; epilation, by forceps only	\$62.49
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy,	\$161.38
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	\$1,000.00
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter	\$2,235.00
69020	Drainage external auditory canal, abscess	\$715.00
69090	Ear piercing	\$110.00
69200	Removal foreign body from external auditory canal; without general anesthesia	\$375.00
69209	Removal impacted cerumen using irrigation/lavage, unilateral	\$75.00
69210	Removal impacted cerumen (separate procedure), 1 or both ears	\$150.00
69399	Unlisted procedure, external ear	\$100.00
69401	Eustachian tube inflation, transnasal; without catheterization	\$130.00
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718)	\$40.00
80305	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 p	\$40.00
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	\$7.00
81001	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	\$30.00
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$10.00
81003	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	\$10.00
81025	Urine Test – Other	\$50.00
82247	Bilirubin; total	\$30.00

CPT Code	Description	Fee
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	\$35.00
82465	Cholesterol, serum or whole blood, total	\$15.00
82947	Glucose; quantitative, blood (except reagent strip)	\$25.00
82948	Glucose; blood, reagent strip	\$50.00
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	\$30.00
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	\$40.00
83655	Lead	\$25.00
84450	Transferase; aspartate amino (AST) (SGOT)	\$20.00
84460	Transferase; alanine amino (ALT) (SGPT)	\$20.00
84478	Triglycerides	\$25.00
85008	Blood count; blood smear, microscopic examination without manual differential WBC count	\$15.00
85009	Blood count; manual differential WBC count, buffy coat	\$15.00
85013	Blood count; spun microhematocrit	\$40.00
85014	Blood count; hematocrit (Hct)	\$40.00
85018	Blood count; hemoglobin (Hgb)	\$10.00
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$25.00
86156	Cold agglutinin; screen	\$30.00
86308	Heterophile antibodies; screening	\$11.00
86403	Particle agglutination; screen, each antibody	\$50.00
86580	Skin test; tuberculosis, intradermal	\$25.00
86703	Antibody; HIV-1 and HIV-2, single result	\$50.00
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	\$30.00
87081	Culture, presumptive, pathogenic organisms, screening only;	\$15.00
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from	\$60.00
87086	Culture, bacterial; quantitative colony count, urine	\$17.00
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	\$30.00
87172	Pinworm exam (eg, cellophane tape prep)	\$45.00
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	\$50.00
87400	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each	\$85.00
87420	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; respiratory syncytial virus	\$45.00
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple-step method, not otherwise specified, e	\$35.00
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	\$85.00
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	\$30.00
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	\$20.00

CPT Code	Description	Fee
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	\$35.00
87899	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified	\$75.00
88720	Bilirubin, total, transcutaneous	\$25.00
88738	Hemoglobin (Hgb), quantitative, transcutaneous	\$20.00
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	\$75.00
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code fo	\$40.00
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	\$75.00
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$40.00
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination	\$75.00
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$40.00
90620	Menin Recombinant 2 Dose	\$460.00
90621	Menin Recombinant 3 Dose	\$341.00
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	\$190.00
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	\$110.00
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	\$165.00
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for	\$85.00
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular	\$115.00
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	\$420.00
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for	\$220.00
90651	HPV-9 VACCINE	\$480.00
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for	\$70.00
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for	\$70.00
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	\$45.00
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	\$55.00
90660	Influenza virus vaccine, trivalent, live, for intranasal use	\$85.00
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	\$460.00
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	\$85.00
90674	Influenza virus vaccine, quadrivalent, derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use. For ages 4+	\$70.00
90675	Rabies vaccine, for intramuscular use	\$378.00
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	\$210.00
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	\$220.00
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	\$65.00

