

CPT	MOD	DESCRIPTION	AMOUNT
<b>INPATIENT</b>			
		DAY PROGRAM PER DIEM	\$ 750.00
		INPATIENT PER DIEM ALL DIAGNOSIS	\$ 2,500.00
		SKILLED PER DIEM ALL DIAGNOSIS	\$ 2,500.00
<b>VISITS/PSYCH</b>			
99201		NEW PATIENT LEVEL 1	\$ 40.00
99202		NEW PATIENT LEVEL 2	\$ 100.00
99203		NEW PATIENT LEVEL 3	\$ 100.00
99204		NEW PATIENT LEVEL 4	\$ 100.00
99205		NEW PATIENT LEVEL 5	\$ 100.00
99211		EST PATIENT LEVEL 1	\$ 40.00
99212		EST PATIENT LEVEL 2	\$ 100.00
99213		EST PATIENT LEVEL 3	\$ 100.00
99214		EST PATIENT LEVEL 4	\$ 100.00
99215		EST PATIENT LEVEL 5	\$ 100.00
99281		EMERGENCY DEPT LEVEL ONE	\$ 300.00
99282		EMERGENCY DEPT LEVEL TWO	\$ 400.00
99283		EMERGENCY DEPT LEVEL THREE	\$ 500.00
99284		EMERGENCY DEPT LEVEL FOUR	\$ 600.00
99285		EMERGENCY DEPT LEVEL FIVE	\$ 700.00
99381		NEW PREVENTATIVE <1 YEAR OLD	\$ 100.00
99382		NEW PREVENTATIVE 1-4 YEARS OLD	\$ 100.00
99383		NEW PREVENTATIVE 5-11 YEARS OLD	\$ 100.00
99384		NEW PREVENTATIVE 12-17 YEARS OLD	\$ 100.00
99385		NEW PREVENTATIVE 18-39 YEARS OLD	\$ 100.00
99386		NEW PREVENTATIVE 40-64 YEARS OLD	\$ 100.00
99387		NEW PREVENTATIVE 65 YEARS AND OLDER	\$ 100.00
99391		EST PREVENTATIVE <1 YEAR OLD	\$ 100.00
99392		EST PREVENTATIVE 1-4 YEARS OLD	\$ 100.00
99393		EST PREVENTATIVE 5-11 YEARS OLD	\$ 100.00
99394		EST PREVENTATIVE 12-17 YEARS OLD	\$ 100.00
99395		EST PREVENTATIVE 18-39 YEARS OLD	\$ 100.00
99396		EST PREVENTATIVE 40-64 YEARS OLD	\$ 100.00
99397		EST PREVENTATIVE 65 YEARS AND OLDER	\$ 100.00
90791		PSYCH DIAGNOSTIC EVALUATION	\$ 100.00
90792		PSYCH DIAG EVAL W/ MED SRVCS	\$ 100.00
90832		PSYTX PT&/FAMILY 30 MINUTES EST	\$ 100.00
90832		PSYTX PT&/FAMILY 30 MINUTES NEW	\$ 100.00
90834		PSYTX PT&/FAMILY 45 MINUTES EST	\$ 100.00
90834		PSYTX PT&/FAMILY 45 MINUTES NEW	\$ 100.00
90837		PSYTX PT&/FAMILY 60 MINUTES EST	\$ 100.00
90839		PSYTX CRISIS INITIAL 60 MINUTES EST	\$ 100.00
90839		PSYTX CRISIS INITIAL 60 MINUTES NEW	\$ 100.00
98925		OMT ONE OR TWO BODY REGIONS - OFFICE	\$ 50.00
98926		OMT THREE OR FOUR BODY REGIONS - OFFICE	\$ 70.00
98927		OMT FIVE OR SIX BODY REGIONS - OFFICE	\$ 95.00
<b>OFFICE PROCEDURES</b>			
11055		PAIRING OR CUTTING BENIGN CORN, CALLUS 1 - OFFICE	\$ 70.00
11056		PAIRING OR CUTTING BENIGN CORN, CALLUS 2-4 - OFFICE	\$ 85.00

11057		PAIRING OR CUTTING BENIGN CORN, CALLUS 4 OR MORE - OFFICE	\$ 95.00
