

J. Kent McNew Family Medical Center
Chargemaster - Room & Board and Ancillary Services Charges
 December 2022

The file posted here reflects charges for items and services provided by J. Kent McNew Family Medical Center as of January 1, 2023. This type of file is commonly referred to as the hospitals "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 as hospitals adjust charges frequently to comply with other HSCRC regulations.

Rate Center Description	Inpatient or Outpatient	Procedure Description	CPT/HCPC	Gross Charge	Self Pay discount if paid at time of discharge	Self Pay discount if paid within 30 days of discharge	Min Negotiated Charge	Max Negotiated Charge
Psych Adult	Inpatient	R&B PSYCHIATRIC		\$1,421.91	\$1,393.47	\$1,407.69	\$1,312.42	\$1,393.47
Emergency Services	Outpatient	ED LEVEL I/EMTALA (MEDICAL SCREENING EXAMINATION)	99281	\$115.35	\$113.04	\$114.20	\$106.47	\$113.04
Emergency Services	Outpatient	LWBS TRIAGE W/PROTOCOLS	99281	\$115.35	\$113.04	\$114.20	\$106.47	\$113.04
Emergency Services	Outpatient	ER VISIT LEVEL II	99282	\$115.35	\$113.04	\$114.20	\$106.47	\$113.04
Emergency Services	Outpatient	ER VISIT LEVEL III	99283	\$230.69	\$226.08	\$228.38	\$212.93	\$226.08
Emergency Services	Outpatient	ER VISIT LEVEL IV	99284	\$461.38	\$452.15	\$456.77	\$425.85	\$452.15
Emergency Services	Outpatient	ER VISIT LEVEL V	99285	\$807.42	\$791.27	\$799.35	\$745.25	\$791.27
Emergency Services	Outpatient	ER AWAITING TRANS OTR FACILITY	99285	\$115.35	\$113.04	\$114.20	\$106.47	\$113.04
Clinic Services	Outpatient	CLINIC VISIT 0-10 CCT	99211	\$114.74	\$112.45	\$113.59	\$105.91	\$112.45
Psychiatric Day/Night	Outpatient	PARTIAL HOSPITALIZATION LESS THAN 24 HOURS		\$645.00	\$632.10	\$638.55	\$595.34	\$632.10
Psychiatric Day/Night	Outpatient	PARTIAL HOSPITALIZATION LESS THAN 24 HOURS - LESS INTENSIVE		\$451.50	\$442.47	\$446.99	\$416.73	\$442.47
Psychiatric Day/Night	Outpatient	INTENSIVE OUTPATIENT PSYCH PER DAY		\$322.50	\$316.05	\$319.28	\$297.67	\$316.05
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE <8 HOURS		\$907.43	\$889.28	\$898.36	\$837.56	\$889.28
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE >8 HOURS		\$907.43	\$889.28	\$898.36	\$837.56	\$889.28
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE IVC >6HRS		\$907.43	\$889.28	\$898.36	\$837.56	\$889.28
Operating Room	Inpatient/Outpatient	SURGERY MINUTES		\$41.67	\$40.84	\$41.25	\$38.46	\$40.84
Operating Room	Inpatient/Outpatient	SURGERY MINUTES ESP		\$41.67	\$40.84	\$41.25	\$38.46	\$40.84
Operating Room	Inpatient/Outpatient	SURGERY MINUTES ENDO NON-GI		\$41.67	\$40.84	\$41.25	\$38.46	\$40.84
Operating Room	Inpatient/Outpatient	SURGERY MINUTES ENDO		\$41.67	\$40.84	\$41.25	\$38.46	\$40.84
Operating Room	Inpatient/Outpatient	SSU THORACENTESIS	32554	\$2,499.92	\$2,449.92	\$2,474.92	\$2,307.43	\$2,449.92
Operating Room	Inpatient/Outpatient	SSU INITIATE BLOOD TRANSFUSE	36430	\$7,499.76	\$7,349.76	\$7,424.76	\$6,922.28	\$7,349.76
Operating Room	Inpatient/Outpatient	SSU INITIATE CRYOPRECIP TRANS	36430	\$7,499.76	\$7,349.76	\$7,424.76	\$6,922.28	\$7,349.76
Operating Room	Inpatient/Outpatient	SSU INITIATE PLATELET TRANS	36430	\$7,499.76	\$7,349.76	\$7,424.76	\$6,922.28	\$7,349.76
Operating Room	Inpatient/Outpatient	SSU INITIATE IMMUNOGLOB TRANS	36430	\$12,499.60	\$12,249.61	\$12,374.60	\$11,537.13	\$12,249.61
Operating Room	Inpatient/Outpatient	SSU INSERT CENTRAL LINE <SYRS	36555	\$1,249.96	\$1,224.96	\$1,237.46	\$1,153.71	\$1,224.96
Operating Room	Inpatient/Outpatient	SSU INSERT CENTRAL LINE >SYRS	36556	\$1,249.96	\$1,224.96	\$1,237.46	\$1,153.71	\$1,224.96
Operating Room	Inpatient/Outpatient	SSU INSERT NON TUNNEL CV CATH	36556	\$1,874.94	\$1,837.44	\$1,856.19	\$1,730.57	\$1,837.44
Operating Room	Inpatient/Outpatient	SSU INSERT CENTRAL VENOUS CATH	36558	\$1,249.96	\$1,224.96	\$1,237.46	\$1,153.71	\$1,224.96
Operating Room	Inpatient/Outpatient	SSU INSERT PICC LINE <2YRS	36568	\$1,249.96	\$1,224.96	\$1,237.46	\$1,153.71	\$1,224.96
Operating Room	Inpatient/Outpatient	SSU INSERT PICC LINE >2YRS	36569	\$1,249.96	\$1,224.96	\$1,237.46	\$1,153.71	\$1,224.96
Operating Room	Inpatient/Outpatient	SSU REPLACE CENT VENOUS CATH	36584	\$2,499.92	\$2,449.92	\$2,474.92	\$2,307.43	\$2,449.92
Operating Room	Inpatient/Outpatient	TPA INJECTION VIA CATHETER	36593	\$624.98	\$612.48	\$618.73	\$576.86	\$612.48
Operating Room	Inpatient/Outpatient	SSU CHANGE NG TUBE	43752	\$624.98	\$612.48	\$618.73	\$576.86	\$612.48
Operating Room	Inpatient/Outpatient	SSU PARACENTESIS	49082	\$1,249.96	\$1,224.96	\$1,237.46	\$1,153.71	\$1,224.96
Operating Room	Inpatient/Outpatient	SSU CYSTOSTOMY TUBE - COMPLCAT	51710	\$416.65	\$408.32	\$412.48	\$384.57	\$408.32
Operating Room	Inpatient/Outpatient	SSU SUPRAPUBIC TUBE CHANGE	53899	\$624.98	\$612.48	\$618.73	\$576.86	\$612.48
Operating Room	Inpatient/Outpatient	SSU PUNCTURE LUMBAR SPINAL TAP	62270	\$1,249.96	\$1,224.96	\$1,237.46	\$1,153.71	\$1,224.96
Operating Room	Inpatient/Outpatient	SSU BLOOD PATCH	62273	\$624.98	\$612.48	\$618.73	\$576.86	\$612.48
Operating Room	Inpatient/Outpatient	SSU REP LACERATED CONJUNCTIVA	65270	\$624.98	\$612.48	\$618.73	\$576.86	\$612.48
Operating Room	Inpatient/Outpatient	SSU INJECTION BACLOFEN	96379	\$624.98	\$612.48	\$618.73	\$576.86	\$612.48
Laboratory	Inpatient/Outpatient	FLEXI TEST HOLD CHARGE		\$1.64	\$1.61	\$1.62	\$1.51	\$1.61
Laboratory	Inpatient/Outpatient	LIVER DS ALYS 3 BMRK SRM ALG	0014M	\$508.95	\$498.77	\$503.86	\$469.76	\$498.77
Laboratory	Inpatient/Outpatient	SWINE H1N1 PCR STAT N/C		\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	ONC MERKEL CLL CARC SRM QUAN	0058U	\$361.66	\$354.43	\$358.04	\$333.81	\$354.43
Laboratory	Inpatient/Outpatient	NFCT DS 22 TRGT SARS-COV-2 (BIOFIRE)	0202U	\$288.68	\$288.68	\$291.62	\$271.89	\$288.68
Laboratory	Inpatient/Outpatient	NFCT DS VIR RESP RNA 4 TRGT	0241U	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	VENIPUNCTURE	36415	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	VENIPUNCTURE	36415	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	VENIPUNCTURE	36415	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	REFERENCE LAB DRAW	36415	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	REPRMEDIUM BLOOD DRAW FEE	36415	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	VENIPUNCTURE-OLW	36415	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	VENIPUNCTURE - MORRIS BLUM CLINIC	36415	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	MYRIAD CLIENT BLOOD DRAW	36415	\$26.18	\$25.66	\$25.92	\$24.16	\$25.66
Laboratory	Inpatient/Outpatient	CAPILLARY STICK FNGR,HEEL,EAR	36416	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	CAPILLARY STICK FNGR,HEEL,EAR	36416	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	METABOLIC PANEL IONIZED CA	80047	\$18.00	\$17.64	\$17.82	\$16.61	\$17.64
Laboratory	Inpatient/Outpatient	BASIC METABOLIC PANEL	80048	\$18.00	\$17.64	\$17.82	\$16.61	\$17.64
Laboratory	Inpatient/Outpatient	ELECTROLYTES PANEL	80051	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	COMPRE METABOLIC PANEL	80053	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	LIPID PROFILE (CHOLEST,TOTAL)	80061	\$31.09	\$30.47	\$30.78	\$28.70	\$30.47
Laboratory	Inpatient/Outpatient	RENAL PROFILE	80069	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	LIVER (HEPATIC FUNC)PROFILE	80076	\$18.00	\$17.64	\$17.82	\$16.61	\$17.64
Laboratory	Inpatient/Outpatient	DRUG ASSAY ACETAMINOPHEN	80143	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06

Laboratory	Inpatient/Outpatient	DRUG ASSAY ADALIMUMAB	80145	\$250.38	\$245.37	\$247.88	\$231.10	\$245.37
Laboratory	Inpatient/Outpatient	AMIKACIN	80150	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CAFFEINE	80155	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CARBAMAZEPINE, TOTAL	80156	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CARBAMAZEPINE, FREE	80157	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CYCLOSPORINE	80158	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CLOZAPINE	80159	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	DIGOXIN	80162	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	VALPROIC ACID	80164	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	DIPROPYLACETIC ACID FREE	80165	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ETHOSUXIMIDE	80168	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	EVEROLIMUS	80169	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	GENTAMICIN	80170	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GENTAMICIN	80170	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GABAPENTIN	80171	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	HALOPERIDOL	80173	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	LAMOTRIGINE	80175	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	LIDOCAINE	80176	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	LEVETIRACETAM	80177	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	LITHIUM	80178	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	DRUG ASSAY SALICYLATE	80179	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	MYCOPHENOLATE	80180	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	OXCARBAZEPINE	80183	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PHENOBARBITAL	80184	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PHENYTOIN (DILANTIN)	80185	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PHENYTOIN - FREE	80186	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	DRUG ASSAY POSACONAZOLE	80187	\$157.10	\$153.96	\$155.53	\$145.00	\$153.96
Laboratory	Inpatient/Outpatient	PRIMIDONE	80188	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	PROCAINAMIDE WITH NAPA	80192	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	QUINIDINE	80194	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	SIROLIMUS	80195	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	TACROLIMUS	80197	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	THEOPHYLLINE	80198	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TOBRAMYCIN	80200	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TOPIRAMATE	80201	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	VANCOMYCIN	80202	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ZONISAMIDE	80203	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	DRUG ASSAY INFLIXIMAB	80230	\$250.38	\$245.37	\$247.88	\$231.10	\$245.37
Laboratory	Inpatient/Outpatient	DRUG ASSAY LACOSAMIDE	80235	\$135.83	\$133.11	\$134.47	\$125.37	\$133.11
Laboratory	Inpatient/Outpatient	DRUG ASSAY VORICONAZOLE	80285	\$232.38	\$227.73	\$230.06	\$214.49	\$227.73
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$57.28	\$56.13	\$56.71	\$52.87	\$56.13
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$57.28	\$56.13	\$56.71	\$52.87	\$56.13
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV CHEM ANLYZR	80307	\$104.74	\$102.65	\$103.69	\$96.68	\$102.65
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV CHEM ANLYZR	80307	\$104.74	\$102.65	\$103.69	\$96.68	\$102.65
Laboratory	Inpatient/Outpatient	DRUG SCREEN QUANT ALCOHOLS	80320	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ALCOHOLS BIOMARKERS 1 OR 2	80321	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	ALKALOIDS NOS	80323	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	ALKALOIDS NOS	80323	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	DRUG SCREEN AMPHETAMINES 1 OR 2	80324	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	ANABOLIC STEROID 1 OR 2 (DIHYDROTESTOSTERONE)	80327	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANALGESICS NON-OPIOID 1 OR 2 (SALICYLATE)	80329	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANALGESICS NON-OPIOID 1 OR 2 (ACETAMINOPHEN)	80329	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	80330	\$4.91	\$4.81	\$4.86	\$4.53	\$4.81
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANTS CLASS 1 OR 2	80332	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	80333	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (AMITRIPTYLINE)	80335	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DESIPRAMINE)	80335	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DOXEPIN)	80335	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (NORTIPTYLINE)	80335	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT NOT SPECIFIED	80338	\$14.73	\$14.44	\$14.58	\$13.60	\$14.44
Laboratory	Inpatient/Outpatient	ANTIEPILEPTICS NOS 42738 (METHSUXIMIDE)	80339	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	80340	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	ANTIPSYCHOTICS NOS 1-3 (PHENOTHIAZINE)	80342	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	80344	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	DRUG SCREENING BARBITURATES	80345	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	BENZODIAZEPINES 42747	80346	\$220.93	\$216.51	\$218.72	\$203.92	\$216.51
Laboratory	Inpatient/Outpatient	BENZODIAZEPINES 42747	80346	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	DRUG SCREENING BUPRENORPHINE	80348	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	DRUG SCREENING CANNABINOIDS NATURAL	80349	\$83.46	\$81.79	\$82.63	\$77.03	\$81.79

Laboratory	Inpatient/Outpatient	DRUG SCREENING COCAINE	80353	\$39.28	\$38.49	\$38.89	\$36.26	\$38.49
Laboratory	Inpatient/Outpatient	DRUG SCREENING FENTANYL	80354	\$52.37	\$51.32	\$51.85	\$48.34	\$51.32
Laboratory	Inpatient/Outpatient	DRUG SCREENING GABAPENTIN NON-BLOOD	80355	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	DRUG SCREENING HEROIN METABOLITE	80356	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	DRUG SCREENING KETAMINE AND NORKETAMINE	80357	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	DRUG SCREENING METHADONE	80358	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	METHYLENEDIAMPHETAMINES	80359	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	DRUG SCREENING METHYLPHENIDATE	80360	\$85.10	\$83.40	\$84.25	\$78.55	\$83.40
Laboratory	Inpatient/Outpatient	OPIATES 1 OR MORE (DIHYDROCODEINONE)	80361	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	OPIATES 1 OR MORE	80361	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	OPIATES 1 OR MORE (DIHYDROMORPHINONE)	80361	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	OPIOID & OPIATE ANALOG 5 OR MORE	80364	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	DRUG SCREENING OXYCODONE	80365	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	DRUG SCREENING PREGABALIN	80366	\$135.83	\$133.11	\$134.47	\$125.37	\$133.11
Laboratory	Inpatient/Outpatient	DRUG SCREENING PROPOXYPHENE	80367	\$83.46	\$81.79	\$82.63	\$77.03	\$81.79
Laboratory	Inpatient/Outpatient	SEDATIVE HYPNOTICS	80368	\$155.47	\$152.36	\$153.92	\$143.50	\$152.36
Laboratory	Inpatient/Outpatient	SKELETAL MUSCLE RELAXANT 1/2 (MEPROBAMATE)	80369	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	SKEL MUSC RELAXANT 3 OR MORE	80370	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	DRUG SCREENING TAPENTADOL	80372	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	DRUG SCREENING TRAMADOL	80373	\$93.28	\$91.41	\$92.35	\$86.10	\$91.41
Laboratory	Inpatient/Outpatient	DRUG/SUBSTANCE NOS 7/MORE	80377	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	ACTH STIM PANEL, ADRENAL INSUFF	80400	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	URINALYSIS W/ MICRO	81001	\$14.73	\$14.44	\$14.58	\$13.60	\$14.44
Laboratory	Inpatient/Outpatient	URINALYSIS AUTOMATED, W/O MICRO	81003	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE	81005	\$14.73	\$14.44	\$14.58	\$13.60	\$14.44
Laboratory	Inpatient/Outpatient	URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE	81005	\$14.73	\$14.44	\$14.58	\$13.60	\$14.44
Laboratory	Inpatient/Outpatient	URINE PREGNANCY TEST	81025	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	VOLUME MEASUREMENT TIMED COLLECTION	81050	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	HPA-1 GENOTYPING	81105	\$160.38	\$157.17	\$158.78	\$148.03	\$157.17
Laboratory	Inpatient/Outpatient	BRCA1&2 SEQ & FULL DUP/DEL	81162	\$2,696.94	\$2,643.00	\$2,669.97	\$2,489.28	\$2,643.00
Laboratory	Inpatient/Outpatient	ABL1 GENE	81170	\$342.03	\$335.19	\$338.61	\$315.69	\$335.19
Laboratory	Inpatient/Outpatient	ASPA GENE ANALYSIS (CANAVAN)	81200	\$171.83	\$168.39	\$170.11	\$158.60	\$168.39
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MAJ BRK PNT	81206	\$130.92	\$128.30	\$129.61	\$120.84	\$128.30
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MAJ BRK PNT	81206	\$900.07	\$882.07	\$891.07	\$830.76	\$882.07
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MIN BRK PNT	81207	\$130.92	\$128.30	\$129.61	\$120.84	\$128.30
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MIN BRK PNT	81207	\$900.07	\$882.07	\$891.07	\$830.76	\$882.07
Laboratory	Inpatient/Outpatient	BRAF GENE ANALYSIS	81210	\$580.95	\$569.33	\$575.14	\$536.22	\$569.33
Laboratory	Inpatient/Outpatient	CALR GENE COM VARIANTS	81219	\$618.59	\$606.22	\$612.40	\$570.96	\$606.22
Laboratory	Inpatient/Outpatient	CFTR GENE ANLYS COM VAR	81220	\$122.74	\$120.29	\$121.51	\$113.29	\$120.29
Laboratory	Inpatient/Outpatient	CFTR GENE ANALYSIS (CYSTIC FIBROSIS)	81220	\$171.83	\$168.39	\$170.11	\$158.60	\$168.39
Laboratory	Inpatient/Outpatient	CFTR INTRON 8 POLY-T ANLYS	81224	\$253.66	\$248.59	\$251.12	\$234.13	\$248.59
Laboratory	Inpatient/Outpatient	CYP2C19 GENE ANLYS COMM VAR	81225	\$335.48	\$328.77	\$332.13	\$309.65	\$328.77
Laboratory	Inpatient/Outpatient	CYP2D6 GENE ANLYS COMM VAR	81226	\$253.66	\$248.59	\$251.12	\$234.13	\$248.59
Laboratory	Inpatient/Outpatient	CYP2C9 GENE ANLYS COMM VAR	81227	\$278.20	\$272.64	\$275.42	\$256.78	\$272.64
Laboratory	Inpatient/Outpatient	CYTOGEN M ARRAY COPY NO&SNP	81229	\$1,391.02	\$1,363.20	\$1,377.11	\$1,283.91	\$1,363.20
Laboratory	Inpatient/Outpatient	EGFR GENE ANLYS COMM VAR	81235	\$564.59	\$553.30	\$558.94	\$521.12	\$553.30
Laboratory	Inpatient/Outpatient	EGFR GENE COM VARIANTS	81235	\$1,926.15	\$1,887.63	\$1,906.89	\$1,777.84	\$1,887.63
Laboratory	Inpatient/Outpatient	F2 GENE ANLYS 20210G>A VAR	81240	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	F5 GENE ANLYS LEIDEN VAR	81241	\$147.28	\$144.33	\$145.81	\$135.94	\$144.33
Laboratory	Inpatient/Outpatient	FMR1 GN ANLYS ABNRM ALLELES	81243	\$188.20	\$184.44	\$186.32	\$173.71	\$184.44
Laboratory	Inpatient/Outpatient	HEXA GENE ANLYS COMM VAR	81255	\$188.20	\$184.44	\$186.32	\$173.71	\$184.44
Laboratory	Inpatient/Outpatient	HEXA GENE ANALYSIS (TAY SACHS)	81255	\$171.83	\$168.39	\$170.11	\$158.60	\$168.39
Laboratory	Inpatient/Outpatient	HFE GENE ANLYS COMM VAR	81256	\$139.10	\$136.32	\$137.71	\$128.39	\$136.32
Laboratory	Inpatient/Outpatient	HBA1/HBA2 GN ANLYS DELET/VAR	81257	\$310.93	\$304.71	\$307.82	\$286.99	\$304.71
Laboratory	Inpatient/Outpatient	IKBKAP GENE ANALYSIS (FAM DYSAUTONOMIA)	81260	\$171.83	\$168.39	\$170.11	\$158.60	\$168.39
Laboratory	Inpatient/Outpatient	IGH GENE REARRANGE AMP METH	81261	\$450.04	\$441.04	\$445.54	\$415.39	\$441.04
Laboratory	Inpatient/Outpatient	IGH GENE REARRANGE AMP METH	81261	\$638.23	\$625.47	\$631.85	\$589.09	\$625.47
Laboratory	Inpatient/Outpatient	IGH VAR REG SOMATIC MUT ANLY	81263	\$492.58	\$482.73	\$487.65	\$454.65	\$482.73
Laboratory	Inpatient/Outpatient	STR MARKERS SPECIMEN ANAL	81265	\$273.29	\$267.82	\$270.56	\$252.25	\$267.82
Laboratory	Inpatient/Outpatient	CHIMERISM ANAL NO CELL SELEC	81267	\$425.49	\$416.98	\$421.24	\$392.73	\$416.98
Laboratory	Inpatient/Outpatient	CHIMERISM ANAL W/CELL SELECT	81268	\$302.75	\$296.70	\$299.72	\$279.44	\$296.70
Laboratory	Inpatient/Outpatient	JAK2 GENE ANLYS V617F VAR	81270	\$327.30	\$320.75	\$324.03	\$302.10	\$320.75
Laboratory	Inpatient/Outpatient	JAK2 GENE ANLYS V617F VAR	81270	\$368.21	\$360.85	\$364.53	\$339.86	\$360.85
Laboratory	Inpatient/Outpatient	KIT GENE TARGETED SEQ ANALYS	81272	\$415.67	\$407.36	\$411.51	\$383.66	\$407.36
Laboratory	Inpatient/Outpatient	R KRAS GENE ANLYS VAR IN CODON	81275	\$270.02	\$264.62	\$267.32	\$249.23	\$264.62
Laboratory	Inpatient/Outpatient	KRAS GENE ANLYS VAR IN CODON	81275	\$270.02	\$264.62	\$267.32	\$249.23	\$264.62
Laboratory	Inpatient/Outpatient	KRAS GENE ADDL VARIANTS	81276	\$328.93	\$322.35	\$325.64	\$303.60	\$322.35
Laboratory	Inpatient/Outpatient	JAK2 GENE TRGT SEQUENCE ALYS	81279	\$281.48	\$275.85	\$278.67	\$259.81	\$275.85
Laboratory	Inpatient/Outpatient	MGMT GENE METHYLATION ANAL	81287	\$114.55	\$112.26	\$113.40	\$105.73	\$112.26
Laboratory	Inpatient/Outpatient	MGMT GENE METHYLATION ANAL	81287	\$446.76	\$437.82	\$442.29	\$412.36	\$437.82
Laboratory	Inpatient/Outpatient	MLH1 GENE	81288	\$564.59	\$553.30	\$558.94	\$521.12	\$553.30
Laboratory	Inpatient/Outpatient	MTHFR GENE ANLYS COMM VAR	81291	\$188.20	\$184.44	\$186.32	\$173.71	\$184.44
Laboratory	Inpatient/Outpatient	MLH1 GENE FULL SEQUENCE ANALYSIS	81292	\$603.87	\$591.79	\$597.83	\$557.37	\$591.79
Laboratory	Inpatient/Outpatient	MLH1 GENE DUP/DELETE VARIANT	81294	\$180.01	\$176.41	\$178.21	\$166.15	\$176.41