CPT Code	Description	Fee
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$80.00
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	\$65.00
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	\$80.00
90690	Typhoid vaccine, live, oral	\$140.00
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	\$210.00
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	\$140.00
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	\$275.00
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	\$70.00
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	\$110.00
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	\$170.00
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	\$480.00
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	\$70.00
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	\$75.00
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	\$110.00
90716	Varicella virus vaccine, live, for subcutaneous use	\$290.00
90717	Yellow fever vaccine, live, for subcutaneous use	\$330.00
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	\$196.00
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular	\$220.00
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	\$165.00
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	\$300.00
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	\$350.00
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	\$80.00
90746	Hepatitis B vaccine, adult dosage (3 dose schedule), for intramuscular use	\$130.00
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	\$135.00
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	\$225.00
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	\$274.00
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	\$191.00
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or	\$242.01
92015	Determination of refractive state	\$58.00
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate	\$800.00

CPT Code	Description	Fee
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	\$193.00
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold)	\$187.00
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	\$200.00
92225	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	\$85.00
92226	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	\$65.00
92230	Fluorescein angiography with interpretation and report	\$85.00
92250	Fundus photography with interpretation and report	\$149.00
92550	Tympanometry and reflex threshold measurements	\$60.00
92551	Screening test, pure tone, air only	\$25.00
92552	Pure tone audiometry (threshold); air only	\$55.00
92558	OAE without tracings Pass/Fail indication only	\$70.00
92560	Bekesy audiometry; screening	\$70.00
92567	Tympanometry (impedance testing)	\$35.00
92568	Acoustic reflex testing, threshold	\$45.00
92583	Select picture audiometry	\$80.00
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	\$80.00
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	\$120.00
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$50.00
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation	\$30.00
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	\$70.00
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator	\$110.00
94150	Vital capacity, total (separate procedure)	\$60.00
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	\$200.00
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	\$165.00
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	\$50.00
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	\$55.00
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	\$80.00
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung	\$90.00

CPT Code	Description	Fee
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	\$150.00
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$10.00
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during	\$15.00
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	\$20.00
95012	Nitric oxide expired gas determination	\$60.00
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	\$20.00
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	\$55.00
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	\$25.00
95044	Patch or application test(s) (specify number of tests)	\$20.00
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	\$335.00
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	\$235.00
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	\$25.00
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	\$35.00
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract;	\$36.00
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	\$45.00
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract;	\$50.00
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract;	\$55.00
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract;	\$60.00
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract;	\$65.00
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	\$45.00
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	\$120.00
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	\$150.00
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	\$40.00

CPT Code	Description	Fee
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	\$385.00
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	\$500.00
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	\$390.00
96110	Developmental screening, with interpretation and report, per standardized instrument form	\$35.00
96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and	\$200.00
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	\$150.00
96127	BRIEF EMO/BEHAVIOR ASSESS	\$25.00
96160	PT Focused Health Assessment evaluation w/scoring and documentation	\$25.00
96161	CARE-Giver focused Health Assessment (ie, EPDS) w/scoring and documentation	\$25.00
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$75.00
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-	\$225.00
96523	Irrigation of implanted venous access device for drug delivery systems	\$75.00
97535	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 minutes	\$100.00
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	\$230.00
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per sess	\$110.00
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$100.00
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$85.00
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	\$90.00
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	\$130.00
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	\$170.00
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	\$210.00
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	\$250.00
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	\$50.00
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days n	\$25.00
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days n	\$30.00

CPT Code	Description	Fee
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days n	\$35.00
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	\$10.00
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	\$0.01
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic	\$50.00
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	\$55.00
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic	\$110.00
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	\$330.00
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	\$165.00
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	\$350.00
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	\$85.00
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	\$25.00
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	\$30.00
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for c	\$50.00
99173	Screening test of visual acuity, quantitative, bilateral	\$35.00
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	\$70.00
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	\$70.00
99188	Application of topical fluoride varnish by a physician or other qualified health care	\$56.00
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordinati	\$130.00
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseli	\$220.00
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care w	\$320.00

CPT Code	Description	Fee
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordin	\$485.00
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordinatio	\$610.00
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these	\$60.00
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Cou	\$130.00
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	\$210.00
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling	\$315.00
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Coun	\$425.00
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of	\$300.00
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination	\$400.00
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of	\$590.00
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or o	\$110.00
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moder	\$210.00
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coor	\$300.00
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination;	\$390.00
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision ma	\$490.00

