

Doctors Community Medical Center

Chargemaster - Room & Board and Ancillary Services Charge

December 2021

The file posted here reflects charges for items and services provided by Doctors Community Medical Center as of January 1, 2022. This type of file is commonly referred to as the hospital's "charge master." In Maryland, the Maryland Health Services Cost Review Commission (HSCRC) regulates the average rate for hospital services.

Though the HSCRC sets rates as of a certain date, hospital charges are allowed to fluctuate during the course of the year, and detailed charges for certain items may be different than the average approved rate that covers a larger group of services. This is both permissible and normal to adjust charges frequently to comply with other HSCRC regulations.

Rate Center Descriptio	Inpatient or Outpatient	Procedure Descriptio	CPT/HCPC	Gross Charge	Self Pay	Self Pay	Min	Max
Med./Surg. Acute	Inpatient	R&B MED/SURG		\$1,088.26	\$1,066.49	\$1,077.38	\$1,004.46	\$1,066.49
Med./Surg. I.C.U.	Inpatient	R&B CRITICAL CARE		\$2,544.23	\$2,493.35	\$2,518.79	\$2,348.32	\$2,493.35
Med./Surg. I.C.U.	Inpatient	R&B INTERMED/CRITICAL CARE II		\$2,544.23	\$2,493.35	\$2,518.79	\$2,348.32	\$2,493.35
Emergency Services	Outpatient	ED LEVEL I/EMTALA (MEDICAL SCREENING EXAMINATION)	99281	\$92.62	\$90.77	\$91.69	\$85.49	\$90.77
Emergency Services	Outpatient	ER VISIT LEVEL II	99282	\$92.62	\$90.77	\$91.69	\$85.49	\$90.77
Emergency Services	Outpatient	ER VISIT LEVEL III	99283	\$185.24	\$181.54	\$183.39	\$170.98	\$181.54
Emergency Services	Outpatient	ER VISIT LEVEL IV	99284	\$370.49	\$363.08	\$366.79	\$341.96	\$363.08
Emergency Services	Outpatient	ER VISIT LEVEL V	99285	\$648.35	\$635.38	\$641.87	\$598.43	\$635.38
Emergency Services	Outpatient	LEVEL V, CRITICAL CARE VISIT	99291	\$648.35	\$635.38	\$641.87	\$598.43	\$635.38
Clinic Services	Outpatient	ADM SARSCOV2 30MCG/0.3ML 1ST DOSE PFIZER	0001A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	ADM SARSCOV2 30MCG/0.3ML 2ND DOSE PFIZER	0002A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	ADM SARSCOV2 30MCG/0.3ML 3RD DOSE PFIZER	0003A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	ADM SARSCOV2 100MCG/0.5ML 1ST DOSE MODERN/	0011A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	ADM SARSCOV2 100MCG/0.5ML 2ND DOSE MODERN/	0012A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	ADM SARSCOV2 100MCG/0.5ML3RD MODERN/	0013A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	ADM SARSCOV2 5X1010VP/ .5ML 1ST DOSE ASTRAZENEC	0021A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	ADM SARSCOV2 5X1010VP/ .5ML 2ND DOSE ASTRAZENEC	0022A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	ADM SARSCOV2 VAC AD26 .5M		\$40.00	\$39.20	\$39.60	\$36.92	\$39.20
Clinic Services	Outpatient	BLOOD TRANSFUSION 0-90MIN	36430	\$896.80	\$878.86	\$887.83	\$827.75	\$878.86
Clinic Services	Outpatient	BLOOD TRANSFUSION EACH ADDTL HR	36430	\$1,345.20	\$1,318.30	\$1,331.75	\$1,241.62	\$1,318.30
Clinic Services	Outpatient	BLOOD COLLECTION THRU PORT	36591	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	SPECIMEN COLLECT VIA SUBCLAV	36592	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	CARDIAC REHAB, MONITORED EXERCISE	93798	\$373.67	\$366.20	\$369.93	\$344.90	\$366.20
Clinic Services	Outpatient	HYDRATION INITIAL, 31-90 MIN	96360	\$896.80	\$878.86	\$887.83	\$827.75	\$878.86
Clinic Services	Outpatient	HYDRATION EA ADD HR	96361	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	IV INFUSION INITIAL, 16-90 MIN	96365	\$896.80	\$878.86	\$887.83	\$827.75	\$878.86
Clinic Services	Outpatient	IV INFUSION EA ADDTL HOUR	96366	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	OTHER-INFUSION 1-8 HRS		\$3,587.20	\$3,515.46	\$3,551.33	\$3,310.99	\$3,515.46
Clinic Services	Outpatient	IV INFUSE, SEQUENT DRUG, 16-90 MIN	96367	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	IV INFUSION, CONCURRENT	96368	\$74.73	\$73.24	\$73.98	\$68.98	\$73.24
Clinic Services	Outpatient	INJECTION NON CHEMO IM SUBQ	96372	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	IVP NONCHEMO INITIAL DRUG	96374	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	IVP NONCHEMO EA ADD	96375	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	IVP EA ADD SEQ OF SAME DRUG	96376	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	CHEMO INJ SUB/IM NONHORMONAL	96401	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	CHEMO INJ SUB/IM HORMONAL	96402	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	HC CHEMO IVP INITIAL	96409	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	HC CHEMO IVP EA ADD DRUG	96411	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	CHEMO INFUSION INITIAL, 16-90 MIN	96413	\$1,345.20	\$1,318.30	\$1,331.75	\$1,241.62	\$1,318.30
Clinic Services	Outpatient	CHEMO INFUSION EA ADDTL HOUR	96415	\$672.60	\$659.15	\$665.87	\$620.81	\$659.15
Clinic Services	Outpatient	CHEMO PUMP HOOK UP	96416	\$1,793.60	\$1,757.73	\$1,775.66	\$1,655.49	\$1,757.73
Clinic Services	Outpatient	CHEMO INF EA SEQUENTIAL DRUG	96417	\$672.60	\$659.15	\$665.87	\$620.81	\$659.15
Clinic Services	Outpatient	PORT FLUSH ONLY	96523	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	HC SLCTV WND DEBRIDM 20CM OR LESS	97597	\$74.73	\$73.24	\$73.98	\$68.98	\$73.24
Clinic Services	Outpatient	HC SLCTV WND DEBRIDEM EA ADDL 2C	97598	\$74.73	\$73.24	\$73.98	\$68.98	\$73.24
Clinic Services	Outpatient	HC NEG. WOUND PRESSURE TX < 50CM	97605	\$74.73	\$73.24	\$73.98	\$68.98	\$73.24
Clinic Services	Outpatient	HC NEG. WOUND PRESSURE TX > 50 CV	97606	\$74.73	\$73.24	\$73.98	\$68.98	\$73.24
Clinic Services	Outpatient	MNT INDIVIDUAL INIT ASSES EA15	97802	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	MNT INDIVID SUBSEQ ASSES EA15	97803	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	MNT GRP EACH 30 MIN	97804	\$298.93	\$292.95	\$295.94	\$275.91	\$292.95
Clinic Services	Outpatient	THERAPEUTIC PHLEBOTOMY		\$3,736.67	\$3,661.94	\$3,699.30	\$3,448.95	\$3,661.94

Clinic Services	Outpatient	OFFICE VISIT LEV II NEW 11-25	99202	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	OFFICE VISIT LEV III NEW 26-45	99203	\$298.93	\$292.95	\$295.94	\$275.91	\$292.95
Clinic Services	Outpatient	OFFICE VISIT LEV IV NEW 46-90	99204	\$373.67	\$366.20	\$369.93	\$344.90	\$366.20
Clinic Services	Outpatient	OFFICE VISIT LEV V NEW > 90	99205	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	CLINIC VISIT 0-10 CCT	99211	\$149.47	\$146.48	\$147.98	\$137.96	\$146.48
Clinic Services	Outpatient	CLINIC VISIT 11-25 CCT	99212	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	CLINIC VISIT 26-45 CCT	99213	\$298.93	\$292.95	\$295.94	\$275.91	\$292.95
Clinic Services	Outpatient	CLINIC VISIT 46-90 CCT	99214	\$373.67	\$366.20	\$369.93	\$344.90	\$366.20
Clinic Services	Outpatient	CLINIC VISIT >90 CCT	99215	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	DIABETES EDUC-INDIVIDUAL 30MIN	G0108	\$448.40	\$439.43	\$443.92	\$413.87	\$439.43
Clinic Services	Outpatient	DIABETES EDUC-GROUP 30 MIN	G0109	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	MNT IND EA 15 MIN, 2ND REF	G0270	\$224.20	\$219.72	\$221.96	\$206.94	\$219.72
Clinic Services	Outpatient	BAMLANIVIMAB-XXXX INFUSION	M0239	\$450.00	\$441.00	\$445.50	\$415.35	\$441.00
Clinic Services	Outpatient	CASIRIVI AND IMDEVI INFUSION	M0243	\$450.00	\$441.00	\$445.50	\$415.35	\$441.00
Clinic Services	Outpatient	BAMLAN AND ETESEV INFUSION	M0245	\$450.00	\$441.00	\$445.50	\$415.35	\$441.00
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE <8 HOURS		\$1,276.99	\$1,251.45	\$1,264.22	\$1,178.66	\$1,251.45
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE >8 HOURS		\$1,276.99	\$1,251.45	\$1,264.22	\$1,178.66	\$1,251.45
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE IVC >6HRS		\$1,276.99	\$1,251.45	\$1,264.22	\$1,178.66	\$1,251.45
Lithotripsy	Inpatient/Outpatient	LITHO ELECTRO SHOCK WAVE		\$10,526.67	\$10,316.14	\$10,421.40	\$9,716.12	\$10,316.14
Operating Room	Inpatient/Outpatient	SURGERY MINUTES		\$36.54	\$35.81	\$36.17	\$33.73	\$35.81
Operating Room	Inpatient/Outpatient	DCMC WOUND CENTER PROCEDURE MINUTES		\$36.54	\$35.81	\$36.17	\$33.73	\$35.81
Operating Room	Inpatient/Outpatient	CARDIOVERSION	92960	\$1,644.25	\$1,611.37	\$1,627.81	\$1,517.64	\$1,611.37
Anesthesiolog	Inpatient/Outpatient	ANESTHESIA/MINUTE		\$0.91	\$0.89	\$0.90	\$0.84	\$0.89
Laboratory	Inpatient/Outpatient	ACUTE LYMPHATIC LEUKEMIA		\$1,106.55	\$1,084.42	\$1,095.48	\$1,021.35	\$1,084.42
Laboratory	Inpatient/Outpatient	CRYOPRECIPITATE AHF	L42003900	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	PLATELET, CONCENTR., SINGLE UN	L42003900	\$130.88	\$128.26	\$129.57	\$120.80	\$128.26
Laboratory	Inpatient/Outpatient	ONC MERKEL CLL CARC SRM QUAI	0058U	\$525.91	\$515.39	\$520.65	\$485.41	\$515.39
Laboratory	Inpatient/Outpatient	NFCT DS 22 TRGT SARS-COV-2 (BIOFIRE)	0202U	\$428.34	\$419.77	\$424.06	\$395.36	\$419.77
Laboratory	Inpatient/Outpatient	NFCT DS VIR RESP RNA 4 TRG	0241U	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	VENIPUNCTURE	36415	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	CAPILLARY STICK FNGR,HEEL,EAR	36416	\$14.28	\$13.99	\$14.14	\$13.18	\$13.99
Laboratory	Inpatient/Outpatient	APHERESIS RBC		\$2,620.03	\$2,567.63	\$2,593.83	\$2,418.29	\$2,567.63
Laboratory	Inpatient/Outpatient	APHERESIS PLASMA		\$2,736.64	\$2,681.91	\$2,709.27	\$2,525.92	\$2,681.91
Laboratory	Inpatient/Outpatient	BASIC METABOLIC PANEL	80048	\$26.18	\$25.66	\$25.92	\$24.16	\$25.66
Laboratory	Inpatient/Outpatient	ELECTROLYTES PANEL	80051	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	COMPRE METABOLIC PANEL	80053	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	LIPID PROFILE (CHOLEST,TOTAL)	80061	\$45.21	\$44.31	\$44.76	\$41.73	\$44.31
Laboratory	Inpatient/Outpatient	RENAL PROFILE	80069	\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	ACUTE HEPATITIS PANEL		\$214.17	\$209.89	\$212.03	\$197.68	\$209.89
Laboratory	Inpatient/Outpatient	LIVER (HEPATIC FUNC)PROFILE	80076	\$26.18	\$25.66	\$25.92	\$24.16	\$25.66
Laboratory	Inpatient/Outpatient	AMIKACIN	80150	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CARBAMAZEPINE, TOTAL	80156	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CARBAMAZEPINE, FREE	80157	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CYCLOSPORINE	80158	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	DIGOXIN	80162	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ASSAY OF DIGOXIN FREE		\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	VALPROIC ACID	80164	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	DIPROPYLACETIC ACID FREE	80165	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GENTAMICIN	80170	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GABAPENTIN	80171	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	LAMOTRIGINE	80175	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	LIDOCAINE	80176	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	LEVETIRACETAM	80177	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	LITHIUM	80178	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	MYCOPHENOLATE	80180	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	OXCARBAZEPINE	80183	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PHENOBARBITAL	80184	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PHENYTOIN (DILANTIN)	80185	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PHENYTOIN - FREE	80186	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99

Laboratory	Inpatient/Outpatient	PRIMIDONE	80188	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	PROCAINAMIDE (SERUM)		\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PROCAINAMIDE WITH NAP2	80192	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	QUINIDINE	80194	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	SIROLIMUS	80195	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	TACROLIMUS	80197	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	THEOPHYLLINE	80198	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	TOBRAMYCIN	80200	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	TOPIRAMATE	80201	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	VANCOMYCIN	80202	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ZONISAMIDE	80203	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	DRUG ASSAY LACOSAMIDE	80235	\$197.51	\$193.56	\$195.53	\$182.30	\$193.56
Laboratory	Inpatient/Outpatient	DRUG ASSAY VORICONAZOLE	80285	\$337.92	\$331.16	\$334.54	\$311.90	\$331.16
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$83.29	\$81.62	\$82.46	\$76.88	\$81.62
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$83.29	\$81.62	\$82.46	\$76.88	\$81.62
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$107.09	\$104.95	\$106.02	\$98.84	\$104.95
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV DIR OPT OBS	80305	\$178.48	\$174.91	\$176.70	\$164.74	\$174.91
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV INSTRMNT		\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV CHEM ANALYZR	80307	\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV CHEM ANALYZR	80307	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	DRUG SCREEN QUANT ALCOHOLS	80320	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ALCOHOLS BIOMARKERS 1 OR 2	80321	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	ANALGESICS NON-OPIOID 1 OR 2 (SALICYLATE)	80329	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANALGESICS NON-OPIOID 1 OR 2 (ACETAMINOPHEN)	80329	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	80330	\$7.14	\$7.00	\$7.07	\$6.59	\$7.00
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	80333	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (AMITRIPTYLINE)	80335	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DESIPRAMINE)	80335	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DOXEPIN)	80335	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (NORTIPTYLINE)	80335	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 3-5		\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	TRAZADONE (DESYREL) SCREEN		\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTIPILEPTICS NOS 42738 (METHSUXIMIDE)	80339	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTIPILEPTICS NOT OTHERWISE SPECIFIED 4-6	80340	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	ANTI PSYCHOTICS NOS 1-3 (PHENOTHIAZINE)	80342	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTI PSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	80344	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	BENZODIAZEPINES 42747	80346	\$321.26	\$314.83	\$318.05	\$296.52	\$314.83
Laboratory	Inpatient/Outpatient	DRUG SCREENING BUPRENORPHINE	80348	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	DRUG SCREENING CANNABINOIDS NATURAL	80349	\$121.36	\$118.93	\$120.15	\$112.02	\$118.93
Laboratory	Inpatient/Outpatient	DRUG SCREENING COCAINE	80353	\$57.11	\$55.97	\$56.54	\$52.71	\$55.97
Laboratory	Inpatient/Outpatient	DRUG SCREENING GABAPENTIN NON-BLOOD	80355	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	DRUG SCREENING HEROIN METABOLITE	80356	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	DRUG SCREENING KETAMINE AND NORKETAMINE	80357	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	DRUG SCREENING METHADONE	80358	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	DRUG SCREENING METHYLPHENIDATE	80360	\$123.74	\$121.27	\$122.50	\$114.21	\$121.27
Laboratory	Inpatient/Outpatient	OPIATES 1 OR MORE (DIHYDROCODEINONE)	80361	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	OPIATES 1 OR MORE	80361	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	DRUG SCREENING PREGABALIN	80366	\$197.51	\$193.56	\$195.53	\$182.30	\$193.56
Laboratory	Inpatient/Outpatient	DRUG SCREENING PROPOXYPHENE	80367	\$121.36	\$118.93	\$120.15	\$112.02	\$118.93
Laboratory	Inpatient/Outpatient	DRUG SCREENING TAPENTADOL	80372	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	DRUG/SUBSTANCE NOS 1-3	80375	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	DRUG/SUBSTANCE NOS 7/MORE	80377	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ACTH STIM PANEL, ADRENAL INSUFF	80400	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	N-AUTOM URIN DIP W MICRO		\$21.42	\$20.99	\$21.21	\$19.77	\$20.99
Laboratory	Inpatient/Outpatient	URINALYSIS W/ MICRO	81001	\$21.42	\$20.99	\$21.21	\$19.77	\$20.99

Laboratory	Inpatient/Outpatient	URINALYSIS NON-AUTO, W/O MICRO	81002	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	URINALYSIS AUTOMATED, W/O MICRO	81003	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	URINALYSIS - MICRO ONLY	81015	\$11.90	\$11.66	\$11.78	\$10.98	\$11.66
Laboratory	Inpatient/Outpatient	URINE PREGNANCY TEST	81025	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	VOLUME MEASUREMENT TIMED COLLECTION	81050	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	HPA-1 GENOTYPING	81105	\$233.21	\$228.55	\$230.88	\$215.25	\$228.55
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MAJ BRK PN	81206	\$190.37	\$186.56	\$188.47	\$175.71	\$186.56
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MIN BRK PN	81207	\$190.37	\$186.56	\$188.47	\$175.71	\$186.56
Laboratory	Inpatient/Outpatient	BRAF GENE ANALYSIS	81210	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	CALR GENE COM VARIANT	81219	\$911.42	\$893.19	\$902.31	\$841.24	\$893.19
Laboratory	Inpatient/Outpatient	F2 GENE ANLYS 20210G>A VAF	81240	\$249.87	\$244.87	\$247.37	\$230.63	\$244.87
Laboratory	Inpatient/Outpatient	HFE GENE ANLYS COMM VAF	81256	\$202.27	\$198.22	\$200.25	\$186.70	\$198.22
Laboratory	Inpatient/Outpatient	IGH GENE REARRANGE AMP MET	81261	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	JAK2 GENE ANLYS V617F VAI	81270	\$333.16	\$326.50	\$329.83	\$307.51	\$326.50
Laboratory	Inpatient/Outpatient	KRAS GENE ANLYS VAR IN CODON	81275	\$392.65	\$384.80	\$388.72	\$362.42	\$384.80
Laboratory	Inpatient/Outpatient	MLH1 GENE	81288	\$820.99	\$804.57	\$812.78	\$757.77	\$804.57
Laboratory	Inpatient/Outpatient	MTHFR GENE ANLYS COMM VAF	81291	\$178.48	\$174.91	\$176.70	\$164.74	\$174.91
Laboratory	Inpatient/Outpatient	MLH1 GENE FULL SEQUENCE ANALYSIS	81292	\$878.10	\$860.54	\$869.32	\$810.49	\$860.54
Laboratory	Inpatient/Outpatient	MLH1 GENE DUP/DELETE VARIANT	81294	\$261.77	\$256.53	\$259.15	\$241.61	\$256.53
Laboratory	Inpatient/Outpatient	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	\$209.41	\$205.22	\$207.32	\$193.29	\$205.22
Laboratory	Inpatient/Outpatient	MSH2 GENE DUP/DELETE VARIANT	81297	\$209.41	\$205.22	\$207.32	\$193.29	\$205.22
Laboratory	Inpatient/Outpatient	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	\$392.65	\$384.80	\$388.72	\$362.42	\$384.80
Laboratory	Inpatient/Outpatient	MSH6 GENE DUP/DELETE VARIANT	81300	\$221.31	\$216.88	\$219.10	\$204.27	\$216.88
Laboratory	Inpatient/Outpatient	MICROSATELLITE INSTABILITY ANALYSIS, MARKERS	81301	\$214.17	\$209.89	\$212.03	\$197.68	\$209.89
Laboratory	Inpatient/Outpatient	MYD88 GENE P.LEU265PRO VRNT	81305	\$659.17	\$645.99	\$652.58	\$608.41	\$645.99
Laboratory	Inpatient/Outpatient	NRAS GENE VARIANTS EXON 2&3	81311	\$951.87	\$932.83	\$942.35	\$878.58	\$932.83
Laboratory	Inpatient/Outpatient	PMS2 GENE ANALYSIS FULL SEQUENCE	81317	\$1,061.34	\$1,040.11	\$1,050.73	\$979.62	\$1,040.11
Laboratory	Inpatient/Outpatient	PMS2 GENE DUP/DELETE VARIANT	81319	\$302.22	\$296.18	\$299.20	\$278.95	\$296.18
Laboratory	Inpatient/Outpatient	HLA CL 1 HI RES 1-GRP ALLELES	81381	\$261.77	\$256.53	\$259.15	\$241.61	\$256.53
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 1	81400	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 3	81402	\$416.45	\$408.12	\$412.29	\$384.38	\$408.12
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 4	81403	\$594.92	\$583.02	\$588.97	\$549.11	\$583.02
Laboratory	Inpatient/Outpatient	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	81445	\$911.42	\$893.19	\$902.31	\$841.24	\$893.19
Laboratory	Inpatient/Outpatient	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	81445	\$1,499.20	\$1,469.22	\$1,484.21	\$1,383.76	\$1,469.22
Laboratory	Inpatient/Outpatient	TARGETED GENOMIC SEQ ANALYS	81450	\$3,817.02	\$3,740.68	\$3,778.85	\$3,523.11	\$3,740.68
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY PROCEDURE	81479	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY PROCEDURE	81479	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	81519	\$7,348.47	\$7,201.50	\$7,274.99	\$6,782.64	\$7,201.50
Laboratory	Inpatient/Outpatient	NFCT DS CHRNC HCV 6 ASSAY	82009	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	TEST FOR ACETONE/KETONES, SERUM, QUAL	82009	\$11.90	\$11.66	\$11.78	\$10.98	\$11.66
Laboratory	Inpatient/Outpatient	ACETONE ASSAY, SERUM, QUANT	82010	\$30.94	\$30.32	\$30.63	\$28.56	\$30.32
Laboratory	Inpatient/Outpatient	ADRENOCORTICOTROPIC HORM, ACTH	82024	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD	82040	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	ALBUMIN, URINE OR OTHER SOURCE	82042	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	MICROALBUMIN, URINE	82043	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ALDOLASE	82085	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ALDOSTERONE	82088	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ALPHA-1-ANTITRYPSIN, TOTAL	82103	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ALPHA-1-ANTITRYPSIN, PHENOTYPE	82104	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	ALPHA-FETOPROTEIN (AFP), SERUM	82105	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	AMINO ACIDS, MULTIPLE QUALITATIVE	82128	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	AMINO ACIDS, SINGLE, QUANTITATIVE	82131	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	AMINOLEVULINIC ACID, DELTA (ALA)	82135	\$61.87	\$60.63	\$61.25	\$57.11	\$60.63
Laboratory	Inpatient/Outpatient	AMINO ACIDS, 2-5, QUANTITATIVE	82136	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	AMINO ACIDS, 6 OR MORE, QUANTITATIVE	82139	\$356.95	\$349.81	\$353.38	\$329.46	\$349.81