Laboratory	Inpatient/Outpatient	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	\$144.01	\$141.13	\$142.57	\$132.92	\$141.13
Laboratory	Inpatient/Outpatient	MSH2 GENE DUP/DELETE VARIANT	81297	\$144.01	\$141.13	\$142.57	\$132.92	\$141.13
Laboratory	Inpatient/Outpatient	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	\$270.02	\$264.62	\$267.32	\$249.23	\$264.62
Laboratory	Inpatient/Outpatient	MSH6 GENE DUP/DELETE VARIANT	81300	\$152.19	\$149.15	\$150.67	\$140.47	\$149.15
Laboratory	Inpatient/Outpatient	MICROSATELLITE INSTABILITY ANALYSIS, MARKERS	81301	\$531.86	\$521.22	\$526.54	\$490.91	\$521.22
Laboratory	Inpatient/Outpatient	MYD88 GENE P.LEU265PRO VRNT	81305	\$453.31	\$444.24	\$448.78	\$418.41	\$444.24
Laboratory	Inpatient/Outpatient	NRAS GENE VARIANTS EXON 2&3	81311	\$317.48	\$311.13	\$314.31	\$293.03	\$311.13
Laboratory	Inpatient/Outpatient	PML/RARALPHA COM BREAKPOINTS	81315	\$201.29	\$197.26	\$199.28	\$185.79	\$197.26
Laboratory	Inpatient/Outpatient	PMS2 GENE ANALYSIS FULL SEQUENCE	81317	\$729.88	\$715.28	\$722.58	\$673.68	\$715.28
Laboratory	Inpatient/Outpatient	PMS2 GENE DUP/DELETE VARIANT	81319	\$207.83	\$203.67	\$205.75	\$191.83	\$203.67
Laboratory	Inpatient/Outpatient	SMN1 GENE DOS/DELETION ALYS	81329	\$985.17	\$965.47	\$975.32	\$909.31	\$965.47
Laboratory	Inpatient/Outpatient	SNRPN/UBE3A METHYLATION ANLY	81331	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	SERPINA1 GENE ANLY COMM VAR	81332	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	TRB GENE REARRANGE AMPLIFY METHODOLOGY	81340	\$237.29	\$232.54	\$234.92	\$219.02	\$232.54
Laboratory	Inpatient/Outpatient	TRG GENE REARRANGEMENT ANALYSIS	81342	\$548.22	\$537.26	\$542.74	\$506.01	\$537.26
Laboratory	Inpatient/Outpatient	TRG GENE REARRANGEMENT ANALYSIS	81342	\$237.29	\$232.54	\$234.92	\$219.02	\$232.54
Laboratory	Inpatient/Outpatient	SF3B1 MUTATION ANALYSIS	81347	\$350.21	\$343.21	\$346.71	\$323.24	\$343.21
Laboratory	Inpatient/Outpatient	HBB FULL GENE SEQUENCE	81364	\$378.03	\$370.47	\$374.25	\$348.92	\$370.47
Laboratory	Inpatient/Outpatient	HLA I TYPING 1 ANTIGEN LR	81374	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	HLA II TYPING 1 LOCUS LR	81376	\$288.02	\$282.26	\$285.14	\$265.84	\$282.26
Laboratory	Inpatient/Outpatient	HLA CL I HI RES 1-GRP ALLELES	81381	\$180.01	\$176.41	\$178.21	\$166.15	\$176.41
Laboratory	Inpatient/Outpatient	R HLA CLASS 2 TYPNG HI RES EA	81382	\$891.89	\$874.05	\$882.97	\$823.21	\$874.05
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 1	81400	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$302.75	\$296.70	\$299.72	\$279.44	\$296.70
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$548.22	\$537.26	\$542.74	\$506.01	\$537.26
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$294.57	\$288.68	\$291.62	\$271.89	\$288.68
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$450.04	\$441.04	\$445.54	\$415.39	\$441.04
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 3	81402	\$466.40	\$457.07	\$461.74	\$430.49	\$457.07
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 3	81402	\$515.50	\$505.19	\$510.35	\$475.81	\$505.19
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 4	81403	\$639.87	\$627.07	\$633.47	\$590.60	\$627.07
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 4	81403	\$327.30	\$320.75	\$324.03	\$302.10	\$320.75
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 4	81403	\$270.02	\$264.62	\$267.32	\$249.23	\$264.62
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 4	81403	\$1,292.83	\$1,266.97	\$1,279.90	\$1,193.28	\$1,266.97
Laboratory	Inpatient/Outpatient	MOPATH PROCEDURE LEVEL 4	81403	\$281.48	\$275.85	\$278.67	\$259.81	\$275.85
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 5	81404	\$310.93	\$304.71	\$307.82	\$286.99	\$304.71
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	\$1,086.63	\$1,064.90	\$1,075.76	\$1,002.96	\$1,064.90
Laboratory	Inpatient/Outpatient	MOPATH PROCEDURE LEVEL 7	81406	\$1,616.85	\$1,584.51	\$1,600.68	\$1,492.35	\$1,584.51
Laboratory	Inpatient/Outpatient	BRAF GENE	81420	\$2,569.29	\$2,517.90	\$2,543.60	\$2,371.45	\$2,517.90
Laboratory	Inpatient/Outpatient	NOONAM SPETRUM DISORDERS	81442	\$1,639.97	\$1,606.97	\$1,623.37	\$1,513.51	\$1,606.97
Laboratory	Inpatient/Outpatient	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	81445	\$1,953.77	\$1,914.89	\$1,934.43	\$1,803.51	\$1,914.89
Laboratory	Inpatient/Outpatient	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	81445	\$1,030.99	\$1,010.37	\$1,020.68	\$951.60	\$1,010.37
Laboratory	Inpatient/Outpatient	TARGETED GENOMIC SEQ ANALYS	81450	\$2,624.93	\$2,572.43	\$2,598.68	\$2,422.81	\$2,572.43
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY PROCEDURE	81479	\$155.47	\$152.36	\$153.92	\$143.50	\$152.36
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY PROCEDURE	81479	\$319.12	\$312.74	\$315.93	\$294.55	\$312.74
Laboratory	Inpatient/Outpatient	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	\$2,271.45	\$2,226.02	\$2,248.74	\$2,096.55	\$2,226.02
Laboratory	Inpatient/Outpatient	UNLISTED MOLECULAR PATHOLOGY	81479	\$1,548.12	\$1,517.16	\$1,532.64	\$1,428.91	\$1,517.16
Laboratory	Inpatient/Outpatient	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	\$432.03	\$423.39	\$427.71	\$398.76	\$423.39
Laboratory	Inpatient/Outpatient	FTL CGEN ABNOR ASSAYS TWO PROTEINS	81508	\$163.65	\$160.38	\$162.01	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	81519	\$5,053.49	\$4,952.42	\$5,002.96	\$4,664.37	\$4,952.42
Laboratory	Inpatient/Outpatient	UNLISTED MAAA	81599	\$474.58	\$465.09	\$469.83	\$438.04	\$465.09
Laboratory	Inpatient/Outpatient	TEST FOR ACETONE/KETONES, SERUM, QUAL	82009	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	ACETONE ASSAY, SERUM, QUANT	82010	\$21.27	\$20.84	\$21.06	\$19.63	\$20.84
Laboratory	Inpatient/Outpatient	ACYLCARNITINES, QUAN, EA SPECIMEN	82017	\$212.74	\$208.49	\$210.61	\$196.36	\$208.49
Laboratory	Inpatient/Outpatient	ADRENOCORTICOTROPIC HORM, ACTH	82024	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD	82040	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	ALBUMIN, URINE OR OTHER SOURCE	82042	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	MICROALBUMIN, URINE	82043	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	SSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	82077	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ALDOLASE	82085	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ALDOSTERONE	82088	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ALPHA-1-ANTITRYPSIN, TOTAL	82103	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ALPHA-1-ANTITRYPSIN, PHENOTYPE	82104	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	ALPHA-FETOPROTEIN (AFP), SERUM	82105	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ALPHA-FETOPROTEIN (AFP), AMNIOTIC FLUID	82106	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ALPHA-FETOPROTEIN-L3 FRACTION	82107	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ALUMINUM	82108	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	AMINO ACIDS, MULTIPLE QUALITATIVE	82128	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	AMINO ACIDS, SINGLE, QUANTITATIVE	82131	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	AMINOLEVULINIC ACID, DELTA (ALA)	82135	\$42.55	\$41.70	\$42.12	\$39.27	\$41.70
Laboratory	Inpatient/Outpatient	AMINO ACIDS, 2-5, QUANTITATIVE	82136	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	AMINO ACIDS, 6 OR MORE, QUANTITATIVE	82139	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	AMMONIA	82140	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	AMNIOTIC FLUID SCAN	82143	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	AMYLASE	82150	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62

Laboratory	Inpatient/Outpatient	ANDROSTENEDIONE	82157	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	82164	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	APOLIPOPROTEIN, EACH	82172	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ARSENIC	82175	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	ASCORBIC ACID (VITAMIN C), BLOOD	82180	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	BETA-2 MCRGLOBULIN	82232	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	BILE ACIDS, TOTAL	82239	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	BILE ACIDS, CHOLYGLYCIN	82240	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	BILIRUBIN, TOTAL	82247	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	BILIRUBIN, DIRECT	82248	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	BIOTINIDASE, EACH SPECIMEN	82261	\$122.74	\$120.29	\$121.51	\$113.29	\$120.29
Laboratory	Inpatient/Outpatient	OCCULT BLOOD SCREENING	82270	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	OCCULT BLOOD, OTHER SOURCES	82271	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	OCCULT BLOOD,DIAGNOSTIC	82272	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	OCCULT BLD FHG QUAL 42738	82274	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CADMIUM	82300	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	VITAMIN D, 25 HYDROXY	82306	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CALCITONIN	82308	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	CALCIUM, TOTAL	82310	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	CALCIUM, IONIZED	82330	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CALCIUM, URINE QUANTITATIVE, TIMED SPECMN	82340	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CALCULUS, INFRARED SPECTROSCOPY	82365	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	CARBON DIOXIDE (BICARBONATE)	82374	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	ASSAY CARBOXYHB QUANT	82375	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CARCINOEMBRYONIC ANTIGEN (CEA)	82378	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CARNITINE (TOTAL & FREE) QUANTITATIVE EA	82379	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	CAROTENE	82380	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CATECHOLAMINES, BLOOD	82383	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	CATECHOLAMINES, FRACTIONATED	82384	\$147.28	\$144.33	\$145.81	\$135.94	\$144.33
Laboratory	Inpatient/Outpatient	CERULOPLASMIN	82390	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CHEMILUMINESCENT ASSAY	82397	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CHLORAMPHENICOL	82415	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	CHLORIDE, BLOOD	82435	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	CHLORIDE, URINE	82436	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CHLORIDE, OTHER SOURCE	82438	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CHLORINATED HC SCREEN	82441	\$27.82	\$27.26	\$27.54	\$25.68	\$27.26
Laboratory	Inpatient/Outpatient	CHOLESTEROL, SERUM OR WHL BLD, TOTAL	82465	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	CHOLINESTERASE, SERUM	82480	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CHOLINESTERASE, RBC	82482	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CHROMIUM	82495	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	CITRATE	82507	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	COLLAGEN CROSS LINKS, ANY METHOD	82523	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	COPPER	82525	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CORTICOSTERONE	82528	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CORTISOL, FREE	82530	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	CORTISOL, TOTAL	82533	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CREATINE	82540	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	COLUMN CHROM/MASS SPECT,QUANT,SINGL PHASE	82542	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), TOTAL	82550	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), ISOENZYMES	82552	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), MB FRACTION ONLY	82553	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CREATININE, BLOOD	82565	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	POC CREATININE BY NOVA STATSENSOR	82565	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	CREATININE, OTHER SOURCE	82570	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CREATININE CLEARANCE	82575	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	CRYOFIBRINOGEN	82585	\$22.91	\$22.45	\$22.68	\$21.15	\$22.45
Laboratory	Inpatient/Outpatient	CRYOGLOBULIN,QUALITATIVE OR SEMI-QUANT	82595	\$22.91	\$22.45	\$22.68	\$21.15	\$22.45
Laboratory	Inpatient/Outpatient	CYANIDE	82600	\$47.46	\$46.51	\$46.99	\$43.81	\$46.51
Laboratory	Inpatient/Outpatient	CYANOCOBALAMIN (VITAMIN B-12)	82607	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CYANOCOBALAMIN (VIT B-12),BINDING CAPACITY	82608	\$37.64	\$36.89	\$37.26	\$34.74	\$36.89
Laboratory	Inpatient/Outpatient	CYSTATIN C	82610	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	DEHYDROEPIANDROSTERONE (DHEA)	82626	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	82627	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	DEOXYCORTICOSTERONE	82633	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	DEOXYCORTISOL, -11	82634	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	DIBUCAINE NUMBER	82638	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	DIHYDROTTESTOSTERONE	82642	\$22.91	\$22.45	\$22.68	\$21.15	\$22.45
Laboratory	Inpatient/Outpatient	VITAMIN D1, 25 DIHYDROXY	82652	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ELASTASE, PANCREATIC (EL-1), FECAL, QUAL OR SEMI-QUAL	82656	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	ENZYME ACTIVITY IN BLOOD CELL/TISSUE	82657	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	ELECTROPHORESIS NES	82664	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ERYTHROPOIETIN	82668	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ESTRADIOL; TOTAL	82670	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ESTROGENS, FRACTIONATED	82671	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09

Laboratory	Inpatient/Outpatient	ESTROGENS, TOTAL	82672	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ESTRIOL	82677	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ESTRONE	82679	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ETHYLENE GLYCOL	82693	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	FAT OR LIPIDS, FECES, QUALITATIVE	82705	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	FAT OR LIPIDS, FECES, QUANTITATIVE	82710	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	FATTY ACIDS, NONESTERIFIED	82725	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	VERY LONG CHAIN FATTY ACIDS	82726	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	FERRITIN	82728	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	FETAL FIBRONECTIN, CERVICOVAG SECRETNS	82731	\$286.39	\$280.66	\$283.53	\$264.34	\$280.66
Laboratory	Inpatient/Outpatient	FLUORIDE	82735	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	FOLIC ACID, SERUM	82746	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	FOLIC ACID, RBC	82747	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	FRUCTOSE, SEMEN	82757	\$122.74	\$120.29	\$121.51	\$113.29	\$120.29
Laboratory	Inpatient/Outpatient	GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS QUANT	82775	\$175.10	\$171.60	\$173.35	\$161.62	\$171.60
Laboratory	Inpatient/Outpatient	GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS SCREEN	82776	\$29.46	\$28.87	\$29.17	\$27.19	\$28.87
Laboratory	Inpatient/Outpatient	GALECTIN-3	82777	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GAMMAGLOBULIN, IGA, IGD, IGG, IGM, EACH	82784	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ASSAY OF IGE	82785	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GAMMAGLOBULIN SUBCLASSES IGG1-4, EACH	82787	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	BLOOD GAS MIXED WO O2 SAT	82803	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	HEMOGLOBIN-OXYGEN AFFINITY	82820	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	GASTRIC ANALY W/PH EA SPEC	82930	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GASTRIN AFTER SECRETIN STIMULATION	82938	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GASTRIN	82941	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GLUCAGON	82943	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	GLUCOSE, QUANTITATIVE, BLOOD	82947	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	POC GLUCOSE BY REAGENT STRIP	82948	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	GLUCOSE, POST GLUCOSE DOSE	82950	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS	82951	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GLUCOSE TOLLERANCE TEST, EA ADD SPEC (BEYOND 3)	82952	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	82955	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GLUTAMYLTRANSFERASE, GAMMA (GGT)	82977	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	GLUTATHIONE	82978	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GLUTATHIONE REDUCTASE, RBC	82979	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	GLYCATED PROTEIN	82985	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GONADOTROPIN, FSH	83001	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GONADOTROPIN LUTEINIZING HORMONE	83002	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	GROWTH HORMONE, HUMAN	83003	\$52.37	\$51.32	\$51.85	\$48.34	\$51.32
Laboratory	Inpatient/Outpatient	HAPTOGLOBIN, QUANTITATIVE	83010	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	HELICOBACTER PYLORI, BREATH TEST	83013	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	HEAVY METAL QUANTITATIVE, EACH	83018	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	HEMOGLOBIN FRACT & QUANT CHROMOTOGRAPHY	83021	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HEMOGLOBIN GLYCOSLATED (A1C)	83036	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	HEMOGLOBIN METHEMOGLOBIN, QUANTITATIVE	83050	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	HEMOGLOBIN, PLASMA	83051	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	HEMOSIDERIN, QUALITATIVE	83070	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	HEMOSIDERIN B-HEXOSAMINIDASE, EA ASSAY	83080	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	HISTAMINE	83088	\$39.28	\$38.49	\$38.89	\$36.26	\$38.49
Laboratory	Inpatient/Outpatient	HOMOCYSTEINE	83090	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	HOMOVANILIC ACID (HVA)	83150	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	HYDROXYCORTICOSTEROIDS, -17 (17-OHCS)	83491	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	HYDROXYPROGESTERONE, 17-D	83498	\$57.28	\$56.13	\$56.71	\$52.87	\$56.13
Laboratory	Inpatient/Outpatient	HYDROXYPROLINE, FREE	83500	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	HYDROXYPROLINE, TOTAL	83505	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD	83516	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	IMMUNOASSAY FOR ANALYTE, BY RIA (RADIOIMMUNOASSAY)	83519	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAB	83520	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAB	83520	\$106.37	\$104.24	\$105.31	\$98.18	\$104.24
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAB	83520	\$171.83	\$168.39	\$170.11	\$158.60	\$168.39
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAB	83520	\$335.48	\$328.77	\$332.13	\$309.65	\$328.77
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAB	83520	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	\$44.19	\$43.31	\$43.75	\$40.79	\$43.31
Laboratory	Inpatient/Outpatient	INSULIN, TOTAL	83525	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	INSULIN, FREE	83527	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	IRON	83540	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	IRON BINDING CAPACITY	83550	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	KETOSTEROIDS, -17 (17-KS), TOTAL	83586	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	KETOSTEROIDS, -17 (17-KS), FRACTIONATION	83593	\$34.37	\$33.68	\$34.03	\$31.72	\$33.68
Laboratory	Inpatient/Outpatient	LACTATE (LACTIC ACID)	83605	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	LACTATE DEHYDROGENASE (LD), (LDH)	83615	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	LDH, ISOENZYMES	83625	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09

Laboratory	Inpatient/Outpatient	LACTOFERRIN, FECAL, QUALITATIVE	83630	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	LEAD	83655	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	FETAL LUNG MATURITY ASSESS, L/S RATION	83661	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	FETAL LUNG - FLUORESC POLARIZ	83663	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	FETAL LUNG - LB DENSITY	83664	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	LIPASE	83690	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	LIPOPROTEIN (A)	83695	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	LIPOPROTEIN-ASSOC PHOSPHOLIPASE A2	83698	\$155.47	\$152.36	\$153.92	\$143.50	\$152.36
Laboratory	Inpatient/Outpatient	LIPOPROTEIN, BLOOD, ELECTROPHORETIC	83700	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	LIPOPROTEIN,BLOOD,HGH RESOL FRACT&QUANT	83701	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	LIPOPROTEIN BLD QUAN PART	83704	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	LIPOPROTEIN, DIRECT MEASUR HDL CHOLESTEROL	83718	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	LIPOPROTEIN,DIRECT MEASUR VLDL CHOLESTEROL	83719	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	LIPOPROTEIN,DIRECT MEASUR LDL CHOLESTEROL	83721	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	LUTEINIZING RELEASING FACTOR	83727	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	MAGNESIUM	83735	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	MANGANESE	83785	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	MASS SPECTROMETRY ANALYTE, QUANTITATIVE	83789	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	MERCURY, QUANTITATIVE	83825	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	METANEPHRINES	83835	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	\$14.73	\$14.44	\$14.58	\$13.60	\$14.44
Laboratory	Inpatient/Outpatient	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	83873	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	MYOGLOBIN	83874	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	NATRIURETIC PEPTIDE	83880	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	NEPHELOMETRY EA ANALYTE NES	83883	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	NICKEL	83885	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	NUCLEOTIDASE 5'-	83915	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	OLIGOCLONAL IMMUNE	83916	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ORGANIC ACIDS, TOTAL, QUANTITATIVE EA SPEC	83918	\$204.56	\$200.47	\$202.51	\$188.81	\$200.47
Laboratory	Inpatient/Outpatient	ORGANIC ACIDS, QUALITATIVE, EA SPECIMEN	83919	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	ORGANIC ACID, SINGLE, QUANTITATIVE	83921	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	OSMOLALITY, BLOOD	83930	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	OSMOLALITY, URINE	83935	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	OSTEOCALCIN (BONE G 1 A PROTEIN)	83937	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	OXALATE	83945	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PARATHORMONE (PARATHYROID HORMONE)	83970	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PH BODY FLUID	83986	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	PHENCYCLIDINE (PCP)	83992	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	CALPROTECTIN FECAL	83993	\$139.10	\$136.32	\$137.71	\$128.39	\$136.32
Laboratory	Inpatient/Outpatient	PHENYLALANINE (PKU) BLOOD	84030	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ACID, TOTAL	84060	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ACID, PROSTATIC	84066	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE	84075	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE	84075	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE, HEAT STABLE	84078	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE, ISOENZYMES	84080	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	PHOSPHATIDYLGLYCEROL	84081	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	PHOSPHOHEXOSE ISOMERASE	84087	\$26.18	\$25.66	\$25.92	\$24.16	\$25.66
Laboratory	Inpatient/Outpatient	PHOSPHORUS INORGANIC (PHOSPHATE)	84100	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	PHOSPHORUS INORGANIC URINE	84105	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	PORPHOBILINOGEN, URINE, QUALITATIVE	84106	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	PORPHOBILINOGEN, URINE, QUANTITATIVE	84110	\$21.27	\$20.84	\$21.06	\$19.63	\$20.84
Laboratory	Inpatient/Outpatient	PLACENTAL ALPHA MICROGLOBULIN-1	84112	\$72.01	\$70.57	\$71.29	\$66.47	\$70.57
Laboratory	Inpatient/Outpatient	PORPHYRINS, URINE QUALITATIVE	84119	\$26.18	\$25.66	\$25.92	\$24.16	\$25.66
Laboratory	Inpatient/Outpatient	PORPHYRINS, URINE, QUANT & FRACTIONTN	84120	\$57.28	\$56.13	\$56.71	\$52.87	\$56.13
Laboratory	Inpatient/Outpatient	POTASSIUM, SERUM PLASMA OR WHOLE BLOOD	84132	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	POTASSIUM, URINE	84133	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	PREALBUMIN	84134	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PREGNANETRIOL	84138	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	PREGNENOLONE	84140	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	17-HYDROXYPREGNENOLONE	84143	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	PROGESTERONE	84144	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PROCALCITONIN	84145	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	PROLACTIN	84146	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	PROSTAGLANDIN EACH	84150	\$63.82	\$62.54	\$63.18	\$58.91	\$62.54
Laboratory	Inpatient/Outpatient	PSA TOTAL (DIAGNOSTIC)	84153	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	PSA TOTAL (SCREENING TEST)	84153	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	PSA FREE	84154	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD	84155	\$25.00	\$24.50	\$24.75	\$23.08	\$24.50
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, URINE	84156	1.00	\$0.98	\$0.99	\$0.92	\$0.98
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, OTHER SOURCE	84157	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	PREGNANCY-ASSOC PLASMA PROTEIN-A	84163	\$147.28	\$144.33	\$145.81	\$135.94	\$144.33
Laboratory	Inpatient/Outpatient	PROTEIN, ELECTROPHRTC FRACT&QUANT SERUM	84165	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	PROTEIN, ELECTRPHRTC FRACT&QUANT OTR FLUID	84166	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09