CPT Code	Description	Fee
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision ma	\$630.00
99238	Hospital discharge day management; 30 minutes or less	\$120.00
99239	Hospital discharge day management; more than 30 minutes	\$310.00
99241	Office consultation for a new or established patient, which requires these three key components: a problem focused history; problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other provide	\$110.00
99242	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination	\$165.00
99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agen	\$205.00
99244	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other pr	\$300.00
99245	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other provid	\$375.00
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other	\$120.00
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination	\$150.00
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other	\$185.00
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other phy	\$275.00
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care	\$60.00
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/o	\$195.00
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling	\$180.00
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with o	\$345.00

CPT Code	Description	Fee
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	\$810.00
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	\$360.00
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care pl	\$110.00
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other	\$160.00
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordinati	\$230.00
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physici	\$370.00
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with oth	\$525.00
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other p	\$635.00
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coor	\$160.00
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.	\$240.00
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordinatio	\$370.00
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling	\$510.00
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in	\$290.00
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (Lis	\$280.00
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and	\$265.00
99358	Prolonged evaluation and management service before and/or after direct patient care; first	\$220.00
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	\$55.00

CPT Code	Description	Fee
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health	\$110.00
99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision	\$100.00
99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision	\$150.00
99381	0 to 1 yr - Initial comp prev medicine eval & mgmt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$220.00
99382	1 to 4 yr - Initial comp preventive medicine eval and mgmtt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$250.00
99383	5 to 11 yr - Initial comp preventive medicine eval and mgmtt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$260.00
99384	12 to17 yr - Initial comp preventive medicine eval and mgmt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$290.00
99385	18-39 yr - Initial comp preventive medicine eval and mgmt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$300.00
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$350.00
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$375.00
99391	0 to 1 yr - Periodic comp preventive medicine reeval and mgmt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	\$205.00
99392	1 to 4 yr - Periodic comp preventive medicine reevaluation and mgmt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	\$235.00
99393	5 to 11 yr - Periodic comp preventive medicine reevaluation and mgmtt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	\$240.00
99394	12-17 yr - Periodic comp preventive medicine reevaluation and mgmt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	\$265.00
99395	18-39 yr - Periodic comp preventive medicine reevaluation and mgmt of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	\$275.00

CPT Code	Description	Fee
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	\$325.00
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	\$350.00
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	\$85.00
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	\$220.00
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	\$275.00
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	\$330.00
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$40.00
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$80.00
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	\$70.00
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	\$110.00
99420	Administration and interpretation of health risk assessment instrument (eg, health hazard	\$25.00
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro	\$30.00
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro	\$55.00
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro	\$75.00
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal	\$285.00
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	\$120.00
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	\$350.00
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	\$2,560.00
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other	\$1,040.00
99490	CHRON CARE MGMT SRVC 20 MIN, Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more)	\$75.00
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity	\$580.00