Laboratory	Inpatient/Outpatient	AMMONIA	82140	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	AMYLASE	82150	\$14.28	\$13.99	\$14.14	\$13.18	\$13.99
Laboratory	Inpatient/Outpatient	ANDROSTERONE ESSAY	82160	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	82164	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	APOLIPOPROTEIN, EACH	82172	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ARSENIC	82175	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	ASCORBIC ACID (VITAMIN C), BLOOD	82180	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	BETA-2 MICROGLOBULIN	82232	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BILIRUBIN, TOTAL	82247	\$14.28	\$13.99	\$14.14	\$13.18	\$13.99
Laboratory	Inpatient/Outpatient	BILIRUBIN, DIRECT	82248	\$14.28	\$13.99	\$14.14	\$13.18	\$13.99
Laboratory	Inpatient/Outpatient	OCCULT BLOOD SCREENING	82270	\$11.90	\$11.66	\$11.78	\$10.98	\$11.66
Laboratory	Inpatient/Outpatient	OCCULT BLOOD, OTHER SOURCES	82271	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	OCCULT BLOOD,DIAGNOSTIC	82272	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	OCCULT BLD FHG QUAL 42738	82274	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	VITAMIN D, 25 HYDROXY	82306	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CALCITONIN	82308	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	CALCIUM, TOTAL	82310	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	CALCIUM, IONIZED	82330	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CALCIUM, URINE QUANTITATIVE, TIMED SPECMN	82340	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	STONE ANALYSIS		\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	CALCULUS, INFRARED SPECTROSCOPY	82365	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	CARBON DIOXIDE (BICARBONATE)	82374	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	ASSAY CARBOXYHB QUAN	82375	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	CARBON MONOXIDE ANALYSIS		\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	CARCINOEMBRYONIC ANTIGEN (CEA)	82378	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CAROTENE	82380	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CATECHOLAMINES, FRACTIONATED	82384	\$214.17	\$209.89	\$212.03	\$197.68	\$209.89
Laboratory	Inpatient/Outpatient	CERULOPLASMIN	82390	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CHEMILUMINESCENT ASSAY	82397	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CHLORIDE, BLOOD	82435	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	CHLORIDE, URINE	82436	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CHLORIDE, OTHER SOURCE	82438	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CHOLESTEROL, SERUM OR WHL BLD, TOTAL	82465	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	CHOLINESTERASE, SERUM	82480	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CHROMIUM	82495	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	CITRATE	82507	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	COPPER	82525	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CORTISOL, FREE	82530	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	CORTISOL, TOTAL	82533	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CREATINE	82540	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	COLUMN CHROM/MASS SPECT,QUANT,SINGL PHASE	82542	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), TOTAL	82550	\$14.28	\$13.99	\$14.14	\$13.18	\$13.99
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), ISOENZYMES	82552	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), MB FRACTION ONLY	82553	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CREATININE, BLOOD	82565	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	CREATININE, OTHER SOURCE	82570	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CREATININE CLEARANCE	82575	\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	CRYOFIBRINOGEN	82585	\$33.32	\$32.65	\$32.99	\$30.75	\$32.65
Laboratory	Inpatient/Outpatient	CRYOGLOBULIN,QUALITATIVE OR SEMI-QUANT	82595	\$33.32	\$32.65	\$32.99	\$30.75	\$32.65
Laboratory	Inpatient/Outpatient	CYANIDE	82600	\$69.01	\$67.63	\$68.32	\$63.70	\$67.63
Laboratory	Inpatient/Outpatient	CYANOCOBALAMIN (VITAMIN B-12)	82607	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	CYSTATIN C	82610	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	DEHYDROEPIANDROSTERONE (DHEA)	82626	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	82627	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	DIBUCAINE NUMBER	82638	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	VITAMIN D1, 25 DIHYDROXY	82652	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ELASTASE, PANCREATIC (EL-1), FECAL, QUAL OR SEMI-QUAL	82656	\$356.95	\$349.81	\$353.38	\$329.46	\$349.81
Laboratory	Inpatient/Outpatient	ENZYME ACTIVITY IN BLOOD CELL/TISSUE	82657	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	ERYTHROPOIETIN	82668	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99

Laboratory	Inpatient/Outpatient	ESTRADIOL, TOTAL	82670	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ESTROGENS, TOTAL	82672	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ETHYLENE GLYCOL	82693	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	FAT OR LIPIDS, FECES, QUALITATIVE	82705	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	FERRITIN	82728	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	FOLIC ACID, SERUM	82746	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	FOLIC ACID, RBC	82747	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GAMMAGLOBULIN, IGA, IGD, IGG, IGM, EACH	82784	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ASSAY OF IGE	82785	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GAMMAGLOBULIN SUBCLASSES IGG1-4, EACH	82787	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BLOOD GAS PH ONLY	82800	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BLOOD GAS MIXED WO O2 SAT	82803	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	HEMOGLOBIN-OXYGEN AFFINITY	82820	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	GASTRIN	82941	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GLUCAGON	82943	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	GLUCOSE, QUANTITATIVE, BLOOD	82947	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	POC GLUCOSE BY REAGENT STRIP	82948	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	GLUCOSE, POST GLUCOSE DOSE	82950	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS	82951	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GLUCOSE TOLLERANCE TEST, EA ADD SPEC (BEYOND 3)	82952	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	82955	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GLUTAMYLTRANSFERASE, GAMMA (GGT)	82977	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	GLYCATED PROTEIN	82985	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GONADOTROPIN, FSH	83001	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GONADOTROPIN LUTEINIZING HORMONE	83002	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	GROWTH HORMONE, HUMAN	83003	\$76.15	\$74.63	\$75.39	\$70.29	\$74.63
Laboratory	Inpatient/Outpatient	HAPTOGLOBIN, QUANTITATIVE	83010	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	HEAVY METAL QUANTITATIVE, EACH	83018	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	HGB FRACT & QUAN, EF	83020	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	HEMOGLOBIN FRACT & QUANT CHROMATOGRAPHY	83021	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	HEMOGLOBIN GLYCOSLATED (A1C)	83036	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	HEMOGLOBIN METHEMOGLOBIN, QUANTITATIVE	83050	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	HEMOGLOBIN, PLASMA	83051	\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	HEMOGLOBIN, URINE	83069	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	HEMOSIDERIN, QUALITATIVE	83070	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	HISTAMINE	83088	\$57.11	\$55.97	\$56.54	\$52.71	\$55.97
Laboratory	Inpatient/Outpatient	HOMOCYSTEINE	83090	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	HYDROXYCORTICOSTEROIDS, -17 (17-OHCS)	83491	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	HYDROXYPROGESTERONE, 17-D	83498	\$83.29	\$81.62	\$82.46	\$76.88	\$81.62
Laboratory	Inpatient/Outpatient	IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD	83516	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	IMMUNOASSAY FOR ANALYTE, BY RIA (RADIOIMMUNOASSAY)	83519	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$154.68	\$151.59	\$153.13	\$142.77	\$151.59
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$249.87	\$244.87	\$247.37	\$230.63	\$244.87
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$568.75	\$557.38	\$563.06	\$524.96	\$557.38
Laboratory	Inpatient/Outpatient	TAU PROTEIN, CSF	83520	\$416.45	\$408.12	\$412.29	\$384.38	\$408.12
Laboratory	Inpatient/Outpatient	INSULIN, TOTAL	83525	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	INSULIN, FREE	83527	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	IRON	83540	\$14.28	\$13.99	\$14.14	\$13.18	\$13.99
Laboratory	Inpatient/Outpatient	IRON BINDING CAPACITY	83550	\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	KETOSTEROIDS, -17 (17-KS), TOTAL	83586	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	LACTATE (LACTIC ACID)	83605	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	LACTATE DEHYDROGENASE (LD), (LDH)	83615	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	LDH, ISOENZYMES	83625	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	LACTOFERRIN, FECAL, QUALITATIVE	83630	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	LEAD	83655	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	LIPASE	83690	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66

Laboratory	Inpatient/Outpatient	LIOPROTEIN (A)	83695	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	LIOPROTEIN, BLOOD, ELECTROPHORETIC	83700	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	LIOPROTEIN,BLOOD,HGH RESOL FRACT&QUANT	83701	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	LIOPROTEIN, DIRECT MEASUR HDL CHOLESTEROL	83718	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	LIOPROTEIN,DIRECT MEASUR LDL CHOLESTEROL	83721	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	MAGNESIUM	83735	\$14.28	\$13.99	\$14.14	\$13.18	\$13.99
Laboratory	Inpatient/Outpatient	MASS SPECTROMETRY ANALYTE, QUANTITATIVE	83789	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	METANEPHRINES	83835	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	83873	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	MYOGLOBIN	83874	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTI-MYELOPEROXIDASE	83876	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	NATRIURETIC PEPTIDE	83880	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	NEPHELOMETRY EA ANALYTE NES	83883	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	NUCLEOTIDASE 5'	83915	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	OLIGOCLONAL IMMUNE	83916	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ORGANIC ACIDS, QUALITATIVE, EA SPECIMEN	83919	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	ORGANIC ACID, SINGLE, QUANTITATIVE	83921	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	OSMOLALITY, BLOOD	83930	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	OSMOLALITY, URINE	83935	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	OXALATE	83945	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PARATHORMONE (PARATHYROID HORMONE	83970	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PH BODY FLUID	83986	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	CALPROTECTIN FECAL	83993	\$202.27	\$198.22	\$200.25	\$186.70	\$198.22
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ACID, TOTAL	84060	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ACID, PROSTATIC	84066	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE	84075	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE, ISOENZYMES	84080	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	PHOSPHORUS INORGANIC (PHOSPHATE)	84100	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	PHOSPHORUS INORGANIC URINE	84105	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	PORPHOBILINOGEN, URINE, QUALITATIVE	84106	\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	PORPHOBILINOGEN, URINE, QUANTITATIVE	84110	\$30.94	\$30.32	\$30.63	\$28.56	\$30.32
Laboratory	Inpatient/Outpatient	PORPHYRINS, URINE, QUANT & FRACTIONTN	84120	\$83.29	\$81.62	\$82.46	\$76.88	\$81.62
Laboratory	Inpatient/Outpatient	POTASSIUM, SERUM PLASMA OR WHOLE BLOOD	84132	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	POTASSIUM, URINE	84133	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	PREALBUMIN	84134	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PROGESTERONE	84144	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PROCALCITONIN	84145	\$356.95	\$349.81	\$353.38	\$329.46	\$349.81
Laboratory	Inpatient/Outpatient	PROLACTIN	84146	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	PROSTATIC SPECIF/ANTIGEN-DIA	84153	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	PSA TOTAL (DIAGNOSTIC)	84153	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	PSA TOTAL (SCREENING TEST)	84153	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	PSA FREE	84154	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD	84155	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, URINE	84156	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, OTHER SOURCE	84157	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	PROTEIN, ELECTROPHRTC FRACT&QUANT SERUM	84165	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	PROTEIN, ELECTRPHRTC FRACT&QUANT OTR FLUID	84166	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	PROTEIN, WESTERN BLOT, BLOOD/BDY FLUID	84181	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	PROTOPORPHYRRIN, RBC QUANTITATIVE	84202	\$128.50	\$125.93	\$127.22	\$118.61	\$125.93
Laboratory	Inpatient/Outpatient	PROINSULIN	84206	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	84207	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	PYRUVATE	84210	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	RENIN	84244	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	RIBOFLAVIN (VITAMIN B-2)	84252	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	SEROTONIN	84260	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	SODIUM, SERUM, PLASMA OR WHOLE BLOOD	84295	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	SODIUM, URINE	84300	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	SODIUM, OTHER SOURCE	84302	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	SOMATOMEDIN	84305	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99

Laboratory	Inpatient/Outpatient	SOMATOSTATIN	84307	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	SPECTROPHOTOMETRY ANALYTE NES	84311	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	SUGARS, SINGLE QUANTITATIVE, EA SPECIMEN	84378	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	TESTOSTERONE, FREE	84402	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	TESTOSTERONE, TOTAL	84403	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	THIAMINE (VITAMIN B-1)	84425	\$116.60	\$114.27	\$115.43	\$107.62	\$114.27
Laboratory	Inpatient/Outpatient	THYROGLOBULIN	84432	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	THYROXINE, TOTAL	84436	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	THYROXINE, FREE	84439	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	THYROXINE BINDING GLOBULIN	84442	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	THYROID STIMULATING HORMONE (TSH)	84443	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	84445	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	TOCOPHEROL ALPHA (VITAMIN E)	84446	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	TRANSFERASE, ASPARTATE AMINO (AST) (SGOT)	84450	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	TRANSFERASE, ALANINE AMINO (ALT) (SGPT)	84460	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	TRANSFERRIN	84466	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	TRIGLYCERIDES	84478	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	THYROID HORMONE (T3 OR T4) UPTAKE OR THBI	84479	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	TRIIODOTHYRONINE T3, TOTAL (TT-3)	84480	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	TRIIODOTHYRONINE T3, FREE	84481	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	TRIIODOTHYRONINE T3, REVERSE	84482	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	TROPONIN, QUANTITATIVE	84484	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	UREA NITROGEN, QUANTITATIVE	84520	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	UREA NITROGEN, URINE	84540	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	URIC ACID, BLOOD	84550	\$4.76	\$4.66	\$4.71	\$4.39	\$4.66
Laboratory	Inpatient/Outpatient	URIC ACID, OTHER SOURCE	84560	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	VANILLYLMANDelic ACID (VMA), URINE	84585	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	VASOACTIVE INTERSTINAL PEPTIDE (VIP)	84586	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	84588	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	VITAMIN A	84590	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	VITAMIN NOS	84591	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	VITAMIN K	84597	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	XYLOSE ABSORPTION TEST,BLD &/OR URINE	84620	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ZINC	84630	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	C-PEPTIDE	84681	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	GONADOTROPIN, CHORIONIC (HCG) QUANTITATIVE	84702	\$57.11	\$55.97	\$56.54	\$52.71	\$55.97
Laboratory	Inpatient/Outpatient	GONADOTROPIN, CHORIONIC (HCG) QUALITATIVE	84703	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	OSMOLALITY - FECES	84999	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BLEEDING TIME	85002	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BL SMEAR W/DIFF WBC COUNT		\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	BLOOD COUNT, SPUN MICROHEMATOCRIT	85013	\$11.90	\$11.66	\$11.78	\$10.98	\$11.66
Laboratory	Inpatient/Outpatient	HEMATOCRIT (HCT)	85014	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	HEMOGLOBIN (HGB)	85018	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	CBC W/DIFF & PLATELET	85025	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CBC W/PLATELET, W/OUT DIFF	85027	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	MANUAL CELL COUNT, EACH	85032	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	RED BLOOD CELL, AUTOMATED	85041	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	RETICULOCYTE COUNT, MANUAL	85044	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	RETICULOCYTE COUNT, AUTOMATED	85045	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	RETICYTE/HGB CONCENTRATE		\$38.07	\$37.31	\$37.69	\$35.14	\$37.31
Laboratory	Inpatient/Outpatient	LEUKOCYTE (WBC) AUTOMATED	85048	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	PLATELET COUNT AUTOMATED	85049	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR V, LABILE FACTOR	85220	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VII	85230	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, 1-STAGE	85240	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII RELATED ANTIGEN	85244	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII,VWF FACTOR,RISTOCETIN COFACTOR	85245	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, VWF FACTOR ANTIGEN	85246	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, VWF MULTIMERIC	85247	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85

Laboratory	Inpatient/Outpatient	CLOTTING FACTOR IX (PTC OR CHRISTMAS)	85250	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR X (STUART-PROWER)	85260	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR XI (PTA)	85270	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	ANTITHROMBIN III ACTIVITY ASSAY	85300	\$45.21	\$44.31	\$44.76	\$41.73	\$44.31
Laboratory	Inpatient/Outpatient	ANTITHROMBIN III ANTIGEN ASSAY	85301	\$40.45	\$39.64	\$40.05	\$37.34	\$39.64
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR, PROTEIN C AG	85302	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR, PROTEIN S TOTAL	85305	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR PROTEIN S FREE	85306	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	FACTOR INHIBITOR TEST	85335	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	COAG TIME, ACTIVATED	85347	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	FIBRIN DEGRADATION PROD,D-DIMER, QUANT	85379	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	FIBRINOGEN ACTIVITY	85384	\$21.42	\$20.99	\$21.21	\$19.77	\$20.99
Laboratory	Inpatient/Outpatient	CLOTTING FUNCT ACTIVITY	85397	\$166.58	\$163.25	\$164.91	\$153.75	\$163.25
Laboratory	Inpatient/Outpatient	HEINZ BODIES, DIRECT	85441	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	K-B STAIN FOR FETAL HGB	85460	\$54.73	\$53.64	\$54.18	\$50.52	\$53.64
Laboratory	Inpatient/Outpatient	HEMOLYSIN ACID	85475	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	HEPARIN ASSAY	85520	\$54.73	\$53.64	\$54.18	\$50.52	\$53.64
Laboratory	Inpatient/Outpatient	LEUKOCYTE ALK PHOS W COUNT	85540	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	MURAMIDASE	85549	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	OSMOTIC FRAGILITY, RBC, INCUBATED	85557	\$49.97	\$48.97	\$49.47	\$46.12	\$48.97
Laboratory	Inpatient/Outpatient	PLT AGGREGATION (IN VITRO) EA AGENT	85576	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	HEXAGNAL PHOSPH PLTLT NEUTRL	85598	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	PROTHROMBIN TIME	85610	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	PT, SUBSTITUTION PLASMA FRACTIONS EA	85611	\$57.11	\$55.97	\$56.54	\$52.71	\$55.97
Laboratory	Inpatient/Outpatient	RUSSELL VIPER VENOM TIME, DILUTED	85613	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	SEDIMENTATION RATE,ERYTHROCYTE, AUTOMATED	85652	\$11.90	\$11.66	\$11.78	\$10.98	\$11.66
Laboratory	Inpatient/Outpatient	SICKLING OF RBC, REDUCTION	85660	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	THROMBIN TIME, PLASMA	85670	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	THROMPLASTIN TIME,PARTIAL (PTT)	85730	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	PTT, SUBSTITUTION PLASMA FRACTIONS EA	85732	\$57.11	\$55.97	\$56.54	\$52.71	\$55.97
Laboratory	Inpatient/Outpatient	VISCOSITY	85810	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ALLERGEN SPECIFIC IGG EACH ALLERGEN	86001	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ALLERGEN SPECIFIC IGE EACH ALLERGEN	86003	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTIBODY INDENT, LEUKOCYTE ANTIBODY	86021	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	AB ID; PLATELET AB	86022	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	AB ID; PLATELET IG ASSAY	86023	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	ANTINUCLEAR ANTIBODIES (ANA)	86038	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTINUCLEAR ANTIBODIES (ANA) TITER	86039	\$66.63	\$65.30	\$65.96	\$61.50	\$65.30
Laboratory	Inpatient/Outpatient	ANTISTREPTOLYSIN O, TITER	86060	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	C-REACTIVE PROTEIN	86140	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	\$38.07	\$37.31	\$37.69	\$35.14	\$37.31
Laboratory	Inpatient/Outpatient	BETA 2 GLYCOPROTEIN I AB E'	86146	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	CARDIOLIPIN AB EA IG CLASS	86147	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTI-PHOSPHATIDYLSERINE AB	86148	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	COLD AGGLUTININ, TITER	86157	\$61.87	\$60.63	\$61.25	\$57.11	\$60.63
Laboratory	Inpatient/Outpatient	COMPLEMENT, ANTIGEN EACH COMPONENT	86160	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	COMPLEMENT, FUNCTIONAL ACTIVITY EA COMP	86161	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	COMPLEMENT, TOTAL HEMOLYTIC (CH50)	86162	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CYCLIC CITRULINATED PEPTIDE (CCP) ANTIBODY	86200	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	DEOXYRIBONUCLEASE, ANTIBODY	86215	\$49.97	\$48.97	\$49.47	\$46.12	\$48.97
Laboratory	Inpatient/Outpatient	DEOXYRIBONUCLEIC ACID (DNA) ANTBDY DBL STRAND	86225	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	EXTRACTBL NUCLR ANTIGEN,ANTIBDY TO,ANY METHOD	86235	\$66.63	\$65.30	\$65.96	\$61.50	\$65.30
Laboratory	Inpatient/Outpatient	FLUORESCENT AB, SCRNI EA AE	86255	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	FLUORESCENT AB, TITER EA AE	86256	\$66.63	\$65.30	\$65.96	\$61.50	\$65.30
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 15-3 (27.29)	86300	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 19-9	86301	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 125	86304	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	HETEROPHILE ANTIBODIES, SCREENING	86308	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66

Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGEN,OTHR ANTIGEN	86316	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	IMMUNOASSAY INFECT AGENT ANTBODY,QUANT	86317	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	IA INFECTION AGENT SGL STEP		\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	IMMUNODIFFUSION; NES		\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	IMMUNODIFFUSION, GEL DIFFUSION,QUAL	86331	\$45.21	\$44.31	\$44.76	\$41.73	\$44.31
Laboratory	Inpatient/Outpatient	IMMUNE COMPLEX ASSAY	86332	\$85.67	\$83.96	\$84.81	\$79.07	\$83.96
Laboratory	Inpatient/Outpatient	IMMUNOFIXATION ELECTROPHRS SERUM	86334	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION	86335	\$104.71	\$102.62	\$103.66	\$96.65	\$102.62
Laboratory	Inpatient/Outpatient	INHIBIN A	86336	\$57.11	\$55.97	\$56.54	\$52.71	\$55.97
Laboratory	Inpatient/Outpatient	INSULIN ANTIBODIES	86337	\$88.05	\$86.29	\$87.17	\$81.27	\$86.29
Laboratory	Inpatient/Outpatient	INTRINSIC FACTOR ANTIBODIES	86340	\$83.29	\$81.62	\$82.46	\$76.88	\$81.62
Laboratory	Inpatient/Outpatient	ISLET CELL ANTIBODY	86341	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	B CELLS TOTAL COUNT	86355	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	T CELLS, TOTAL COUNT	86359	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	T CELLS, ABSOLUTE CD4 & CD8 COUNT, INC RATIO	86360	\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	T CELLS, ABSOL CD4 COUNT	86361	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	MICROSOMAL ANIBODIES, EACH	86376	\$52.35	\$51.30	\$51.83	\$48.32	\$51.30
Laboratory	Inpatient/Outpatient	NEUTRALIZATION TEST, VIRAL	86382	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	PARTICLE AGGLUTINATION, SCREEN EA ANTBODY	86403	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	PARTICLE AGGLUTINATION, TITER EA AB	86406	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	RHEUMATOID FACTOR, QUANTITATIVE	86431	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	TB TEST GAMMA INTERFERON	86480	\$83.29	\$81.62	\$82.46	\$76.88	\$81.62
Laboratory	Inpatient/Outpatient	SYPHILIS TEST NON-TREP QUAL	86592	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	VDRL-SPINAL FLUID		\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	SYPHILIS TEST,NONTREPONML ANTBODY QUANT	86593	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	ANTIBODY, ADENOVIRUS	86603	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, ASPERGILUS	86606	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, BACTERIUM NES	86609	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	BARTONELLA ANTIBODY	86611	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, BLASTOMYCES	86612	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, BORDETELLA	86615	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	AB, LYME'S (WB) CONFIRM	86617	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	AB, LYME'S DISEASE	86618	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, BRUCELLA	86622	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY CAMPYLOBACTEF	86625	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, CHLAMYDIA	86631	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, CHLAMYDIA IGM	86632	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, COCCIDIODES	86635	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, CYTOMEGALOVIRUS (CMV)	86644	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTIBODY, CYTOMEGALOVIRUS (CMV) IGM	86645	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, CALIFORNIA	86651	\$111.85	\$109.61	\$110.73	\$103.24	\$109.61
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, EASTERN EQUINE	86652	\$111.85	\$109.61	\$110.73	\$103.24	\$109.61
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, ST. LOUIS	86653	\$111.85	\$109.61	\$110.73	\$103.24	\$109.61
Laboratory	Inpatient/Outpatient	ANTIBODY, ENTEROVIRUS	86658	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS, EARLY ANTIGEN	86663	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS, EBNA	86664	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS,VIRAL CAPSID	86665	\$111.85	\$109.61	\$110.73	\$103.24	\$109.61
Laboratory	Inpatient/Outpatient	ANTIBODY, EHRLICHIA	86666	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, FUNGUS NES	86671	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, HELICOBACTER PYLORI	86677	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, HELMINTH NES	86682	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, HTLV OR HIV, CONFIRMATORY TEST	86689	\$178.48	\$174.91	\$176.70	\$164.74	\$174.91
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX	86694	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX, TYPE 1	86695	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX, TYPE 2	86696	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, HISTOPLASMA	86698	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-1	86701	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-2	86702	\$78.53	\$76.96	\$77.74	\$72.48	\$76.96
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-1 & HIV-2, SINGLE RESULT	86703	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30

Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B CORE, TOTAL	86704	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B CORE, IGM	86705	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B SURFACE	86706	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS BE ANTIBODY	86707	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS A, TOTAL	86708	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS A, IGM ANTIBODY	86709	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, INFLUENZA VIRUS	86710	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ANTIBODY, LEGIONELLA	86713	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, LEPTOSPIRA	86720	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, MUMPS	86735	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, MYCOPLASMA	86738	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, PARVOVIRUS	86747	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	AB, PROTOZOA NETS	86753	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	ANTIBODY, RICKETTSIA	86757	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, RUBELLA	86762	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	ANTIBODY, RUBEOLA	86765	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, SALMONELLA	86768	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	SARS-COV-2 COVID-19 ANTIBODY	86769	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ANTIBODY, TOXOPLASMA	86777	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, TOXOPLASMA, IGM	86778	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ANTIBODY, TREPONEMA PALLIDUM	86780	\$40.45	\$39.64	\$40.05	\$37.34	\$39.64
Laboratory	Inpatient/Outpatient	ANTIBODY, VARICELLA-ZOSTER	86787	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, WEST NILE VIRUS, IGM	86788	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, WEST NILE VIRUS	86789	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED	86790	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	THYROGLOBULIN ANTIBODY	86800	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	HEPATITIS C ANTIBODY	86803	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C SINGLE ANTIGEN	86812	\$107.09	\$104.95	\$106.02	\$98.84	\$104.95
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C MULTPL ANTIGEN	86813	\$297.46	\$291.51	\$294.49	\$274.56	\$291.51
Laboratory	Inpatient/Outpatient	PLT, HLA-MATCHED PHERESIS	86815	\$297.46	\$291.51	\$294.49	\$274.56	\$291.51
Laboratory	Inpatient/Outpatient	ANTIBODY SCREEN, RBC, EA SERUM TECHNIQUE	86850	\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	ANTIBODY SCREEN, RBC, EA SERUM TECHNIQUE		\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	ANTIBODY SCREEN, RBC, EA SERUM TECHNIQUE		\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	ANTIBODY ELUTION (RBC), EACH ELUTION	86860	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY ELUTION (RBC), EACH ELUTION		\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	ANTIBODY IDENT,RBC, EA PANEL FOR EA SERUM TECHNIQUE	86870	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ANTIBODY IDENT,RBC, EA PANEL FOR EA SERUM TECHNIQUE		\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	ANTIHUMAN GLOBULIN TEST (COOMBS) DIRECT, EA ANTISERUM	86880	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	ANTIHUMAN GLOBULIN TEST (COOMBS) DIRECT, EA ANTISERUM		\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	ANTIHUMAN GLOBULIN TEST (COOMBS) DIRECT, EA ANTISERUM		\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	COOMBS TEST INDIRECT TITER	86886	\$76.15	\$74.63	\$75.39	\$70.29	\$74.63
Laboratory	Inpatient/Outpatient	AUTOLOG BLOOD PREDEPOSITED	86890	\$404.55	\$396.46	\$400.50	\$373.40	\$396.46
Laboratory	Inpatient/Outpatient	BLOOD TYPING, ABO	86900	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	BLOOD TYPING, ABO		\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	BLOOD TYPING, ABO		\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	BLOOD TYPING RH (D)	86901	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	BLOOD TYPE ANTIGEN DONOR EA	86902	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BLOOD TYPE ANTIGEN DONOR EA		\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BLD TYPE, AG SCR N W PT SERUM PER UNIT	86904	\$28.56	\$27.99	\$28.27	\$26.36	\$27.99
Laboratory	Inpatient/Outpatient	BLD TYPE, RBC AG NOT ABO/RHD E	86905	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BLD TYPE, RBC AG NOT ABO/RHD E		\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	BLD TYPE, RBC AG NOT ABO/RHD E	86905	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	RH PHENOTYPE COMPLETE		\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	COMPATIBILITY TEST EA UNIT,IMMED SPIN TECHNQ	86920	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	COMPATIBILITY TEST EA UNIT,IMMED SPIN TECHNQ		\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	COMPATIBILITY TEST EA UNIT,ANTIGLOB TECHNQ	86922	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	FRESH FROZEN PLASMA,THAWING,EACH UNIT	86927	\$9.52	\$9.33	\$9.42	\$8.79	\$9.33
Laboratory	Inpatient/Outpatient	FROZEN BLOOD THAW, EACH UNIT	86931	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85

Laboratory	Inpatient/Outpatient	HEMOLYSINS & AGGLUTININS INCUBATED	86941	\$42.83	\$41.97	\$42.40	\$39.53	\$41.97
Laboratory	Inpatient/Outpatient	IRRADIATE BLD PRODUCT EA UNIT		\$190.37	\$186.56	\$188.47	\$175.71	\$186.56
Laboratory	Inpatient/Outpatient	POOLING OF PLATELETS/BLOOD PRODUCTS	86965	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	PRETREAT RBC, CHEM OR DRUGS, EA INCUBATION	86970	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	SERUM PRETX; DRUG INCUBATE	86975	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM BY DILUTION	86976	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM INCUBATION W/INHIBITOR, EA	86977	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM BY DIFF RED CELL ABSORPTION, EA	86978	\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM BY DIFF RED CELL ABSORPTION, EA		\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	SPLIT BLOOD PRODUCTS EA UNIT		\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	RED CROSS STAT FEE		\$345.05	\$338.15	\$341.60	\$318.48	\$338.15
Laboratory	Inpatient/Outpatient	CONCENTRATION FOR INFECTIOUS AGENT	87015	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID	87040	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	AEROB BACTERIA CULTURE STOOL, PRELIM EXAM	87045	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE	87046	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL OTHR SOURCE, AEROBIC, PRESUMPTIVE ID	87070	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL ANY SOURCE, ANAEROBIC, PRESUMPTIVE ID	87075	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL ANAEROBIC ISOL ADD METHOD, EA ISOLATE	87076	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL AEROBIC ISOL ADD METHOD, EA ISOLATE	87077	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CULTURE PRESMPVTY PATH ORGNMSMS SCREEN ONLY	87081	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	URINE CULTURE BACTRL QUANT COLONY COUNT	87086	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	URINE BACTERIA CULTURE, PRESUMPTIVE ID, EA ISOLATE	87088	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CULT FUNGUS W P ID, SKIN HR NL	87101	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE NOT BLOOD, P ID, OTHER SOURCE	87102	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE BLOOD, P ID	87103	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE DEF ID YEAST, EA	87106	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	CULTURE MYCOPLASMA ANY SOURCE	87109	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	CULTURE CHLAMYDIA ANY SOURCE	87110	\$73.77	\$72.29	\$73.03	\$68.09	\$72.29
Laboratory	Inpatient/Outpatient	CULTURE AFB - ISOL & ID	87116	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CULTURE, IF EA ANTISERUM	87140	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	DNA/RNA DIRECT PROBE, EA ORGANISM	87149	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	DNA/RNA AMPLIFIED PROBE	87150	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CULTURE DNA/RNA SEQUENCING	87153	\$368.85	\$361.47	\$365.16	\$340.45	\$361.47
Laboratory	Inpatient/Outpatient	PINWORM EXAM	87172	\$14.28	\$13.99	\$14.14	\$13.18	\$13.99
Laboratory	Inpatient/Outpatient	OVA & PARASITES DIR SMR W II	87177	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	SENSITIVITY - AGAR DILUTION/AGENT	87181	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	SENSITIVITY - DISK PER PLATE	87184	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	MICROBE SUSCEPTIBLE MIC	87186	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	SENSITIVITY - MLC EA PLATE	87187	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	SENSITIVITY - MACROBROTH EA AGENT	87188	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	SENSITIVITY - MYCOBACT EA AGENT	87190	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	SMEAR, PRIM SOURCE, GRAM/GIEMSA STAIN	87205	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	SMEAR, FLUORESCENT OR AFB STAIN	87206	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	SMEAR, PRIM SOURCE, SPEC STAIN INCLSN BDY/PARASITES	87207	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	SMEAR PRIMARY SOURCE COMPLEX SPECIAL STAIN FOR OVA & PARASIT	87209	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	SMEAR, PRIM SOURCE, WET MOUNT INFC AGENT	87210	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	KOH FOR FUNGI/PARASITES/MITES	87220	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	VIRUS ISOLATE; EMBRYO EGG INJ		\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID	87252	\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	VIRUS ISOLATE, ADDTL STUDIES OR DEF ID, EA ISOLATE	87253	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	VIRUS ISOL SHELL VIAL TECHN, IMMUNOFLUOR, EA VIRUS	87254	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	VIRUS ISOL, INCLUDE ID BY NON-IMMUNOLOGIC METHOD	87255	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	BORDATELLA P AG BY DF/	87265	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	PNEUMOCYSTIS CARINII AG BY IF	87281	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	VARICELLA ZOSTER AG BY DF/	87290	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	NOS INFECTIOUS AG BY IF, EA	87299	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	ASPERGILLUS AG EIA	87305	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CLOSTRIDIUM DIFFICILE AG EIA	87324	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	GIARDIA AG EIA	87329	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30

Laboratory	Inpatient/Outpatient	ENTAMOEB HIST GROUP AG EIA	87337	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	HPYLORI STOOL AG EIA	87338	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	HELICOBACTER PYLORI IGG ANTI		\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	INFECT AGENT ANTGN ENZYME,HEP B (HBSAG)	87340	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	HEPATITIS B SURFACE AG EIA NEUTRALIZATION	87341	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	HEPATITIS BE AG EIA	87350	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	HEPATITIS DELTA AG EIA	87380	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	HIV-1 AG W/HIV-1 & HIV-2 AI	87389	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	HIV-1 AG EIA	87390	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	INFLU A/B AG IA		\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	RESP SYNCYTIAL AG EIA	87420	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CORONAVIRUS AG I/	87426	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	GROUP A BETA STREP SCREEI		\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	IA AG BY EIA - MULTI STEP E/	87449	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	CANDIDA NA DIRECT PROBE	87480	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	MENINGITIS/ENCEPHALITIS (ME)		\$428.34	\$419.77	\$424.06	\$395.36	\$419.77
Laboratory	Inpatient/Outpatient	CHLAMYDIA P AMPLIF NA PROBE	87486	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	CHLAMYDIA T DIR NA PROBE	87490	\$107.09	\$104.95	\$106.02	\$98.84	\$104.95
Laboratory	Inpatient/Outpatient	CHLAMYDIA T AMPLIF NA PROBE	87491	\$107.09	\$104.95	\$106.02	\$98.84	\$104.95
Laboratory	Inpatient/Outpatient	C DIFF AMPLIFIED PROBE	87493	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	CYTOMEGALOV AMPLIF NA PROBI	87496	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	CYTOMEGALOVIRUS NA QUAN	87497	\$380.75	\$373.14	\$376.94	\$351.43	\$373.14
Laboratory	Inpatient/Outpatient	ENTEROVIRUS NA AMP PROBE & REVRS TRN	87498	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROBE	87502	\$380.75	\$373.14	\$376.94	\$351.43	\$373.14
Laboratory	Inpatient/Outpatient	ADNA-DNA/RNA PROBE TQ 6-1	87506	\$661.55	\$648.32	\$654.93	\$610.61	\$648.32
Laboratory	Inpatient/Outpatient	GARDNERELLA DIR NA PROBE	87510	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	HEP-B NA QUAN	87517	\$380.75	\$373.14	\$376.94	\$351.43	\$373.14
Laboratory	Inpatient/Outpatient	HEPATITIS C PROBE&RVRS TRNSC, AMPLIFIED, NA	87521	\$333.16	\$326.50	\$329.83	\$307.51	\$326.50
Laboratory	Inpatient/Outpatient	HEPATITIS C REVRS TRNSCRPJ, NA, QUANT	87522	\$380.75	\$373.14	\$376.94	\$351.43	\$373.14
Laboratory	Inpatient/Outpatient	HERPES S AMPLIF NA PROBE	87529	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	HERPES S NA QUAN	87530	\$380.75	\$373.14	\$376.94	\$351.43	\$373.14
Laboratory	Inpatient/Outpatient	HERPES 6 AMPLIF NA PROBI	87532	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	HIV-1 AMPLIF NA PROBE & REVERSE TRNSCRP	87535	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	HIV-1 NA QUANT & REVRS TRNSCRP	87536	\$380.75	\$373.14	\$376.94	\$351.43	\$373.14
Laboratory	Inpatient/Outpatient	HIV-2 AMPLIF NA PROBE & REVRS TRNSCRIP	87538	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	LEGIONELLA ANTIGEN		\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	MYCOBACTERIA A DIR NA PROB	87560	\$178.48	\$174.91	\$176.70	\$164.74	\$174.91
Laboratory	Inpatient/Outpatient	MYCOPLASMA P AMPLIF NA PROB	87581	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	NEISSERIA AMPLIF NA PROBE	87591	\$107.09	\$104.95	\$106.02	\$98.84	\$104.95
Laboratory	Inpatient/Outpatient	RESP VIRUS 42799 TARGETS	87631	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	RESP VIRUS 12-25 TARGETS	87633	\$428.34	\$419.77	\$424.06	\$395.36	\$419.77
Laboratory	Inpatient/Outpatient	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVI	87635	\$51.31	\$50.28	\$50.80	\$47.36	\$50.28
Laboratory	Inpatient/Outpatient	MR-STAPH DNA AMP PROB	87641	\$107.09	\$104.95	\$106.02	\$98.84	\$104.95
Laboratory	Inpatient/Outpatient	STREP B DNA AMP PROB	87653	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	TRICHOMONAS VAGINALIS NA DIR PROBE	87660	\$107.09	\$104.95	\$106.02	\$98.84	\$104.95
Laboratory	Inpatient/Outpatient	TRICHOMONAS VAGINALIS AMPLIF	87661	\$107.09	\$104.95	\$106.02	\$98.84	\$104.95
Laboratory	Inpatient/Outpatient	NUCLEIC ACID DIRECT PROBE	87797	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	AMPLIF NA PROBE NOS AGENT E/	87798	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	NA QUANT NOS AGENT E/	87799	\$380.75	\$373.14	\$376.94	\$351.43	\$373.14
Laboratory	Inpatient/Outpatient	DIR NA PROBE MULTI ORGANISMS	87800	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	DNA/RNA, MULTI ORG - AMP PI	87801	\$285.56	\$279.85	\$282.70	\$263.57	\$279.85
Laboratory	Inpatient/Outpatient	CLOSTRIDIUM DIFFICILE TOXIN		\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	INFLUENZA A+B BY IMMUNOFLUORESCENCE	87804	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	STREP A ASSAY W/OPTII	87880	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	AGENT NOS ASSAY W/OPTIC	87899	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	PHENOTYPE INFECT AGENT DRUG	87900	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HIV REVERSE T	87901	\$809.09	\$792.91	\$801.00	\$746.79	\$792.91
Laboratory	Inpatient/Outpatient	GENOTYPE ANALYSIS, HEPATITIS C - DNA OR RNA	87902	\$809.09	\$792.91	\$801.00	\$746.79	\$792.91
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HIV OTHER REGION	87906	\$392.65	\$384.80	\$388.72	\$362.42	\$384.80