Laboratory	Inpatient/Outpatient	PROTEIN, WESTERN BLOT, BLOOD/BDY FLUID	84181	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	PROTEIN WB, IM ID FOR BANDS, EA	84182	\$122.74	\$120.29	\$121.51	\$113.29	\$120.29
Laboratory	Inpatient/Outpatient	PROTOPORPHYRRIN, RBC QUANTITATIVE	84202	\$88.37	\$86.60	\$87.49	\$81.57	\$86.60
Laboratory	Inpatient/Outpatient	PROINSULIN	84206	\$192.45	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	84207	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	PYRUVATE	84210	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	PYRUVATE KINASE	84220	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	QUININE	84228	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	RECEPTOR ASSAY, ENDOCRINE	84235	\$122.74	\$120.29	\$121.51	\$113.29	\$120.29
Laboratory	Inpatient/Outpatient	RECEPTOR ASSAY, NON-ENDOCRINE	84238	\$122.74	\$120.29	\$121.51	\$113.29	\$120.29
Laboratory	Inpatient/Outpatient	RENIN	84244	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	RIBOFLAVIN (VITAMIN B-2)	84252	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	SELENIUM	84255	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	SEROTONIN	84260	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	SEX HORMONE BINDING GLOBULIN	84270	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	SIALIC ACID	84275	\$39.28	\$38.49	\$38.89	\$36.26	\$38.49
Laboratory	Inpatient/Outpatient	SODIUM, SERUM, PLASMA OR WHOLE BLOOD	84295	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	SODIUM, URINE	84300	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	SODIUM, OTHER SOURCE	84302	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	SOMATOMEDIN	84305	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	SOMATOSTATIN	84307	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	SPECTROPHOTOMETRY ANALYTE NES	84311	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	SPECIFIC GRAVITY (EXCEPT URINE)	84315	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	SUGARS SINGLE QUALITATIVE, EA SPECIMEN	84376	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	SUGARS, SINGLE QUANTITATIVE, EA SPECIMEN	84378	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	SULFATE, URINE	84392	\$68.73	\$67.36	\$68.04	\$63.44	\$67.36
Laboratory	Inpatient/Outpatient	TESTOSTERONE, FREE	84402	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TESTOSTERONE, TOTAL	84403	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	THIAMINE (VITAMIN B-1)	84425	\$80.19	\$78.59	\$79.39	\$74.02	\$78.59
Laboratory	Inpatient/Outpatient	THIOCYANATE	84430	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	THYROGLOBULIN	84432	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	THYROXINE, TOTAL	84436	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	THYROXINE, FREE	84439	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	THYROXINE BINDING GLOBULIN	84442	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	THYROID STIMULATING HORMONE (TSH)	84443	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	84445	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	TOCOPHEROL ALPHA (VITAMIN E)	84446	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	TRANSFERASE, ASPARTATE AMINO (AST) (SGOT)	84450	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	TRANSFERASE, ALANINE AMINO (ALT) (SGPT)	84460	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	TRANSFERRIN	84466	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TRIGLYCERIDES	84478	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	THYROID HORMONE (T3 OR T4) UPTAKE OR THBR	84479	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TRIIODOTHYRONINE T3, TOTAL (TT-3)	84480	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TRIIODOTHYRONINE T3, FREE	84481	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TRIIODOTHYRONINE T3, REVERSE	84482	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TROPONIN, QUANTITATIVE	84484	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	TRYPSIN, DUODENAL FLUID	84485	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	TRYPSIN, FECES, QUALITATIVE	84488	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	UREA NITROGEN, QUANTITATIVE	84520	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	UREA NITROGEN, URINE	84540	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	URIC ACID, BLOOD	84550	\$3.27	\$3.20	\$3.24	\$3.02	\$3.20
Laboratory	Inpatient/Outpatient	URIC ACID, OTHER SOURCE	84560	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	UROBILINOGEN, URINE, QUANT TIMED SPECIMEN	84580	\$36.00	\$35.28	\$35.64	\$33.23	\$35.28
Laboratory	Inpatient/Outpatient	VANILLYLMADELIC ACID (VMA), URINE	84585	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	VASOACTIVE INTERSTINAL PEPTIDE (VIP)	84586	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	84588	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	VITAMIN A	84590	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	VITAMIN NOS	84591	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	VITAMIN K	84597	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	VOLATILES	84600	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	XYLOSE ABSORPTION TEST,BLD &/OR URINE	84620	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	ZINC	84630	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	C-PEPTIDE	84681	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	GONADOTROPIN, CHORIONIC (HCG) QUANTITATIVE	84702	\$39.28	\$38.49	\$38.89	\$36.26	\$38.49
Laboratory	Inpatient/Outpatient	GONADOTROPIN, CHORIONIC (HCG) QUALITATIVE	84703	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	OSMOLALITY - FECES	84999	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PREPAID LAB DRAW PT SELF PAY	84999	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	PREPAID BLOOD PROCESS SELF PAY	84999	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	BLEEDING TIME	85002	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	WBC COUNT W AUTO DIFF	85004	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	BLOOD COUNT, SPUN MICROHEMATOCRIT	85013	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	HEMATOCRIT (HCT)	85014	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	HEMOGLOBIN (HGB)	85018	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	CBC W/DIFF & PLATELET	85025	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03

Laboratory	Inpatient/Outpatient	CBC W/PLATELET, W/OUT DIFF	85027	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	MANUAL CELL COUNT, EACH	85032	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	RED BLOOD CELL, AUTOMATED	85041	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	RETICULOCYTE COUNT, MANUAL	85044	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	RETICULOCYTE COUNT, AUTOMATED	85045	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	LEUKOCYTE (WBC) AUTOMATED	85048	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	PLATELET COUNT AUTOMATED	85049	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR II, PROTHROMBIN SPECIFIC	85210	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR V, LABILE FACTOR	85220	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VII	85230	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, 1-STAGE	85240	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII RELATED ANTIGEN	85244	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII,VW FACTOR,RISTOCETIN COFACTOR	85245	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, VW FACTOR ANTIGEN	85246	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, VWF MULTIMERIC	85247	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR IX (PTC OR CHRISTMAS)	85250	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR X (STUART-POWER)	85260	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR XI (PTA)	85270	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR XII (HAGEMAN)	85280	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR XIII (FIBRIN STABILIZING)	85290	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	ANTITHROMBIN III ACTIVITY ASSAY	85300	\$31.09	\$30.47	\$30.78	\$28.70	\$30.47
Laboratory	Inpatient/Outpatient	ANTITHROMBIN III ANTIGEN ASSAY	85301	\$27.82	\$27.26	\$27.54	\$25.68	\$27.26
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR, PROTEIN C AG	85302	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR, PROTEIN C ACTIVITY	85303	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR, PROTEIN S TOTAL	85305	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR PROTEIN S FREE	85306	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	ACTIVATED PROTEIN C RESISTANCE	85307	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	FACTOR INHIBITOR TEST	85335	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	COAG TIME, ACTIVATED	85347	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	EUGLOBULIN LYSIS	85360	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	FIBRIN(OGEN) DEGRADATION (SPLIT) PROD	85362	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	FIBRIN DEGRADATION PROD,D-DIMER, QUANT	85379	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	FIBRINOGEN ACTIVITY	85384	\$14.73	\$14.44	\$14.58	\$13.60	\$14.44
Laboratory	Inpatient/Outpatient	FIBRINOGEN ANTIGEN	85385	\$26.18	\$25.66	\$25.92	\$24.16	\$25.66
Laboratory	Inpatient/Outpatient	FIBRINOLYSINS OR COAG SCREEN	85390	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING ASSAY WHOLE BLOOD	85396	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CLOTTING FUNCT ACTIVITY	85397	\$114.55	\$112.26	\$113.40	\$105.73	\$112.26
Laboratory	Inpatient/Outpatient	FIBRINOLYTIC FACTORS ALPHA-2-ANTIPLASMIN	85410	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	FIBRINOLYTIC FACTORS PLASMINOGEN ACTIVATOR	85415	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	FIBRINOLYTIC FACTORS FUNCTIONAL PLASMINOGEN	85420	\$37.64	\$36.89	\$37.26	\$34.74	\$36.89
Laboratory	Inpatient/Outpatient	HEINZ BODIES, DIRECT	85441	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	K-B STAIN FOR FETAL HGB	85460	\$37.64	\$36.89	\$37.26	\$34.74	\$36.89
Laboratory	Inpatient/Outpatient	FETAL HGB SCREENING TEST ROSETTE	85461	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	HEMOLYSIN ACID	85475	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	HEPARIN ASSAY	85520	\$37.64	\$36.89	\$37.26	\$34.74	\$36.89
Laboratory	Inpatient/Outpatient	HEPARIN-PROTAMINE TOLERANCE TEST	85530	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	LEUKOCYTE ALK PHOS W COUNT	85540	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	MURAMIDASE	85549	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	OSMOTIC FRAGILITY, RBC, INCUBATED	85557	\$34.37	\$33.68	\$34.03	\$31.72	\$33.68
Laboratory	Inpatient/Outpatient	PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	HEXAGNAL PHOSPH PLTLT NEUTRL	85598	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	PROTHROMBIN TIME	85610	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	PT, SUBSTITUTION PLASMA FRACTIONS EA	85611	\$39.28	\$38.49	\$38.89	\$36.26	\$38.49
Laboratory	Inpatient/Outpatient	RUSSELL VIPER VENOM TIME, UNDILUTED	85612	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	RUSSELL VIPER VENOM TIME, DILUTED	85613	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	REPTILASE TEST	85635	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	SEDIMENTATION RATE,ERYTHROCYTE, AUTOMATED	85652	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	SICKLING OF RBC, REDUCTION	85660	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	THROMBIN TIME, PLASMA	85670	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	THROMPLASTIN TIME,PARTIAL (PTT)	85730	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	PTT, SUBSTITUTION PLASMA FRACTIONS EA	85732	\$39.28	\$38.49	\$38.89	\$36.26	\$38.49
Laboratory	Inpatient/Outpatient	VISCOSITY	85810	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	AGGLUTININS, FEBRILE, EACH ANTIGEN	86000	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ALLERGEN SPECIFIC IGG EACH ALLERGEN	86001	\$49.09	\$48.11	\$48.50	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	ALLERGEN SPECIFIC IGE EACH ALLERGEN	86003	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ALLG SPEC IGE RECOMB EA	86008	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	ANTIBODY INDENT, LEUKOCYTE ANTIBODY	86021	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	AB ID; PLATELET AB	86022	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	ANTINUCLEAR ANTIBODIES (ANA)	86038	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTINUCLEAR ANTIBODIES (ANA) TITER	86039	\$45.82	\$44.90	\$45.36	\$42.29	\$44.90
Laboratory	Inpatient/Outpatient	AQUAPORIN-4 ANT B CBA EACH	86052	\$93.28	\$91.41	\$92.35	\$86.10	\$91.41
Laboratory	Inpatient/Outpatient	ANTISTREPTOLYSIN O, TITER	86060	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	C-REACTIVE PROTEIN	86140	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06

Laboratory	Inpatient/Outpatient	C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	\$26.18	\$25.66	\$25.92	\$24.16	\$25.66
Laboratory	Inpatient/Outpatient	BETA 2 GLYCOPROTEIN I AB EA	86146	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CARDIOLIPIN AB EA IG CLASS	86147	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTI-PHOSPHATIDYL SERINE AB	86148	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	COLD AGGLUTININ SCREEN	86156	\$21.27	\$20.84	\$21.06	\$19.63	\$20.84
Laboratory	Inpatient/Outpatient	COLD AGGLUTININ, TITER	86157	\$42.55	\$41.70	\$42.12	\$39.27	\$41.70
Laboratory	Inpatient/Outpatient	COMPLEMENT, ANTIGEN EACH COMPONENT	86160	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	COMPLEMENT, FUNCTIONAL ACTIVITY EA COMP	86161	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	COMPLEMENT, TOTAL HEMOLYTIC (CH50)	86162	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CYCLIC CITRULINATED PEPTIDE (CCP) ANTIBODY	86200	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	DEOXYRIBONUCLEASE, ANTIBODY	86215	\$34.37	\$33.68	\$34.03	\$31.72	\$33.68
Laboratory	Inpatient/Outpatient	DEOXYRIBONUCLEIC ACID (DNA) ANTBDY DBL STRAND	86225	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	DEOXYRIBONUCLEIC ACID (DNA) ANTBDY SINGL STRAND	86226	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	EXTRACTBL NUCLR ANTIGEN,ANTIBDY TO,ANY METHOD	86235	\$45.82	\$44.90	\$45.36	\$42.29	\$44.90
Laboratory	Inpatient/Outpatient	FLUORESCENT AB, SCRNM EA AB	86255	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	FLUORESCENT AB, TITER EA AB	86256	\$45.82	\$44.90	\$45.36	\$42.29	\$44.90
Laboratory	Inpatient/Outpatient	DGP ANTIBODY EACH IG CLASS	86258	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 15-3 (27.29)	86300	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 19-9	86301	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 125	86304	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	HUMAN EPIDIDYMIIS PROTEIN 4	86305	\$220.93	\$216.51	\$218.72	\$203.92	\$216.51
Laboratory	Inpatient/Outpatient	HETEROPHILE ANTIBODIES, SCREENING	86308	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	HETEROPHILE ANTIBODIES, TITERS ABTR ABSORP	86310	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGEN,OTHR ANTIGEN	86316	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	IMMUNOASSAY INFECT AGENT ANTBDY,QUANT	86317	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	IMMUNOELECTPHRS OTHER FLUIDS	86325	\$63.82	\$62.54	\$63.18	\$58.91	\$62.54
Laboratory	Inpatient/Outpatient	IMMUNODIFFUSION, GEL DIFFUSION,QUAL	86331	\$31.09	\$30.47	\$30.78	\$28.70	\$30.47
Laboratory	Inpatient/Outpatient	IMMUNE COMPLEX ASSAY	86332	\$58.91	\$57.73	\$58.32	\$54.37	\$57.73
Laboratory	Inpatient/Outpatient	IMMUNOFIXATION ELECTROPHRS SERUM	86334	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION	86335	\$72.01	\$70.57	\$71.29	\$66.47	\$70.57
Laboratory	Inpatient/Outpatient	INHIBIN A	86336	\$39.28	\$38.49	\$38.89	\$36.26	\$38.49
Laboratory	Inpatient/Outpatient	INSULIN ANTIBODIES	86337	\$60.55	\$59.34	\$59.89	\$55.89	\$59.34
Laboratory	Inpatient/Outpatient	INTRINSIC FACTOR ANTIBODIES	86340	\$57.28	\$56.13	\$56.71	\$52.87	\$56.13
Laboratory	Inpatient/Outpatient	ISLET CELL ANTIBODY	86341	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	LEUKOCYTE HISTAMINE RELEASE TEST	86343	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	B CELLS TOTAL COUNT	86355	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	MONONUCLEAR CELL ANTIGEN QUANT EA	86356	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	NATURAL KILLER (NK) CELLS, TOTAL COUNT	86357	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	T CELLS, TOTAL COUNT	86359	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	T CELLS, ABSOLUTE CD4 & CD8 COUNT, INC RATIO	86360	\$163.65	\$160.38	\$161.00	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	T CELLS, ABSOL CD4 COUNT	86361	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	TISS TRNSGLTMNASE EA IG CLAS	86364	\$18.00	\$17.64	\$17.82	\$16.61	\$17.64
Laboratory	Inpatient/Outpatient	MICROSOMAL ANIBODIES, EACH	86376	\$36.00	\$35.28	\$35.64	\$33.23	\$35.28
Laboratory	Inpatient/Outpatient	NEUTRALIZATION TEST, VIRAL	86382	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	NITROBLUE TETRAZOLIUM DYE TEST	86384	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	PARTICLE AGGLUTINATION, SCREEN EA ANTBDY	86403	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	PARTICLE AGGLUTINATION, TITER EA AB	86406	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	QUAL RHEUM FACTOR	86430	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	RHEUMATOID FACTOR, QUANTITATIVE	86431	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	TB TEST GAMMA INTERFERON	86480	\$57.28	\$56.13	\$56.71	\$52.87	\$56.13
Laboratory	Inpatient/Outpatient	TB AG RESPONSE T-CELL SUSP	86481	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	SYPHILIS TEST NON-TREP QUAL	86592	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	SYPHILIS TEST,NONTREPONML ANTBDY QUANT	86593	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	ANTIBODY, ADENOVIRUS	86603	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, ASPERGILLUS	86606	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, BACTERIUM NES	86609	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	BARTONELLA ANTIBODY	86611	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, BLASTOMYCES	86612	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, BORDETELLA	86615	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	AB, LYME'S (WB) CONFIRM	86617	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	AB, LYME'S DISEASE	86618	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, BRUCELLA	86622	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY CAMPYLOBACTER	86625	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, CANDIDA	86628	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, CHLAMYDIA	86631	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, CHLAMYDIA IGM	86632	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, COCCIDIOIDES	86635	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, COXIELLA BURNETII (Q FEVER)	86638	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, CYTOMEGALOVIRUS (CMV)	86644	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTIBODY, CYTOMEGALOVIRUS (CMV) IGM	86645	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, DIPHTHERIA	86648	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, CALIFORNIA	86651	\$76.92	\$75.38	\$76.15	\$71.00	\$75.38
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, EASTERN EQUINE	86652	\$76.92	\$75.38	\$76.15	\$71.00	\$75.38
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, ST. LOUIS	86653	\$76.92	\$75.38	\$76.15	\$71.00	\$75.38

Laboratory	Inpatient/Outpatient	ANTIBODY, ENTEROVIRUS	86658	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS, EARLY ANTIGEN	86663	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS, EBNA	86664	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS,VIRAL CAPSID	86665	\$76.92	\$75.38	\$76.15	\$71.00	\$75.38
Laboratory	Inpatient/Outpatient	ANTIBODY, EHRlichIA	86666	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, FUNGUS NES	86671	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, GIARDIA LAMBLIA	86674	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, HELICOBACTER PYLORI	86677	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, HELMINTH NES	86682	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, HAEMOPHILUS INFLUENZA	86684	\$76.92	\$75.38	\$76.15	\$71.00	\$75.38
Laboratory	Inpatient/Outpatient	ANTIBODY, HTLV-I	86687	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, HTLV-II	86688	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, HTLV OR HIV, CONFIRMATORY TEST	86689	\$122.74	\$120.29	\$121.51	\$113.29	\$120.29
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS, DELTA AGENT	86692	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX	86694	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX, TYPE 1	86695	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX, TYPE 2	86696	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, HISTOPLASMA	86698	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-1	86701	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-2	86702	\$54.00	\$52.92	\$53.46	\$49.84	\$52.92
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-1 & HIV-2, SINGLE RESULT	86703	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B CORE, TOTAL	86704	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B CORE, IGM	86705	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B SURFACE	86706	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS BE ANTIBODY	86707	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS A, TOTAL	86708	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS A, IGM ANTIBODY	86709	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, INFLUENZA VIRUS	86710	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	ANTIBODY, JC VIRUS	86711	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, LEGIONELLA	86713	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, LEISHMANIA	86717	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, LEPTOSPIRA	86720	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, LISTERIA MONOCYTOGENES	86723	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, LYMPHOCYTIC CHORIOMENINGITIS	86727	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, MUMPS	86735	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, MYCOPLASMA	86738	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, PARVOVIRUS	86747	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	AB, PROTOZOA NES	86753	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, RESPIRATORY SYNCYTIAL VIRUS	86756	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, RICKETTSIA	86757	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, RUBELLA	86762	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	ANTIBODY, RUBEOLA	86765	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, SALMONELLA	86768	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	SARS-COV-2 COVID-19 ANTIBODY	86769	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	ANTIBODY, TETANUS	86774	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, TOXOPLASMA	86777	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, TOXOPLASMA, IGM	86778	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, TREPONEMA PALLIDUM	86780	\$27.82	\$27.26	\$27.54	\$25.68	\$27.26
Laboratory	Inpatient/Outpatient	ANTIBODY, TRICHINELLA	86784	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, VARICELLA-ZOSTER	86787	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, WEST NILE VIRUS, IGM	86788	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, WEST NILE VIRUS	86789	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED	86790	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED	86790	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ANTIBODY, YERSINIA	86793	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	THYROGLOBULIN ANTIBODY	86800	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HEPATITIS C ANTIBODY	86803	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	\$163.65	\$160.38	\$162.01	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C SINGLE ANTIGEN	86812	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C SINGLE ANTIGEN	86812	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	R HLA TYPING, A, B, OR C MULTPL ANTIGEN	86813	\$204.56	\$200.47	\$202.51	\$188.81	\$200.47
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C MULTPL ANTIGEN	86813	\$204.56	\$200.47	\$202.51	\$188.81	\$200.47
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C MULTPL ANTIGEN	86813	\$204.56	\$200.47	\$202.51	\$188.81	\$200.47
Laboratory	Inpatient/Outpatient	HLA TYPING, DR/DQ SINGLE ANTIGEN	86816	\$188.20	\$184.44	\$186.32	\$173.71	\$184.44
Laboratory	Inpatient/Outpatient	HLA TYPING, DR/DQ MULTIPLE ANTIGEN	86817	\$376.39	\$368.86	\$372.63	\$347.41	\$368.86
Laboratory	Inpatient/Outpatient	R HLA X-MATCH NON-CYTOTOXIC FIRST	86825	\$723.33	\$708.86	\$716.10	\$667.63	\$708.86
Laboratory	Inpatient/Outpatient	ANTIBODY SCREEN, RBC, EA SERUM TECHNIQUE	86850	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	ANTIBODY ELUTION (RBC), EACH ELUTION	86860	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	ANTIBODY IDENT,RBC, EA PANEL FOR EA SERUM TECHNIQUE	86870	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	ANTIHUMAN GLOBULIN TEST (COOMBS) DIRECT, EA ANTISERUM	86880	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	COOMBS TEST INDIRECT TITER	86886	\$52.37	\$51.32	\$51.85	\$48.34	\$51.32
Laboratory	Inpatient/Outpatient	AUTOLOG BLOOD PREDEPOSITED	86890	\$278.20	\$272.64	\$275.42	\$256.78	\$272.64
Laboratory	Inpatient/Outpatient	AUTOLOGOUS BLOOD OP SALVAGE	86891	\$859.16	\$841.98	\$850.57	\$793.00	\$841.98
Laboratory	Inpatient/Outpatient	BLOOD TYPING, ABO	86900	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42