11421		EXCIS.BEN LES.SCLP/NECK/HAND/GEN.6-1CM - OFFICE	\$ 205.00
11422		EXCIS.BEN LES.SCLP/NECK/HAND/GEN 1.1-2CM - OFFICE	\$ 245.00
11720		DEBRID. NAIL ANY METHOD 1-5 - OFFICE	\$ 50.00
11721		DEBRID. NAIL ANY METHOD 6 OR MORE - OFFICE	\$ 80.00
11730		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE - OFFICE	\$ 260.00
11750		EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMP, PERM REMOVAL - OFFICE	\$ 320.00
11752		EXCISION OF NAIL AND MATRIX, PART OR COMP, W/ AMPUTATION - OFFICE	\$ 475.00
12001		SIMPLE RPR SCALP,NECK,AXILLA,TRUNK 2.5 CM OR LESS	\$ 520.00
12002		SIMPLE RPR SCALP,NECK,AXILLA,TRUNK LESS 2.6 CM - 7.5 CM	\$ 535.00
12031		REPAIR,INTERMEDIATE SLP/AX/TRK 2.5 CM OR LESS	\$ 460.00
12032		REPAIR,INTERMEDIATE SLP/AX/TRK 2.6 CM - 7.5 CM	\$ 505.00
17000		DESTRUCTION ANY KIND FIRST LESION - OFFICE	\$ 100.00
20550		INJECTION SINGLE TENDON SHEATH/LIGAMENT - OFFICE	\$ 85.00
20610		ASPIRATION &/OR INJ MAJORJOINT OR BURSA - OFFICE	\$ 95.00
20612		ASPIRATION INJ CANGLION CYST ANY LOC - OFFICE	\$ 95.00
23500		CLAVICULAR FX 90 DAY GLBL - OFFICE	\$ 440.00
24500		HUMERAL SHAFT FX 90 DAY GLBL - OFFICE	\$ 580.00
24530		CLOSED TX HUMERAL FX - OFFICE	\$ 620.00
25600		DISTAL RADIAL FX CARE (COLLE'S) 90 DAY GLBL - OFFICE	\$ 545.00
25622		CLOSED TX OF CARPAL SCAPHOID - OFFICE	\$ 500.00
26600		METACARPAL FX 90 DAY GLBL - OFFICE	\$ 500.00
26720		PHALANGEAL SHAFT FX 90 DAY GLBS - OFFICE	\$ 385.00
27750		CLOSED TX TIBIAL SHAFT FRACTURE - OFFICE	\$ 565.00
27808		CLOSED TX BIMALLEOLAR ANKLE FX W/O MANIPULATION - OFFICE	\$ 530.00
29075		APPLICATION CAST ELBOW-FINGER (SHORT ARM - OFFICE	\$ 115.00
29581		COMPRESSION THERAPY WOUND THERAPY	\$ 380.00
30300		REM FB INTRANASAL	\$ 505.00
36415		VENIPUNCTURE	\$ 10.00
51705		CHANGE OF CYSTOSTOMY TUBE - OFFICE	\$ 100.00
52000		CYSTOURETHROSCOPY - OFFICE	\$ 245.00
54150		CIRCUMCISION NEWBORN - OFFICE	\$ 305.00
55250		VASECTOMY - OFFICE	\$ 1,205.00
57454		COLP.CERV.INCL UP AJ VAG W/BIO&CURRETAGE - OFFICE	\$ 530.00
58100		ENDOMETRIAL SAMPLING BIOPSY - OFFICE	\$ 265.00
64455		INJ ANESTHETIC AGENT/STEROID PLANTAR COMMON DIGITAL NERVE(S)	\$ 720.00
65205		REM FB EYE CONJUCTIVAL SUPERFICIAL	\$ 370.00
65210		REM FB EYE SCJNCL/SCLERAL EMBEDDED	\$ 390.00
65220		REM FB EYE CORNEAL W/O SLIT LAMP	\$ 335.00
65222		REM FB EYE CORNEAL WITH SLIT LAMP	\$ 400.00