CPT Code	Description	Fee
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the s	\$815.00
904611	ADD VACC ADMIN <19	\$35.00
904612	ADD ADMIN < 19 - 2 UNITS	\$35.00
904613	ADD ADMIN < 19 - 3 UNITS	\$35.00
904614	ADD ADMIN < 19 - 4 UNITS	\$35.00
95782-26	Slp Stdy, <6 w/ 4/mr addtl prmtrs slp	\$350.00
95805-26	Slp Stdy wkflnss, evl & intrptn	\$200.00
95806-26	Slp stdy unattnd 4/mr prmtrs	\$200.00
95810-26	Slp Stdy, >6 4 /mr addtl prmtrs of slp	\$275.00
95811-26	Slp Stdy, >6, w/ 4/mr prmtrs w/contin arwy prssr	\$300.00
A4310	Insertion tray without drainage bag and without catheter (accessories only)	\$30.00
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$10.00
A4550	Surgical trays	\$25.00
A4556	Electrodes, (e. G. , apnea monitor), per pair	\$20.00
A4558	Conductive gel or paste, for use with electrical device (e. G. , tens, nmes), per oz	\$10.00
A4565	Slings	\$45.00
A4570	Splint	\$70.00
A4590	Special casting material (e. G. Fiberglass)	\$25.00
A4617	MOUTH PIECE	\$5.00
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	\$25.00
A4649	Surgical supply; miscellaneous	\$25.00
A6411	Eye pad, non-sterile, each	\$6.00
A6412	Eye patch, occlusive, each	\$55.00
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	\$55.00
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	\$45.00
A7015	Aerosol mask, used with dme nebulizer	\$50.00
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	\$11.00
A7037	Tubing used with positive airway pressure device	\$50.00
A9150	Non-prescription drugs	\$6.00
D1206	Topical app of fluoride	\$50.00
G0008	Administration of influenza virus vaccine	\$20.00
G0009	Administration of pneumococcal vaccine	\$165.00
G0168	Wound closure utilizing tissue adhesive(s) only	\$165.00
G0402	initial preventive physical exam, first 12 months of Medicare	\$225.00
G0403	EKG, 12 leads for initial PE WITH interpretation and report	\$35.00
G0404	EKG, 12 leads; tracing only, WITHOUT interpretation and report	\$25.00
G0438	Annual Well visit Medicare first visit	\$275.00
G0439	Annual Well visit Medicare	\$250.00
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	\$25.00
G8510	Screening for depression is documented as negative, a follow-up plan is not required	\$25.00
G8553	Prescription(s) generated and transmitted via a qualified erx system	\$1.00
G9141	H1N1 IMMUN ADMIN	\$30.00

CPT Code	Description	Fee
H0049	Alcohol and/or drug screening	\$24.00
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	\$24.00
J0171	Injection, adrenalin, epinephrine, 0.1 mg	\$25.00
J0558	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	\$50.00
J0561	Injection, penicillin g benzathine, 100,000 units	\$85.00
J0690	Injection, cefazolin sodium, 500 mg	\$20.00
J0696	Injection, ceftriaxone sodium, per 250 mg	\$55.00
J1030	Injection, methylprednisolone acetate, 40 mg	\$10.00
J1094	Injection, dexamethasone acetate, 1 mg	\$25.00
J1100	Injection, dexamethasone sodium phosphate, 1mg	\$55.00
J1200	Injection, diphenhydramine hcl, up to 50 mg	\$55.00
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	\$0.00
J2060	Injection, lorazepam, 2 mg	\$30.00
J2182	Injection, mepolizumab, 1 mg	\$30.00
J2357	Injection, omalizumab, 5 mg	\$35.00
J2550	Injection, promethazine hcl, up to 50 mg	\$50.00
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	\$45.00
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	\$85.00
J2950	Injection, promazine hcl, up to 25 mg	\$25.00
J3410	Injection, hydroxyzine hcl, up to 25 mg	\$25.00
J3535	Drug administered through a metered dose inhaler	\$35.00
J7510	Prednisolone oral, per 5 mg	\$8.00
J7611	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	\$35.00
J7612	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	\$40.00
J7613	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	\$35.00
J7614	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	\$30.00
J7615	Levalbuterol, inhalation solution, compounded product, administered through dme, unit	\$70.00
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	\$30.00
J7626	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 0.5 mg	\$20.00
J7644	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	\$11.00
J7699	Noc drugs, inhalation solution administered through dme	\$25.00
J8540	Dexamethasone, oral, 0.25 mg	\$6.00
L0120	Cervical, flexible, non-adjustable (foam collar)	\$35.00
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	\$55.00
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	\$55.00

CPT Code	Description	Fee
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)	\$55.00
Q4049	Finger splint, static	\$10.00
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q	\$10.00
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound	\$140.00
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	\$90.00
S8451	Splint, prefabricated, wrist or ankle	\$90.00
S9441	Asthma education, non-physician provider, per session	\$25.00
S9443	Lactation classes, non-physician provider, per session	\$85.00
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	\$275.00
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	\$75.00
T1013	INTERPRETIVE SERV 15 MIN	\$20.00