Laboratory	Inpatient/Outpatient	BLOOD TYPING RH (D)	86901	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	BLOOD TYPE ANTIGEN DONOR EA	86902	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	BLD TYPE, AG SCR N W PT SERUM PER UNIT	86904	\$19.64	\$19.25	\$19.44	\$18.13	\$19.25
Laboratory	Inpatient/Outpatient	BLD TYPE, RBC AG NOT ABO/RHD EA	86905	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	COMPATIBILITY TEST EA UNIT,IMMED SPIN TECHNQ	86920	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	COMPATIBILITY TEST EA UNIT,ANTIGLOB TECHNQ	86922	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	FRESH FROZEN PLASMA,THAWING,EACH UNIT	86927	\$6.55	\$6.42	\$6.48	\$6.05	\$6.42
Laboratory	Inpatient/Outpatient	HEMOLYSINS & AGGLUTININS INCUBATED	86941	\$29.46	\$28.87	\$29.17	\$27.19	\$28.87
Laboratory	Inpatient/Outpatient	POOLING OF PLATELETS/BLOOD PRODUCTS	86965	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	PRETREAT RBC, CHEM OR DRUGS, EA INCUBATION	86970	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	PRETREATMENT RBC'S W/ENZYMES, EA	86971	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM BY DILUTION	86976	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM INCUBATION W/INHIBITOR, EA	86977	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM BY DIFF RED CELL ABSORPTION, EA	86978	\$163.65	\$160.38	\$162.01	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	SPLITTING OF BLOOD/PRODUCTS EACH UNIT	86985	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CONCENTRATION FOR INFECTIOUS AGENT	87015	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CONCENTRATION FOR INFECTIOUS AGENT	87015	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID	87040	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID	87040	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	AEROB BACTERIA CULTURE STOOL, PRELIM EXAM	87045	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	AEROB BACTERIA CULTURE STOOL, PRELIM EXAM	87045	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE	87046	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE	87046	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL OTHR SOURCE, AEROBIC, PRESUMPTIVE ID	87070	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL ANY SOURCE, ANAEROBIC, PRESUMPTIVE ID	87075	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL ANAEROBIC ISOL ADD METHOD, EA ISOLATE	87076	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL AEROBIC ISOL ADD METHOD, EA ISOLATE	87077	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CULTURE PRESMP TV PATH ORGNSMS SCREEN ONLY	87081	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CULTURE PRESMP TV PATH ORGNSMS SCREEN ONLY - N/C	87081	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	URINE CULTURE BACTRL QUANT COLONY COUNT	87086	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	URINE BACTERIA CULTURE, PRESUMPTIVE ID, EA ISOLATE	87088	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CULT FUNGUS W P ID, SKIN HR NL	87101	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE NOT BLOOD, P ID, OTHER SOURCE	87102	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE BLOOD, P ID	87103	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE DEF ID YEAST, EA	87106	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	CULTURE MYCOPLASMA ANY SOURCE	87109	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	CULTURE CHLAMYDIA ANY SOURCE	87110	\$50.73	\$49.72	\$50.22	\$46.82	\$49.72
Laboratory	Inpatient/Outpatient	CULTURE AFB - ISOL & ID	87116	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CULT MYCOBACTERIA DEFIN ID EA	87118	\$124.37	\$121.88	\$123.13	\$114.79	\$121.88
Laboratory	Inpatient/Outpatient	CULTURE, IF EA ANTISERUM	87140	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	DNA/RNA DIRECT PROBE, EA ORGANISM	87149	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	DNA/RNA AMPLIFIED PROBE	87150	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CULTURE DNA/RNA SEQUENCING	87153	\$253.66	\$248.59	\$251.12	\$234.13	\$248.59
Laboratory	Inpatient/Outpatient	DARK FIELD, W SPEC COLLECT	87164	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	MACROSCOPIC EXAM, ARTHROPOD	87168	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	MACROSCOPIC EXAM PARASITE	87169	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	PINWORM EXAM	87172	\$9.82	\$9.62	\$9.72	\$9.06	\$9.62
Laboratory	Inpatient/Outpatient	OVA & PARASITES DIR SMR W ID	87177	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	SENSITIVITY - AGAR DILUTION/AGENT	87181	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	SENSITIVITY - DISK PER PLATE	87184	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	MICROBE SUSCEPTIBLE MIC	87186	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	SENSITIVITY - MLC EA PLATE	87187	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	SENSITIVITY - MACROBROTH EA AGENT	87188	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	SENSITIVITY - MYCOBACT EA AGENT	87190	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	SMEAR,PRIM SOURCE,GRAM/GIEMSA STAIN	87205	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	SMEAR, FLUORESCENT OR AFB STAIN	87206	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	SMEAR,PRIM SOURCE,SPEC STAIN INCLSN BDY/PARASITES	87207	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	SMEAR PRIMARY SOURCE COMPLEX SPECIAL STAIN FOR OVA & PARASITE	87209	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	SMEAR,PRIM SOURCE,WET MOUNT INFC AGENT	87210	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	KOH FOR FUNGI/PARASITES/MITES	87220	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	TOXIN OR ANTITOXIN ASSAY,TISSUE CULTURE	87230	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID	87252	\$163.65	\$160.38	\$162.01	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	VIRUS ISOLATE, ADDTL STUDIES OR DEF ID, EA ISOLATE	87253	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	VIRUS ISOL SHELL VIAL TECHN, IMMUNOFLUOR, EA VIRUS	87254	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	VIRUS ISOL, INCLUDE ID BY NON-IMMUNOLOGIC METHOD	87255	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	BORDATELLA P AG BY DFA	87265	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CHLAMYDIA T AG BY DFA	87270	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	INFECT AGENT ANTGN, CYTOMEGALOVIRUS DFA	87271	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CRYPTOSPOR AG BY IFA	87272	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 2 AG BY IF	87273	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 1 AG BY IF	87274	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	LEGIONELLA PNEUMOPHILA ANTIGEN, IFA	87278	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	PNEUMOCYSTIS CARINII AG BY IF	87281	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	VARICELLA ZOSTER AG BY DFA	87290	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09

Laboratory	Inpatient/Outpatient	NOS INFECTIOUS AG BY IF, EA	87299	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ADENOVIRUS AG EIA	87301	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ASPERGILLUS AG EIA	87305	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CLOSTRIDIUM DIFFICILE AG EIA	87324	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ENTAMOEB HIST GROUP AG EIA	87337	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	HPYLORI STOOL AG EIA	87338	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	INFECT AGENT ANTGN ENZYME,HEP B (HBSAG)	87340	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HEPATITIS B SURFACE AG EIA NEUTRALIZATION	87341	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HEPATITIS BE AG EIA	87350	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	HEPATITIS DELTA AG EIA	87380	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HISTOPLASMA CAPSUL AG EIA	87385	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	HIV-1 AG W/HIV-1 & HIV-2 AB	87389	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	HIV-1 AG EIA	87390	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	RESP SYNCYTIAL AG EIA	87420	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	ROTAVIRUS AG EIA	87425	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	CORONAVIRUS AG IA	87426	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	SHIGA-LIKE TOXIN AG EIA	87427	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	SARS-COV-2 & INFLUENZA VIRUS TYPES A&B	87428	\$42.55	\$41.70	\$42.12	\$39.27	\$41.70
Laboratory	Inpatient/Outpatient	IA AG BY EIA - MULTI STEP EA	87449	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	87450	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	LYMES AMPLIFIED NA PROBE	87476	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	CANDIDA NA DIRECT PROBE	87480	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	CANDIDA NA AMPLIFIED PROBE	87481	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	CHLAMYDIA P AMPLIF NA PROBE	87486	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	CHLAMYDIA T DIR NA PROBE	87490	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	CHLAMYDIA T AMPLIF NA PROBE	87491	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	C DIFF AMPLIFIED PROBE	87493	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	CYTOMEGALOV AMPLIF NA PROBE	87496	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	CYTOMEGALOVIRUS NA QUAN	87497	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	ENTEROVIRUS NA AMP PROBE & REVRS TRNS	87498	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROB EA TYPE	87501	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROBE	87502	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROB >2 TYPES	87503	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	IADNA-DNA/RNA PROBE TQ 12-25	87507	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	GARDNERELLA DIR NA PROBE	87510	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	GARDNERELLA NA QUAN	87512	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	HEP-B AMPLIF NA PROBE	87516	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	HEP-B NA QUAN	87517	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	HEPATITIS C PROBE&RVRS TRNSC, AMPLIFIED, NA	87521	\$229.11	\$224.53	\$226.82	\$211.47	\$224.53
Laboratory	Inpatient/Outpatient	HEPATITIS C REVRS TRNSCRPJ, NA, QUANT	87522	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	HERPES S AMPLIF NA PROBE	87529	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	HERPES S NA QUAN	87530	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	HERPES 6 AMPLIF NA PROBE	87532	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	HERPES 6 NA QUAN	87533	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	HIV-1 AMPLIF NA PROBE & REVERSE TRNSCRPJ	87535	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	HIV-1 NA QUAN & REVRS TRNSCRPJ	87536	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	HIV-2 AMPLIF NA PROBE & REVRS TRNSCRPJ	87538	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	LEGIONELLA AMPLIF NA PROBE	87541	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	MYCOBACTERIA T DIR NA PROBE	87555	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	MYCOBACTERIA T AMPLIF NA PROBE	87556	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	MYCOBACTERIA A DIR NA PROBE	87560	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	M. GENITALIUM AMP PROBE	87563	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	MYCOPLASMA P AMPLIF NA PROBE	87581	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	NEISSERIA AMPLIF NA PROBE	87591	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	HPV HIGH-RISK TYPES	87624	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	HPV TYPES 16 & 18 ONLY	87625	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	RESP VIRUS 42799 TARGETS	87631	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	RESP VIRUS 12-25 TARGETS	87633	\$294.57	\$288.68	\$291.62	\$271.89	\$288.68
Laboratory	Inpatient/Outpatient	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRU	87635	\$51.31	\$50.28	\$50.80	\$47.36	\$50.28
Laboratory	Inpatient/Outpatient	MR-STAPH DNA AMP PROBE	87641	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	STREPTOCOCCUS GROUP A AMPLIFIED PROBE TECHNIQUE	87651	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	STREP B DNA AMP PROBE	87653	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	TRICHOMONAS VAGINALIS NA DIR PROBE	87660	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	TRICHOMONAS VAGINALIS AMPLIF	87661	\$73.64	\$72.17	\$72.90	\$67.97	\$72.17
Laboratory	Inpatient/Outpatient	AMPLIF NA PROBE NOS AGENT	87798	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	AMPLIF NA PROBE NOS AGENT EA	87798	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	NA QUAN NOS AGENT EA	87799	\$261.84	\$256.60	\$259.22	\$241.68	\$256.60
Laboratory	Inpatient/Outpatient	DIR NA PROBE MULTI ORGANISMS	87800	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	DNA/RNA, MULTI ORG - AMP PR	87801	\$196.38	\$192.45	\$194.42	\$181.26	\$192.45
Laboratory	Inpatient/Outpatient	STREP B IA W DO	87802	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	INFLUENZA IA W DO	87804	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	INFLUENZA A+B BY IMMUNOFUORESCENCE	87804	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	RESPIRATORY SYNCYTIAL VIRUS BY IMMUNOFUORESCENCE	87807	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	STREP A ASSAY W/OPTIC	87880	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09

Laboratory	Inpatient/Outpatient	AGENT NOS ASSAY W/OPTIC	87899	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	PHENOTYPE INFECT AGENT DRUG	87900	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HIV REVERSE T	87901	\$556.41	\$545.28	\$550.85	\$513.57	\$545.28
Laboratory	Inpatient/Outpatient	GENOTYPE ANALYSIS, HEPATITIS C - DNA OR RNA	87902	\$556.41	\$545.28	\$550.85	\$513.57	\$545.28
Laboratory	Inpatient/Outpatient	PHENOTYPE DNA HIV W/CULTURE, 42745 DRUGS	87903	\$556.41	\$545.28	\$550.85	\$513.57	\$545.28
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HIV OTHER REGION	87906	\$270.02	\$264.62	\$267.32	\$249.23	\$264.62
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HEPATITIS B	87912	\$242.20	\$237.36	\$239.78	\$223.55	\$237.36
Laboratory	Inpatient/Outpatient	CYTOPATH, FLUID,WASHNG,BRUSHNG SMEAR	88104	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	CYTOPATH, CONCENTRATION TECHNQ SMEAR	88108	\$114.55	\$112.26	\$113.40	\$105.73	\$112.26
Laboratory	Inpatient/Outpatient	CYTOPATH, SEL CELL ENHANCmnt TECHNQ	88112	\$163.65	\$160.38	\$162.01	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	CYTP URNE 42799 PROBES EA SPEC, MANUAL	88120	\$302.75	\$296.70	\$299.72	\$279.44	\$296.70
Laboratory	Inpatient/Outpatient	CYTOPATH C/V INTERPRET	88141	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CYTOPATH, CERV/VAGINAL AUTO THIN LAYER	88142	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	DX PAP TL, MANUAL SCRn & RS	88143	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	CYTOPATH SLIDES CERV/VAGNL DEF HORMNL EVAL	88155	\$36.00	\$35.28	\$35.64	\$33.23	\$35.28
Laboratory	Inpatient/Outpatient	CP SMR OTHR, PREP SCRn INT	88161	\$114.55	\$112.26	\$113.40	\$105.73	\$112.26
Laboratory	Inpatient/Outpatient	BETHESDA PAP, MANUAL SCREEN	88164	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CYTOPATH SLIDES CERV/VAGNL MAN (RE)SCREEN	88165	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	CYTOPATH, DX EVAL FNA 1ST EA SITE	88172	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	CYTOPATH, EVAL FNA INTERPRET & REPORT	88173	\$147.28	\$144.33	\$145.81	\$135.94	\$144.33
Laboratory	Inpatient/Outpatient	CYTOPATH C/V AUTO FLUID REDO	88175	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	CYTOPATH, EVAL FNA EACH ADDTNL EPISODE	88177	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS	88182	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL SURFACE, FIRST MARKER	88184	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL SURFACE, EA ADDTNL	88185	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	TISSUE CULT FOR NON-NEOPLSTC,LYMPHOCYTE	88230	\$163.65	\$160.38	\$162.01	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	TISSUE CULT FOR NON-NEOPLSTC,SKIN/SOLID BX	88233	\$327.30	\$320.75	\$324.03	\$302.10	\$320.75
Laboratory	Inpatient/Outpatient	TISSUE CULT FOR NON-NEOPLSTC,AMNIOTIC FLUID	88235	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	TISSUE CULTURE, BM BLD CELLS	88237	\$245.47	\$240.56	\$243.02	\$226.57	\$240.56
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS BASELINE BRKG SCORE 50-100	88248	\$654.60	\$641.51	\$648.05	\$604.20	\$641.51
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS BASELINE BRKG SCORE 100	88249	\$760.97	\$745.75	\$753.36	\$702.38	\$745.75
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS CNT 15-20 CELLS,2 KARTYP	88262	\$523.68	\$513.21	\$518.44	\$483.36	\$513.21
Laboratory	Inpatient/Outpatient	CHROMOSOME ANALYSIS, ANALYZE 20-25 CELLS	88264	\$654.60	\$641.51	\$648.05	\$604.20	\$641.51
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS IN SITU AMNIOTIC FLD CELLS	88269	\$490.95	\$481.13	\$486.04	\$453.15	\$481.13
Laboratory	Inpatient/Outpatient	MLECULAR CYTOGEN, DNA PROBE EA (FISH)	88271	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	MCG, SITU HYBRID 43038 CELLS	88273	\$286.39	\$280.66	\$283.53	\$264.34	\$280.66
Laboratory	Inpatient/Outpatient	CYTOGENETICS, MOLECULAR INTERPHASE IN SITU HYBID 25-99 S	88274	\$327.30	\$320.75	\$324.03	\$302.10	\$320.75
Laboratory	Inpatient/Outpatient	MCG, IP SITU 100-300 CELLS	88275	\$376.39	\$368.86	\$372.63	\$347.41	\$368.86
Laboratory	Inpatient/Outpatient	CHROMOSOME ANALY, ADDTL KARYOT EA STUDY EVAL	88280	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	88289	\$163.65	\$160.38	\$162.01	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	CYTOGENETIC & MOLECULAR CYTOGENETICS	88291	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL I, GROSS EXAM ONLY	88300	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL II, GROSS & MICROSCOPIC EXAM	88302	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL III, GROSS & MICROSCOPIC EXAM	88304	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL IV, GROSS & MICROSCOPIC EXAM	88305	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL V, GROSS & MICROSCOPIC	88307	\$163.65	\$160.38	\$162.01	\$151.05	\$160.38
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL VI, GROSS & MICROSCOPIC	88309	\$204.56	\$200.47	\$202.51	\$188.81	\$200.47
Laboratory	Inpatient/Outpatient	DECALCIFICATION PROCEDURE	88311	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP I FOR MICROORGANISMS	88312	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP II, ALL OTHERS	88313	\$16.36	\$16.03	\$16.20	\$15.10	\$16.03
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, HISTOCHEMICAL FRZN TISS BLCK	88314	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP III FOR ENZYME	88319	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	CONSULT DURING SURGERY	88329	\$32.73	\$32.08	\$32.40	\$30.21	\$32.08
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG,1ST BLCK FRZN SEC	88331	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG,EA ADDTNL BLCK	88332	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, CYTOLOGY EXAM	88333	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, CYT EXAM EA ADD SITE	88334	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, EA ADDTL	88341	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, INITIAL	88342	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	IMMUNOHISTO ANTIBODY SLIDE	88344	\$220.93	\$216.51	\$218.72	\$203.92	\$216.51
Laboratory	Inpatient/Outpatient	IMMUNOFLOURESCENT STUDY, EA ANTIBODY, DIRECT	88346	\$98.19	\$96.23	\$97.21	\$90.63	\$96.23
Laboratory	Inpatient/Outpatient	ELECTRON MICROSCOPY, DIAGNOSTIC	88348	\$654.60	\$641.51	\$648.05	\$604.20	\$641.51
Laboratory	Inpatient/Outpatient	IMMUNOFUOR ANTB ADDL STAIN	88350	\$112.92	\$110.66	\$111.79	\$104.23	\$110.66
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY,TUMOR MARKER,MANUAL	88360	\$122.74	\$120.29	\$121.51	\$113.29	\$120.29
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY,TUMOR MARKER,CMPT	88361	\$147.28	\$144.33	\$145.81	\$135.94	\$144.33
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION (FISH)	88364	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION (FISH) EA ADDTL	88364	\$319.12	\$312.74	\$315.93	\$294.55	\$312.74
Laboratory	Inpatient/Outpatient	IN SITU HYBRIDIZATION (FISH) SINGLE PROBE	88365	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION AUTO	88367	\$222.56	\$218.11	\$220.33	\$205.42	\$218.11
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, SNGL PROBE, INITIAL	88368	\$189.83	\$186.03	\$187.93	\$175.21	\$186.03
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, EACH ADD'L SNGL PROBE	88369	\$189.83	\$186.03	\$187.93	\$175.21	\$186.03
Laboratory	Inpatient/Outpatient	M/PHMTRC ALYS ISHQUANT/SEMIQ	88373	\$222.56	\$218.11	\$220.33	\$205.42	\$218.11
Laboratory	Inpatient/Outpatient	M/PHMTRC ALYS ISH QUANT/SEMIQ	88374	\$572.77	\$561.31	\$567.04	\$528.67	\$561.31
Laboratory	Inpatient/Outpatient	MORPHOMTC ALYS IN SITU HYBRID QUANT/SEMIQ	88377	\$572.77	\$561.31	\$567.04	\$528.67	\$561.31

Laboratory	Inpatient/Outpatient	MICRODISSECTION LASER	88380	\$1,340.29	\$1,313.48	\$1,326.89	\$1,237.09	\$1,313.48
Laboratory	Inpatient/Outpatient	MICRODISSECTION MANUAL	88381	\$335.48	\$328.77	\$332.13	\$309.65	\$328.77
Laboratory	Inpatient/Outpatient	CELL COUNT, MISC BODY FLUID,W/DIFF COUNT	89051	\$40.91	\$40.09	\$40.50	\$37.76	\$40.09
Laboratory	Inpatient/Outpatient	LEUKOCYTE ASSESSMENT,FECAL,QUAL/SEMIQUAL	89055	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	CRYSTAL IDENTIFICATION TISSUE/BODY FLUID	89060	\$24.55	\$24.06	\$24.30	\$22.66	\$24.06
Laboratory	Inpatient/Outpatient	MEAT FIBERS, FECES	89160	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	NASAL SMEAR FOR EOSINOPHILS	89190	\$13.09	\$12.83	\$12.96	\$12.08	\$12.83
Laboratory	Inpatient/Outpatient	SEMEN ANALYSIS,SPERM PRESENCE & MOTILITY	89321	\$8.18	\$8.02	\$8.10	\$7.55	\$8.02
Laboratory	Inpatient/Outpatient	SPERM ANTIBODIES	89325	\$27.82	\$27.26	\$27.54	\$25.68	\$27.26
Laboratory	Inpatient/Outpatient	PHLEBOTOMY, THERAPEUTIC	99195	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	PHLEBOTOMY, THERAPEUTIC	99195	\$81.82	\$80.18	\$81.00	\$75.52	\$80.18
Laboratory	Inpatient/Outpatient	SCR C/V CYTO,THINLAYER,RESCR	G0145	\$49.09	\$48.11	\$48.60	\$45.31	\$48.11
Laboratory	Inpatient/Outpatient	BLOOD, SPLIT UNIT, RED BLOOD CELL	P9011	\$180.01	\$176.41	\$178.21	\$166.15	\$176.41
Laboratory	Inpatient/Outpatient	BLOOD, SPLIT UNIT, FRESH FROZEN PLASMA	P9011	\$180.01	\$176.41	\$178.21	\$166.15	\$176.41
Laboratory	Inpatient/Outpatient	CRYOPRECIPITATE EA UNIT, PROC FEE	P9012	\$57.28	\$56.13	\$56.71	\$52.87	\$56.13
Laboratory	Inpatient/Outpatient	LEUKOCYTE POOR BLOOD EA UNIT, NON-AUTOLOGOUS, PROC FEE	P9016	\$237.29	\$232.54	\$234.92	\$219.02	\$232.54
Laboratory	Inpatient/Outpatient	FRESH FROZ PLASMA 1 DONOR FRZ W/IN 8 HR, EA UNIT, NON-AUTOLOGOUS PROC FEE	P9017	\$65.46	\$64.15	\$64.81	\$60.42	\$64.15
Laboratory	Inpatient/Outpatient	RED BLOOD CELLS EA UNIT, AUTOLOGOUS PROC FEE	P9021	\$147.28	\$144.33	\$145.81	\$135.94	\$144.33
Laboratory	Inpatient/Outpatient	PLATELETS PHERESIS LR EA UNIT, PROC FEE	P9035	\$818.25	\$801.89	\$810.07	\$755.24	\$801.89
Laboratory	Inpatient/Outpatient	PLATELETS PHERESIS LR IRRAD EA UNIT, PROC FEE	P9037	\$949.17	\$930.19	\$939.68	\$876.08	\$930.19
Laboratory	Inpatient/Outpatient	RBC DEGLYCEROLIZED EACH UNIT, NON-AUTOLOGOUS, PROC FEE	P9039	\$425.49	\$416.98	\$421.24	\$392.73	\$416.98
Laboratory	Inpatient/Outpatient	RBC LR IRRADIATED EACH UNIT, NON-AUTOLOGOUS, PROC FEE	P9040	\$368.21	\$360.85	\$364.53	\$339.86	\$360.85
Laboratory	Inpatient/Outpatient	PLATELETS, PHERESIS, PATHOGEN REDUCED OR RAPID BACTERIAL TESTED, EACH UNIT	P9073	\$949.17	\$930.19	\$939.68	\$876.08	\$930.19
Laboratory	Inpatient/Outpatient	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH	U0003	\$75.00	\$73.50	\$74.25	\$69.23	\$73.50
Laboratory	Inpatient/Outpatient	COVID-19 LAB TEST NON-CDC HIGH THROUGHPUT TECH	U0004	\$75.00	\$73.50	\$74.25	\$69.23	\$73.50
Laboratory	Inpatient/Outpatient	COV-19 AMP PRB HGH THRUPT WITHIN 2 DAYS COLLECT	U0005	\$20.00	\$19.60	\$19.80	\$18.46	\$19.60
Electrocardiography	Inpatient/Outpatient	ADMIN ECHO CONTRAST AGENT		\$3.39	\$3.32	\$3.36	\$3.13	\$3.32
Electrocardiography	Inpatient/Outpatient	CARDIOVERSION ELECTRIC EXT	92960	\$152.64	\$149.59	\$151.11	\$140.89	\$149.59
Electrocardiography	Inpatient/Outpatient	CARDIOVERSION ELECTRIC EXT, ADD TO TEE	92960	\$16.96	\$16.62	\$16.79	\$15.65	\$16.62
Electrocardiography	Inpatient/Outpatient	ECG 12 LEAD	93005	\$40.70	\$39.89	\$40.29	\$37.57	\$39.89
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY EXERCISE TEST	93017	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY W/ CARDIOLTE	93017	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY W/ PERSANTINE CARD	93017	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY W/ DOBUTAMINE	93017	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
Electrocardiography	Inpatient/Outpatient	ECG UP TO 48 HRS RECORDING & STORAGE	93225	\$33.92	\$33.24	\$33.58	\$31.31	\$33.24
Electrocardiography	Inpatient/Outpatient	REMOTE PT 30 DAY ECG REV/REPORT	93270	\$33.92	\$33.24	\$33.58	\$31.31	\$33.24
Electrocardiography	Inpatient/Outpatient	ECHO 2D DOP WAVE/COLOR FLW COMPL	93306	\$203.52	\$199.45	\$201.48	\$187.85	\$199.45
Electrocardiography	Inpatient/Outpatient	ECHO 2D DOP WAVE/COLOR FLW COMPL WITH CONTRAST	93306	\$203.52	\$199.45	\$201.48	\$187.85	\$199.45
Electrocardiography	Inpatient/Outpatient	ECHO FOLLOW-UP	93308	\$67.84	\$66.48	\$67.16	\$62.62	\$66.48
Electrocardiography	Inpatient/Outpatient	ECHO FOLLOW-UP WITH CONTRAST	93308	\$67.84	\$66.48	\$67.16	\$62.62	\$66.48
Electrocardiography	Inpatient/Outpatient	TTE F-UP OR LMTD	93308	\$67.84	\$66.48	\$67.16	\$62.62	\$66.48
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$203.52	\$199.45	\$201.48	\$187.85	\$199.45
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$203.52	\$199.45	\$201.48	\$187.85	\$199.45
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$203.52	\$199.45	\$201.48	\$187.85	\$199.45
Electrocardiography	Inpatient/Outpatient	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING	93325	\$16.96	\$16.62	\$16.79	\$15.65	\$16.62
Electrocardiography	Inpatient/Outpatient	STRESS TTE W/WO DOBUTAMINE	93350	\$203.52	\$199.45	\$201.48	\$187.85	\$199.45
Electrocardiography	Inpatient/Outpatient	STRESS TTE W/WO DOBUTAMINE WITH CONTRAST	93350	\$203.52	\$199.45	\$201.48	\$187.85	\$199.45
Electrocardiography	Inpatient/Outpatient	TILT TABLE EVALUATION < 45 MIN	93660	\$203.52	\$199.45	\$201.48	\$187.85	\$199.45
Electrocardiography	Inpatient/Outpatient	TILT TABLE EVALUATION >45 MIN	93660	\$305.29	\$299.18	\$302.24	\$281.78	\$299.18
Electrocardiography	Inpatient/Outpatient	AMB BP MNTR W/SW REC ONLY 24+ HRS	93786	\$33.92	\$33.24	\$33.58	\$31.31	\$33.24
Electrocardiography	Inpatient/Outpatient	AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	93788	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
Electroencephalography	Inpatient/Outpatient	NEEDLE EMG ANAL/URETHRAL SPHINCTER	51785	\$285.48	\$279.77	\$282.63	\$263.50	\$279.77
Electroencephalography	Inpatient/Outpatient	EEG CONT REC W/VID EEG TECH	95700	\$856.43	\$839.30	\$847.87	\$790.48	\$839.30
Electroencephalography	Inpatient/Outpatient	EEG W/O VID 2-12 HR UNMNTR	95705	\$114.19	\$111.91	\$113.05	\$105.40	\$111.91
Electroencephalography	Inpatient/Outpatient	EEG WO VID 2-12HR INTMT MNTR	95706	\$114.19	\$111.91	\$113.05	\$105.40	\$111.91
Electroencephalography	Inpatient/Outpatient	EEG WO VID EA 12-26HR UNMNTR	95708	\$114.19	\$111.91	\$113.05	\$105.40	\$111.91
Electroencephalography	Inpatient/Outpatient	EEG W/O VID EA 12-26HR INTMT	95709	\$1,084.81	\$1,063.11	\$1,073.96	\$1,001.28	\$1,063.11
Electroencephalography	Inpatient/Outpatient	VEEG 2-12 HR UNMONITORED	95711	\$1,084.81	\$1,063.11	\$1,073.96	\$1,001.28	\$1,063.11
Electroencephalography	Inpatient/Outpatient	VEEG 2-12 HR INTMT MNTR	95712	\$114.19	\$111.91	\$113.05	\$105.40	\$111.91
Electroencephalography	Inpatient/Outpatient	VEEG EA 12-26 HR UNMNTR	95714	\$1,084.81	\$1,063.11	\$1,073.96	\$1,001.28	\$1,063.11
Electroencephalography	Inpatient/Outpatient	VEEG EA 12-26HR INTMT MNTR	95715	\$1,084.81	\$1,063.11	\$1,073.96	\$1,001.28	\$1,063.11
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, <6 YRS, ATTENDED	95782	\$1,433.09	\$1,404.43	\$1,418.76	\$1,322.74	\$1,404.43
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, <6 YRS, ATTENDED, <7 HRS	95782	\$1,433.09	\$1,404.43	\$1,418.76	\$1,322.74	\$1,404.43
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, <6 YRS, ATTENDED	95783	\$1,627.21	\$1,594.67	\$1,610.94	\$1,501.91	\$1,594.67
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, <6 YRS, ATTENDED, <7 HRS	95783	\$1,627.21	\$1,594.67	\$1,610.94	\$1,501.91	\$1,594.67
Electroencephalography	Inpatient/Outpatient	MSLT/MWT, GLOBAL	95805	\$588.08	\$576.32	\$582.20	\$542.80	\$576.32
Electroencephalography	Inpatient/Outpatient	MSLT/MWT, GLOBAL, <4 NAP OPPORTUNITIES	95805	\$588.08	\$576.32	\$582.20	\$542.80	\$576.32
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, 6/> YRS, ATTENDED	95810	\$799.33	\$783.34	\$791.34	\$737.78	\$783.34
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, 6/> YRS, ATTENDED, <6 HRS	95810	\$799.33	\$783.34	\$791.34	\$737.78	\$783.34
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, 6/> YRS, ATTENDED	95811	\$845.01	\$828.11	\$836.56	\$779.94	\$828.11
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, 6/> YRS, ATTENDED, <6 HRS	95811	\$845.01	\$828.11	\$836.56	\$779.94	\$828.11
Electroencephalography	Inpatient/Outpatient	EEG 41-60 MINUTES	95812	\$428.21	\$419.65	\$423.93	\$395.24	\$419.65
Electroencephalography	Inpatient/Outpatient	EEG EXTND MNTR 61-119 MIN	95813	\$513.86	\$503.58	\$508.72	\$474.29	\$503.58
Electroencephalography	Inpatient/Outpatient	EEG AWAKE AND DROWSY	95816	\$485.31	\$475.60	\$480.46	\$447.94	\$475.60