Laboratory	Inpatient/Outpatient	CYTOPATH, FLUID, WASHNG, BRUSHNG SMEAR	88104	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	CYTOPATH, CONCENTRATION TECHNQ SMEAR	88108	\$166.58	\$163.25	\$164.91	\$153.75	\$163.25
Laboratory	Inpatient/Outpatient	CYTOPATH, CERV/VAGINAL AUTO THIN LAYER	88142	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	CP SMR OTHR, PREP SCRNI INT	88161	\$166.58	\$163.25	\$164.91	\$153.75	\$163.25
Laboratory	Inpatient/Outpatient	CYTOPATH, DX EVAL FNA 1ST EA SITE	88172	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	CYTOPATH, EVAL FNA INTERPRET & REPOR	88173	\$214.17	\$209.89	\$212.03	\$197.68	\$209.89
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS	88182	\$356.95	\$349.81	\$353.38	\$329.46	\$349.81
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL SURFACE, FIRST MARKER	88184	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL SURFACE, EA ADDTNL	88185	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, INTERPRET, 16 OR MORE MARKER	88189	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	TISSUE CULT FOR NON-NEOPLSTC, LYMPHOCYTE	88230	\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	TISSUE CULT FOR NON-NEOPLSTC, AMNIOTIC FLUID	88235	\$356.95	\$349.81	\$353.38	\$329.46	\$349.81
Laboratory	Inpatient/Outpatient	TISSUE CULTURE, BM BLD CELLS	88237	\$356.95	\$349.81	\$353.38	\$329.46	\$349.81
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS CNT 15-20 CELLS, 2 KARYT	88262	\$761.50	\$746.27	\$753.89	\$702.86	\$746.27
Laboratory	Inpatient/Outpatient	CHROMOSOME ANALYSIS, ANALYZE 20-25 CELLS	88264	\$951.87	\$932.83	\$942.35	\$878.58	\$932.83
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS IN SITU AMNIOTIC FLD CELLS	88269	\$713.91	\$699.63	\$706.77	\$658.94	\$699.63
Laboratory	Inpatient/Outpatient	MLECULAR CYTOGEN, DNA PROBE EA (FISH)	88271	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	MCG, IP SITU 100-300 CELLS	88275	\$547.33	\$536.38	\$541.86	\$505.19	\$536.38
Laboratory	Inpatient/Outpatient	CHROMOSOME ANALY, ADDTL KARYOT EA STUDY EVAI	88280	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	CYTOGENETIC & MOLECULAR CYTOGENETICS	88291	\$83.29	\$81.62	\$82.46	\$76.88	\$81.62
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL I, GROSS EXAM ONLY	88300	\$47.59	\$46.64	\$47.11	\$43.93	\$46.64
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL II, GROSS & MICROSCOPIC EXAM	88302	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL III, GROSS & MICROSCOPIC EXAM	88304	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL IV, GROSS & MICROSCOPIC EXAM	88305	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL V, GROSS & MICROSCOPIC	88307	\$237.97	\$233.21	\$235.59	\$219.65	\$233.21
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL VI, GROSS & MICROSCOPIC	88309	\$297.46	\$291.51	\$294.49	\$274.56	\$291.51
Laboratory	Inpatient/Outpatient	DECALCIFICATION PROCEDURE	88311	\$11.90	\$11.66	\$11.78	\$10.98	\$11.66
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP I FOR MICROORGANISMS	88312	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP II, ALL OTHERS	88313	\$23.80	\$23.32	\$23.56	\$21.97	\$23.32
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, HISTOCHEMICAL FRZN TISS BLCK	88314	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP III FOR ENZYME	88319	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	REF CONSULT W SLIDE PREP	88323	\$356.95	\$349.81	\$353.38	\$329.46	\$349.81
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, 1ST BLCK FRZN SEC	88331	\$71.39	\$69.96	\$70.68	\$65.89	\$69.96
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, EA ADDTNL BLCK	88332	\$11.90	\$11.66	\$11.78	\$10.98	\$11.66
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, CYTOLOGY EXAM	88333	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, EA ADDTL	88341	\$76.15	\$74.63	\$75.39	\$70.29	\$74.63
Laboratory	Inpatient/Outpatient	IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, INITIAL	88342	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	IMMUNOHISTO ANTIBODY SLIDE	88344	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	IMMUNOFLUORESCENT STUDY, EA ANTIBODY, DIRECT	88346	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	ELECTRON MICROSCOPY, DIAGNOSTIC	88348	\$951.87	\$932.83	\$942.35	\$878.58	\$932.83
Laboratory	Inpatient/Outpatient	IMMUNOFLUOR ANTIB ADTL STAIN	88350	\$142.78	\$139.92	\$141.35	\$131.79	\$139.92
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY, TUMOR MARKER, MANUAL	88360	\$178.48	\$174.91	\$176.70	\$164.74	\$174.91
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION (FISH)	88364	\$188.00	\$184.24	\$186.12	\$173.52	\$184.24
Laboratory	Inpatient/Outpatient	IN SITU HYBRIDIZATION (FISH) SINGLE PROBE	88365	\$145.16	\$142.26	\$143.71	\$133.98	\$142.26
Laboratory	Inpatient/Outpatient	IN SITU HYBRIDIZATION (FISH), FIRST		\$1,023.27	\$1,002.80	\$1,013.04	\$944.48	\$1,002.80
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION AUTO	88367	\$1,023.27	\$1,002.80	\$1,013.04	\$944.48	\$1,002.80
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, SNGL PROBE, INITIAL	88368	\$761.50	\$746.27	\$753.89	\$702.86	\$746.27
Laboratory	Inpatient/Outpatient	M/PHMTRC ALYS ISHQUANT/SEMIQ	88373	\$323.64	\$317.17	\$320.40	\$298.72	\$317.17
Laboratory	Inpatient/Outpatient	M/PHMTRC ALYS ISH QUANT/SEMIQ	88374	\$832.89	\$816.23	\$824.56	\$768.76	\$816.23
Laboratory	Inpatient/Outpatient	MORPHOMETC ALYS IN SITU HYBRID QUANT/SEMIQ	88377	\$1,216.02	\$1,191.70	\$1,203.86	\$1,122.39	\$1,191.70
Laboratory	Inpatient/Outpatient	MICRODISSECTION MANUAL	88381	\$185.62	\$181.91	\$183.76	\$171.33	\$181.91
Laboratory	Inpatient/Outpatient	CELL COUNT, MISC BODY FLUID, W/DIFF COUNT	89051	\$59.49	\$58.30	\$58.90	\$54.91	\$58.30
Laboratory	Inpatient/Outpatient	LEUKOCYTE ASSESSMENT, FECAL, QUAL/SEMIQUAL	89055	\$11.90	\$11.66	\$11.78	\$10.98	\$11.66
Laboratory	Inpatient/Outpatient	CRYSTAL IDENTIFICATION TISSUE/BODY FLUID	89060	\$35.70	\$34.99	\$35.34	\$32.95	\$34.99
Laboratory	Inpatient/Outpatient	NASAL SMEAR FOR EOSINOPHILS	89190	\$19.04	\$18.66	\$18.85	\$17.57	\$18.66
Laboratory	Inpatient/Outpatient	PHLEBOTOMY, THERAPEUTIC	99195	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	PHLEBOTOMY, THERAPEUTIC	99195	\$118.98	\$116.60	\$117.79	\$109.82	\$116.60
Laboratory	Inpatient/Outpatient	BLOOD, SPLIT UNIT, FRESH FROZEN PLASMA	P9011	\$261.77	\$256.53	\$259.15	\$241.61	\$256.53
Laboratory	Inpatient/Outpatient	CRYOPRECIPITATE EA UNIT, PROC FEE	P9012	\$83.29	\$81.62	\$82.46	\$76.88	\$81.62

Laboratory	Inpatient/Outpatient	LEUKOCYTE POOR BLOOD EA UNIT, NON-AUTOLOGOUS, PROC FEE	P9016	\$345.05	\$338.15	\$341.60	\$318.48	\$338.15
Laboratory	Inpatient/Outpatient	FRESH FROZ PLASMA 1 DONOR FRZ W/IN 8 HR, EA UNIT, NON-AUTOLOGOUS PROC FEE	P9017	\$95.19	\$93.29	\$94.24	\$87.86	\$93.29
Laboratory	Inpatient/Outpatient	RED BLOOD CELLS EA UNIT, NON AUTOLOGOUS PROC FEE	P9021	\$214.17	\$209.89	\$212.03	\$197.68	\$209.89
Laboratory	Inpatient/Outpatient	PLATELETS PHERESIS LR EA UNIT, PROC FEE	P9035	\$1,189.84	\$1,166.04	\$1,177.94	\$1,098.22	\$1,166.04
Laboratory	Inpatient/Outpatient	PLATELETS PHERESIS LR IRRAD EA UNIT, PROC FEE	P9037	\$1,380.22	\$1,352.62	\$1,366.42	\$1,273.94	\$1,352.62
Laboratory	Inpatient/Outpatient	RBC LR IRRADIATED EACH UNIT, NON-AUTOLOGOUS, PROC FEE	P9040	\$535.43	\$524.72	\$530.08	\$494.20	\$524.72
Laboratory	Inpatient/Outpatient	PLATELETS, PHERESIS, PATHOGEN REDUCED OR RAPID BACTERIAL TESTED, EACH UNIT	P9073	\$1,380.22	\$1,352.62	\$1,366.42	\$1,273.94	\$1,352.62
Laboratory	Inpatient/Outpatient	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH	U0003	75	\$73.50	\$74.25	\$69.23	\$73.50
Laboratory	Inpatient/Outpatient	COVID-19 LAB TEST NON-CDC HIGH THROUGHPUT TECH	U0004	75	\$73.50	\$74.25	\$69.23	\$73.50
Laboratory	Inpatient/Outpatient	COV-19 AMP PRB HIGH THRUPT WITHIN 2 DAYS COLLECT	U0005	25	\$24.50	\$24.75	\$23.08	\$24.50
Electrocardiography	Inpatient/Outpatient	CARDIOVERSION ELECTRIC EXT	92960	\$192.37	\$188.52	\$190.45	\$177.56	\$188.52
Electrocardiography	Inpatient/Outpatient	CARDIOVERSION ELECTRIC EXT, ADD TO TEE	92960	\$21.37	\$20.94	\$21.16	\$19.72	\$20.94
Electrocardiography	Inpatient/Outpatient	ECG 12 LEAD	93005	\$51.30	\$50.27	\$50.79	\$47.35	\$50.27
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY EXERCISE TEST	93017	\$128.25	\$125.69	\$126.97	\$118.37	\$125.69
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY W/ CARDIOLITE	93017	\$128.25	\$125.69	\$126.97	\$118.37	\$125.69
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY W/ DOBUTAMINE	93017	\$128.25	\$125.69	\$126.97	\$118.37	\$125.69
Electrocardiography	Inpatient/Outpatient	ECHO 2D DOP WAVE/COLOR FLW COMP	93306	\$256.49	\$251.36	\$253.93	\$236.74	\$251.36
Electrocardiography	Inpatient/Outpatient	ECHO 2D DOP WAVE/COLOR FLW COMPL WITH CONTRAS	93306	\$256.49	\$251.36	\$253.93	\$236.74	\$251.36
Electrocardiography	Inpatient/Outpatient	ECHO FOLLOW-UP	93308	\$85.50	\$83.79	\$84.65	\$78.92	\$83.79
Electrocardiography	Inpatient/Outpatient	ECHO FOLLOW-UP WITH CONTRAST	93308	\$85.50	\$83.79	\$84.65	\$78.92	\$83.79
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$256.49	\$251.36	\$253.93	\$236.74	\$251.36
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$256.49	\$251.36	\$253.93	\$236.74	\$251.36
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$256.49	\$251.36	\$253.93	\$236.74	\$251.36
Electrocardiography	Inpatient/Outpatient	ADMIN ECG CONTRAST AGENT	93352	\$4.27	\$4.18	\$4.23	\$3.94	\$4.18
Electroencephalography	Inpatient/Outpatient	NEEDLE EMG ANAL/URETHRAL SPHINCTER	51785	\$847.03	\$830.09	\$838.56	\$781.81	\$830.09
Electroencephalography	Inpatient/Outpatient	EEG CONT REC W/VID EEG TECH	95700	\$2,541.10	\$2,490.28	\$2,515.69	\$2,345.44	\$2,490.28
Electroencephalography	Inpatient/Outpatient	EEG W/O VID 2-12 HR UNMNTF	95705	\$338.81	\$332.03	\$335.42	\$312.72	\$332.03
Electroencephalography	Inpatient/Outpatient	EEG WO VID 2-12HR INTMT MNTR	95706	\$338.81	\$332.03	\$335.42	\$312.72	\$332.03
Electroencephalography	Inpatient/Outpatient	EEG WO VID EA 12-26HR UNMNTF	95708	\$338.81	\$332.03	\$335.42	\$312.72	\$332.03
Electroencephalography	Inpatient/Outpatient	EEG W/O VID EA 12-26HR INTMT	95709	\$3,218.73	\$3,154.36	\$3,186.54	\$2,970.89	\$3,154.36
Electroencephalography	Inpatient/Outpatient	VEEG 2-12 HR UNMONITORED	95711	\$3,218.73	\$3,154.36	\$3,186.54	\$2,970.89	\$3,154.36
Electroencephalography	Inpatient/Outpatient	VEEG 2-12 HR INTMT MNTR	95712	\$338.81	\$332.03	\$335.42	\$312.72	\$332.03
Electroencephalography	Inpatient/Outpatient	VEEG EA 12-26 HR UNMNTF	95714	\$3,218.73	\$3,154.36	\$3,186.54	\$2,970.89	\$3,154.36
Electroencephalography	Inpatient/Outpatient	VEEG EA 12-26HR INTMT MNTR	95715	\$3,218.73	\$3,154.36	\$3,186.54	\$2,970.89	\$3,154.36
Electroencephalography	Inpatient/Outpatient	SLEEP STDY HOR & SLEEP TIME	95800	\$609.86	\$597.66	\$603.76	\$562.90	\$597.66
Electroencephalography	Inpatient/Outpatient	MSLT/MWT, GLOBAL	95805	\$1,744.89	\$1,709.99	\$1,727.44	\$1,610.53	\$1,709.99
Electroencephalography	Inpatient/Outpatient	SLEEP STDY HOR & RESPIRATORY	95806	\$508.22	\$498.06	\$503.14	\$469.09	\$498.06
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, 6/> YRS, ATTENDEE	95810	\$2,371.69	\$2,324.26	\$2,347.97	\$2,189.07	\$2,324.26
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, 6/> YRS, ATTENDEE	95811	\$2,507.22	\$2,457.08	\$2,482.15	\$2,314.16	\$2,457.08
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, 6/> YRS, ATTENDED, <6 HR	95811	\$2,507.22	\$2,457.08	\$2,482.15	\$2,314.16	\$2,457.08
Electroencephalography	Inpatient/Outpatient	EEG 41-60 MINUTES	95812	\$1,270.55	\$1,245.14	\$1,257.84	\$1,172.72	\$1,245.14
Electroencephalography	Inpatient/Outpatient	EEG EXTND MNTR 61-119 MIN	95813	\$1,524.66	\$1,494.17	\$1,509.41	\$1,407.26	\$1,494.17
Electroencephalography	Inpatient/Outpatient	EEG AWAKE AND DROWSY	95816	\$1,439.96	\$1,411.16	\$1,425.56	\$1,329.08	\$1,411.16
Electroencephalography	Inpatient/Outpatient	EEG AWAKE & DROWSY-REDUCD SERV	95816	\$1,439.96	\$1,411.16	\$1,425.56	\$1,329.08	\$1,411.16
Electroencephalography	Inpatient/Outpatient	EEG AWAKE AND ASLEEP	95819	\$1,711.01	\$1,676.79	\$1,693.90	\$1,579.26	\$1,676.79
Electroencephalography	Inpatient/Outpatient	EEG AWAKE & ASLEEP-REDUCD SERV	95819	\$1,711.01	\$1,676.79	\$1,693.90	\$1,579.26	\$1,676.79
Electroencephalography	Inpatient/Outpatient	EEG ASLEEP ONLY OR COMA	95822	\$1,507.72	\$1,477.57	\$1,492.64	\$1,391.63	\$1,477.57
Electroencephalography	Inpatient/Outpatient	EEG ASLEEP ONLY OR COMA-REDUCD	95822	\$1,507.72	\$1,477.57	\$1,492.64	\$1,391.63	\$1,477.57
Electroencephalography	Inpatient/Outpatient	EEG, CEREBRAL SILENCE, EVAL	95824	\$677.63	\$664.08	\$670.85	\$625.45	\$664.08
Electroencephalography	Inpatient/Outpatient	NEEDLE EMG TWO EXTREMITIES	95861	\$440.46	\$431.65	\$436.06	\$406.54	\$431.65
Electroencephalography	Inpatient/Outpatient	EMG, CRANIAL NERVE UNILATERAL	95867	\$254.11	\$249.03	\$251.57	\$234.54	\$249.03
Electroencephalography	Inpatient/Outpatient	MUSCLE TEST NONPARASPINAL 1 EXTREMITY	95870	\$338.81	\$332.03	\$335.42	\$312.72	\$332.03
Electroencephalography	Inpatient/Outpatient	MUSC TEST DONE W/N TEST COMP, EA EXTREMITY	95886	\$220.23	\$215.83	\$218.03	\$203.27	\$215.83
Electroencephalography	Inpatient/Outpatient	MUSC TST DONE W/N TST NONEXT	95887	\$203.29	\$199.22	\$201.26	\$187.64	\$199.22
Electroencephalography	Inpatient/Outpatient	MUSC TST DONE W/N TST NONEXT	95887	\$203.29	\$199.22	\$201.26	\$187.64	\$199.22
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 1-2 STUDIES	95907	\$203.29	\$199.22	\$201.26	\$187.64	\$199.22
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 3-4 STUDIES	95908	\$271.05	\$265.63	\$268.34	\$250.18	\$265.63
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 5-6 STUDIES	95909	\$321.87	\$315.43	\$318.65	\$297.09	\$315.43
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 7-8 STUDIES	95910	\$423.52	\$415.05	\$419.28	\$390.91	\$415.05

Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 9-10 STUDIES	95911	\$474.34	\$464.85	\$469.60	\$437.82	\$464.85
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 11-12 STUDIES	95912	\$474.34	\$464.85	\$469.60	\$437.82	\$464.85
Electroencephalography	Inpatient/Outpatient	EP BASELINE UPPER	95925	\$525.16	\$514.66	\$519.91	\$484.72	\$514.66
Electroencephalography	Inpatient/Outpatient	EP BASELINE LOWER	95926	\$508.22	\$498.06	\$503.14	\$469.09	\$498.06
Electroencephalography	Inpatient/Outpatient	NEUROMUSCULAR JUNCTION TEST EA NERVE, ANY METHOD	95937	\$220.23	\$215.83	\$218.03	\$203.27	\$215.83
Electroencephalography	Inpatient/Outpatient	SOMATOSENSORY TESTING UPR&LWR LIMBS	95938	\$1,406.08	\$1,377.96	\$1,392.02	\$1,297.81	\$1,377.96
Electroencephalography	Inpatient/Outpatient	C MOTOR EVOKED UPR&LWR LIMB	95939	\$1,829.59	\$1,793.00	\$1,811.29	\$1,688.71	\$1,793.00
Electroencephalography	Inpatient/Outpatient	IONM REMOTE/>1 PT OR PER HI	95941	\$50.82	\$49.80	\$50.31	\$46.91	\$49.80
Radiology-Diagnostic	Inpatient/Outpatient	DIALYSIS CATH EXCHANGE QUINTON	36580	\$41.02	\$40.20	\$40.61	\$37.86	\$40.20
Radiology-Diagnostic	Inpatient/Outpatient	CATHETER EXCHANGE PERMACATH		\$82.04	\$80.40	\$81.22	\$75.72	\$80.40
Radiology-Diagnostic	Inpatient/Outpatient	PERCUTANEOUS CHOLECYSTOSTOMY		\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	INJECTION FOR CHOLANGIOGRAM		\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	CATHETER DRAINAGE PLACEMENT		\$41.02	\$40.20	\$40.61	\$37.86	\$40.20
Radiology-Diagnostic	Inpatient/Outpatient	CONTRAST INJECT GASTRO TUBE		\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	STERIOD INJECTION LUMBAR SPINE		\$41.02	\$40.20	\$40.61	\$37.86	\$40.20
Radiology-Diagnostic	Inpatient/Outpatient	MANDIBLE PARTL LESS THAN 4 VWS	70100	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	MANDIBLE 4VIEWS	70110	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	FACIAL BONES,LESS 3 VIEWS	70140	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	HC FACIAL BONES COMPLETE	70150	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	NASAL BONES COMPLETE	70160	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	OPTIC FORAMINA	70190	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	ORBITS COMP 4 VIEWS	70200	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	SINUS PARA LESS 3 VIEWS	70210	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	SINUS, PARA 3 VIEWS	70220	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	SKULL LESS THAN 4 VIEWS	70250	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	SKULL COMP MIN 4 VIEWS	70260	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	TEMPMAND JNT, OPN&CLSD MOUTH UNILATERAL	70328	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	TMJ JOINT - BILATERAL	70330	\$205.10	\$201.00	\$203.05	\$189.31	\$201.00
Radiology-Diagnostic	Inpatient/Outpatient	NECK SOFT TISSUE	70360	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	CHEST 1 VIEW	71010	\$82.04	\$80.40	\$81.22	\$75.72	\$80.40
Radiology-Diagnostic	Inpatient/Outpatient	CHEST 2 VIEWS	71020	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	CHEST, COMPLETE MIN OF 4 VIEWS	71030	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	CHEST, COMPLETE MIN OF 4 VIEWS W/FLUORO	71034	\$348.66	\$341.69	\$345.17	\$321.81	\$341.69
Radiology-Diagnostic	Inpatient/Outpatient	CHEST SPEC VIEWS, LAT DECUB, BUCKY	71035	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 1 VIEW	71045	\$61.53	\$60.30	\$60.91	\$56.79	\$60.30
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 2 VIEW!	71046	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 4+ VIEW!	71048	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	RIBS UNILATERAL 2 VIEWS	71100	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	RIBS UNILATERAL, W PA CHEST, 3 VIEWS	71101	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	RIBS BILATERAL 3 VIEWS	71110	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	BILAT RIBS INCL POST ANT CHEST, 4 VIEWS	71111	\$184.59	\$180.90	\$182.74	\$170.38	\$180.90
Radiology-Diagnostic	Inpatient/Outpatient	STERNUM 2 VIEWS	71120	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	STERNOCLAVICULAR JOINT(S) 3 VIEWS	71130	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	SPINE 1 VIEW	72020	\$82.04	\$80.40	\$81.22	\$75.72	\$80.40
Radiology-Diagnostic	Inpatient/Outpatient	SPINE CERVICAL 2 OR 3 VIEW!	72040	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	SPINE -CERVICAL MIN 4 VIEWS	72050	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	SPINE CERVICAL W FLEX + EXT	72052	\$225.61	\$221.10	\$223.35	\$208.24	\$221.10
Radiology-Diagnostic	Inpatient/Outpatient	SPINE THOR 2 VIEWS	72070	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	THOR SPINE WITH SWIM VIEW	72072	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	THORACOLUMBAR SPINE	72080	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ENTIRE SPINE 1VM	72081	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ENTIRE SPINE 2/3 VV	72082	\$266.62	\$261.29	\$263.95	\$246.09	\$261.29
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ENTIRE SPINE 4/5 VV	72083	\$287.13	\$281.39	\$284.26	\$265.02	\$281.39
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ENTIRE SPINE 6/7 VV	72084	\$348.66	\$341.69	\$345.17	\$321.81	\$341.69
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBAR TWO/THREE VIEWS	72100	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBAR COMP MIN 4 VIEWS	72110	\$184.59	\$180.90	\$182.74	\$170.38	\$180.90
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBOSACRAL COMP W/BENC	72114	\$266.62	\$261.29	\$263.95	\$246.09	\$261.29
Radiology-Diagnostic	Inpatient/Outpatient	PELVIS 1 OR 2 VIEWS	72170	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	PELVIS COMPLETE 3 VIEWS	72190	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80

Radiology-Diagnostic	Inpatient/Outpatient	SACROILIAC JOINTS 1-2 VIEWS	72200	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	SACRAL JOINTS 3 VIEWS	72202	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	SACRUM/COCCYX 2 VIEW	72220	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	CLAVICLE, COMPLETE	73000	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	SCAPULA COMPLETE	73010	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	SHOULDER ONE VIEW	73020	\$82.04	\$80.40	\$81.22	\$75.72	\$80.40
Radiology-Diagnostic	Inpatient/Outpatient	SHOULDER COMPLETE, MIN OF 2 VIEWS	73030	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	ACROMIOCLAVICULAR JOINTS	73050	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	HC HUMERUS, MIN OF 2 VIEWS	73060	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	ELBOW 2 VIEWS	73070	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	ELBOW COMPLETE, MIN OF 3 VIEWS	73080	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	ELBOW ARTHROGRAM	73085	\$184.59	\$180.90	\$182.74	\$170.38	\$180.90
Radiology-Diagnostic	Inpatient/Outpatient	FOREARM, TWO VIEWS	73090	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	UPPER EXTREMITY, INFANT, MIN OF 2 VIEWS	73092	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	WRIST, TWO VIEWS	73100	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	WRIST, COMPLETE, MIN OF 3 VIEWS	73110	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	HAND, 2 VIEWS	73120	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	HAND 1 VIEW	73120	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	HAND, MIN OF 3 VIEWS	73130	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	FINGER(S), MIN OF 2 VIEWS	73140	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIP UNI 1 VIEW	73501	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIP UNI 2-3 VIEW	73502	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIP UNI 4/> VIEW	73503	\$205.10	\$201.00	\$203.05	\$189.31	\$201.00
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIPS BI 2 VIEW	73521	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIPS BI 3-4 VIEW	73522	\$184.59	\$180.90	\$182.74	\$170.38	\$180.90
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIPS BI 5/> VIEW	73523	\$225.61	\$221.10	\$223.35	\$208.24	\$221.10
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM OF FEMUR 1	73551	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM OF FEMUR 2/	73552	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	KNEE, ONE OR TWO VIEWS	73560	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	HC KNEE, THREE VIEWS	73562	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	KNEE, COMPLETE, 4 OR MORE VIEWS	73564	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	BOTH KNEES, STANDING ANTEROPOSTERIOR	73565	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	TIBIA & FIBULA, TWO VIEWS	73590	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	LOWER EXTREMITY, INFANT, MIN OF 2 VIEWS	73592	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	ANKLE, TWO VIEWS	73600	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	ANKLE, COMPLETE, MIN OF 3 VIEWS	73610	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	FOOT, TWO VIEWS	73620	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	FOOT, COMPLETE, MIN OF 3 VIEWS	73630	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	CALCANEUS, MIN OF TWO VIEWS	73650	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	TOE(S), MINIMUM OF TWO VIEWS	73660	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	ABDOMEN, AP & OBLIQUE & CONE VIEW	74010	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 1 VIEW	74018	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 2 VIEW	74019	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 3+ VIEW	74021	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM COMPLETE ABDOMEN	74022	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM ESOPHAGUS 1CNTRST	74220	\$369.17	\$361.79	\$365.48	\$340.74	\$361.79
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM SWLNG FUNCJ C+	74230	\$574.27	\$562.78	\$568.53	\$530.05	\$562.78
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM UPR GI TRC 1CNTRS	74240	\$451.21	\$442.19	\$446.70	\$416.47	\$442.19
Radiology-Diagnostic	Inpatient/Outpatient	UPPER GI W/KUE	74241	\$471.72	\$462.29	\$467.00	\$435.40	\$462.29
Radiology-Diagnostic	Inpatient/Outpatient	UPPER GI & SMALL BOWEL	74250	\$717.83	\$703.47	\$710.65	\$662.56	\$703.47
Radiology-Diagnostic	Inpatient/Outpatient	RAD SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	\$266.62	\$261.29	\$263.95	\$246.09	\$261.29
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM SM INT 1CNTRST STD	74250	\$451.21	\$442.19	\$446.70	\$416.47	\$442.19
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM COLON 1CNTRST STD	74270	\$656.31	\$643.18	\$649.75	\$605.77	\$643.18
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM COLON 2CNTRST STD	74280	\$943.44	\$924.57	\$934.01	\$870.80	\$924.57
Radiology-Diagnostic	Inpatient/Outpatient	CHOLECYSTOGRAPHY, ORAL CONTRAST	74290	\$307.64	\$301.49	\$304.56	\$283.95	\$301.49
Radiology-Diagnostic	Inpatient/Outpatient	UROGRAPHY, INFUSION, DRIP TECHNIQUE	74410	\$492.23	\$482.39	\$487.31	\$454.33	\$482.39
Radiology-Diagnostic	Inpatient/Outpatient	UROGRAPHY, RETROGRADE, W OR WO KU	74420	\$635.80	\$623.08	\$629.44	\$586.84	\$623.08
Radiology-Diagnostic	Inpatient/Outpatient	FLUOROSCOPY, UP TO 1 HOUR PHYS TIME	76000	\$225.61	\$221.10	\$223.35	\$208.24	\$221.10
Radiology-Diagnostic	Inpatient/Outpatient	FLUOROSCOPY, PHYS TIME > 1 HOUR	76001	\$225.61	\$221.10	\$223.35	\$208.24	\$221.10

Radiology-Diagnostic	Inpatient/Outpatient	FOREIGN BODY, SINGLE VIEW CHILD	76010	\$102.55	\$100.50	\$101.52	\$94.65	\$100.50
Radiology-Diagnostic	Inpatient/Outpatient	SURGICAL SPECIMEN RADIOGRAPHY	76098	\$41.02	\$40.20	\$40.61	\$37.86	\$40.20
Radiology-Diagnostic	Inpatient/Outpatient	SINGLE PLANE BODY SECTION	76100	\$348.66	\$341.69	\$345.17	\$321.81	\$341.69
Radiology-Diagnostic	Inpatient/Outpatient	US, SOFT TISSUES OF HEAD & NECK	76536	\$512.74	\$502.49	\$507.61	\$473.26	\$502.49
Radiology-Diagnostic	Inpatient/Outpatient	US, CHEST (INCLUDES MEDIASTINUM)	76604	\$348.66	\$341.69	\$345.17	\$321.81	\$341.69
Radiology-Diagnostic	Inpatient/Outpatient	ULTRASOUND BREAST COMPLETE	76641	\$410.19	\$401.99	\$406.09	\$378.61	\$401.99
Radiology-Diagnostic	Inpatient/Outpatient	ULTRASOUND BREAST LIMITED	76642	\$307.64	\$301.49	\$304.56	\$283.95	\$301.49
Radiology-Diagnostic	Inpatient/Outpatient	US, ABDOMINAL, COMPLETE	76700	\$471.72	\$462.29	\$467.00	\$435.40	\$462.29
Radiology-Diagnostic	Inpatient/Outpatient	US, ABDOMINAL, LIMITED OR FOLLOW UP	76705	\$369.17	\$361.79	\$365.48	\$340.74	\$361.79
Radiology-Diagnostic	Inpatient/Outpatient	US, RETROPERITONEAL, COMPLETE	76770	\$451.21	\$442.19	\$446.70	\$416.47	\$442.19
Radiology-Diagnostic	Inpatient/Outpatient	US, RETROPERITONEAL, LIMITED	76775	\$164.08	\$160.80	\$162.44	\$151.45	\$160.80
Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSPLANTED KIDNEY	76776	\$697.33	\$683.38	\$690.36	\$643.64	\$683.38
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, 1ST TRIMSTR (<14 WKS 0 DAYS)	76801	\$430.70	\$422.09	\$426.39	\$397.54	\$422.09
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS ADDTNL GEST <14WKS	76802	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, AFTER 1ST TRIMSTR (>14 WKS 0 DAYS)	76805	\$533.25	\$522.59	\$527.92	\$492.19	\$522.59
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, AFTER 1ST TRIMSTR ADD GEST (>14 WKS 0 DAYS)	76810	\$246.11	\$241.19	\$243.65	\$227.16	\$241.19
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, FETAL ANATOMIC EXAM	76811	\$492.23	\$482.39	\$487.31	\$454.33	\$482.39
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, EA ADD GEST FETAL ANATOMIC	76812	\$656.31	\$643.18	\$649.75	\$605.77	\$643.18
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, LIMITED 1 OR MORE	76815	\$307.64	\$301.49	\$304.56	\$283.95	\$301.49
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, FOLLOW UP PER FETUS	76816	\$410.19	\$401.99	\$406.09	\$378.61	\$401.99
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, TRANSVAGINAL	76817	\$348.66	\$341.69	\$345.17	\$321.81	\$341.69
Radiology-Diagnostic	Inpatient/Outpatient	FETAL BIOPHYSICAL PROFILE W/NON-STRESS TEST	76818	\$410.19	\$401.99	\$406.09	\$378.61	\$401.99
Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSVAGINAL	76830	\$512.74	\$502.49	\$507.61	\$473.26	\$502.49
Radiology-Diagnostic	Inpatient/Outpatient	US, PELVIC COMPLETE	76856	\$430.70	\$422.09	\$426.39	\$397.54	\$422.09
Radiology-Diagnostic	Inpatient/Outpatient	US, PELVIC, LIMITED OR FOLLOW-UP	76857	\$143.57	\$140.70	\$142.13	\$132.52	\$140.70
Radiology-Diagnostic	Inpatient/Outpatient	US, SCROTUM AND CONTENTS	76870	\$205.10	\$201.00	\$203.05	\$189.31	\$201.00
Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSRECTAL	76872	\$348.66	\$341.69	\$345.17	\$321.81	\$341.69
Radiology-Diagnostic	Inpatient/Outpatient	US COMPL JOINT R-T W/IMG	76881	\$512.74	\$502.49	\$507.61	\$473.26	\$502.49
Radiology-Diagnostic	Inpatient/Outpatient	US, LIMITED JNT OR OTHR NONVASC EXTREMITY	76882	\$61.53	\$60.30	\$60.91	\$56.79	\$60.30
Radiology-Diagnostic	Inpatient/Outpatient	BONE AGE STUDIES	77072	\$82.04	\$80.40	\$81.22	\$75.72	\$80.40
Radiology-Diagnostic	Inpatient/Outpatient	BONE LENGTH STUDIES	77073	\$123.06	\$120.60	\$121.83	\$113.58	\$120.60
Radiology-Diagnostic	Inpatient/Outpatient	OSSEOUS SURVEY, LIMITED	77074	\$246.11	\$241.19	\$243.65	\$227.16	\$241.19
Radiology-Diagnostic	Inpatient/Outpatient	OSSEOUS SURVEY, COMPLETE	77075	\$348.66	\$341.69	\$345.17	\$321.81	\$341.69
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTRCRANL ART, COMP BILA	93880	\$943.44	\$924.57	\$934.01	\$870.80	\$924.57
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTRCRANL ART, UNILAT/LMTD	93882	\$594.78	\$582.88	\$588.83	\$548.98	\$582.88
Radiology-Diagnostic	Inpatient/Outpatient	US LMTD BILAT STUDY UPPER/LOWER EXTREMITIES 1-2 LEVELS	93922	\$430.70	\$422.09	\$426.39	\$397.54	\$422.09
Radiology-Diagnostic	Inpatient/Outpatient	US LMTD BILAT STUDY UPPER/LOWER EXTREMITIES 3+ LEVELS	93923	\$656.31	\$643.18	\$649.75	\$605.77	\$643.18
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN LWR EXTREMITY ART, COMP BILAT	93925	\$1,271.59	\$1,246.16	\$1,258.87	\$1,173.68	\$1,246.16
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN LWR EXTREMITY ART, UNILAT/LMTD	93926	\$738.34	\$723.57	\$730.96	\$681.49	\$723.57
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN UPPER EXTRMITY ART, COMP BILA	93930	\$963.95	\$944.67	\$954.31	\$889.73	\$944.67
Radiology-Diagnostic	Inpatient/Outpatient	EXTR ART STUDIES UNILAT OR LIM		\$594.78	\$582.88	\$588.83	\$548.98	\$582.88
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN UPPER EXTRMITY ART, UNILAT/LMTD	93931	\$594.78	\$582.88	\$588.83	\$548.98	\$582.88
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTREMITY VEIN, COMPLETE BILATER	93970	\$943.44	\$924.57	\$934.01	\$870.80	\$924.57
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTREMITY VEIN, UNILAT/LMTD	93971	\$574.27	\$562.78	\$568.53	\$530.05	\$562.78
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW COMB	93975	\$1,292.10	\$1,266.26	\$1,279.18	\$1,192.61	\$1,266.26
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW LMTD	93976	\$717.83	\$703.47	\$710.65	\$662.56	\$703.47
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN OF AORTA, IVC, ILIAC, COMPLETE	93978	\$881.91	\$864.27	\$873.09	\$814.00	\$864.27
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN OF AORTA, IVC, ILIAC, UNILAT/LMTD	93979	\$553.76	\$542.68	\$548.22	\$511.12	\$542.68
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW, PENILE COMP	93980	\$348.66	\$341.69	\$345.17	\$321.81	\$341.69
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW, PENILE FU/LMTD	93981	\$307.64	\$301.49	\$304.56	\$283.95	\$301.49
Radiology-Diagnostic	Inpatient/Outpatient	DUP-SCAN HEMO COMPL BI STD	93985	\$1,312.61	\$1,286.36	\$1,299.48	\$1,211.54	\$1,286.36
Radiology-Diagnostic	Inpatient/Outpatient	DUP-SCAN HEMO COMPL UNI STD	93986	\$738.34	\$723.57	\$730.96	\$681.49	\$723.57
Radiology-Diagnostic	Inpatient/Outpatient	HC DUPLEX SCAN HEMODIALYSIS ACCESS	93990	\$779.36	\$763.77	\$771.57	\$719.35	\$763.77
Radiology-Therapeutic	Inpatient/Outpatient	CT GUIDE PLCMINT RAD FIELDS	77014	\$399.14	\$391.16	\$395.15	\$368.41	\$391.16
Radiology-Therapeutic	Inpatient/Outpatient	THERAPEUTIC SIMULATION SIMPLE	77280	\$1,317.15	\$1,290.81	\$1,303.98	\$1,215.73	\$1,290.81
Radiology-Therapeutic	Inpatient/Outpatient	THERAPEUTIC SIM INTERMEDIATE	77285	\$2,075.51	\$2,034.00	\$2,054.75	\$1,915.70	\$2,034.00
Radiology-Therapeutic	Inpatient/Outpatient	THERAPEUTIC SIM COMPLEX	77290	\$2,394.82	\$2,346.92	\$2,370.87	\$2,210.42	\$2,346.92
Radiology-Therapeutic	Inpatient/Outpatient	3 DIMENSIONAL SIMULATION	77295	\$1,476.80	\$1,447.26	\$1,462.03	\$1,363.09	\$1,447.26
Radiology-Therapeutic	Inpatient/Outpatient	PHYSICS BASIC RAD DOSIM CALC	77300	\$179.61	\$176.02	\$177.81	\$165.78	\$176.02