Electroencephalography	Inpatient/Outpatient	EKG AWAKE & DROWSY-REDUCD SERV	95816	\$485.31	\$475.60	\$480.46	\$447.94	\$475.60
Electroencephalography	Inpatient/Outpatient	EKG AWAKE AND ASLEEP	95819	\$576.66	\$565.13	\$570.89	\$532.26	\$565.13
Electroencephalography	Inpatient/Outpatient	EKG AWAKE & ASLEEP-REDUCD SERV	95819	\$576.66	\$565.13	\$570.89	\$532.26	\$565.13
Electroencephalography	Inpatient/Outpatient	EKG ASLEEP ONLY OR COMA	95822	\$508.15	\$497.99	\$503.07	\$469.02	\$497.99
Electroencephalography	Inpatient/Outpatient	EKG ASLEEP ONLY OR COMA-REDUCD	95822	\$508.15	\$497.99	\$503.07	\$469.02	\$497.99
Electroencephalography	Inpatient/Outpatient	EKG, CEREBRAL SILENCE, EVAL	95824	\$228.38	\$223.81	\$226.10	\$210.79	\$223.81
Electroencephalography	Inpatient/Outpatient	NEEDLE EMG TWO EXTREMITIES	95861	\$148.45	\$145.48	\$146.97	\$137.02	\$145.48
Electroencephalography	Inpatient/Outpatient	EMG, CRANIAL NERVE UNILATERAL	95867	\$85.64	\$83.93	\$84.78	\$79.05	\$83.93
Electroencephalography	Inpatient/Outpatient	MUSCLE TEST NONPARASPINAL 1 EXTREMITY	95870	\$114.19	\$111.91	\$113.05	\$105.40	\$111.91
Electroencephalography	Inpatient/Outpatient	MUSC TEST DONE W/N TEST COMP, EA EXTREMITY	95886	\$74.22	\$72.74	\$73.48	\$68.51	\$72.74
Electroencephalography	Inpatient/Outpatient	MUSC TST DONE W/N TST NONEXT	95887	\$68.51	\$67.14	\$67.82	\$63.23	\$67.14
Electroencephalography	Inpatient/Outpatient	MUSC TST DONE W/N TST NONEXT	95887	\$68.51	\$67.14	\$67.82	\$63.23	\$67.14
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 1-2 STUDIES	95907	\$68.51	\$67.14	\$67.82	\$63.23	\$67.14
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 3-4 STUDIES	95908	\$91.35	\$89.52	\$90.44	\$84.32	\$89.52
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 5-6 STUDIES	95909	\$108.48	\$106.31	\$107.40	\$100.13	\$106.31
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 7-8 STUDIES	95910	\$142.74	\$139.89	\$141.31	\$131.75	\$139.89
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 9-10 STUDIES	95911	\$159.87	\$156.67	\$158.27	\$147.56	\$156.67
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 11-12 STUDIES	95912	\$159.87	\$156.67	\$158.27	\$147.56	\$156.67
Electroencephalography	Inpatient/Outpatient	EP BASELINE UPPER	95925	\$176.99	\$173.45	\$175.22	\$163.36	\$173.45
Electroencephalography	Inpatient/Outpatient	EP BASELINE LOWER	95926	\$171.29	\$167.86	\$169.58	\$158.10	\$167.86
Electroencephalography	Inpatient/Outpatient	NEUROMUSCULAR JUNCTION TEST EA NERVE, ANY METHOD	95937	\$74.22	\$72.74	\$73.48	\$68.51	\$72.74
Electroencephalography	Inpatient/Outpatient	SOMATOSENSORY TESTING UPR&LWR LIMBS	95938	\$473.89	\$464.41	\$469.15	\$437.40	\$464.41
Electroencephalography	Inpatient/Outpatient	C MOTOR EVOKED UPR&LWR LIMBS	95939	\$616.63	\$604.30	\$610.46	\$569.15	\$604.30
Electroencephalography	Inpatient/Outpatient	IONM REMOTE/>1 PT OR PER HR	95941	\$17.13	\$16.79	\$16.96	\$15.81	\$16.79
Radiology-Diagnostic	Inpatient/Outpatient	MANDIBLE PARTL LESS THAN 4 VWS	70100	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	MANDIBLE 4VIEWS	70110	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	FACIAL BONES,LESS 3 VIEWS	70140	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	HC FACIAL BONES COMPLETE	70150	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	NASAL BONES COMPLETE	70160	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	ORBITS COMP 4 VIEWS	70200	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	SINUS PARA LESS 3 VIEWS	70210	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	SINUS,PARA 3 VIEWS	70220	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	SKULL LESS THAN 4 VIEWS	70250	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	SKULL COMP MIN 4 VIEWS	70260	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	TEMPMANT JNT, OPN&CLSD MOUTH UNILATERAL	70328	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	TMJ JOINT - BILATERAL	70330	\$191.98	\$188.14	\$190.06	\$177.20	\$188.14
Radiology-Diagnostic	Inpatient/Outpatient	NECK SOFT TISSUE	70360	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 1 VIEW	71045	\$57.59	\$56.44	\$57.01	\$53.16	\$56.44
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 2 VIEWS	71046	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 3 VIEWS	71047	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 4+ VIEWS	71048	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	RIBS UNILATERAL 2 VIEWS	71100	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	RIBS UNILATERAL, W PA CHEST, 3 VIEWS	71101	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	RIBS BILATERAL 3 VIEWS	71110	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	BILAT RIBS INCL POST ANT CHEST, 4 VIEWS	71111	\$172.78	\$169.32	\$171.05	\$159.48	\$169.32
Radiology-Diagnostic	Inpatient/Outpatient	STERNUM 2 VIEWS	71120	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	STERNOCLAVICULAR JOINT(S) 3 VIEWS	71130	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	SPINE 1 VIEW	72020	\$76.79	\$75.25	\$76.02	\$70.88	\$75.25
Radiology-Diagnostic	Inpatient/Outpatient	SPINE CERVICAL 2 OR 3 VIEWS	72040	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	SPINE-CERVICAL MIN 4 VIEWS	72050	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	SPINE CERVICAL W FLEX + EXT	72052	\$211.18	\$206.96	\$209.07	\$194.92	\$206.96
Radiology-Diagnostic	Inpatient/Outpatient	SPINE THOR 2 VIEWS	72070	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	THOR SPINE WITH SWIM VIEW	72072	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	T SPINE MIN 4 VIEWS	72074	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	THORACOLUMBAR SPINE	72080	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBAR TWO/THREE VIEWS	72100	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBAR COMP MIN 4 VIEWS	72110	\$172.78	\$169.32	\$171.05	\$159.48	\$169.32
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBOSACRAL COMP W/BEND	72114	\$249.58	\$244.59	\$247.08	\$230.36	\$244.59
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBOSACRAL BEND VW ONLY	72120	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	PELVIS 1 OR 2 VIEWS	72170	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	PELVIS COMPLETE 3 VIEWS	72190	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	SACROILIAC JOINTS 1-2 VIEWS	72200	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	SACRAL JOINTS 3 VIEWS	72202	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	SACRUM/COCCYX 2 VIEWS	72220	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	CLAVICLE,COMPLETE	73000	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	SCAPULA COMPLETE	73010	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	SHOULDER ONE VIEW	73020	\$76.79	\$75.25	\$76.02	\$70.88	\$75.25
Radiology-Diagnostic	Inpatient/Outpatient	SHOULDER COMPLETE, MIN OF 2 VIEWS	73030	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	ACROMIOCLAVICULAR JOINTS	73050	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	HC HUMERUS, MIN OF 2 VIEWS	73060	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	ELBOW 2 VIEWS	73070	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	ELBOW COMPLETE, MIN OF 3 VIEWS	73080	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	FOREARM, TWO VIEWS	73090	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	UPPER EXTREMITY,INFANT, MIN OF 2 VIEWS	73092	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07

Radiology-Diagnostic	Inpatient/Outpatient	WRIST, TWO VIEWS	73100	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	WRIST, COMPLETE, MIN OF 3 VIEWS	73110	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	HAND, 2 VIEWS	73120	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	HAND 1 VIEW	73120	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	HAND, MIN OF 3 VIEWS	73130	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	FINGER(S), MIN OF 2 VIEWS	73140	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIP UNI 1 VIEW	73501	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIP UNI 2-3 VIEWS	73502	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIP BI 2 VIEWS	73521	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIPS BI 3-4 VIEWS	73522	\$172.78	\$169.32	\$171.05	\$159.48	\$169.32
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIPS BI 5/> VIEWS	73523	\$211.18	\$206.96	\$209.07	\$194.92	\$206.96
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM OF FEMUR 1	73551	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM OF FEMUR 2/>	73552	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	KNEE, ONE OR TWO VIEWS	73560	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	HC KNEE, THREE VIEWS	73562	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	KNEE, COMPLETE, 4 OR MORE VIEWS	73564	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	BOTH KNEES, STANDING ANTEROPOSTERIOR	73565	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	TIBIA & FIBULA, TWO VIEWS	73590	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	LOWER EXTREMITY, INFANT, MIN OF 2 VIEWS	73592	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	ANKLE, TWO VIEWS	73600	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	ANKLE, COMPLETE, MIN OF 3 VIEWS	73610	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	FOOT, TWO VIEWS	73620	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	FOOT, COMPLETE, MIN OF 3 VIEWS	73630	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	CALCANEUS, MIN OF TWO VIEWS	73650	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	TOE(S), MINIMUM OF TWO VIEWS	73660	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 1 VIEW	74018	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 2 VIEWS	74019	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 3+ VIEWS	74021	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM COMPLETE ABDOMEN	74022	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM ESOPHAGUS 1CNTRST	74220	\$345.57	\$338.66	\$342.11	\$318.96	\$338.66
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM SWLNG FUNCJ C+	74230	\$537.55	\$526.80	\$532.17	\$496.16	\$526.80
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM UPR GI TRC 1CNTRST	74240	\$422.36	\$413.91	\$418.14	\$389.84	\$413.91
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM UPR GI TRC 2CNTRST	74246	\$499.15	\$489.17	\$494.16	\$460.72	\$489.17
Radiology-Diagnostic	Inpatient/Outpatient	RAD SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	\$249.58	\$244.59	\$247.08	\$230.36	\$244.59
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM SM INT 1CNTRST STD	74250	\$422.36	\$413.91	\$418.14	\$389.84	\$413.91
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM SM INT 2CNTRST STD	74251	\$2,073.40	\$2,031.93	\$2,052.67	\$1,913.75	\$2,031.93
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM COLON 1CNTRST STD	74270	\$614.34	\$602.05	\$608.20	\$567.04	\$602.05
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM COLON 2CNTRST STD	74280	\$883.12	\$865.46	\$874.29	\$815.12	\$865.46
Radiology-Diagnostic	Inpatient/Outpatient	BARIUM ENEMA,CNTRST/AIR, FOR OBSTR REDUCT	74283	\$575.95	\$564.43	\$570.19	\$531.60	\$564.43
Radiology-Diagnostic	Inpatient/Outpatient	UROGRAPHY, INFUSION, DRIP TECHNIQUE	74410	\$460.76	\$451.54	\$456.15	\$425.28	\$451.54
Radiology-Diagnostic	Inpatient/Outpatient	UROGRAPHY, RETROGRADE, W OR WO KUB	74420	\$595.14	\$583.24	\$589.19	\$549.31	\$583.24
Radiology-Diagnostic	Inpatient/Outpatient	FOREIGN BODY, SINGLE VIEW CHILD	76010	\$95.99	\$94.07	\$95.03	\$88.60	\$94.07
Radiology-Diagnostic	Inpatient/Outpatient	ABSCESS, FISTULA OR SINUS TRACT STUDY	76080	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	SURGICAL SPECIMEN RADIOGRAPHY	76098	\$38.40	\$37.63	\$38.02	\$35.44	\$37.63
Radiology-Diagnostic	Inpatient/Outpatient	ECHOENCEPHALOGRAPHY	76506	\$460.76	\$451.54	\$456.15	\$425.28	\$451.54
Radiology-Diagnostic	Inpatient/Outpatient	US, SOFT TISSUES OF HEAD & NECK	76536	\$479.95	\$470.35	\$475.15	\$442.99	\$470.35
Radiology-Diagnostic	Inpatient/Outpatient	US, CHEST (INCLUDES MEDIASTINUM)	76604	\$326.37	\$319.84	\$323.11	\$301.24	\$319.84
Radiology-Diagnostic	Inpatient/Outpatient	ULTRASOUND BREAST COMPLETE	76641	\$383.96	\$376.28	\$380.12	\$354.40	\$376.28
Radiology-Diagnostic	Inpatient/Outpatient	ULTRASOUND BREAST LIMITED	76642	\$287.97	\$282.21	\$285.09	\$265.80	\$282.21
Radiology-Diagnostic	Inpatient/Outpatient	US, ABDOMINAL, COMPLETE	76700	\$441.56	\$432.73	\$437.14	\$407.56	\$432.73
Radiology-Diagnostic	Inpatient/Outpatient	US, ABDOMINAL, LIMITED OR FOLLOW UP	76705	\$345.57	\$338.66	\$342.11	\$318.96	\$338.66
Radiology-Diagnostic	Inpatient/Outpatient	US, RETROPERITONEAL, COMPLETE	76770	\$422.36	\$413.91	\$418.14	\$389.84	\$413.91
Radiology-Diagnostic	Inpatient/Outpatient	US, RETROPERITONEAL, LIMITED	76775	\$153.59	\$150.52	\$152.05	\$141.76	\$150.52
Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSPLANTED KIDNEY	76776	\$652.74	\$639.69	\$646.21	\$602.48	\$639.69
Radiology-Diagnostic	Inpatient/Outpatient	US, SPINAL CANAL & CONTENTS	76800	\$441.56	\$432.73	\$437.14	\$407.56	\$432.73
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, 1ST TRIMSTR (<14 WKS 0 DAYS)	76801	\$403.16	\$395.10	\$399.13	\$372.12	\$395.10
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS ADDTNL GEST <14WKS	76802	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, AFTER 1ST TRIMSTR (>14 WKS 0 DAYS)	76805	\$499.15	\$489.17	\$494.16	\$460.72	\$489.17
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, AFTER 1ST TRIMSTR ADD GEST (>14 WKS 0 DAYS)	76810	\$230.38	\$225.77	\$228.08	\$212.64	\$225.77
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, FETAL ANATOMIC EXAM	76811	\$460.76	\$451.54	\$456.15	\$425.28	\$451.54
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, EA ADD GEST FETAL ANATOMIC	76812	\$614.34	\$602.05	\$608.20	\$567.04	\$602.05
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, LIMITED 1 OR MORE	76815	\$287.97	\$282.21	\$285.09	\$265.80	\$282.21
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, TRANSVAGINAL	76817	\$326.37	\$319.84	\$323.11	\$301.24	\$319.84
Radiology-Diagnostic	Inpatient/Outpatient	FETAL BIOPHYSICAL PROFILE W/NON-STRESS TEST	76818	\$383.96	\$376.28	\$380.12	\$354.40	\$376.28
Radiology-Diagnostic	Inpatient/Outpatient	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TEST	76819	\$268.77	\$263.39	\$266.08	\$248.07	\$263.39
Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSVAGINAL	76830	\$479.95	\$470.35	\$475.15	\$442.99	\$470.35
Radiology-Diagnostic	Inpatient/Outpatient	US, PELVIC COMPLETE	76856	\$403.16	\$395.10	\$399.13	\$372.12	\$395.10
Radiology-Diagnostic	Inpatient/Outpatient	US, PELVIC, LIMITED OR FOLLOW-UP	76857	\$134.39	\$131.70	\$133.05	\$124.04	\$131.70
Radiology-Diagnostic	Inpatient/Outpatient	US, SCROTUM AND CONTENTS	76870	\$191.98	\$188.14	\$190.06	\$177.20	\$188.14
Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSRECTAL	76872	\$326.37	\$319.84	\$323.11	\$301.24	\$319.84
Radiology-Diagnostic	Inpatient/Outpatient	US, LIMITED JNT OR OTHR NONVASC EXTREMITY	76882	\$57.59	\$56.44	\$57.01	\$53.16	\$56.44
Radiology-Diagnostic	Inpatient/Outpatient	US, INFANT HIPS, DYNAMIC	76885	\$595.14	\$583.24	\$589.19	\$549.31	\$583.24
Radiology-Diagnostic	Inpatient/Outpatient	US, INFANT HIPS, LIMITED, STATIC	76886	\$422.36	\$413.91	\$418.14	\$389.84	\$413.91
Radiology-Diagnostic	Inpatient/Outpatient	ULTRASONIC GUIDANCE, INTRAOPERATIVE	76998	\$211.18	\$206.96	\$209.07	\$194.92	\$206.96

Radiology-Diagnostic	Inpatient/Outpatient	BONE AGE STUDIES	77072	\$76.79	\$75.25	\$76.02	\$70.88	\$75.25
Radiology-Diagnostic	Inpatient/Outpatient	BONE LENGTH STUDIES	77073	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	OSSEOUS SURVEY, LIMITED	77074	\$230.38	\$225.77	\$228.08	\$212.64	\$225.77
Radiology-Diagnostic	Inpatient/Outpatient	OSSEOUS SURVEY, COMPLETE	77075	\$326.37	\$319.84	\$323.11	\$301.24	\$319.84
Radiology-Diagnostic	Inpatient/Outpatient	OSSEOUS SURVEY, INFANT	77076	\$326.37	\$319.84	\$323.11	\$301.24	\$319.84
Radiology-Diagnostic	Inpatient/Outpatient	JOINT SURV SING,2 OR MORE JNTS	77077	\$115.19	\$112.89	\$114.04	\$106.32	\$112.89
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTRCRANL ART, COMP BILAT	93880	\$883.12	\$865.46	\$874.29	\$815.12	\$865.46
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTRCRANL ART, UNILAT/LMTD	93882	\$556.75	\$545.62	\$551.18	\$513.88	\$545.62
Radiology-Diagnostic	Inpatient/Outpatient	US LMTD BILAT STUDY UPPER/LOWER EXTREMITIES 1-2 LEVELS	93922	\$403.16	\$395.10	\$399.13	\$372.12	\$395.10
Radiology-Diagnostic	Inpatient/Outpatient	US LMTD BILAT STUDY UPPER/LOWER EXTREMITIES 3+ LEVELS	93923	\$614.34	\$602.05	\$608.20	\$567.04	\$602.05
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN LWR EXTREMITY ART, COMP BILAT	93925	\$1,190.29	\$1,166.48	\$1,178.39	\$1,098.64	\$1,166.48
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN LWR EXTREMITY ART, UNILAT/LMTD	93926	\$691.13	\$677.31	\$684.22	\$637.91	\$677.31
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN UPPER EXTRMITY ART, COMP BILAT	93930	\$902.31	\$884.26	\$893.29	\$832.83	\$884.26
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN UPPER EXTRMITY ART, UNILAT/LMTD	93931	\$556.75	\$545.62	\$551.18	\$513.88	\$545.62
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTREMITY VEIN, COMPLETE BLATER	93970	\$883.12	\$865.46	\$874.29	\$815.12	\$865.46
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTREMITY VEIN, UNILAT/LMTD	93971	\$537.55	\$526.80	\$532.17	\$496.16	\$526.80
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW COMP	93975	\$1,209.49	\$1,185.30	\$1,197.40	\$1,116.36	\$1,185.30
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW LMTD	93976	\$671.94	\$658.50	\$665.22	\$620.20	\$658.50
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN OF AORTA, IVC, ILIAC, COMPLETE	93978	\$825.52	\$809.01	\$817.26	\$761.95	\$809.01
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN OF AORTA, IVC, ILIAC, UNILAT/LMTD	93979	\$518.35	\$507.98	\$513.17	\$478.44	\$507.98
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW,PENILE COMP	93980	\$326.37	\$319.84	\$323.11	\$301.24	\$319.84
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW,PENILE FU/LMTD	93981	\$287.97	\$282.21	\$285.09	\$265.80	\$282.21
Radiology-Diagnostic	Inpatient/Outpatient	HC DUPLEX SCAN HEMODIALYSIS ACCESS	93990	\$729.53	\$714.94	\$722.23	\$673.36	\$714.94
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/O CONTRAST	70450	\$59.65	\$58.46	\$59.05	\$55.06	\$58.46
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/ CONTRAST	70460	\$85.22	\$83.52	\$84.37	\$78.66	\$83.52
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/ & W/O CONTRAST	70470	\$102.26	\$100.21	\$101.24	\$94.39	\$100.21
CT Scanner	Inpatient/Outpatient	CT - ORBIT SELLA MID/INNER EAR W/O CONTR	70480	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT - ORBIT SELLA MID/INNER EAR W/ CONTR	70481	\$164.75	\$161.46	\$163.10	\$152.06	\$161.46
CT Scanner	Inpatient/Outpatient	CT - ORBIT SELLA MID/INNER EAR W/ & W/O	70482	\$181.80	\$178.16	\$179.98	\$167.80	\$178.16
CT Scanner	Inpatient/Outpatient	CT MAXILLOFACIAL AREA W/O CONTRAST	70486	\$76.70	\$75.17	\$75.93	\$70.79	\$75.17
CT Scanner	Inpatient/Outpatient	CT MAXILLOFACIAL AREA W/ CONTRAST	70487	\$88.06	\$86.30	\$87.18	\$81.28	\$86.30
CT Scanner	Inpatient/Outpatient	CT MAXILLOFACIAL AREA W/ & W/O CONTRAST	70488	\$113.62	\$111.35	\$112.48	\$104.87	\$111.35
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W/O CONTRAST	70490	\$102.26	\$100.21	\$101.24	\$94.39	\$100.21
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W/ CONTRAST	70491	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W&W/O CONTRAST	70492	\$164.75	\$161.46	\$163.10	\$152.06	\$161.46
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY HEAD	70496	\$164.75	\$161.46	\$163.10	\$152.06	\$161.46
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY NECK	70498	\$161.91	\$158.67	\$160.29	\$149.44	\$158.67
CT Scanner	Inpatient/Outpatient	CT THORAX, DIAG; W/O CONTRAST	71250	\$102.26	\$100.21	\$101.24	\$94.39	\$100.21
CT Scanner	Inpatient/Outpatient	CT THORAX, DIAG; W/CONTRAST	71260	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT THORAX; DIAG; W/ & W/O CONTRAST	71270	\$164.75	\$161.46	\$163.10	\$152.06	\$161.46
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY CHEST	71275	\$167.59	\$164.24	\$165.91	\$154.69	\$164.24
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/O CONTR	72125	\$105.10	\$103.00	\$104.05	\$97.01	\$103.00
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/ CONTR	72126	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/ & W/O CONTR	72127	\$164.75	\$161.46	\$163.10	\$152.06	\$161.46
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/O CONTR	72128	\$102.26	\$100.21	\$101.24	\$94.39	\$100.21
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/ CONTR	72129	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/ & W/O CONTR	72130	\$164.75	\$161.46	\$163.10	\$152.06	\$161.46
CT Scanner	Inpatient/Outpatient	CT L SPINE W/O CONTRAST	72131	\$102.26	\$100.21	\$101.24	\$94.39	\$100.21
CT Scanner	Inpatient/Outpatient	CT L SPINE W/ CONTRAST	72132	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT L SPINE W/ & W/O CONTRAST	72133	\$164.75	\$161.46	\$163.10	\$152.06	\$161.46
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPH PELV W/O & W/ DYE	72191	\$170.44	\$167.03	\$168.74	\$157.32	\$167.03
CT Scanner	Inpatient/Outpatient	CT PELVIS W/O CONTRAST	72192	\$73.86	\$72.38	\$73.12	\$68.17	\$72.38
CT Scanner	Inpatient/Outpatient	CT PELVIS W/ CONTRAST	72193	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT PELVIS W/ & W/O CONTRAST	72194	\$159.07	\$155.89	\$157.48	\$146.82	\$155.89
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/O CONTRAST	73200	\$102.26	\$100.21	\$101.24	\$94.39	\$100.21
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/ CONTRAST	73201	\$130.67	\$128.06	\$129.36	\$120.61	\$128.06
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/ & W/O CONTRAST	73202	\$173.28	\$169.81	\$171.55	\$159.94	\$169.81
CT Scanner	Inpatient/Outpatient	CT ANGIO UPR EXTRM W/O & W/ DYE	73206	\$190.32	\$186.51	\$188.42	\$175.67	\$186.51
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/O CONTRAST	73700	\$102.26	\$100.21	\$101.24	\$94.39	\$100.21
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/ CONTRAST	73701	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/ & W/O CONTRAST	73702	\$170.44	\$167.03	\$168.74	\$157.32	\$167.03
CT Scanner	Inpatient/Outpatient	CT ANGIO LOWER EXTREMITY	73706	\$207.36	\$203.21	\$205.29	\$191.39	\$203.21
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/O CONTRAST	74150	\$71.01	\$69.59	\$70.30	\$65.54	\$69.59
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/ CONTRAST	74160	\$133.51	\$130.84	\$132.17	\$123.23	\$130.84
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/ & W/O CONTRAST	74170	\$153.39	\$150.32	\$151.86	\$141.58	\$150.32
CT Scanner	Inpatient/Outpatient	CT ANGIO ABD & PELV W/O & W/ DYE	74174	\$221.57	\$217.14	\$219.35	\$204.51	\$217.14
CT Scanner	Inpatient/Outpatient	CT ANGIO ABDOMEN W/O & W/ DYE	74175	\$173.28	\$169.81	\$171.55	\$159.94	\$169.81
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/O CONTRAST	74176	\$90.90	\$89.08	\$89.90	\$83.90	\$89.08
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/ CONTRAST	74177	\$176.12	\$172.60	\$174.36	\$162.56	\$172.60
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/ & W/O CONTRAST	74178	\$201.68	\$197.65	\$199.66	\$186.15	\$197.65
CT Scanner	Inpatient/Outpatient	CT HEART W/O CONT W/ QUANT EVAL OF CORONARY CALCIUM	75571	\$56.81	\$55.67	\$56.24	\$52.44	\$55.67
CT Scanner	Inpatient/Outpatient	CT HEART W/ CONT FOR EVAL CARD STRUCT & MORPH	75572	\$156.23	\$153.11	\$154.67	\$144.20	\$153.11
CT Scanner	Inpatient/Outpatient	CT HEART W/ CONT FOR EVAL CARD STRUCT & MORPH, CONGEN	75573	\$210.20	\$206.00	\$208.10	\$194.01	\$206.00
CT Scanner	Inpatient/Outpatient	CT ANGIO HRT W/3D IMAGE	75574	\$241.45	\$236.62	\$239.04	\$222.86	\$236.62

CT Scanner	Inpatient/Outpatient	CT ANGIO AORTA W/ RUNOFF	75635	\$210.20	\$206.00	\$208.10	\$194.01	\$206.00
CT Scanner	Inpatient/Outpatient	ABSCCESS, FISTULA OR SINUS TRACT STUDY	76080	\$22.72	\$22.27	\$22.49	\$20.97	\$22.27
CT Scanner	Inpatient/Outpatient	3D RENDERING OF CT	76376	\$11.36	\$11.13	\$11.25	\$10.49	\$11.13
CT Scanner	Inpatient/Outpatient	CT LIMITED OR F/U STUDY	76380	\$76.70	\$75.17	\$75.93	\$70.79	\$75.17
CT Scanner	Inpatient/Outpatient	CT SCAN CLINICAL DECISION SUPPORT MECHANISM NATIONAL DECISION SUPPORT COMPANY, AS DEFINED BY THE MEDI	G1004	\$1.00	\$0.98	\$0.99	\$0.92	\$0.98
Respiratory Therapy	Outpatient	ENDOTRACHEAL INTUBATION/ASSIST	31500	\$45.05	\$44.15	\$44.60	\$41.58	\$44.15
Respiratory Therapy	Outpatient	CATHETER ASPIRATION, NASOTRACHEAL	31720	\$27.03	\$26.49	\$26.76	\$24.95	\$26.49
Respiratory Therapy	Outpatient	CARDIOPULMONARY RESUSCITATION	92950	\$144.16	\$141.28	\$142.72	\$133.06	\$141.28
Respiratory Therapy	Outpatient	VENT MANAGEMENT INIT DAY	94002	\$450.51	\$441.50	\$446.00	\$415.82	\$441.50
Respiratory Therapy	Outpatient	VENT MANAGEMENT INIT DAY NEO	94002	\$540.61	\$529.80	\$535.20	\$498.98	\$529.80
Respiratory Therapy	Outpatient	VENT MANAGEMENT SUB DAY	94003	\$450.51	\$441.50	\$446.00	\$415.82	\$441.50
Respiratory Therapy	Outpatient	VENT MANAGEMENT SUB DAY NEO	94003	\$540.61	\$529.80	\$535.20	\$498.98	\$529.80
Respiratory Therapy	Outpatient	SPIROMETRY	94010	\$45.05	\$44.15	\$44.60	\$41.58	\$44.15
Respiratory Therapy	Outpatient	SPIROMETRY W/BRONCHODILATOR	94060	\$66.67	\$65.34	\$66.00	\$61.54	\$65.34
Respiratory Therapy	Outpatient	VITAL CAPACITY	94150	\$32.44	\$31.79	\$32.12	\$29.94	\$31.79
Respiratory Therapy	Outpatient	INTRAPULMONARY SURFACTANT VIA ENDOTRACH	94610	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	HAND HELD NEBULIZER, INPATIENT	94640	\$864.97	\$847.67	\$856.32	\$798.37	\$847.67
Respiratory Therapy	Outpatient	HAND HELD NEBULIZER, OUTPATIENT	94640	\$72.08	\$70.64	\$71.36	\$66.53	\$70.64
Respiratory Therapy	Outpatient	AIRWAY INHALATION TREATMENT, MDI VIA VENT, INPATIENT	94640	\$864.97	\$847.67	\$856.32	\$798.37	\$847.67
Respiratory Therapy	Outpatient	AIRWAY INHALATION TREATMENT, MDI VIA VENT, OUTPATIENT	94640	\$72.08	\$70.64	\$71.36	\$66.53	\$70.64
Respiratory Therapy	Outpatient	MDI TREATMENT, INPATIENT	94640	\$864.97	\$847.67	\$856.32	\$798.37	\$847.67
Respiratory Therapy	Outpatient	MDI TREATMENT, OUTPATIENT	94640	\$72.08	\$70.64	\$71.36	\$66.53	\$70.64
Respiratory Therapy	Outpatient	IPV TREATMENT, INPATIENT	94640	\$864.97	\$847.67	\$856.32	\$798.37	\$847.67
Respiratory Therapy	Outpatient	IPV TREATMENT, OUTPATIENT	94640	\$72.08	\$70.64	\$71.36	\$66.53	\$70.64
Respiratory Therapy	Outpatient	CONTINUOUS INHALATION TREATMENT, 1ST HOUR	94644	\$61.27	\$60.04	\$60.66	\$56.55	\$60.04
Respiratory Therapy	Outpatient	CONTINUOUS INHALATION TREATMENT, EA ADDL HOUR	94645	\$50.46	\$49.45	\$49.96	\$46.57	\$49.45
Respiratory Therapy	Outpatient	CPAP/BIPAP	94660	\$216.24	\$211.92	\$214.08	\$199.59	\$211.92
Respiratory Therapy	Outpatient	DEMONSTRATION OF NEBULIZATION	94664	\$27.03	\$26.49	\$26.76	\$24.95	\$26.49
Respiratory Therapy	Outpatient	COMP POSTURAL DRAINAGE INIT TX	94667	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	CHEST WALL MANIP,INIT 2 POSITN	94667	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	COMP POSTURAL DRAINAGE SUB TX	94668	\$45.05	\$44.15	\$44.60	\$41.58	\$44.15
Respiratory Therapy	Outpatient	CHEST WALL MANIP, SUB 2 POSITN	94668	\$45.05	\$44.15	\$44.60	\$41.58	\$44.15
Respiratory Therapy	Outpatient	"THE VEST" MECHANICAL CHES WALL OSCILLATION	94669	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	PULSE OXIMETRY SINGLE DETERM	94760	\$14.42	\$14.13	\$14.28	\$13.31	\$14.13
Respiratory Therapy	Outpatient	PULSE OXIMETRY W/EXERCISE	94761	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	PULSE OXIMETRY CONTINUOUS	94762	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	TRACHEAL SUCTIONING	94799	\$27.03	\$26.49	\$26.76	\$24.95	\$26.49
Respiratory Therapy	Outpatient	OXYGEN THERAPY	94799	\$36.04	\$35.32	\$35.68	\$33.26	\$35.32
Respiratory Therapy	Outpatient	MANUAL VENTILATION 0-15 MIN	94799	\$27.03	\$26.49	\$26.76	\$24.95	\$26.49
Respiratory Therapy	Outpatient	MANUAL VENTILATION 16-30 MIN	94799	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	MANUAL VENTILATION 31-45 MIN	94799	\$81.09	\$79.47	\$80.28	\$74.85	\$79.47
Respiratory Therapy	Outpatient	MANUAL VENTILATION 46-60 MIN	94799	\$108.12	\$105.96	\$107.04	\$99.79	\$105.96
Respiratory Therapy	Outpatient	MANUAL VENTILATION 61-75 MIN	94799	\$135.15	\$132.45	\$133.80	\$124.74	\$132.45
Respiratory Therapy	Outpatient	MANUAL VENTILATION 76-90 MIN	94799	\$162.18	\$158.94	\$160.56	\$149.69	\$158.94
Respiratory Therapy	Outpatient	MANUAL VENTILATION >90 MIN	94799	\$189.21	\$185.43	\$187.32	\$174.64	\$185.43
Respiratory Therapy	Outpatient	HIGH FLOW OXYGEN THERAPY	94799	\$216.24	\$211.92	\$214.08	\$199.59	\$211.92
Respiratory Therapy	Outpatient	CONTINUOUS AEROSOL	94799	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	BEDSIDE PULMONARY MECHANICS	94799	\$27.03	\$26.49	\$26.76	\$24.95	\$26.49
Respiratory Therapy	Outpatient	TRACHEOSTOMY TUBE CARE	94799	\$36.04	\$35.32	\$35.68	\$33.26	\$35.32
Respiratory Therapy	Outpatient	RESPIRATORY PT ASSESSMENT	94799	\$36.04	\$35.32	\$35.68	\$33.26	\$35.32
Respiratory Therapy	Outpatient	RAPID RESPONSE	94799	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	BEDSIDE PROCEDURE ASSIST	94799	\$54.06	\$52.98	\$53.52	\$49.90	\$52.98
Respiratory Therapy	Outpatient	ATTENDANCE AT DELIVERY	99464	\$108.12	\$105.96	\$107.04	\$99.79	\$105.96
Pulmonary	Inpatient/Outpatient	SIMPLE SPIROMETRY	94010	\$125.62	\$123.11	\$124.36	\$115.95	\$123.11
Pulmonary	Inpatient/Outpatient	SPIROMETRY WITH BRONCHODILATOR	94060	\$185.92	\$182.20	\$184.06	\$171.60	\$182.20
Pulmonary	Inpatient/Outpatient	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	94200	\$60.30	\$59.09	\$59.70	\$55.66	\$59.09
Pulmonary	Inpatient/Outpatient	PULMONARY STRESS TESTING	94618	\$150.75	\$147.74	\$149.24	\$139.14	\$147.74
Pulmonary	Inpatient/Outpatient	PULMONARY STRESS TESTING	94618	\$150.75	\$147.74	\$149.24	\$139.14	\$147.74
Pulmonary	Inpatient/Outpatient	O2 UPTAKE DIRECT SIMPLE, EXERCISE METABOLIC RATE	94680	\$376.86	\$369.32	\$373.09	\$347.84	\$369.32
Pulmonary	Inpatient/Outpatient	OXYGEN UPTAKE REST INDIRECT, RESTING METABOLIC RATE	94690	\$301.49	\$295.46	\$298.48	\$278.28	\$295.46
Pulmonary	Inpatient/Outpatient	BODY PLETHYSMOGRAPHY	94726	\$95.47	\$93.56	\$94.52	\$88.12	\$93.56
Pulmonary	Inpatient/Outpatient	NITROGEN WASHOUT W/LUNG VOL	94727	\$95.47	\$93.56	\$94.52	\$88.12	\$93.56
Pulmonary	Inpatient/Outpatient	DIFFUSION CAPACITY	94729	\$100.50	\$98.49	\$99.50	\$92.76	\$98.49
Pulmonary	Inpatient/Outpatient	RESP FCN/STRENGTH 2/> INDIV NON COPD	G0239	\$75.37	\$73.86	\$74.62	\$69.57	\$73.86
Physical Therapy	Inpatient/Outpatient	NDL INSJ W/O NJX 1 OR 2 MUSC	20560	\$58.18	\$57.00	\$57.60	\$53.70	\$57.00
Physical Therapy	Inpatient/Outpatient	NDL INSJ W/O NJX 3+ MUSC	20561	\$58.18	\$57.02	\$57.60	\$53.70	\$57.02
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 8-22 MIN	29105	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 23-37 MIN	29105	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 38-52 MIN	29105	\$523.58	\$513.11	\$518.34	\$483.26	\$513.11
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 53-67 MIN	29105	\$698.11	\$684.15	\$691.13	\$644.36	\$684.15
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 8-22 MIN	29125	\$145.44	\$142.53	\$143.99	\$134.24	\$142.53
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 23-37 MIN	29125	\$290.88	\$285.06	\$287.97	\$268.48	\$285.06
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 38-52 MIN	29125	\$436.32	\$427.59	\$431.96	\$402.72	\$427.59
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, STC 53-67 MIN	29125	\$581.76	\$570.12	\$575.94	\$536.96	\$570.12

Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 8-22 MIN	29126	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 23-37 MIN	29126	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 38-52 MIN	29126	\$523.58	\$513.11	\$518.34	\$483.26	\$513.11
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLNT, DYN 53-67 MIN	29126	\$698.11	\$684.15	\$691.13	\$644.36	\$684.15
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, STATIC 8-22 MIN	29130	\$116.35	\$114.02	\$115.19	\$107.39	\$114.02
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, STATIC 23-37 MIN	29130	\$232.70	\$228.05	\$230.37	\$214.78	\$228.05
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, STATIC 38-52 MIN	29130	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, STATIC 53-67 MIN	29130	\$465.41	\$456.10	\$460.76	\$429.57	\$456.10
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 8-22 MIN	29131	\$145.44	\$142.53	\$143.99	\$134.24	\$142.53
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 23-37 MIN	29131	\$290.88	\$285.06	\$287.97	\$268.48	\$285.06
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 38-52 MIN	29131	\$436.32	\$427.59	\$431.96	\$402.72	\$427.59
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 53-67 MIN	29131	\$581.76	\$570.12	\$575.94	\$536.96	\$570.12
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 8-22 MIN	29505	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 23-37 MIN	29505	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 38-52 MIN	29505	\$523.58	\$513.11	\$518.34	\$483.26	\$513.11
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 53-67 MIN	29505	\$698.11	\$684.15	\$691.13	\$644.36	\$684.15
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 8-22 MIN	29515	\$145.44	\$142.53	\$143.99	\$134.24	\$142.53
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 23-37 MIN	29515	\$290.88	\$285.06	\$287.97	\$268.48	\$285.06
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 38-52 MIN	29515	\$436.32	\$427.59	\$431.96	\$402.72	\$427.59
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 53-67 MIN	29515	\$581.76	\$570.12	\$575.94	\$536.96	\$570.12
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 8-22 MIN	29580	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 23-37 MIN	29580	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 38-52 MIN	29580	\$261.79	\$256.55	\$259.17	\$241.63	\$256.55
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 53-67 MIN	29580	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 15 MINS	29581	\$116.35	\$114.02	\$115.19	\$107.39	\$114.02
Physical Therapy	Inpatient/Outpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 16-22 MINS	29581	\$232.70	\$228.05	\$230.37	\$214.78	\$228.05
Physical Therapy	Inpatient/Outpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 23-37 MINS	29581	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 38-52 MINS	29581	\$465.41	\$456.10	\$460.76	\$429.57	\$456.10
Physical Therapy	Inpatient/Outpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 53-67 MINS	29581	\$581.76	\$570.12	\$575.94	\$536.96	\$570.12
Physical Therapy	Inpatient/Outpatient	APPL MULTLAY COMPRES ARM/HAND 15 MINS	29584	\$145.44	\$142.53	\$143.99	\$134.24	\$142.53
Physical Therapy	Inpatient/Outpatient	APPL MULTLAY COMPRES ARM/HAND 16-22 MINS	29584	\$290.88	\$285.06	\$287.97	\$268.48	\$285.06
Physical Therapy	Inpatient/Outpatient	APPL MULTLAY COMPRES ARM/HAND 23-37 MINS	29584	\$436.32	\$427.59	\$431.96	\$402.72	\$427.59
Physical Therapy	Inpatient/Outpatient	APPL MULTLAY COMPRES ARM/HAND 38-52 MINS	29584	\$581.76	\$570.12	\$575.94	\$536.96	\$570.12
Physical Therapy	Inpatient/Outpatient	APPL MULTLAY COMPRES ARM/HAND 53-67 MINS	29584	\$727.20	\$712.66	\$719.93	\$671.21	\$712.66
Physical Therapy	Inpatient/Outpatient	BIOFEEDBACK 8-22 MIN	90901	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	BIOFEEDBACK 23-37 MIN	90901	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	BFB TRAIING W/EMG &/MANOMETRY 1ST 8-22 MIN	90912	\$101.81	\$99.77	\$100.79	\$93.97	\$99.77
Physical Therapy	Inpatient/Outpatient	BFB TRAIING W/EMG&/MANOMETRY ADDL 8-22 MIN	90913	\$101.81	\$99.77	\$100.79	\$93.97	\$99.77
Physical Therapy	Inpatient/Outpatient	BFB TRAIING W/EMG&/MANOMETRY ADDL 23-37 MIN	90913	\$203.62	\$199.55	\$201.58	\$187.94	\$199.55
Physical Therapy	Inpatient/Outpatient	BIS XTRACELL FLUID ANALYSIS	93702	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	CANALITH REPOSITIONING PROC, PER DAY	95992	\$203.62	\$199.55	\$201.58	\$187.94	\$199.55
Physical Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP 1ST HR	96112	\$698.11	\$684.15	\$691.13	\$644.36	\$684.15
Physical Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP EA ADDL HR	96113	\$698.11	\$684.15	\$691.13	\$644.36	\$684.15
Physical Therapy	Inpatient/Outpatient	APPL MECHANICAL TRACTION 8-22 MIN	97012	\$58.18	\$57.02	\$57.60	\$53.70	\$57.02
Physical Therapy	Inpatient/Outpatient	APPL MECHANICAL TRACTION 23-37 MIN	97012	\$116.35	\$114.02	\$115.19	\$107.39	\$114.02
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 8-22 MIN	97016	\$43.63	\$42.76	\$43.19	\$40.27	\$42.76
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 23-37 MIN	97016	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 38-52 MIN	97016	\$130.90	\$128.28	\$129.59	\$120.82	\$128.28
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 53-67 MIN	97016	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 68-82 MIN	97016	\$218.16	\$213.80	\$215.98	\$201.36	\$213.80
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 83-97 MIN	97016	\$261.79	\$256.55	\$259.17	\$241.63	\$256.55
Physical Therapy	Inpatient/Outpatient	APPL PARAFFIN BATH 8-22 MIN	97018	\$29.09	\$28.51	\$28.80	\$26.85	\$28.51
Physical Therapy	Inpatient/Outpatient	APPL FLUIDOTHERAPY EA 15 MINS	97022	\$43.63	\$42.76	\$43.19	\$40.27	\$42.76
Physical Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 8-22 MIN	97026	\$43.63	\$42.76	\$43.19	\$40.27	\$42.76
Physical Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 23-37 MIN	97026	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	ELECTRICAL STIMULATION EA 15 MINS	97032	\$58.18	\$57.02	\$57.60	\$53.70	\$57.02
Physical Therapy	Inpatient/Outpatient	APPL IONTOPHORESIS EA 15 MINS	97033	\$72.72	\$71.27	\$71.99	\$67.12	\$71.27
Physical Therapy	Inpatient/Outpatient	CONTRAST BATH THERAPY EA 15 MINS	97034	\$43.63	\$42.76	\$43.19	\$40.27	\$42.76
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 8-22 MINS	97035	\$43.63	\$42.76	\$43.19	\$40.27	\$42.76
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 23-37 MINS	97035	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 38-52 MINS	97035	\$130.90	\$128.28	\$129.59	\$120.82	\$128.28
Physical Therapy	Inpatient/Outpatient	THERAPEUTIC EXERCISES EA 15 MINS	97110	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	NEUROMUSCULAR REEDUCATION EA 15 MINS	97112	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	GAIT TRAINING THERAPY EA 15 MINS	97116	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	MANUAL THERAPY TECHNIQUES EA 15 MINS	97140	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 8-22 MIN	97150	\$29.09	\$28.51	\$28.80	\$26.85	\$28.51
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 23-37 MIN	97150	\$58.18	\$57.02	\$57.60	\$53.70	\$57.02
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 38-52 MIN	97150	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 53-67 MIN	97150	\$116.35	\$114.02	\$115.19	\$107.39	\$114.02
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 68-82 MIN	97150	\$145.44	\$142.53	\$143.99	\$134.24	\$142.53
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 83-97 MIN	97150	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 98-112 MIN	97150	\$203.62	\$199.55	\$201.58	\$187.94	\$199.55
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 113-127 MIN	97150	\$232.70	\$228.05	\$230.37	\$214.78	\$228.05
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 128-142 MIN	97150	\$261.79	\$256.55	\$259.17	\$241.63	\$256.55

Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 8-22 MIN	97150	\$43.63	\$42.76	\$43.19	\$40.27	\$42.76
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 23-37 MIN	97150	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 38-52 MIN	97150	\$130.90	\$128.28	\$129.59	\$120.82	\$128.28
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 53-67 MIN	97150	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 68-82 MIN	97150	\$218.16	\$213.80	\$215.98	\$201.36	\$213.80
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 83-97 MIN	97150	\$261.79	\$256.55	\$259.17	\$241.63	\$256.55
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 98-112 MIN	97150	\$305.42	\$299.31	\$302.37	\$281.90	\$299.31
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 113-127 MIN	97150	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 128-142 MIN	97150	\$392.69	\$384.84	\$388.76	\$362.45	\$384.84
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 08-22 MIN LOW COMPLEXITY	97161	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN LOW COMPLEXITY	97161	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 38-52 MIN LOW COMPLEXITY	97161	\$523.58	\$513.11	\$518.34	\$483.26	\$513.11
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 53-67 MIN LOW COMPLEXITY	97161	\$698.11	\$684.15	\$691.13	\$644.36	\$684.15
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 68-82 MIN LOW COMPLEXITY	97161	\$872.64	\$855.19	\$863.91	\$805.45	\$855.19
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 83-97 MIN LOW COMPLEXITY	97161	\$1,047.17	\$1,026.23	\$1,036.70	\$966.54	\$1,026.23
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 98-112 MIN LOW COMPLEXITY	97161	\$1,221.70	\$1,197.27	\$1,209.48	\$1,127.63	\$1,197.27
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 08-22 MIN MODERATE COMPLEXITY	97162	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN MODERATE COMPLEXITY	97162	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 38-52 MIN MODERATE COMPLEXITY	97162	\$523.58	\$513.11	\$518.34	\$483.26	\$513.11
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 53-67 MIN MODERATE COMPLEXITY	97162	\$698.11	\$684.15	\$691.13	\$644.36	\$684.15
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 68-82 MIN MODERATE COMPLEXITY	97162	\$872.64	\$855.19	\$863.91	\$805.45	\$855.19
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 83-97 MIN MODERATE COMPLEXITY	97162	\$1,047.17	\$1,026.23	\$1,036.70	\$966.54	\$1,026.23
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 98-112 MIN MODERATE COMPLEXITY	97162	\$1,221.70	\$1,197.27	\$1,209.48	\$1,127.63	\$1,197.27
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 08-22 MIN HIGH COMPLEXITY	97163	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN HIGH COMPLEXITY	97163	\$349.06	\$342.08	\$345.57	\$322.18	\$342.08
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 38-52 MIN HIGH COMPLEXITY	97163	\$523.58	\$513.11	\$518.34	\$483.26	\$513.11
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 53-67 MIN HIGH COMPLEXITY	97163	\$698.11	\$684.15	\$691.13	\$644.36	\$684.15
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 68-82 MIN HIGH COMPLEXITY	97163	\$872.64	\$855.19	\$863.91	\$805.45	\$855.19
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 83-97 MIN HIGH COMPLEXITY	97163	\$1,047.17	\$1,026.23	\$1,036.70	\$966.54	\$1,026.23
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 98-112 MIN HIGH COMPLEXITY	97163	\$1,221.70	\$1,197.27	\$1,209.48	\$1,127.63	\$1,197.27
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 08-22 MIN	97164	\$130.90	\$128.28	\$129.59	\$120.82	\$128.28
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 23-37 MIN	97164	\$261.79	\$256.55	\$259.17	\$241.63	\$256.55
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 38-52 MIN	97164	\$392.69	\$384.84	\$388.76	\$362.45	\$384.84
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 53-67 MIN	97164	\$523.58	\$513.11	\$518.34	\$483.26	\$513.11
Physical Therapy	Inpatient/Outpatient	THERAPEUTIC ACTIVITIES EA 15 MINS	97530	\$101.81	\$99.77	\$100.79	\$93.97	\$99.77
Physical Therapy	Inpatient/Outpatient	SENSORY INTEGRATION EA 15 MINS	97533	\$72.72	\$71.27	\$71.99	\$67.12	\$71.27
Physical Therapy	Inpatient/Outpatient	SELF CARE MNGMENT TRAINING EA 15 MINS	97535	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	WHEELCHAIR MNGMENT TRAINING EA 15 MINS	97542	\$72.72	\$71.27	\$71.99	\$67.12	\$71.27
Physical Therapy	Inpatient/Outpatient	WORK HARDENING INITIAL 2 HOURS	97545	\$581.76	\$570.12	\$575.94	\$536.96	\$570.12
Physical Therapy	Inpatient/Outpatient	WORK HARDENING EA ADDTL HR	97546	\$290.88	\$285.06	\$287.97	\$268.48	\$285.06
Physical Therapy	Inpatient/Outpatient	PHYSICAL PERFORM EA 15 MINS	97750	\$174.53	\$171.04	\$172.78	\$161.09	\$171.04
Physical Therapy	Inpatient/Outpatient	ORTHOTIC MGMT AND TRAINING INIT ENC EA 15 MINS	97760	\$87.26	\$85.51	\$86.39	\$80.54	\$85.51
Physical Therapy	Inpatient/Outpatient	PROSTHETIC TRAINING INIT ENC EA 15 MINS	97761	\$72.72	\$71.27	\$71.99	\$67.12	\$71.27
Physical Therapy	Inpatient/Outpatient	ORTHC/PROSTC MGMT SUB ENC EA 15 MIN	97763	\$72.72	\$71.27	\$71.99	\$67.12	\$71.27
Physical Therapy	Inpatient/Outpatient	ESTIM UNATND NO WND CARE	G0283	\$43.63	\$42.76	\$43.19	\$40.27	\$42.76
Physical Therapy	Inpatient/Outpatient	OTHER PT/OT CURRENT STATUS	G8990	\$1.00	\$0.98	\$0.99	\$0.92	\$0.98
Occupational Therapy	Inpatient	APPL LONG ARM SPLINT 8-22 MIN	29105	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	APPL LONG ARM SPLINT 23-37 MIN	29105	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	APPL LONG ARM SPLINT 38-52 MIN	29105	\$166.65	\$163.32	\$164.98	\$153.82	\$163.32
Occupational Therapy	Inpatient	APPL LONG ARM SPLINT 53-67 MIN	29105	\$222.20	\$217.76	\$219.98	\$205.09	\$217.76
Occupational Therapy	Inpatient	APPL SHT ARM SPLNT, STC 8-22 MIN	29125	\$46.29	\$45.36	\$45.83	\$42.73	\$45.36
Occupational Therapy	Inpatient	APPL SHT ARM SPLNT, STC 23-37 MIN	29125	\$92.58	\$90.73	\$91.65	\$85.45	\$90.73
Occupational Therapy	Inpatient	APPL SHT ARM SPLNT, STC 38-52 MIN	29125	\$138.87	\$136.09	\$137.48	\$128.18	\$136.09
Occupational Therapy	Inpatient	APPL SHT ARM SPLNT, STC 53-67 MIN	29125	\$185.16	\$181.46	\$183.31	\$170.90	\$181.46
Occupational Therapy	Inpatient	APPL SHT ARM SPLNT, DYN 8-22 MIN	29126	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	APPL SHT ARM SPLNT, DYN 23-37 MIN	29126	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	APPL SHT ARM SPLNT, DYN 38-52 MIN	29126	\$166.65	\$163.32	\$164.98	\$153.82	\$163.32
Occupational Therapy	Inpatient	APPL SHT ARM SPLNT, DYN 53-67 MIN	29126	\$222.20	\$217.76	\$219.98	\$205.09	\$217.76
Occupational Therapy	Inpatient	APPL FNGR SPLNT, STATIC 8-22 MIN	29130	\$37.03	\$36.29	\$36.66	\$34.18	\$36.29
Occupational Therapy	Inpatient	APPL FNGR SPLNT, STATIC 23-37 MIN	29130	\$74.07	\$72.59	\$73.33	\$68.37	\$72.59
Occupational Therapy	Inpatient	APPL FNGR SPLNT, STATIC 38-52 MIN	29130	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	APPL FNGR SPLNT, STATIC 53-67 MIN	29130	\$148.13	\$145.17	\$146.65	\$136.72	\$145.17
Occupational Therapy	Inpatient	APPL FNGR SPLNT, DYN 8-22 MIN	29131	\$46.29	\$45.36	\$45.83	\$42.73	\$45.36
Occupational Therapy	Inpatient	APPL FNGR SPLNT, DYN 23-37 MIN	29131	\$92.58	\$90.73	\$91.65	\$85.45	\$90.73
Occupational Therapy	Inpatient	APPL FNGR SPLNT, DYN 38-52 MIN	29131	\$138.87	\$136.09	\$137.48	\$128.18	\$136.09
Occupational Therapy	Inpatient	APPL FNGR SPLNT, DYN 53-67 MIN	29131	\$185.16	\$181.46	\$183.31	\$170.90	\$181.46
Occupational Therapy	Inpatient	APPL LNG LEG SPLNT 8-22 MIN	29505	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	APPL LNG LEG SPLNT 23-37 MIN	29505	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	APPL LNG LEG SPLNT 38-52 MIN	29505	\$166.65	\$163.32	\$164.98	\$153.82	\$163.32
Occupational Therapy	Inpatient	APPL LNG LEG SPLNT 53-67 MIN	29505	\$222.20	\$217.76	\$219.98	\$205.09	\$217.76
Occupational Therapy	Inpatient	APPL SHORT LEG SPLNT 8-22 MIN	29515	\$46.29	\$45.36	\$45.83	\$42.73	\$45.36
Occupational Therapy	Inpatient	APPL SHORT LEG SPLNT 23-37 MIN	29515	\$92.58	\$90.73	\$91.65	\$85.45	\$90.73
Occupational Therapy	Inpatient	APPL SHORT LEG SPLNT 38-52 MIN	29515	\$138.87	\$136.09	\$137.48	\$128.18	\$136.09
Occupational Therapy	Inpatient	APPL SHORT LEG SPLNT 53-67 MIN	29515	\$185.16	\$181.46	\$183.31	\$170.90	\$181.46

Occupational Therapy	Inpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 15 MINS	29581	\$37.03	\$36.29	\$36.66	\$34.18	\$36.29
Occupational Therapy	Inpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 16-22 MINS	29581	\$74.07	\$72.59	\$73.33	\$68.37	\$72.59
Occupational Therapy	Inpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 23-37 MINS	29581	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 38-52 MINS	29581	\$148.13	\$145.17	\$146.65	\$136.72	\$145.17
Occupational Therapy	Inpatient	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT 53-67 MINS	29581	\$185.16	\$181.46	\$183.31	\$170.90	\$181.46
Occupational Therapy	Inpatient	APPL MULTLAY COMPRS ARM/HAND 15 MINS	29584	\$46.29	\$45.36	\$45.83	\$42.73	\$45.36
Occupational Therapy	Inpatient	APPL MULTLAY COMPRS ARM/HAND 16-22 MINS	29584	\$92.58	\$90.73	\$91.65	\$85.45	\$90.73
Occupational Therapy	Inpatient	APPL MULTLAY COMPRS ARM/HAND 23-37 MINS	29584	\$138.87	\$136.09	\$137.48	\$128.18	\$136.09
Occupational Therapy	Inpatient	APPL MULTLAY COMPRS ARM/HAND 38-52 MINS	29584	\$185.16	\$181.46	\$183.31	\$170.90	\$181.46
Occupational Therapy	Inpatient	APPL MULTLAY COMPRS ARM/HAND 53-67 MINS	29584	\$231.45	\$226.82	\$229.14	\$213.63	\$226.82
Occupational Therapy	Inpatient	BIOFEEDBACK 8-22 MIN	90901	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	BIOFEEDBACK 23-37 MIN	90901	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	DEVEL TST PHYS/QHP 1ST HR	96112	\$222.20	\$217.76	\$219.98	\$205.09	\$217.76
Occupational Therapy	Inpatient	DEVEL TST PHYS/QHP EA ADDL HR	96113	\$222.20	\$217.76	\$219.98	\$205.09	\$217.76
Occupational Therapy	Inpatient	APPL VASOPNM DVC 8-22 MIN	97016	\$13.89	\$13.61	\$13.75	\$12.82	\$13.61
Occupational Therapy	Inpatient	APPL VASOPNM DVC 23-37 MIN	97016	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	APPL VASOPNM DVC 38-52 MIN	97016	\$41.66	\$40.83	\$41.24	\$38.45	\$40.83
Occupational Therapy	Inpatient	APPL VASOPNM DVC 53-67 MIN	97016	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	APPL VASOPNM DVC 68-82 MIN	97016	\$69.44	\$68.05	\$68.75	\$64.09	\$68.05
Occupational Therapy	Inpatient	APPL VASOPNM DVC 83-97 MIN	97016	\$83.32	\$81.65	\$82.49	\$76.90	\$81.65
Occupational Therapy	Inpatient	APPL PARAFFIN BATH 8-22 MIN	97018	\$9.26	\$9.07	\$9.17	\$8.55	\$9.07
Occupational Therapy	Inpatient	APPL FLUIDOTHERAPY EA 15 MINS	97022	\$13.89	\$13.61	\$13.75	\$12.82	\$13.61
Occupational Therapy	Inpatient	INFRARED THERAPY 1+ AREAS 8-22 MIN	97026	\$13.89	\$13.61	\$13.75	\$12.82	\$13.61
Occupational Therapy	Inpatient	INFRARED THERAPY 1+ AREAS 23-37 MIN	97026	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	ELECTRICAL STIMULATION EA 15 MINS	97032	\$18.52	\$18.15	\$18.33	\$17.09	\$18.15
Occupational Therapy	Inpatient	ELECTRIC CURRENT THERAPY EA 15 MINS	97033	\$23.15	\$22.69	\$22.92	\$21.37	\$22.69
Occupational Therapy	Inpatient	CONTRAST BATH THERAPY EA 15 MINS	97034	\$13.89	\$13.61	\$13.75	\$12.82	\$13.61
Occupational Therapy	Inpatient	ULTRASOUND THERAPY 8-22 MINS	97035	\$13.89	\$13.61	\$13.75	\$12.82	\$13.61
Occupational Therapy	Inpatient	ULTRASOUND THERAPY 23-37 MINS	97035	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	ULTRASOUND THERAPY 38-52 MINS	97035	\$41.66	\$40.83	\$41.24	\$38.45	\$40.83
Occupational Therapy	Inpatient	THERAPEUTIC EXERCISES EA 15 MINS	97110	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	NEUROMUSCULAR REEDUCATION EA 15 MINS	97112	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	GAIT TRAINING THERAPY EA 15 MINS	97116	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	THER IVNTJ COG FUNCJ CNTCT 1ST 8-22 MIN	97129	\$23.15	\$22.69	\$22.92	\$21.37	\$22.69
Occupational Therapy	Inpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 8-22 MIN	97130	\$23.15	\$22.69	\$22.92	\$21.37	\$22.69
Occupational Therapy	Inpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 23-37 MIN	97130	\$46.29	\$45.36	\$45.83	\$42.73	\$45.36
Occupational Therapy	Inpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 38-52 MIN	97130	\$69.44	\$68.05	\$68.75	\$64.09	\$68.05
Occupational Therapy	Inpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 53-67 MIN	97130	\$92.58	\$90.73	\$91.65	\$85.45	\$90.73
Occupational Therapy	Inpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 68-82 MIN	97130	\$115.73	\$113.42	\$114.57	\$106.82	\$113.42
Occupational Therapy	Inpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 83-97 MIN	97130	\$138.87	\$136.09	\$137.48	\$128.18	\$136.09
Occupational Therapy	Inpatient	MANUAL THERAPY EA 15 MINS	97140	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 8-22 MIN	97150	\$9.26	\$9.07	\$9.17	\$8.55	\$9.07
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 23-37 MIN	97150	\$18.52	\$18.15	\$18.33	\$17.09	\$18.15
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 38-52 MIN	97150	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 53-67 MIN	97150	\$37.03	\$36.29	\$36.66	\$34.18	\$36.29
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 68-82 MIN	97150	\$46.29	\$45.36	\$45.83	\$42.73	\$45.36
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 83-97 MIN	97150	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 98-112 MIN	97150	\$64.81	\$63.51	\$64.16	\$59.82	\$63.51
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 113-127 MIN	97150	\$74.07	\$72.59	\$73.33	\$68.37	\$72.59
Occupational Therapy	Inpatient	GROUP THERAPY 5+ PTS 128-142 MIN	97150	\$83.32	\$81.65	\$82.49	\$76.90	\$81.65
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 8-22 MIN	97150	\$13.89	\$13.61	\$13.75	\$12.82	\$13.61
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 23-37 MIN	97150	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 38-52 MIN	97150	\$41.66	\$40.83	\$41.24	\$38.45	\$40.83
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 53-67 MIN	97150	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 68-82 MIN	97150	\$69.44	\$68.05	\$68.75	\$64.09	\$68.05
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 83-97 MIN	97150	\$83.32	\$81.65	\$82.49	\$76.90	\$81.65
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 98-112 MIN	97150	\$97.21	\$95.27	\$96.24	\$89.72	\$95.27
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 113-127 MIN	97150	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	GROUP THERAPY 2-4 PTS 128-142 MIN	97150	\$124.99	\$122.49	\$123.74	\$115.37	\$122.49
Occupational Therapy	Inpatient	OT EVALUATION 08-22 MIN LOW COMPLEXITY	97165	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	OT EVALUATION 23-37 MIN LOW COMPLEXITY	97165	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	OT EVALUATION 38-52 MIN LOW COMPLEXITY	97165	\$166.65	\$163.32	\$164.98	\$153.82	\$163.32
Occupational Therapy	Inpatient	OT EVALUATION 53-67 MIN LOW COMPLEXITY	97165	\$222.20	\$217.76	\$219.98	\$205.09	\$217.76
Occupational Therapy	Inpatient	OT EVALUATION 68-82 MIN LOW COMPLEXITY	97165	\$277.75	\$272.20	\$274.97	\$256.36	\$272.20
Occupational Therapy	Inpatient	OT EVALUATION 83-97 MIN LOW COMPLEXITY	97165	\$333.29	\$326.62	\$329.96	\$307.63	\$326.62
Occupational Therapy	Inpatient	OT EVALUATION 98-112 MIN LOW COMPLEXITY	97165	\$388.84	\$381.06	\$384.95	\$358.90	\$381.06
Occupational Therapy	Inpatient	OT EVALUATION 08-22 MIN MODERATE COMPLEXITY	97166	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	OT EVALUATION 23-37 MIN MODERATE COMPLEXITY	97166	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	OT EVALUATION 38-52 MIN MODERATE COMPLEXITY	97166	\$166.65	\$163.32	\$164.98	\$153.82	\$163.32
Occupational Therapy	Inpatient	OT EVALUATION 53-67 MIN MODERATE COMPLEXITY	97166	\$222.20	\$217.76	\$219.98	\$205.09	\$217.76
Occupational Therapy	Inpatient	OT EVALUATION 68-82 MIN MODERATE COMPLEXITY	97166	\$277.75	\$272.20	\$274.97	\$256.36	\$272.20
Occupational Therapy	Inpatient	OT EVALUATION 83-97 MIN MODERATE COMPLEXITY	97166	\$333.29	\$326.62	\$329.96	\$307.63	\$326.62
Occupational Therapy	Inpatient	OT EVALUATION 98-112 MIN MODERATE COMPLEXITY	97166	\$388.84	\$381.06	\$384.95	\$358.90	\$381.06
Occupational Therapy	Inpatient	OT EVALUATION 08-22 MIN HIGH COMPLEXITY	97167	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44