Radiology-Therapeutic	Inpatient/Outpatient	IMRT PLANNING PER COURSE OF TX	77301	\$8,481.64	\$8,312.01	\$8,396.82	\$7,828.55	\$8,312.01
Radiology-Therapeutic	Inpatient/Outpatient	TELETHX ISODOSE PLAN SIMPLE, INCL BAS DOSIMETRY	77306	\$399.14	\$391.16	\$395.15	\$368.41	\$391.16
Radiology-Therapeutic	Inpatient/Outpatient	TELETHX ISODOSE PLAN CPLX, INCL BAS DOSIMETRY	77307	\$738.40	\$723.63	\$731.02	\$681.54	\$723.63
Radiology-Therapeutic	Inpatient/Outpatient	BRACHYTX ISODOSE PLAN SIMPLE, INCL BAS DOSIMETRY	77316	\$638.62	\$625.85	\$632.23	\$589.45	\$625.85
Radiology-Therapeutic	Inpatient/Outpatient	BRACHYTX ISODOSE INTERMED, INCL BAS DOSIMETRY	77317	\$818.23	\$801.87	\$810.05	\$755.23	\$801.87
Radiology-Therapeutic	Inpatient/Outpatient	BRACHYTX ISODOSE COMPLEX, INCL BAS DOSIMETRY	77318	\$1,117.58	\$1,095.23	\$1,106.40	\$1,031.53	\$1,095.23
Radiology-Therapeutic	Inpatient/Outpatient	HEMIBODY PARTICLES TOTAL BODY	77321	\$239.48	\$234.69	\$237.09	\$221.04	\$234.69
Radiology-Therapeutic	Inpatient/Outpatient	SPECIAL DOSIMETRY	77331	\$99.78	\$97.78	\$98.78	\$92.10	\$97.78
Radiology-Therapeutic	Inpatient/Outpatient	TREATMENT DEVICES SIMPLE	77332	\$299.35	\$293.36	\$296.36	\$276.30	\$293.36
Radiology-Therapeutic	Inpatient/Outpatient	TREATMENT DEVICES INTERMED	77333	\$399.14	\$391.16	\$395.15	\$368.41	\$391.16
Radiology-Therapeutic	Inpatient/Outpatient	TREATMENT DEVICES COMPLEX	77334	\$498.92	\$488.94	\$493.93	\$460.50	\$488.94
Radiology-Therapeutic	Inpatient/Outpatient	CONTINUING MED RAD PHYSICS	77336	\$419.09	\$410.71	\$414.90	\$386.82	\$410.71
Radiology-Therapeutic	Inpatient/Outpatient	DESIGN MLC DEVICE FOR IMRT	77338	\$1,576.59	\$1,545.06	\$1,560.82	\$1,455.19	\$1,545.06
Radiology-Therapeutic	Inpatient/Outpatient	SPEC MED RAD PHYSICS CONSULT	77370	\$638.62	\$625.85	\$632.23	\$589.45	\$625.85
Radiology-Therapeutic	Inpatient/Outpatient	INTENSITY MODUL RAD TX DLVR SIMPLE	77385	\$2,235.16	\$2,190.46	\$2,212.81	\$2,063.05	\$2,190.46
Radiology-Therapeutic	Inpatient/Outpatient	INTENSITY MODUL RAD TX DLVR COMPLEX	77386	\$2,235.16	\$2,190.46	\$2,212.81	\$2,063.05	\$2,190.46
Radiology-Therapeutic	Inpatient/Outpatient	GUIDANCE FOR RADIAT TX DLVR	77387	\$399.14	\$391.16	\$395.15	\$368.41	\$391.16
Radiology-Therapeutic	Inpatient/Outpatient	RADIATION TREATMENT	77401	\$119.74	\$117.35	\$118.54	\$110.52	\$117.35
Radiology-Therapeutic	Inpatient/Outpatient	RADIATION TREATMENT DELIVERY SIMPLE	77402	\$898.06	\$880.10	\$889.08	\$828.91	\$880.10
Radiology-Therapeutic	Inpatient/Outpatient	RADIATION TREATMENT DELIVERY INTERMED	77407	\$1,436.89	\$1,408.15	\$1,422.52	\$1,326.25	\$1,408.15
Radiology-Therapeutic	Inpatient/Outpatient	RADIATION TREATMENT DELIVERY COMPLEX	77412	\$1,536.67	\$1,505.94	\$1,521.30	\$1,418.35	\$1,505.94
Radiology-Therapeutic	Inpatient/Outpatient	TREATMENT PORT FILM	77417	\$59.87	\$58.67	\$59.27	\$55.26	\$58.67
Radiology-Therapeutic	Inpatient/Outpatient	SPECIAL TREATMENT PROCEDURE	77470	\$259.44	\$254.25	\$256.85	\$239.46	\$254.25
Radiology-Therapeutic	Inpatient/Outpatient	INFUSION RADIOACTIVE MATERIAL	77750	\$618.66	\$606.29	\$612.47	\$571.02	\$606.29
Radiology-Therapeutic	Inpatient/Outpatient	INTERCAR RADELEM APPL-SIMPLE	77761	\$1,057.71	\$1,036.56	\$1,047.13	\$976.27	\$1,036.56
Radiology-Therapeutic	Inpatient/Outpatient	INTERCAR RADELEM APPL-INTERMED	77762	\$1,217.37	\$1,193.02	\$1,205.20	\$1,123.63	\$1,193.02
Radiology-Therapeutic	Inpatient/Outpatient	INTERCAR RADELEM APPL-COMPLEX	77763	\$1,576.59	\$1,545.06	\$1,560.82	\$1,455.19	\$1,545.06
Radiology-Therapeutic	Inpatient/Outpatient	INTERSTIT RADIOELEM APP COMPLEX	77778	\$1,596.54	\$1,564.61	\$1,580.57	\$1,473.61	\$1,564.61
Radiology-Therapeutic	Inpatient/Outpatient	INTRSTI RADELEM APPL-COMPLEX	77778	\$1,596.54	\$1,564.61	\$1,580.57	\$1,473.61	\$1,564.61
Radiology-Therapeutic	Inpatient/Outpatient	RADIOELEMENT SURFACE APPL	77789	\$339.27	\$332.48	\$335.88	\$313.15	\$332.48
Radiology-Therapeutic	Inpatient/Outpatient	SUPER_HANDLING LOADNG RADIOELEM	77790	\$239.48	\$234.69	\$237.09	\$221.04	\$234.69
Radiology-Therapeutic	Inpatient/Outpatient	TC-RADIATION HANDLING	77790	\$239.48	\$234.69	\$237.09	\$221.04	\$234.69
Radiology-Therapeutic	Inpatient/Outpatient	INTRSTI RADELEM APPL-SIMPLE	77799	\$1,077.67	\$1,056.12	\$1,066.89	\$994.69	\$1,056.12
Radiology-Therapeutic	Inpatient/Outpatient	INTRSTI RADELEM APPL-INTERMED	77799	\$1,277.24	\$1,251.70	\$1,264.47	\$1,178.89	\$1,251.70
Nuclear Medicine	Inpatient/Outpatient	THYROID UPTAKE MULT DETERMINATION	78012	\$186.88	\$183.14	\$185.01	\$172.49	\$183.14
Nuclear Medicine	Inpatient/Outpatient	THYROID UPTAKE SINGLE DETERMINATION	78012	\$186.88	\$183.14	\$185.01	\$172.49	\$183.14
Nuclear Medicine	Inpatient/Outpatient	THYROID IMAGING ONLY	78013	\$444.94	\$436.04	\$440.49	\$410.68	\$436.04
Nuclear Medicine	Inpatient/Outpatient	THYROID UPTAKE, W/ I123 MULTI DETERMINATION	78014	\$560.63	\$549.42	\$555.02	\$517.46	\$549.42
Nuclear Medicine	Inpatient/Outpatient	THYROID CA METS IMAGING, LIMITED AREA	78015	\$489.44	\$479.65	\$484.55	\$451.75	\$479.65
Nuclear Medicine	Inpatient/Outpatient	THYROID CA METS IMAGING, WHOLE BODY	78018	\$703.01	\$688.95	\$695.98	\$648.88	\$688.95
Nuclear Medicine	Inpatient/Outpatient	PARATHYROID IMAGING	78070	\$676.32	\$662.79	\$669.56	\$624.24	\$662.79
Nuclear Medicine	Inpatient/Outpatient	PARATHYRD PLANAR W/WO SUBTF	78071	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	PARATHYROID PLANAR IMAGING WITH SPECT AND CI	78072	\$872.09	\$854.65	\$863.37	\$804.94	\$854.65
Nuclear Medicine	Inpatient/Outpatient	LYMPHATICS & LYMPH NODES IMAGING	78195	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	LIVER IMAGING, STATIC ONLY	78201	\$436.05	\$427.33	\$431.69	\$402.47	\$427.33
Nuclear Medicine	Inpatient/Outpatient	LIVER IMAGING (SPECT);	78205	\$462.74	\$453.49	\$458.11	\$427.11	\$453.49
Nuclear Medicine	Inpatient/Outpatient	LIVER & SPLEEN IMAGING, STATIC ONLY	78215	\$444.94	\$436.04	\$440.49	\$410.68	\$436.04
Nuclear Medicine	Inpatient/Outpatient	LIVER & SPLEEN IMAGING, W/ VASCULAR FLOW	78216	\$258.07	\$252.91	\$255.49	\$238.20	\$252.91
Nuclear Medicine	Inpatient/Outpatient	HEPATOBILIARY SYST, INCL GALLBLADDER WHEN PRESENT	78226	\$765.30	\$749.99	\$757.65	\$706.37	\$749.99
Nuclear Medicine	Inpatient/Outpatient	HEPATOBILIARY SYST W/PHARM, INCL GALLBLADDER WHEN PRESENT	78227	\$1,050.07	\$1,029.07	\$1,039.57	\$969.21	\$1,029.07
Nuclear Medicine	Inpatient/Outpatient	GSTRIC MUCOSA IMAGING	78261	\$551.73	\$540.70	\$546.21	\$509.25	\$540.70
Nuclear Medicine	Inpatient/Outpatient	GASTRIC EMPTYING STUDY, SOLID	78264	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	GASTRIC EMPTYING STUDY, LIQUID	78264	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	ACUTE GI BLOOD LOSS IMAGING	78278	\$783.10	\$767.44	\$775.27	\$722.80	\$767.44
Nuclear Medicine	Inpatient/Outpatient	MECKEL'S SCAN	78290	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	BONE &/JOINT IMAGING LIMITED AREA	78300	\$391.55	\$383.72	\$387.63	\$361.40	\$383.72
Nuclear Medicine	Inpatient/Outpatient	BONE SCAN WHOLE BODY	78306	\$542.83	\$531.97	\$537.40	\$501.03	\$531.97
Nuclear Medicine	Inpatient/Outpatient	3 PHASE BONE SCAN	78315	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	BONE SCAN WITH SPECT	78320	\$462.74	\$453.49	\$458.11	\$427.11	\$453.49

Nuclear Medicine	Inpatient/Outpatient	MYOCARDIAL IMG SPECT SINGLE ST	78451	\$711.91	\$697.67	\$704.79	\$657.09	\$697.67
Nuclear Medicine	Inpatient/Outpatient	MYOCARDIAL IMG SPECT MULT STUD	78452	\$1,023.37	\$1,002.90	\$1,013.14	\$944.57	\$1,002.90
Nuclear Medicine	Inpatient/Outpatient	MYOCARDIAL IMG PLANAR MULT STU	78454	\$961.08	\$941.86	\$951.47	\$887.08	\$941.86
Nuclear Medicine	Inpatient/Outpatient	VENOUS THROMBOSIS IMAGING, UNILATERAL	78457	\$355.96	\$348.84	\$352.40	\$328.55	\$348.84
Nuclear Medicine	Inpatient/Outpatient	VENOUS THROMBOSIS IMAGING, BILATERAL	78458	\$418.25	\$409.89	\$414.07	\$386.04	\$409.89
Nuclear Medicine	Inpatient/Outpatient	CARDIAC BLOOD POOL, GATED, SINGLE STUDY	78472	\$471.64	\$462.21	\$466.92	\$435.32	\$462.21
Nuclear Medicine	Inpatient/Outpatient	CARDIAC BLOOD POOL, 1ST PASS TCHNQ, SINGLE STUDY	78481	\$329.26	\$322.67	\$325.97	\$303.91	\$322.67
Nuclear Medicine	Inpatient/Outpatient	PULMONARY VENTILATION IMAGING	78579	\$418.25	\$409.89	\$414.07	\$386.04	\$409.89
Nuclear Medicine	Inpatient/Outpatient	PULMONARY PERFUSION IMAGING	78580	\$525.03	\$514.53	\$519.78	\$484.60	\$514.53
Nuclear Medicine	Inpatient/Outpatient	PULMONARY VENTILATION & PERFUSION	78582	\$729.71	\$715.12	\$722.41	\$673.52	\$715.12
Nuclear Medicine	Inpatient/Outpatient	QUANT DIFF PULM PERFUSION & VENTILATION	78598	\$685.21	\$671.51	\$678.36	\$632.45	\$671.51
Nuclear Medicine	Inpatient/Outpatient	BRAIN IMAGING W/VASCULAR FLOW, <4 VIEW:	78601	\$489.44	\$479.65	\$484.55	\$451.75	\$479.65
Nuclear Medicine	Inpatient/Outpatient	BRAIN IMAGING W/VASCULAR FLOW, MIN 4 VIEW:	78606	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	BRAIN IMAGING, SPECT	78607	\$765.30	\$749.99	\$757.65	\$706.37	\$749.99
Nuclear Medicine	Inpatient/Outpatient	BRAIN IMAGING VASCULAR FLOW ONLY	78610	\$418.25	\$409.89	\$414.07	\$386.04	\$409.89
Nuclear Medicine	Inpatient/Outpatient	CEREBROSPINAL FLUID FLOW, CISTERNOGRAPHY	78630	\$792.00	\$776.16	\$784.08	\$731.02	\$776.16
Nuclear Medicine	Inpatient/Outpatient	CEREBROSPINAL FLUID FLOW, SHUNT EVAL	78645	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	CEREBROSPINAL FLUID LEAKAGE DETECT&LOCALIZ	78650	\$783.10	\$767.44	\$775.27	\$722.80	\$767.44
Nuclear Medicine	Inpatient/Outpatient	KIDNEY IMAGING W/ VASC FLOW & FUNCTION	78707	\$480.54	\$470.93	\$475.73	\$443.54	\$470.93
Nuclear Medicine	Inpatient/Outpatient	KIDNEY IMAGE W/VASC FLOW&FNCT, PHARMACOLOGY	78708	\$302.56	\$296.51	\$299.53	\$279.26	\$296.51
Nuclear Medicine	Inpatient/Outpatient	KIDNEY IMAGE W/VASC FLOW&FNCT, MULT STUDY	78709	\$774.20	\$758.72	\$766.46	\$714.59	\$758.72
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM 1 AREA 1 D IMC	78800	\$409.35	\$401.16	\$405.26	\$377.83	\$401.16
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM 2+AREA 1+D IMC	78801	\$578.43	\$566.86	\$572.65	\$533.89	\$566.86
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM WHBDY 1 D IMG	78802	\$729.71	\$715.12	\$722.41	\$673.52	\$715.12
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM WHBDY 2+D IMG	78804	\$1,334.83	\$1,308.13	\$1,321.48	\$1,232.05	\$1,308.13
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM SPECT W/CT ;	78832	\$2,091.24	\$2,049.42	\$2,070.33	\$1,930.21	\$2,049.42
Nuclear Medicine	Inpatient/Outpatient	HYPERTHYROID THERAPY, INITIAL	79005	\$124.58	\$122.09	\$123.33	\$114.99	\$122.09
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/O CONTRAS	70450	\$87.82	\$86.06	\$86.94	\$81.06	\$86.06
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/ CONTRAS	70460	\$125.46	\$122.95	\$124.21	\$115.80	\$122.95
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/ & W/O CONTRAS	70470	\$150.55	\$147.54	\$149.04	\$138.96	\$147.54
CT Scanner	Inpatient/Outpatient	CT - ORBIT SELLA MID/INNER EAR W/O CON	70480	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT - ORBIT SELLA MID/INNER EAR W/ CONTI	70481	\$242.56	\$237.71	\$240.13	\$223.88	\$237.71
CT Scanner	Inpatient/Outpatient	CT MAXILLOFACIAL AREA W/O CONTRAS	70486	\$112.91	\$110.65	\$111.78	\$104.22	\$110.65
CT Scanner	Inpatient/Outpatient	CT MAXILLOFACIAL AREA W/ CONTRAS	70487	\$129.64	\$127.05	\$128.34	\$119.66	\$127.05
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W/O CONTRAST	70490	\$150.55	\$147.54	\$149.04	\$138.96	\$147.54
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W/ CONTRAST	70491	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W&W/O CONTRAST	70492	\$242.56	\$237.71	\$240.13	\$223.88	\$237.71
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY HEAD	70496	\$242.56	\$237.71	\$240.13	\$223.88	\$237.71
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY NECK	70498	\$238.38	\$233.61	\$236.00	\$220.02	\$233.61
CT Scanner	Inpatient/Outpatient	CT THORAX, DIAG; W/O CONTRAST	71250	\$150.55	\$147.54	\$149.04	\$138.96	\$147.54
CT Scanner	Inpatient/Outpatient	CT THORAX, DIAG; W/CONTRAST	71260	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT THORAX; DIAG; W/ & W/O CONTRAS	71270	\$242.56	\$237.71	\$240.13	\$223.88	\$237.71
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY CHEST	71275	\$246.74	\$241.81	\$244.27	\$227.74	\$241.81
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/O CONTI	72125	\$154.73	\$151.64	\$153.18	\$142.82	\$151.64
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/ CONTI	72126	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/ & W/O CONT	72127	\$242.56	\$237.71	\$240.13	\$223.88	\$237.71
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/O CONTI	72128	\$150.55	\$147.54	\$149.04	\$138.96	\$147.54
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/ CONTI	72129	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/ & W/O CONT	72130	\$242.56	\$237.71	\$240.13	\$223.88	\$237.71
CT Scanner	Inpatient/Outpatient	CT L SPINE W/O CONTRAST	72131	\$150.55	\$147.54	\$149.04	\$138.96	\$147.54
CT Scanner	Inpatient/Outpatient	CT L SPINE W/ CONTRAST	72132	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT L SPINE W/ & W/O CONTRAS	72133	\$242.56	\$237.71	\$240.13	\$223.88	\$237.71
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY PELV W/O & W/ DY	72191	\$250.92	\$245.90	\$248.41	\$231.60	\$245.90
CT Scanner	Inpatient/Outpatient	CT PELVIS W/O CONTRAST	72192	\$108.73	\$106.56	\$107.64	\$100.36	\$106.56
CT Scanner	Inpatient/Outpatient	CT PELVIS W/ CONTRAST	72193	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT PELVIS W/ & W/O CONTRAS	72194	\$234.19	\$229.51	\$231.85	\$216.16	\$229.51
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/O CONTRAS	73200	\$150.55	\$147.54	\$149.04	\$138.96	\$147.54
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/ CONTRAS	73201	\$192.37	\$188.52	\$190.45	\$177.56	\$188.52
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/ & W/O CONTRAS	73202	\$255.10	\$250.00	\$252.55	\$235.46	\$250.00