Occupational Therapy	Inpatient	OT EVALUATION 23-37 MIN HIGH COMPLEXITY	97167	\$111.10	\$108.88	\$109.99	\$102.55	\$108.88
Occupational Therapy	Inpatient	OT EVALUATION 38-52 MIN HIGH COMPLEXITY	97167	\$166.65	\$163.32	\$164.98	\$153.82	\$163.32
Occupational Therapy	Inpatient	OT EVALUATION 53-67 MIN HIGH COMPLEXITY	97167	\$222.20	\$217.76	\$219.98	\$205.09	\$217.76
Occupational Therapy	Inpatient	OT EVALUATION 68-82 MIN HIGH COMPLEXITY	97167	\$277.75	\$272.20	\$274.97	\$256.36	\$272.20
Occupational Therapy	Inpatient	OT EVALUATION 83-97 MIN HIGH COMPLEXITY	97167	\$333.29	\$326.62	\$329.96	\$307.63	\$326.62
Occupational Therapy	Inpatient	OT EVALUATION 98-112 MIN HIGH COMPLEXITY	97167	\$388.84	\$381.06	\$384.95	\$358.90	\$381.06
Occupational Therapy	Inpatient	OT RE-EVALUATION 08-22 MIN	97168	\$41.66	\$40.83	\$41.24	\$38.45	\$40.83
Occupational Therapy	Inpatient	OT RE-EVALUATION 23-37 MIN	97168	\$83.32	\$81.65	\$82.49	\$76.90	\$81.65
Occupational Therapy	Inpatient	OT RE-EVALUATION 38-52 MIN	97168	\$124.99	\$122.49	\$123.74	\$115.37	\$122.49
Occupational Therapy	Inpatient	OT RE-EVALUATION 53-67 MIN	97168	\$166.65	\$163.32	\$164.98	\$153.82	\$163.32
Occupational Therapy	Inpatient	THERAPEUTIC ACTIVITIES EA 15 MINS	97530	\$32.40	\$31.75	\$32.08	\$29.91	\$31.75
Occupational Therapy	Inpatient	SENSORY INTEGRATION EA 15 MINS	97533	\$23.15	\$22.69	\$22.92	\$21.37	\$22.69
Occupational Therapy	Inpatient	SELF CARE MNGMENT TRAINING EA 15 MINS	97535	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	COMMUNITY/WORK REINTEGRATION EA 15 MINS	97537	\$23.15	\$22.69	\$22.92	\$21.37	\$22.69
Occupational Therapy	Inpatient	WHEELCHAIR MNGMENT TRAINING EA 15 MINS	97542	\$23.15	\$22.69	\$22.92	\$21.37	\$22.69
Occupational Therapy	Inpatient	WORK HARDENING INITIAL 2 HOURS	97545	\$185.16	\$181.46	\$183.31	\$170.90	\$181.46
Occupational Therapy	Inpatient	WORK HARDENING EA ADDTL HR	97546	\$92.58	\$90.73	\$91.65	\$85.45	\$90.73
Occupational Therapy	Inpatient	PHYSICAL PERFORM EA 15 MINS	97750	\$55.55	\$54.44	\$54.99	\$51.27	\$54.44
Occupational Therapy	Inpatient	ORTHOTIC MGMT AND TRAINING INIT ENC EA 15 MINS	97760	\$27.77	\$27.21	\$27.49	\$25.63	\$27.21
Occupational Therapy	Inpatient	PROSTHETIC TRAINING INIT ENC EA 15 MINS	97761	\$23.15	\$22.69	\$22.92	\$21.37	\$22.69
Occupational Therapy	Inpatient	ORTHC/PROSTC MGMT SUB ENC EA 15 MIN	97763	\$23.15	\$22.69	\$22.92	\$21.37	\$22.69
Occupational Therapy	Inpatient	ESTIM UNATND NO WND CARE	G0283	\$13.89	\$13.61	\$13.75	\$12.82	\$13.61
Occupational Therapy	Inpatient	OTHER PT/OT CURRENT STATUS	G8990	\$1.00	\$0.98	\$0.99	\$0.92	\$0.98
Speech Therapy	Inpatient/Outpatient	LARYNGOSCOPY FLEX, DIAGNOSTIC 8-22 MIN	31575	\$300.47	\$294.46	\$297.47	\$277.33	\$294.46
Speech Therapy	Inpatient/Outpatient	LARYNGOSCOPY FLEX, DIAGNOSTIC 23-37 MIN	31575	\$600.93	\$588.91	\$594.92	\$554.66	\$588.91
Speech Therapy	Inpatient/Outpatient	LARYNGOSCOPY FLEX, DIAGNOSTIC 38-52 MIN	31575	\$901.40	\$883.37	\$892.39	\$831.99	\$883.37
Speech Therapy	Inpatient/Outpatient	LARYNGOSC, FLEX/RIGIS, W STRBS 8-22 MIN	31579	\$300.47	\$294.46	\$297.47	\$277.33	\$294.46
Speech Therapy	Inpatient/Outpatient	LARYNGOSC, FLEX/RIGIS, W STRBS 23-37 MIN	31579	\$600.93	\$588.91	\$594.92	\$554.66	\$588.91
Speech Therapy	Inpatient/Outpatient	LARYNGOSC, FLEX/RIGIS, W STRBS 38-52 MIN	31579	\$901.40	\$883.37	\$892.39	\$831.99	\$883.37
Speech Therapy	Inpatient/Outpatient	LARYNGOSC, FLEX/RIGIS, W STRBS 53-67 MIN	31579	\$1,201.86	\$1,177.82	\$1,189.84	\$1,109.32	\$1,177.82
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 8-22 MIN	92507	\$72.11	\$70.67	\$71.39	\$66.56	\$70.67
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 23-37 MIN	92507	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 38-52 MIN	92507	\$216.34	\$212.01	\$214.18	\$199.68	\$212.01
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 53-67 MIN	92507	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 68-82 MIN	92507	\$360.56	\$353.35	\$356.95	\$332.80	\$353.35
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 83-97 MIN	92507	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 98-113 MIN	92507	\$504.78	\$494.68	\$499.73	\$465.91	\$494.68
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 8-22 MIN	92508	\$36.06	\$35.34	\$35.70	\$33.28	\$35.34
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 23-37 MIN	92508	\$72.11	\$70.67	\$71.39	\$66.56	\$70.67
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 38-52 MIN	92508	\$108.17	\$106.01	\$107.09	\$99.84	\$106.01
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMNT 2-4 PTS 53-67 MIN	92508	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	NASOPHARYNGOSCOPY W ENDOSCOPE 8-22 MIN	92511	\$300.47	\$294.46	\$297.47	\$277.33	\$294.46
Speech Therapy	Inpatient/Outpatient	NASOPHARYNGOSCOPY W ENDOSCOPE 23-37 MIN	92511	\$600.93	\$588.91	\$594.92	\$554.66	\$588.91
Speech Therapy	Inpatient/Outpatient	NASOPHARYNGOSCOPY W ENDOSCOPE 38-52 MIN	92511	\$901.40	\$883.37	\$892.39	\$831.99	\$883.37
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 8-22 MIN	92521	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 23-37 MIN	92521	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 38-52 MIN	92521	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 53-67 MIN	92521	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 68-82 MIN	92521	\$721.12	\$706.70	\$713.91	\$665.59	\$706.70
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH FLUENCY 83-97 MIN	92521	\$865.34	\$848.03	\$856.69	\$798.71	\$848.03
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 8-22 MIN	92522	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 23-37 MIN	92522	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 38-52 MIN	92522	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 53-67 MIN	92522	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 68-82 MIN	92522	\$721.12	\$706.70	\$713.91	\$665.59	\$706.70
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH SOUND PROD 83-97 MIN	92522	\$865.34	\$848.03	\$856.69	\$798.71	\$848.03
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 8-22 MIN	92523	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 23-37 MIN	92523	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 38-52 MIN	92523	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 53-67 MIN	92523	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 68-82 MIN	92523	\$721.12	\$706.70	\$713.91	\$665.59	\$706.70
Speech Therapy	Inpatient/Outpatient	EVAL SPEECH W/ LANG COMPRES 83-97 MIN	92523	\$865.34	\$848.03	\$856.69	\$798.71	\$848.03
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 8-22 MIN	92524	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 23-37 MIN	92524	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 38-52 MIN	92524	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 53-67 MIN	92524	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 68-82 MIN	92524	\$721.12	\$706.70	\$713.91	\$665.59	\$706.70
Speech Therapy	Inpatient/Outpatient	BEHAV & QUAL ANALYS VOICE&RES 83-97 MIN	92524	\$865.34	\$848.03	\$856.69	\$798.71	\$848.03
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 8-22 MIN	92526	\$72.11	\$70.67	\$71.39	\$66.56	\$70.67
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 23-37 MIN	92526	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 38-52 MIN	92526	\$216.34	\$212.01	\$214.18	\$199.68	\$212.01
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 53-67 MIN	92526	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 68-82 MIN	92526	\$360.56	\$353.35	\$356.95	\$332.80	\$353.35
Speech Therapy	Inpatient/Outpatient	SWALLOW TREATMENT 83-97 MIN	92526	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02

Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 8-22 MIN	92597	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 23-37 MIN	92597	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 38-52 MIN	92597	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 53-67 MIN	92597	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	EVAL USE/FIT VOICE PROSTH 68-82 MIN	92597	\$721.12	\$706.70	\$713.91	\$665.59	\$706.70
Speech Therapy	Inpatient/Outpatient	EX FOR NONSPEECH DEVICE RX 8-22 MIN	92605	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	EX FOR NONSPEECH DEVICE RX 23-37 MIN	92605	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	EX FOR NONSPEECH DEVICE RX 38-52 MIN	92605	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	EX FOR NONSPEECH DEVICE RX 53-67 MIN	92605	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	NON-SPEECH DEVICE TX 8-22 MIN	92606	\$72.11	\$70.67	\$71.39	\$66.56	\$70.67
Speech Therapy	Inpatient/Outpatient	NON-SPEECH DEVICE TX 23-37 MIN	92606	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	NON-SPEECH DEVICE TX 38-52 MIN	92606	\$216.34	\$212.01	\$214.18	\$199.68	\$212.01
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 8-22 MIN	92610	\$144.22	\$141.34	\$142.78	\$133.12	\$141.34
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 23-37 MIN	92610	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 38-52 MIN	92610	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 53-67 MIN	92610	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 68-82 MIN	92610	\$721.12	\$706.70	\$713.91	\$665.59	\$706.70
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 83-97 MIN	92610	\$865.34	\$848.03	\$856.69	\$798.71	\$848.03
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 8-22 MIN	92611	\$204.32	\$200.23	\$202.28	\$188.59	\$200.23
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 23-37 MIN	92611	\$408.63	\$400.46	\$404.54	\$377.17	\$400.46
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 38-52 MIN	92611	\$612.95	\$600.69	\$606.82	\$565.75	\$600.69
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 53-67 MIN	92611	\$817.27	\$800.92	\$809.10	\$754.34	\$800.92
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 68-82 MNS	92611	\$1,021.58	\$1,001.15	\$1,011.36	\$942.92	\$1,001.15
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 83-97 MIN	92611	\$1,225.90	\$1,201.38	\$1,213.64	\$1,131.51	\$1,201.38
Speech Therapy	Inpatient/Outpatient	FEESS 8-22 MIN	92612	\$264.41	\$259.12	\$261.77	\$244.05	\$259.12
Speech Therapy	Inpatient/Outpatient	FEESS 23-37 MIN	92612	\$528.82	\$518.24	\$523.53	\$488.10	\$518.24
Speech Therapy	Inpatient/Outpatient	FEESS 38-52 MIN	92612	\$793.23	\$777.37	\$785.30	\$732.15	\$777.37
Speech Therapy	Inpatient/Outpatient	FEESS 53-67 MIN	92612	\$1,057.64	\$1,036.49	\$1,047.06	\$976.20	\$1,036.49
Speech Therapy	Inpatient/Outpatient	FEESS 68-82 MIN	92612	\$1,322.05	\$1,295.61	\$1,308.83	\$1,220.25	\$1,295.61
Speech Therapy	Inpatient/Outpatient	FEESS 83-97 MIN	92612	\$1,586.46	\$1,554.73	\$1,570.60	\$1,464.30	\$1,554.73
Speech Therapy	Inpatient/Outpatient	EX FOR NONSPEECH DEVICE RX EACH ADDITIONAL 30 MIN	92618	\$288.45	\$282.68	\$285.57	\$266.24	\$282.68
Speech Therapy	Inpatient/Outpatient	APHASIA ASSESSMENT, 1 HR	96105	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	APHASIA ASSESSMENT, 2 HR	96105	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	APHASIA ASSESSMENT, 3 HR	96105	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 8-22 MIN	96110	\$108.17	\$106.01	\$107.09	\$99.84	\$106.01
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 23-37 MIN	96110	\$216.34	\$212.01	\$214.18	\$199.68	\$212.01
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 38-52 MIN	96110	\$324.50	\$318.01	\$321.26	\$299.51	\$318.01
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 53-67 MIN	96110	\$432.67	\$424.02	\$428.34	\$399.35	\$424.02
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 68-82 MIN	96110	\$540.84	\$530.02	\$535.43	\$499.20	\$530.02
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 83-97 MIN	96110	\$649.01	\$636.03	\$642.52	\$599.04	\$636.03
Speech Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP 1ST HR	96112	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP EA ADDL HR	96113	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	HC COGNITIVE LING TEST PER HOUR	96125	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	COGNITIVE LING TEST, 2 HR	96125	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	COGNITIVE LING TEST, 3 HR	96125	\$576.89	\$565.35	\$571.12	\$532.47	\$565.35
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT 1ST 8-22 MIN	97129	\$60.09	\$58.89	\$59.49	\$55.46	\$58.89
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 8-22 MIN	97130	\$60.09	\$58.89	\$59.49	\$55.46	\$58.89
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 23-37 MIN	97130	\$120.19	\$117.79	\$118.99	\$110.94	\$117.79
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 38-52 MIN	97130	\$180.28	\$176.67	\$178.48	\$166.40	\$176.67
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 53-67 MIN	97130	\$240.37	\$235.56	\$237.97	\$221.86	\$235.56
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 68-82 MIN	97130	\$300.47	\$294.46	\$297.47	\$277.33	\$294.46
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 83-97 MIN	97130	\$360.56	\$353.35	\$356.95	\$332.80	\$353.35
MRI Scanner	Inpatient/Outpatient	MRI TEMPOROMANDIBULAR JOINT	70336	\$414.19	\$405.91	\$410.05	\$382.30	\$405.91
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W/O CONTRAST	70540	\$390.52	\$382.71	\$386.05	\$360.45	\$382.71
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W/CONTRAST	70542	\$426.03	\$417.51	\$421.77	\$393.23	\$417.51
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W & W/O CONTRAST	70543	\$514.78	\$504.48	\$509.63	\$475.14	\$504.48
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W/O CONTRAST	70544	\$550.28	\$539.27	\$544.78	\$507.91	\$539.27
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W/CONTRAST	70545	\$544.37	\$533.48	\$538.93	\$502.45	\$533.48
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W & W/O CONTRAST	70546	\$846.14	\$829.22	\$837.68	\$780.99	\$829.22
MRI Scanner	Inpatient/Outpatient	MRA NECK, W/O CONTRAST	70547	\$556.20	\$545.08	\$550.64	\$513.37	\$545.08
MRI Scanner	Inpatient/Outpatient	MRA NECK, W/CONTRAST	70548	\$585.79	\$574.07	\$579.93	\$540.68	\$574.07
MRI Scanner	Inpatient/Outpatient	MRA NECK, W & W/O CONTRAST	70549	\$852.05	\$835.01	\$843.53	\$786.44	\$835.01
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W/O CONTRAST	70551	\$260.35	\$255.14	\$257.75	\$240.30	\$255.14
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W/CONTRAST	70552	\$384.61	\$376.92	\$380.76	\$355.00	\$376.92
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W & W/O CONTRAST	70553	\$437.86	\$429.10	\$433.48	\$404.14	\$429.10
MRI Scanner	Inpatient/Outpatient	MRI FUNCTIONAL BRAIN W/ STIM	70554	\$887.55	\$869.80	\$878.67	\$819.21	\$869.80
MRI Scanner	Inpatient/Outpatient	MRI FUNC BRAIN W/ PHYSICIAN	70555	\$887.55	\$869.80	\$878.67	\$819.21	\$869.80
MRI Scanner	Inpatient/Outpatient	MRI CHEST W/O CONTRAST	71550	\$568.03	\$556.67	\$562.35	\$524.29	\$556.67
MRI Scanner	Inpatient/Outpatient	MRI CHEST W/CONTRAST	71551	\$621.29	\$608.86	\$615.08	\$573.45	\$608.86
MRI Scanner	Inpatient/Outpatient	MRI CHEST W & W/O CONTRAST	71552	\$775.13	\$759.63	\$767.38	\$715.44	\$759.63
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/CONTRAST	71555	\$514.78	\$504.48	\$509.63	\$475.14	\$504.48
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/O CONTRAST	71555	\$514.78	\$504.48	\$509.63	\$475.14	\$504.48
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/O & W/ CONTRAST	71555	\$514.78	\$504.48	\$509.63	\$475.14	\$504.48
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONTNTS, CERV W/O CONTRAST	72141	\$248.52	\$243.55	\$246.03	\$229.38	\$243.55

MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT CERV W/CONTRAST	72142	\$390.52	\$382.71	\$386.61	\$360.45	\$382.71
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W/O CONTRAST	72146	\$248.52	\$243.55	\$246.03	\$229.38	\$243.55
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W/CONTRAST	72147	\$390.52	\$382.71	\$386.61	\$360.45	\$382.71
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W/O CONTRAST	72148	\$248.52	\$243.55	\$246.03	\$229.38	\$243.55
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W/CONTRAST	72149	\$384.61	\$376.92	\$380.76	\$355.00	\$376.92
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT CERV W & W/O CONTRAST	72156	\$437.86	\$429.10	\$433.48	\$404.14	\$429.10
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W & W/O CONTRAST	72157	\$443.78	\$434.90	\$439.34	\$409.61	\$434.90
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W & W/O CONTRAST	72158	\$437.86	\$429.10	\$433.48	\$404.14	\$429.10
MRI Scanner	Inpatient/Outpatient	MRA SPINAL CANAL W/CONTRAST	72159	\$544.37	\$533.48	\$538.93	\$502.45	\$533.48
MRI Scanner	Inpatient/Outpatient	MRA SPINAL CANAL W/O CONTRAST	72159	\$544.37	\$533.48	\$538.93	\$502.45	\$533.48
MRI Scanner	Inpatient/Outpatient	MRA SPINAL CANAL W/O & W/ CONTRAST	72159	\$544.37	\$533.48	\$538.93	\$502.45	\$533.48
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W/O CONTRAST	72195	\$502.95	\$492.89	\$494.22	\$492.89	\$492.89
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W/CONTRAST	72196	\$538.45	\$527.68	\$533.07	\$496.99	\$527.68
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W & W/O CONTRAST	72197	\$650.87	\$637.85	\$644.36	\$600.75	\$637.85
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/CONTRAST	72198	\$520.70	\$510.29	\$515.49	\$480.61	\$510.29
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/O & W/ CONTRAST	72198	\$520.70	\$510.29	\$515.49	\$480.61	\$510.29
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/O CONTRAST	72198	\$520.70	\$510.29	\$515.49	\$480.61	\$510.29
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/O CONTRAST	73218	\$497.03	\$487.09	\$492.06	\$458.76	\$487.09
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/CONTRAST	73219	\$532.53	\$521.88	\$527.20	\$491.53	\$521.88
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/O & W/ CONTRAST	73220	\$650.87	\$637.85	\$644.36	\$600.75	\$637.85
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W/O CONTRAST	73221	\$278.10	\$272.54	\$275.32	\$256.69	\$272.54
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W/CONTRAST	73222	\$491.11	\$481.29	\$486.20	\$453.29	\$481.29
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W & W/O CONTRAST	73223	\$603.54	\$591.47	\$597.50	\$557.07	\$591.47
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/O & W/ CONTRAST	73225	\$538.45	\$527.68	\$533.07	\$496.99	\$527.68
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/CONTRAST	73225	\$538.45	\$527.68	\$533.07	\$496.99	\$527.68
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/O CONTRAST	73225	\$538.45	\$527.68	\$533.07	\$496.99	\$527.68
MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/O CONTRAST	73718	\$491.11	\$481.29	\$486.20	\$453.29	\$481.29
MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/CONTRAST	73719	\$538.45	\$527.68	\$533.07	\$496.99	\$527.68
MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/O & W/ CONTRAST	73720	\$656.79	\$643.65	\$650.22	\$606.22	\$643.65
MRI Scanner	Inpatient/Outpatient	MRI ANY JT OF LWR EXTR W/O CONTRAST	73721	\$278.10	\$272.54	\$275.32	\$256.69	\$272.54
MRI Scanner	Inpatient/Outpatient	MRI ANY LWR EXTR JT W/CONTRAST	73722	\$497.03	\$487.09	\$492.06	\$458.76	\$487.09
MRI Scanner	Inpatient/Outpatient	MRI ANY JT OF LOW EXTR W & W/O CONTRAST	73723	\$603.54	\$591.47	\$597.50	\$557.07	\$591.47
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/CONTRAST	73725	\$514.78	\$504.48	\$509.63	\$475.14	\$504.48
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/O CONTRAST	73725	\$514.78	\$504.48	\$509.63	\$475.14	\$504.48
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/O & W/ CONTRAST	73725	\$514.78	\$504.48	\$509.63	\$475.14	\$504.48
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W/O CONTRAST	74181	\$431.94	\$423.30	\$427.62	\$398.68	\$423.30
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W/CONTRAST	74182	\$609.45	\$597.26	\$603.36	\$562.52	\$597.26
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W & W/O CONTRAST	74183	\$656.79	\$643.65	\$650.22	\$606.22	\$643.65
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/O CONTRAST	74185	\$520.70	\$510.29	\$515.49	\$480.61	\$510.29
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/CONTRAST	74185	\$520.70	\$510.29	\$515.49	\$480.61	\$510.29
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/O & W/ CONTRAST	74185	\$520.70	\$510.29	\$515.49	\$480.61	\$510.29
MRI Scanner	Inpatient/Outpatient	3D RENDERING OF MRI	76376	\$5.92	\$5.80	\$5.86	\$5.46	\$5.80
MRI Scanner	Inpatient/Outpatient	MAGNETIC RESONANCE SPECTROSCOPY	76390	\$627.21	\$614.67	\$620.94	\$578.91	\$614.67
MRI Scanner	Inpatient/Outpatient	MRI CLINICAL DECISION SUPPORT MECHANISM NATIONAL DECISION SUPPORT COMPANY, AS DEFINED BY THE MEDICARE G1004		\$1.00	\$0.98	\$0.99	\$0.92	\$0.98
Admissions	Inpatient	ADMISSION CHARGE		\$401.87	\$393.83	\$397.85	\$370.93	\$393.83
Interventional Rad./Cardio.	Inpatient/Outpatient	FLUOROSCOPIC GUIDANCE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	IMAGING FLUOROSCOPIC GUIDANCE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	ANGIOGRAPHY/ARTERIOGRAPHY		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	CHEMO ADMIN, INJECTED		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	CT GUIDANCE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	IMAGING CT GUIDANCE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	CATH LAB OR MINUTE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	INTERVENTIONAL MINUTE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	INTERVENTIONAL OR MINUTES		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	CATH LAB OR MINUTE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	IMAGING OR MINUTES		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	ULTRASOUND GUIDANCE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	IMAGING ULTRASOUND GUIDANCE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	ELECTROPHYSIOLOGY OR MINUTES		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	CARDIAC CATH OR MINUTES		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	MRI GUIDANCE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Interventional Rad./Cardio.	Inpatient/Outpatient	IMAGING MRI GUIDANCE		\$70.27	\$68.86	\$69.57	\$64.86	\$68.86
Operating Room Clinic Services	Outpatient	WC MINOR PROCEDURE MINUTES		\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Operating Room Clinic Services	Outpatient	GYN ONC MINOR PROCEDURE MINUTE		\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Operating Room Clinic Services	Outpatient	ORC MINOR PROCEDURE MINUTES		\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Operating Room Clinic Services	Outpatient	ASOA MINOR PROCEDURE MINUTES		\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Operating Room Clinic Services	Outpatient	INIT LOCAL TX, 1ST DEGREE BURN	16000	\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Operating Room Clinic Services	Outpatient	THORACENTESIS	32554	\$817.26	\$800.91	\$809.09	\$754.33	\$800.91
Operating Room Clinic Services	Outpatient	IV START NICU	36000	\$272.42	\$266.97	\$269.70	\$251.44	\$266.97
Operating Room Clinic Services	Outpatient	NONSELECTIVE CATH PLACEMENT IN VEIN	36000	\$108.97	\$106.79	\$107.88	\$100.58	\$106.79
Operating Room Clinic Services	Outpatient	PICC LINE PLACEMENT > 5 YRS	36569	\$544.84	\$533.94	\$539.39	\$502.89	\$533.94
Operating Room Clinic Services	Outpatient	PICC LINE PLACE 2+ ATTEMPTS	36569	\$1,089.68	\$1,067.89	\$1,078.78	\$1,005.77	\$1,067.89
Operating Room Clinic Services	Outpatient	PICC LINE ATTEMPT	36569	\$544.84	\$533.94	\$539.39	\$502.89	\$533.94
Operating Room Clinic Services	Outpatient	REMOVE CENTRAL VENOUS LINE	36589	\$108.97	\$106.79	\$107.88	\$100.58	\$106.79

Operating Room Clinic Services	Outpatient	CANNULA DECLOT	36593	\$163.45	\$160.18	\$161.82	\$150.86	\$160.18
Operating Room Clinic Services	Outpatient	BONE MARROW ASPIRATION	38220	\$363.23	\$355.97	\$359.60	\$335.26	\$355.97
Operating Room Clinic Services	Outpatient	BONE MARROW BIOPSY	38221	\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Operating Room Clinic Services	Outpatient	PARACENTESIS INITIAL	49082	\$817.26	\$800.91	\$809.09	\$754.33	\$800.91
Operating Room Clinic Services	Outpatient	PARACENTESIS SUBSEQUENT	49082	\$544.84	\$533.94	\$539.39	\$502.89	\$533.94
Operating Room Clinic Services	Outpatient	INSERT VAG RAD APPARATUS FOR B	57156	\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Operating Room Clinic Services	Outpatient	LUMBAR PUNCTURE	62270	\$544.84	\$533.94	\$539.39	\$502.89	\$533.94
Observation	Outpatient	OBSERVATION UNIT PER HOUR	G0378	\$81.03	\$79.41	\$80.22	\$74.79	\$79.41