CT Scanner	Inpatient/Outpatient	CT ANGIO UPR EXTRM W/O & W/ DY	73206	\$280.20	\$274.60	\$277.40	\$258.62	\$274.60
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/O CONTRAS	73700	\$150.55	\$147.54	\$149.04	\$138.96	\$147.54
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/ CONTRAS	73701	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/ & W/O CONTRAS	73702	\$250.92	\$245.90	\$248.41	\$231.60	\$245.90
CT Scanner	Inpatient/Outpatient	CT ANGIO LOWER EXTREMITY	73706	\$305.29	\$299.18	\$302.24	\$281.78	\$299.18
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/O CONTRAS	74150	\$104.55	\$102.46	\$103.50	\$96.50	\$102.46
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/ CONTRAS	74160	\$196.55	\$192.62	\$194.58	\$181.42	\$192.62
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/ & W/O CONTRAS	74170	\$225.83	\$221.31	\$223.57	\$208.44	\$221.31
CT Scanner	Inpatient/Outpatient	CT ANGIO ABD & PELV W/O & W/ DY	74174	\$326.20	\$319.68	\$322.94	\$301.08	\$319.68
CT Scanner	Inpatient/Outpatient	CT ANGIO ABDOMEN W/O & W/ DY	74175	\$255.10	\$250.00	\$252.55	\$235.46	\$250.00
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/O CONTRAS	74176	\$133.82	\$131.14	\$132.48	\$123.52	\$131.14
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/ CONTRAS	74177	\$259.29	\$254.10	\$256.70	\$239.32	\$254.10
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/ & W/O CONTRAS	74178	\$296.92	\$290.98	\$293.95	\$274.06	\$290.98
CT Scanner	Inpatient/Outpatient	CT HEART W/O CONT W/ QUANT EVAL OF CORONARY CALCIU	75571	\$83.64	\$81.97	\$82.80	\$77.20	\$81.97
CT Scanner	Inpatient/Outpatient	CT HEART W/ CONT FOR EVAL CARD STRUCT & MORF	75572	\$230.01	\$225.41	\$227.71	\$212.30	\$225.41
CT Scanner	Inpatient/Outpatient	CT HEART W/ CONT FOR EVAL CARD STRUCT & MORPH, CONGE	75573	\$309.47	\$303.28	\$306.38	\$285.64	\$303.28
CT Scanner	Inpatient/Outpatient	CT ANGIO HRT W/3D IMAGE	75574	\$355.47	\$348.36	\$351.92	\$328.10	\$348.36
CT Scanner	Inpatient/Outpatient	CT ANGIO AORTA W/ RUNOF	75635	\$309.47	\$303.28	\$306.38	\$285.64	\$303.28
CT Scanner	Inpatient/Outpatient	3D RENDERING OF CT	76376	\$16.73	\$16.40	\$16.56	\$15.44	\$16.40
CT Scanner	Inpatient/Outpatient	3D RENDER W/INTRP POSTPROCESS	76377	\$37.64	\$36.89	\$37.26	\$34.74	\$36.89
CT Scanner	Inpatient/Outpatient	CT LIMITED OR F/U STUDY	76380	\$112.91	\$110.65	\$111.78	\$104.22	\$110.65
CT Scanner	Inpatient/Outpatient	CT SCAN CLINICAL DECISION SUPPORT MECHANISM NATIONAL DECISION SUPPORT COMPANY, AS DEFINED BY THE ME	G1004	1.00	\$0.98	\$0.99	\$0.92	\$0.98
Respiratory Therapy	Inpatient/Outpatient	ENDOTRACHEAL INTUBATION/ASSIST	31500	\$47.71	\$46.76	\$47.23	\$44.04	\$46.76
Respiratory Therapy	Inpatient/Outpatient	CATHETER ASPIRATION, NASOTRACHEAL	31720	\$28.63	\$28.06	\$28.34	\$26.43	\$28.06
Respiratory Therapy	Inpatient/Outpatient	ARTERIAL PUNCTURE BLOOD FOR DX	36600	\$28.63	\$28.06	\$28.34	\$26.43	\$28.06
Respiratory Therapy	Inpatient/Outpatient	ARTERIAL LINE SAMPLING	36600	\$28.63	\$28.06	\$28.34	\$26.43	\$28.06
Respiratory Therapy	Inpatient/Outpatient	CARDIOPULMONARY RESUSCITATION	92950	\$152.68	\$149.63	\$151.15	\$140.92	\$149.63
Respiratory Therapy	Inpatient/Outpatient	VENT MANAGEMENT INIT DAY	94002	\$477.11	\$467.57	\$472.34	\$440.37	\$467.57
Respiratory Therapy	Inpatient/Outpatient	VENT MANAGEMENT INIT DAY NEC	94002	\$572.53	\$561.08	\$566.80	\$528.45	\$561.08
Respiratory Therapy	Inpatient/Outpatient	VENT MANAGEMENT SUB DAY	94003	\$477.11	\$467.57	\$472.34	\$440.37	\$467.57
Respiratory Therapy	Inpatient/Outpatient	SPIROMETRY	94010	\$47.71	\$46.76	\$47.23	\$44.04	\$46.76
Respiratory Therapy	Inpatient/Outpatient	VITAL CAPACITY	94150	\$34.35	\$33.66	\$34.01	\$31.71	\$33.66
Respiratory Therapy	Inpatient/Outpatient	INTRAPULMONARY SURFACTANT VIA ENDOTRACH	94610	\$5.73	\$5.62	\$5.67	\$5.29	\$5.62
Respiratory Therapy	Inpatient/Outpatient	HAND HELD NEBULIZER, INPATIENT	94640	\$916.05	\$897.73	\$906.89	\$845.51	\$897.73
Respiratory Therapy	Inpatient/Outpatient	HAND HELD NEBULIZER, OUTPATIENT	94640	\$76.34	\$74.81	\$75.58	\$70.46	\$74.81
Respiratory Therapy	Inpatient/Outpatient	AIRWAY INHALATION TREATMENT, MDI VIA VENT, INPATIENT	94640	\$916.05	\$897.73	\$906.89	\$845.51	\$897.73
Respiratory Therapy	Inpatient/Outpatient	AIRWAY INHALATION TREATMENT, MDI VIA VENT, OUTPATIENT	94640	\$76.34	\$74.81	\$75.58	\$70.46	\$74.81
Respiratory Therapy	Inpatient/Outpatient	MDI TREATMENT, INPATIENT	94640	\$916.05	\$897.73	\$906.89	\$845.51	\$897.73
Respiratory Therapy	Inpatient/Outpatient	MDI TREATMENT, OUTPATIENT	94640	\$76.34	\$74.81	\$75.58	\$70.46	\$74.81
Respiratory Therapy	Inpatient/Outpatient	IPV TREATMENT, INPATIENT	94640	\$916.05	\$897.73	\$906.89	\$845.51	\$897.73
Respiratory Therapy	Inpatient/Outpatient	IPV TREATMENT, OUTPATIENT	94640	\$76.34	\$74.81	\$75.58	\$70.46	\$74.81
Respiratory Therapy	Inpatient/Outpatient	CONTINUOUS INHALATION TREATMENT, 1ST HOUR	94644	\$64.89	\$63.59	\$64.24	\$59.89	\$63.59
Respiratory Therapy	Inpatient/Outpatient	CONTINUOUS INHALATION TREATMENT, EA ADDL HOUR	94645	\$53.44	\$52.37	\$52.91	\$49.33	\$52.37
Respiratory Therapy	Inpatient/Outpatient	CPAP/BIPAP	94660	\$229.01	\$224.43	\$226.72	\$211.38	\$224.43
Respiratory Therapy	Inpatient/Outpatient	DEMONSTRATION OF NEBULIZATION	94664	\$28.63	\$28.06	\$28.34	\$26.43	\$28.06
Respiratory Therapy	Inpatient/Outpatient	COMP POSTURAL DRAINAGE INIT TX	94667	\$57.25	\$56.11	\$56.68	\$52.84	\$56.11
Respiratory Therapy	Inpatient/Outpatient	CHEST WALL MANIP,INIT 2 POSITN	94667	\$57.25	\$56.11	\$56.68	\$52.84	\$56.11
Respiratory Therapy	Inpatient/Outpatient	COMP POSTURAL DRAINAGE SUB T	94668	\$47.71	\$46.76	\$47.23	\$44.04	\$46.76
Respiratory Therapy	Inpatient/Outpatient	CHEST WALL MANIP, SUB 2 POSITN	94668	\$47.71	\$46.76	\$47.23	\$44.04	\$46.76
Respiratory Therapy	Inpatient/Outpatient	"THE VEST" MECHANICAL CHES WALL OSCILLATION	94669	\$57.25	\$56.11	\$56.68	\$52.84	\$56.11
Respiratory Therapy	Inpatient/Outpatient	PULSE OXIMETRY SINGLE DETERM	94760	\$15.27	\$14.96	\$15.12	\$14.09	\$14.96
Respiratory Therapy	Inpatient/Outpatient	PULSE OXIMETRY W/EXERCISE	94761	\$57.25	\$56.11	\$56.68	\$52.84	\$56.11
Respiratory Therapy	Inpatient/Outpatient	PULSE OXIMETRY CONTINUOUS	94762	\$57.25	\$56.11	\$56.68	\$52.84	\$56.11
Respiratory Therapy	Inpatient/Outpatient	TRACHEAL SUCTIONING	94799	\$28.63	\$28.06	\$28.34	\$26.43	\$28.06
Respiratory Therapy	Inpatient/Outpatient	OXYGEN THERAPY	94799	\$38.17	\$37.41	\$37.79	\$35.23	\$37.41
Respiratory Therapy	Inpatient/Outpatient	MANUAL VENTILATION 0-15 MIN	94799	\$28.63	\$28.06	\$28.34	\$26.43	\$28.06
Respiratory Therapy	Inpatient/Outpatient	HIGH FLOW OXYGEN THERAPY	94799	\$229.01	\$224.43	\$226.72	\$211.38	\$224.43
Respiratory Therapy	Inpatient/Outpatient	CONTINUOUS AEROSOL	94799	\$57.25	\$56.11	\$56.68	\$52.84	\$56.11
Respiratory Therapy	Inpatient/Outpatient	BEDSIDE PULMONARY MECHANICS	94799	\$28.63	\$28.06	\$28.34	\$26.43	\$28.06

Respiratory Therapy	Inpatient/Outpatient	TRACHEOSTOMY TUBE CARI	94799	\$38.17	\$37.41	\$37.79	\$35.23	\$37.41
Respiratory Therapy	Inpatient/Outpatient	RAPID RESPONSE	94799	\$57.25	\$56.11	\$56.68	\$52.84	\$56.11
Respiratory Therapy	Inpatient/Outpatient	BEDSIDE PROCEDURE ASSIST	94799	\$57.25	\$56.11	\$56.68	\$52.84	\$56.11
Respiratory Therapy	Inpatient/Outpatient	ATTENDANCE AT DELIVERY	99464	\$114.51	\$112.22	\$113.36	\$105.69	\$112.22
Pulmonary	Inpatient/Outpatient	SIMPLE SPIROMETRY	94010	\$52.37	\$51.32	\$51.85	\$48.34	\$51.32
Pulmonary	Inpatient/Outpatient	SPIROMETRY WITH BRONCHODILATOR	94060	\$77.51	\$75.96	\$76.73	\$71.54	\$75.96
Pulmonary	Inpatient/Outpatient	BRONCH EVAL MULT SPIRO DETERM	94070	\$175.98	\$172.46	\$174.22	\$162.43	\$172.46
Pulmonary	Inpatient/Outpatient	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	94200	\$25.14	\$24.64	\$24.89	\$23.20	\$24.64
Pulmonary	Inpatient/Outpatient	PULMONARY STRESS TESTING	94618	\$62.85	\$61.59	\$62.22	\$58.01	\$61.59
Pulmonary	Inpatient/Outpatient	BODY PLETHYSMOGRAPHY	94726	\$39.80	\$39.00	\$39.40	\$36.74	\$39.00
Pulmonary	Inpatient/Outpatient	NITROGEN WASHOUT W/LUNG VOL	94727	\$39.80	\$39.00	\$39.40	\$36.74	\$39.00
Pulmonary	Inpatient/Outpatient	DIFFUSION CAPACITY	94729	\$41.90	\$41.06	\$41.48	\$38.67	\$41.06
Pulmonary	Inpatient/Outpatient	PULMONARY COMPLIANCE, CLOSING VOLUME	94750	\$62.85	\$61.59	\$62.22	\$58.01	\$61.59
Renal Dialysi	Inpatient/Outpatient	RENAL DIALYSIS - INPT HEMODIALYSIS		\$936.21	\$917.49	\$926.85	\$864.12	\$917.49
Renal Dialysi	Inpatient/Outpatient	RENAL DIALYSIS - OUTPATIENT	90935	\$936.21	\$917.49	\$926.85	\$864.12	\$917.49
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 38-52 MIN	29105	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 53-67 MIN	29105	\$520.59	\$510.18	\$515.38	\$480.50	\$510.18
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 8-22 MIN	29125	\$108.46	\$106.29	\$107.38	\$100.11	\$106.29
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 23-37 MIN	29125	\$216.91	\$212.57	\$214.74	\$200.21	\$212.57
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 38-52 MIN	29125	\$325.37	\$318.86	\$322.12	\$300.32	\$318.86
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 23-37 MIN	29126	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 38-52 MIN	29126	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 53-67 MIN	29126	\$520.59	\$510.18	\$515.38	\$480.50	\$510.18
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, STATIC 8-22 MIN	29130	\$86.77	\$85.03	\$85.90	\$80.09	\$85.03
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 8-22 MIN	29131	\$108.46	\$106.29	\$107.38	\$100.11	\$106.29
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 23-37 MIN	29131	\$216.91	\$212.57	\$214.74	\$200.21	\$212.57
Physical Therapy	Inpatient/Outpatient	APPLY RIGID TOTAL CONTACT LEG CAST	29445	\$650.74	\$637.73	\$644.23	\$600.63	\$637.73
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 23-37 MIN	29505	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 38-52 MIN	29505	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 23-37 MIN	29515	\$216.91	\$212.57	\$214.74	\$200.21	\$212.57
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 38-52 MIN	29515	\$325.37	\$318.86	\$322.12	\$300.32	\$318.86
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 8-22 MIN	29580	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 23-37 MIN	29580	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 38-52 MIN	29580	\$195.22	\$191.32	\$193.27	\$180.19	\$191.32
Physical Therapy	Inpatient/Outpatient	BIOFEEDBACK 8-22 MIN	90901	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	BIOFEEDBACK 23-37 MIN	90901	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	APPL MECHANICAL TRACTION 8-22 MIN	97012	\$43.38	\$42.51	\$42.95	\$40.04	\$42.51
Physical Therapy	Inpatient/Outpatient	APPL MECHANICAL TRACTION 23-37 MIN	97012	\$86.77	\$85.03	\$85.90	\$80.09	\$85.03
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 8-22 MIN	97016	\$32.54	\$31.89	\$32.21	\$30.03	\$31.89
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 23-37 MIN	97016	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 38-52 MIN	97016	\$97.61	\$95.66	\$96.63	\$90.09	\$95.66
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 53-67 MIN	97016	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	APPL PARAFFIN BATH 8-22 MIN	97018	\$21.69	\$21.26	\$21.47	\$20.02	\$21.26
Physical Therapy	Inpatient/Outpatient	APPL FLUIDOTHERAPY EA 15 MINS	97022	\$32.54	\$31.89	\$32.21	\$30.03	\$31.89
Physical Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 8-22 MIN	97026	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 23-37 MIN	97026	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	ELECTRICAL STIMULATION EA 15 MINS	97032	\$43.38	\$42.51	\$42.95	\$40.04	\$42.51
Physical Therapy	Inpatient/Outpatient	APPL IONTOPHORESIS EA 15 MINS	97033	\$54.23	\$53.15	\$53.69	\$50.05	\$53.15
Physical Therapy	Inpatient/Outpatient	CONTRAST BATH THERAPY EA 15 MIN	97034	\$32.54	\$31.89	\$32.21	\$30.03	\$31.89
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 8-22 MINS	97035	\$32.54	\$31.89	\$32.21	\$30.03	\$31.89
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 23-37 MINS	97035	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 38-52 MINS	97035	\$97.61	\$95.66	\$96.63	\$90.09	\$95.66
Physical Therapy	Inpatient/Outpatient	ULTRASOUND 53-67 MINUTES	97035	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	THERAPEUTIC EXERCISES EA 15 MINS	97110	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	NEUROMUSCULAR REEDUCATION EA 15 MINS	97112	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	GAIT TRAINING THERAPY EA 15 MINS	97116	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	MANUAL THERAPY TECHNIQUES EA 15 MINS	97140	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 8-22 MIN	97150	\$21.69	\$21.26	\$21.47	\$20.02	\$21.26
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 23-37 MIN	97150	\$43.38	\$42.51	\$42.95	\$40.04	\$42.51

Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 38-52 MIN	97150	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 53-67 MIN	97150	\$86.77	\$85.03	\$85.90	\$80.09	\$85.03
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 8-22 MIN	97150	\$32.54	\$31.89	\$32.21	\$30.03	\$31.89
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 23-37 MIN	97150	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 38-52 MIN	97150	\$97.61	\$95.66	\$96.63	\$90.09	\$95.66
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 53-67 MIN	97150	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 08-22 MIN LOW COMPLEXITY	97161	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN LOW COMPLEXITY	97161	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 08-22 MIN MODERATE COMPLEXITY	97162	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN MODERATE COMPLEXITY	97162	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 38-52 MIN MODERATE COMPLEXITY	97162	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 53-67 MIN MODERATE COMPLEXITY	97162	\$520.59	\$510.18	\$515.38	\$480.50	\$510.18
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 68-82 MIN MODERATE COMPLEXITY	97162	\$650.74	\$637.73	\$644.23	\$600.63	\$637.73
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN HIGH COMPLEXITY	97163	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 38-52 MIN HIGH COMPLEXITY	97163	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 53-67 MIN HIGH COMPLEXITY	97163	\$520.59	\$510.18	\$515.38	\$480.50	\$510.18
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 08-22 MIN	97164	\$97.61	\$95.66	\$96.63	\$90.09	\$95.66
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 23-37 MIN	97164	\$195.22	\$191.32	\$193.27	\$180.19	\$191.32
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 38-52 MIN	97164	\$292.83	\$286.97	\$289.90	\$270.28	\$286.97
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 53-67 MIN	97164	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	THERAPEUTIC ACTIVITIES EA 15 MINS	97530	\$75.92	\$74.40	\$75.16	\$70.07	\$74.40
Physical Therapy	Inpatient/Outpatient	SENSORY INTEGRATION EA 15 MINS	97533	\$54.23	\$53.15	\$53.69	\$50.05	\$53.15
Physical Therapy	Inpatient/Outpatient	SELF CARE MNGMENT TRAINING EA 15 MINS	97535	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	WHEELCHAIR MNGMENT TRAINING EA 15 MINS	97542	\$54.23	\$53.15	\$53.69	\$50.05	\$53.15
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 8-22 MIN	97597	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	HC DEBRIDEMENT SELECTIVE 8-22M	97597	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	HC DEBRIDE SELECT <21CM 23-37 MIN	97597	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	HC DEBRIDE SELECT <21CM 38-52 MIN	97597	\$520.59	\$510.18	\$515.38	\$480.50	\$510.18
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 8-22 MIN	97597	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 23-37 MIN	97597	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 38-52 MIN	97597	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 53-67 MIN	97597	\$520.59	\$510.18	\$515.38	\$480.50	\$510.18
Physical Therapy	Inpatient/Outpatient	DEBRIDEMENT EACH ADDTL 20CM	97598	\$216.91	\$212.57	\$214.74	\$200.21	\$212.57
Physical Therapy	Inpatient/Outpatient	SLCTV WND DEBRIDEM EA ADDL 2C	97598	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Physical Therapy	Inpatient/Outpatient	HC DEBRIDEMENT SELECTIVE 23-37M	97598	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX < 50CM 8-22 MIN	97605	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX < 50CM 23-37 MIN	97605	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX < 50CM 38-52 MIN	97605	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX < 50CM 53-67 MIN	97605	\$520.59	\$510.18	\$515.38	\$480.50	\$510.18
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX > 50 CM 8-22 MIN	97606	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX > 50 CM 23-37 MIN	97606	\$260.30	\$255.09	\$257.70	\$240.26	\$255.09
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX > 50 CM 38-52 MIN	97606	\$390.45	\$382.64	\$386.55	\$360.39	\$382.64
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX > 50 CM 53-67 MIN	97606	\$520.59	\$510.18	\$515.38	\$480.50	\$510.18
Physical Therapy	Inpatient/Outpatient	PHYSICAL PERFORM EA 15 MINS	97750	\$130.15	\$127.55	\$128.85	\$120.13	\$127.55
Physical Therapy	Inpatient/Outpatient	ORTHOTIC MGMT AND TRAINING INIT ENC EA 15 MINS	97760	\$65.07	\$63.77	\$64.42	\$60.06	\$63.77
Physical Therapy	Inpatient/Outpatient	PROSTHETIC TRAINING INIT ENC EA 15 MINS	97761	\$54.23	\$53.15	\$53.69	\$50.05	\$53.15
Physical Therapy	Inpatient/Outpatient	ORTHOC/PROSTC MGMT SUB ENC EA 15 MIF	97763	\$54.23	\$53.15	\$53.69	\$50.05	\$53.15
Physical Therapy	Inpatient/Outpatient	ELC STM WD CARE UNATTED PER 15 MIF	G0281	\$43.38	\$42.51	\$42.95	\$40.04	\$42.51
Occupational Therapy	Inpatient/Outpatient	HC DEBRIDEMENT SELECTIVE 38-52M	97598	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Occupational Therapy	Inpatient/Outpatient	DRIVERS EVALUATION, INITIAL		\$228.93	\$224.35	\$226.64	\$211.30	\$224.35
Occupational Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 38-52 MIN	29105	\$343.39	\$336.52	\$339.96	\$316.95	\$336.52
Occupational Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 53-67 MIN	29105	\$457.86	\$448.70	\$453.28	\$422.60	\$448.70
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 8-22 MIN	29125	\$95.39	\$93.48	\$94.44	\$88.04	\$93.48
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 23-37 MIN	29125	\$190.77	\$186.95	\$188.86	\$176.08	\$186.95
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 38-52 MIN	29125	\$286.16	\$280.44	\$283.30	\$264.13	\$280.44
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 23-37 MIN	29126	\$228.93	\$224.35	\$226.64	\$211.30	\$224.35
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 38-52 MIN	29126	\$343.39	\$336.52	\$339.96	\$316.95	\$336.52
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 53-67 MIN	29126	\$457.86	\$448.70	\$453.28	\$422.60	\$448.70
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, STATIC 8-22 MIN	29130	\$76.31	\$74.78	\$75.55	\$70.43	\$74.78

Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 8-22 MIN	29131	\$95.39	\$93.48	\$94.44	\$88.04	\$93.48
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 23-37 MIN	29131	\$190.77	\$186.95	\$188.86	\$176.08	\$186.95
Occupational Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 23-37 MIN	29505	\$228.93	\$224.35	\$226.64	\$211.30	\$224.35
Occupational Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 38-52 MIN	29505	\$343.39	\$336.52	\$339.96	\$316.95	\$336.52
Occupational Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 23-37 MIN	29515	\$190.77	\$186.95	\$188.86	\$176.08	\$186.95
Occupational Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 38-52 MIN	29515	\$286.16	\$280.44	\$283.30	\$264.13	\$280.44
Occupational Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 8-22 MINUTES	29580	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 23-37 MINUTES	29580	\$114.46	\$112.17	\$113.32	\$105.65	\$112.17
Occupational Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 38-52 MINUTES	29580	\$171.70	\$168.27	\$169.98	\$158.48	\$168.27
Occupational Therapy	Inpatient/Outpatient	BIOFEEDBACK 8-22 MIN	90901	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	BIOFEEDBACK 23-37 MIN	90901	\$114.46	\$112.17	\$113.32	\$105.65	\$112.17
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 8-22 MIN	97016	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 23-37 MIN	97016	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 38-52 MIN	97016	\$85.85	\$84.13	\$84.99	\$79.24	\$84.13
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 53-67 MIN	97016	\$114.46	\$112.17	\$113.32	\$105.65	\$112.17
Occupational Therapy	Inpatient/Outpatient	APPL PARAFFIN BATH 8-22 MIN	97018	\$19.08	\$18.70	\$18.89	\$17.61	\$18.70
Occupational Therapy	Inpatient/Outpatient	APPL FLUIDOTHERAPY EA 15 MINS	97022	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 8-22 MIN	97026	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	ELECTRICAL STIMULATION EA 15 MINS	97032	\$38.15	\$37.39	\$37.77	\$35.21	\$37.39
Occupational Therapy	Inpatient/Outpatient	ELECTRIC CURRENT THERAPY EA 15 MIN	97033	\$47.69	\$46.74	\$47.21	\$44.02	\$46.74
Occupational Therapy	Inpatient/Outpatient	CONTRAST BATH THERAPY EA 15 MIN	97034	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 8-22 MINS	97035	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 23-37 MINS	97035	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 38-52 MINS	97035	\$85.85	\$84.13	\$84.99	\$79.24	\$84.13
Occupational Therapy	Inpatient/Outpatient	ULTRASOUND 53-67 MINUTES	97035	\$114.46	\$112.17	\$113.32	\$105.65	\$112.17
Occupational Therapy	Inpatient/Outpatient	THERAPEUTIC EXERCISES EA 15 MINS	97110	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	NEUROMUSCULAR REEDUCATION EA 15 MINS	97112	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	GAIT TRAINING THERAPY EA 15 MINS	97116	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	LYMPHEDEMA BANDAGE 8-22 MINUTE	97139	\$47.69	\$46.74	\$47.21	\$44.02	\$46.74
Occupational Therapy	Inpatient/Outpatient	LYMPHEDEMA BANDAGE 23-37 MINUT	97139	\$95.39	\$93.48	\$94.44	\$88.04	\$93.48
Occupational Therapy	Inpatient/Outpatient	LYMPHEDEMA BANDAGE 38-52 MINUT	97139	\$143.08	\$140.22	\$141.65	\$132.06	\$140.22
Occupational Therapy	Inpatient/Outpatient	LYMPHEDEMA BANDAGE 53-67MINUTE	97139	\$190.77	\$186.95	\$188.86	\$176.08	\$186.95
Occupational Therapy	Inpatient/Outpatient	MANUAL THERAPY EA 15 MIN	97140	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 8-22 MIN	97150	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 23-37 MIN	97150	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 38-52 MIN	97150	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 53-67 MIN	97150	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 8-22 MIN	97150	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 23-37 MIN	97150	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 38-52 MIN	97150	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 53-67 MIN	97150	\$28.62	\$28.05	\$28.33	\$26.42	\$28.05
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 08-22 MIN LOW COMPLEXITY	97165	\$114.46	\$112.17	\$113.32	\$105.65	\$112.17
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 38-52 MIN LOW COMPLEXITY	97165	\$343.39	\$336.52	\$339.96	\$316.95	\$336.52
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 53-67 MIN LOW COMPLEXITY	97165	\$457.86	\$448.70	\$453.28	\$422.60	\$448.70
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 08-22 MIN MODERATE COMPLEXITY	97166	\$114.46	\$112.17	\$113.32	\$105.65	\$112.17
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 23-37 MIN MODERATE COMPLEXITY	97166	\$228.93	\$224.35	\$226.64	\$211.30	\$224.35
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 38-52 MIN MODERATE COMPLEXITY	97166	\$343.39	\$336.52	\$339.96	\$316.95	\$336.52
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 53-67 MIN MODERATE COMPLEXITY	97166	\$457.86	\$448.70	\$453.28	\$422.60	\$448.70
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 23-37 MIN HIGH COMPLEXITY	97167	\$228.93	\$224.35	\$226.64	\$211.30	\$224.35
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 38-52 MIN HIGH COMPLEXITY	97167	\$343.39	\$336.52	\$339.96	\$316.95	\$336.52
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 53-67 MIN HIGH COMPLEXITY	97167	\$457.86	\$448.70	\$453.28	\$422.60	\$448.70
Occupational Therapy	Inpatient/Outpatient	OT RE-EVALUATION 08-22 MIN	97168	\$85.85	\$84.13	\$84.99	\$79.24	\$84.13
Occupational Therapy	Inpatient/Outpatient	OT RE-EVALUATION 23-37 MIN	97168	\$171.70	\$168.27	\$169.98	\$158.48	\$168.27
Occupational Therapy	Inpatient/Outpatient	OT RE-EVALUATION 38-52 MIN	97168	\$257.54	\$252.39	\$254.96	\$237.71	\$252.39
Occupational Therapy	Inpatient/Outpatient	OT RE-EVALUATION 53-67 MIN	97168	\$343.39	\$336.52	\$339.96	\$316.95	\$336.52
Occupational Therapy	Inpatient/Outpatient	THERAPEUTIC ACTIVITIES EA 15 MINS	97530	\$66.77	\$65.43	\$66.10	\$61.63	\$65.43
Occupational Therapy	Inpatient/Outpatient	SENSORY INTEGRATION EA 15 MINS	97533	\$47.69	\$46.74	\$47.21	\$44.02	\$46.74
Occupational Therapy	Inpatient/Outpatient	SELF CARE MNGMENT TRAINING EA 15 MINS	97535	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	COMMUNITY/WORK REINTEGRATION EA 15 MINS	97537	\$47.69	\$46.74	\$47.21	\$44.02	\$46.74

Occupational Therapy	Inpatient/Outpatient	WHEELCHAIR MNGMENT TRAINING EA 15 MINS	97542	\$47.69	\$46.74	\$47.21	\$44.02	\$46.74
Occupational Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 8-22 MIN	97597	\$114.46	\$112.17	\$113.32	\$105.65	\$112.17
Occupational Therapy	Inpatient/Outpatient	HC DEBRIDE SELECT < 21, 8-22 MIN	97597	\$228.93	\$224.35	\$226.64	\$211.30	\$224.35
Occupational Therapy	Inpatient/Outpatient	HC DEBRIDE SELECT <21CM, 23-37MIN	97597	\$343.39	\$336.52	\$339.96	\$316.95	\$336.52
Occupational Therapy	Inpatient/Outpatient	HC DEBRIDE SELECT <21CM, 38-52MIN	97597	\$457.86	\$448.70	\$453.28	\$422.60	\$448.70
Occupational Therapy	Inpatient/Outpatient	SELECTIVE DEBRIDEMENT >20	97598	\$190.77	\$186.95	\$188.86	\$176.08	\$186.95
Occupational Therapy	Inpatient/Outpatient	PHYSICAL PERFORM EA 15 MINS	97750	\$114.46	\$112.17	\$113.32	\$105.65	\$112.17
Occupational Therapy	Inpatient/Outpatient	ORTHOTIC MGMT AND TRAINING INIT ENC EA 15 MINS	97760	\$57.23	\$56.09	\$56.66	\$52.82	\$56.09
Occupational Therapy	Inpatient/Outpatient	ELC STM WD CARE UNATTED PER 15 MIN		\$76.31	\$74.78	\$75.55	\$70.43	\$74.78
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 8-22 MIN	92507	\$45.24	\$44.34	\$44.79	\$41.76	\$44.34
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 23-37 MIN	92507	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 38-52 MIN	92507	\$135.73	\$133.02	\$134.37	\$125.28	\$133.02
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 53-67 MIN	92507	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 68-82 MIN	92507	\$226.21	\$221.69	\$223.95	\$208.79	\$221.69
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 8-22 MIN	92508	\$22.62	\$22.17	\$22.39	\$20.88	\$22.17
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 23-37 MIN	92508	\$45.24	\$44.34	\$44.79	\$41.76	\$44.34
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 38-52 MIN	92508	\$67.86	\$66.50	\$67.18	\$62.63	\$66.50
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 53-67 MIN	92508	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 68-82 MIN	92508	\$22.62	\$22.17	\$22.39	\$20.88	\$22.17
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 83-99 MIN	92508	\$15.08	\$14.78	\$14.93	\$13.92	\$14.78
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 8-22 MIN	92521	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 23-37 MIN	92521	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 38-52 MIN	92521	\$271.45	\$266.02	\$268.74	\$250.55	\$266.02
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 53-67 MIN	92521	\$361.94	\$354.70	\$358.32	\$334.07	\$354.70
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 68-82 MIN	92521	\$452.42	\$443.37	\$447.90	\$417.58	\$443.37
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 8-22 MIN	92522	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 23-37 MIN	92522	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 38-52 MIN	92522	\$271.45	\$266.02	\$268.74	\$250.55	\$266.02
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 53-67 MIN	92522	\$361.94	\$354.70	\$358.32	\$334.07	\$354.70
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 68-82 MIN	92522	\$452.42	\$443.37	\$447.90	\$417.58	\$443.37
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 8-22 MIN	92523	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 23-37 MIN	92523	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 38-52 MIN	92523	\$271.45	\$266.02	\$268.74	\$250.55	\$266.02
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 53-67 MIN	92523	\$361.94	\$354.70	\$358.32	\$334.07	\$354.70
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 68-82 MIN	92523	\$452.42	\$443.37	\$447.90	\$417.58	\$443.37
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 8-22 MIN	92524	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 23-37 MIN	92524	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 38-52 MIN	92524	\$271.45	\$266.02	\$268.74	\$250.55	\$266.02
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 53-67 MIN	92524	\$361.94	\$354.70	\$358.32	\$334.07	\$354.70
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 68-82 MIN	92524	\$452.42	\$443.37	\$447.90	\$417.58	\$443.37
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 8-22 MIN	92526	\$45.24	\$44.34	\$44.79	\$41.76	\$44.34
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 23-37 MIN	92526	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 38-52 MIN	92526	\$135.73	\$133.02	\$134.37	\$125.28	\$133.02
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 53-67 MIN	92526	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 68-82 MIN	92526	\$226.21	\$221.69	\$223.95	\$208.79	\$221.69
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 8-22 MIN	92597	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 23-37 MIN	92597	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 38-52 MIN	92597	\$271.45	\$266.02	\$268.74	\$250.55	\$266.02
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 53-67 MIN	92597	\$361.94	\$354.70	\$358.32	\$334.07	\$354.70
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 68-82 MIN	92597	\$452.42	\$443.37	\$447.90	\$417.58	\$443.37
Speech Therapy	Inpatient/Outpatient	NON-SPEECH DEVICE TX 8-22 MIN	92606	\$45.24	\$44.34	\$44.79	\$41.76	\$44.34
Speech Therapy	Inpatient/Outpatient	NON-SPEECH DEVICE TX 23-37 MIN	92606	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	NON-SPEECH DEVICE TX 38-52 MIN	92606	\$135.73	\$133.02	\$134.37	\$125.28	\$133.02
Speech Therapy	Inpatient/Outpatient	NON-SPEECH GEN DEVICE 53-67 MIN	92606	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	NON-SPEECH GEN DEVICE 68-72 MIN	92606	\$226.21	\$221.69	\$223.95	\$208.79	\$221.69
Speech Therapy	Inpatient/Outpatient	SPEECH GENER DEVICE 38-52 MINS	92609	\$135.73	\$133.02	\$134.37	\$125.28	\$133.02
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 8-22 MIN	92610	\$90.48	\$88.67	\$89.58	\$83.51	\$88.67
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 23-37 MIN	92610	\$180.97	\$177.35	\$179.16	\$167.04	\$177.35
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 38-52 MIN	92610	\$271.45	\$266.02	\$268.74	\$250.55	\$266.02

Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 53-67 MIN	92610	\$361.94	\$354.70	\$358.32	\$334.07	\$354.70
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 68-82 MIN	92610	\$452.42	\$443.37	\$447.90	\$417.58	\$443.37
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 8-22 MIN	92611	\$128.19	\$125.63	\$126.91	\$118.32	\$125.63
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 23-37 MIN	92611	\$256.37	\$251.24	\$253.81	\$236.63	\$251.24
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 38-52 MIN	92611	\$384.56	\$376.87	\$380.71	\$354.95	\$376.87
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 53-67 MIN	92611	\$512.74	\$502.49	\$507.61	\$473.26	\$502.49
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 68-82 MIN	92611	\$640.93	\$628.11	\$634.52	\$591.58	\$628.11
Speech Therapy	Inpatient/Outpatient	FEES 8-22 MIN	92612	\$165.89	\$162.57	\$164.23	\$153.12	\$162.57
Speech Therapy	Inpatient/Outpatient	FEES 23-37 MIN	92612	\$331.77	\$325.13	\$328.45	\$306.22	\$325.13
Speech Therapy	Inpatient/Outpatient	FEES 38-52 MIN	92612	\$497.66	\$487.71	\$492.68	\$459.34	\$487.71
Speech Therapy	Inpatient/Outpatient	FEES 53-67 MIN	92612	\$663.55	\$650.28	\$656.91	\$612.46	\$650.28
Speech Therapy	Inpatient/Outpatient	FEES 68-82 MIN	92612	\$829.43	\$812.84	\$821.14	\$765.56	\$812.84
Speech Therapy	Inpatient/Outpatient	APHASIA ASSESSMENT, 1 HR	96105	\$361.94	\$354.70	\$358.32	\$334.07	\$354.70
Hyperbaric Chamber	Inpatient/Outpatient	HYPERBARIC OXGN FULL BDY 30MN	G0277	\$371.27	\$363.84	\$367.56	\$342.68	\$363.84
MRI Scanner	Inpatient/Outpatient	MRI TEMPOROMANDIBULAR JOINT	70336	\$593.13	\$581.27	\$587.20	\$547.46	\$581.27
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W/O CONTRAS	70540	\$559.24	\$548.06	\$553.65	\$516.18	\$548.06
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W/CONTRAS	70542	\$610.08	\$597.88	\$603.98	\$563.10	\$597.88
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W & W/O CONTRAS	70543	\$737.17	\$722.43	\$729.80	\$680.41	\$722.43
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W/O CONTRAS	70544	\$788.01	\$772.25	\$779.13	\$727.33	\$772.25
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W/CONTRAS	70545	\$779.54	\$763.95	\$771.74	\$719.52	\$763.95
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W & W/O CONTRAS	70546	\$1,211.68	\$1,187.45	\$1,199.56	\$1,118.38	\$1,187.45
MRI Scanner	Inpatient/Outpatient	MRA NECK, W/O CONTRAS	70547	\$796.49	\$780.56	\$788.53	\$735.16	\$780.56
MRI Scanner	Inpatient/Outpatient	MRA NECK, W/CONTRAS	70548	\$838.85	\$822.07	\$830.46	\$774.26	\$822.07
MRI Scanner	Inpatient/Outpatient	MRA NECK, W & W/O CONTRAS	70549	\$1,220.15	\$1,195.75	\$1,207.95	\$1,126.20	\$1,195.75
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W/O CONTRAS	70551	\$372.82	\$365.36	\$369.09	\$344.11	\$365.36
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W/CONTRAS	70552	\$550.76	\$539.74	\$545.25	\$508.35	\$539.74
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W & W/O CONTRAS	70553	\$627.02	\$614.48	\$620.75	\$578.74	\$614.48
MRI Scanner	Inpatient/Outpatient	MRI CHEST W/O CONTRAS1	71550	\$813.43	\$797.16	\$805.30	\$750.80	\$797.16
MRI Scanner	Inpatient/Outpatient	MRI CHEST W/CONTRAST	71551	\$889.69	\$871.90	\$880.79	\$821.18	\$871.90
MRI Scanner	Inpatient/Outpatient	MRI CHEST W & W/O CONTRAS	71552	\$1,110.00	\$1,087.80	\$1,098.90	\$1,024.53	\$1,087.80
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/CONTRAS	71555	\$737.17	\$722.43	\$729.80	\$680.41	\$722.43
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/O CONTRAS	71555	\$737.17	\$722.43	\$729.80	\$680.41	\$722.43
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/O & W/ CONTRAS	71555	\$737.17	\$722.43	\$729.80	\$680.41	\$722.43
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONTNTS, CERV W/O CONTRAS	72141	\$355.88	\$348.76	\$352.32	\$328.48	\$348.76
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT CERV W/CONTRA	72142	\$559.24	\$548.06	\$553.65	\$516.18	\$548.06
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W/O CONTRAS	72146	\$355.88	\$348.76	\$352.32	\$328.48	\$348.76
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W/CONTRAS	72147	\$559.24	\$548.06	\$553.65	\$516.18	\$548.06
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W/O CONTRAS	72148	\$355.88	\$348.76	\$352.32	\$328.48	\$348.76
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W/CONTRAS	72149	\$550.76	\$539.74	\$545.25	\$508.35	\$539.74
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT CERV W & W/O CONTRA	72156	\$627.02	\$614.48	\$620.75	\$578.74	\$614.48
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W & W/O CONTRA	72157	\$635.50	\$622.79	\$629.15	\$586.57	\$622.79
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W & W/O CONTRA	72158	\$627.02	\$614.48	\$620.75	\$578.74	\$614.48
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W/O CONTRAST	72195	\$720.23	\$705.83	\$713.03	\$664.77	\$705.83
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W/CONTRAST	72196	\$771.07	\$755.65	\$763.36	\$711.70	\$755.65
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W & W/O CONTRAS	72197	\$932.06	\$913.42	\$922.74	\$860.29	\$913.42
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/CONTRAS	72198	\$745.65	\$730.74	\$738.19	\$688.23	\$730.74
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/O & W/ CONTRAS	72198	\$745.65	\$730.74	\$738.19	\$688.23	\$730.74
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/O CONTRAS	72198	\$745.65	\$730.74	\$738.19	\$688.23	\$730.74
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/O CONTRAST	73218	\$711.75	\$697.52	\$704.63	\$656.95	\$697.52
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/CONTRAST	73219	\$762.59	\$747.34	\$754.96	\$703.87	\$747.34
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/O & W/ CONTRAS	73220	\$932.06	\$913.42	\$922.74	\$860.29	\$913.42
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W/O CONTRAS	73221	\$398.24	\$390.28	\$394.26	\$367.58	\$390.28
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W/CONTRAS	73222	\$703.28	\$689.21	\$696.25	\$649.13	\$689.21
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W & W/O CONTRA	73223	\$864.27	\$846.98	\$855.63	\$797.72	\$846.98
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/O & W/ CONTRA	73225	\$771.07	\$755.65	\$763.36	\$711.70	\$755.65
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/CONTRAS	73225	\$771.07	\$755.65	\$763.36	\$711.70	\$755.65
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/O CONTRAS	73225	\$771.07	\$755.65	\$763.36	\$711.70	\$755.65
MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/O CONTRAST	73718	\$703.28	\$689.21	\$696.25	\$649.13	\$689.21
MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/CONTRAST	73719	\$771.07	\$755.65	\$763.36	\$711.70	\$755.65

MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/O & W/ CONTRAS	73720	\$940.53	\$921.72	\$931.12	\$868.11	\$921.72
MRI Scanner	Inpatient/Outpatient	MRI ANY JT OF LWR EXTR W/O CONTRAS	73721	\$398.24	\$390.28	\$394.26	\$367.58	\$390.28
MRI Scanner	Inpatient/Outpatient	MRI ANY LWR EXTR JT W/CONTRAS	73722	\$711.75	\$697.52	\$704.63	\$656.95	\$697.52
MRI Scanner	Inpatient/Outpatient	MRI ANY JT OF LOW EXTR W & W/O CONTRAS	73723	\$864.27	\$846.98	\$855.63	\$797.72	\$846.98
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/CONTRAS	73725	\$737.17	\$722.43	\$729.80	\$680.41	\$722.43
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/O CONTRAS	73725	\$737.17	\$722.43	\$729.80	\$680.41	\$722.43
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/O & W/ CONTRAS	73725	\$737.17	\$722.43	\$729.80	\$680.41	\$722.43
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W/O CONTRAS	74181	\$618.55	\$606.18	\$612.36	\$570.92	\$606.18
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W/CONTRAS	74182	\$872.75	\$855.30	\$864.02	\$805.55	\$855.30
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W & W/O CONTRAS	74183	\$940.53	\$921.72	\$931.12	\$868.11	\$921.72
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/O CONTRAS	74185	\$745.65	\$730.74	\$738.19	\$688.23	\$730.74
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/CONTRAS	74185	\$745.65	\$730.74	\$738.19	\$688.23	\$730.74
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/O & W/ CONTRAS	74185	\$745.65	\$730.74	\$738.19	\$688.23	\$730.74
Ambulance	Outpatient	AMBULANCE-BASE CHARGE-BASIC		\$400.59	\$392.58	\$396.58	\$369.74	\$392.58
Ambulance	Outpatient	AMBULANCE - BASE CHG - AL		\$801.18	\$785.16	\$793.17	\$739.49	\$785.16
Admission	Inpatient	ADMISSION CHARGE		\$215.51	\$211.20	\$213.35	\$198.92	\$211.20
Interventional Cardiology	Inpatient/Outpatient	FLUOROSCOPIC GUIDANCE		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	ANGIOGRAPHY/ARTERIOGRAPHY		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	CT GUIDANCE		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	CATH LAB OR MINUTE		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	INTERVENTIONAL MINUTE		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	INTERVENTIONAL OR MINUTES		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	CATH LAB OR MINUTE		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	IMAGING OR MINUTES		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	ULTRASOUND GUIDANCE		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	ELECTROPHYSIOLOGY OR MINUTES		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Interventional Cardiology	Inpatient/Outpatient	CARDIAC CATH OR MINUTES		\$41.36	\$40.53	\$40.95	\$38.18	\$40.53
Observation	Outpatient	OBSERVATION UNIT PER HOUR	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT MRI CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT CT CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT OT CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT PT CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT DIALYSIS CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT XRAY CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT US CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT CARD CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT NM CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT SLP CARVE-OUT	G0378	\$79.97	\$78.37	\$79.17	\$73.81	\$78.37
Observation	Outpatient	OBSERVATION UNIT PER HOUR/CODE 4		\$79.97	\$78.37	\$79.17	\$73.81	\$78.37