69200		REM FB FROM EXTERNAL AUDITORY CANAL	\$ 365.00
69210		REMOV IMPACTED CERUMEN 1 OR 2 YEARS - OFFICE	\$ 70.00
<b>RADIOLOGY</b>			
70336	LT	MRI TMJ LT	\$ 900.00
70336	RT	MRI TMJ RT	\$ 900.00
70450		CT HEAD W/O CONTRAST	\$ 750.00
70460		CT HEAD W/CONTRAST	\$ 750.00
70470		CT HEAD W-W/O CONTRAST	\$ 750.00
70480		CT ORB/SELLA P FOSSA W/O CONTRAST	\$ 750.00

70481		CT ORB/SELLA/P FOSSA W/CONTRAST	\$ 750.00
70482		CT ORB/SELLA/P FOSSA W-W/O CONTRAST	\$ 750.00
70486		CT FACIAL BONE WO CONTRAST	\$ 750.00
70486	52	CT SINUSES LIMITED	\$ 750.00
70486		CT SINUSES/FACIAL	\$ 750.00
70487		CT FACIAL BONES W CONTRAST	\$ 750.00
70488		CT FACIAL BONES W W/O CONTRAST	\$ 750.00
70490		CT NECK (SOFT TISSUE) W/O CONTRAST	\$ 750.00
70491		CT NECK (SOFT TISSUE) W/CONTRAST	\$ 750.00
70492		CT NECK (SOFT TISSUE) W-W/O CONTRAST	\$ 750.00
70540		MRI ORBITS FACE NECK W/O CONTRAST	\$ 900.00
70542		MRI ORBITS FACE NECK W/CONTRAST	\$ 900.00
70543		MRI ORBITS FACE NECK W/O & W/CONTRAST	\$ 900.00
70551		MRI HEAD W/O CONTRAST	\$ 900.00
70551		MRI HEAD W/O CONTRAST	\$ 900.00
70552		MRI HEAD W/CONTRAST	\$ 900.00
70552		MRI HEAD W/CONTRAST	\$ 900.00
70553		MRI HEAD W/O & W/CONTRAST	\$ 900.00
71046		CHEST 2 VIEW	\$ 265.00
71250		CT CHEST W/O CONTRAST	\$ 750.00
71260		CT CHEST W/CONTRAST	\$ 750.00
71270		CT CHEST W-W/O CONTRAST	\$ 750.00
71550		MRI CHEST W/O CONTRAST	\$ 900.00
71551		MRI CHEST W/CONTRAST	\$ 900.00
71552		MRI CHEST W/O & W/CONTRAST	\$ 900.00
72040		CERVICAL SPINE 2V	\$ 250.00
72100		LUMBAR SPINE 3V	\$ 250.00
72125		CT SPINE CERVICAL W/O CONTRAST	\$ 750.00
72126		CT SPINE CERVICAL W/CONTRAST	\$ 750.00
72127		CT SPINE CERVICAL W-W/O CONTRAST	\$ 750.00
72128		CT SPINE THORACIC W/O CONTRAST	\$ 750.00
72129		CT SPINE THORACIC W/CONTRAST	\$ 750.00
72130		CT SPINE THORACIC W-W/O CONTRAST	\$ 750.00
72131		CT SPINE LUMBAR W/O CONTRAST	\$ 750.00
72132		CT SPINE LUMBAR W/CONTRAST	\$ 750.00
72133		CT SPINE LUMBAR W-W/O CONTRAST	\$ 750.00
72141		MRI CERVICAL SPINE W/O CONTRAST	\$ 900.00
72142		MRI CERVICAL SPINE W/CONTRAST	\$ 900.00
72146		MRI THORACIC SPINE W/O CONTRAST	\$ 900.00
72147		MRI THORACIC SPINE W/ CONTRAST	\$ 900.00
72148		MRI LUMBAR SPINE W/O CONTRAST	\$ 900.00
72149		MRI LUMBAR SPINE W/CONTRAST	\$ 900.00
72156		MRI CERV SP W/O & W/CONTRAST	\$ 900.00
72157		MRI THORACIC SP W/O & W/CONTRAST	\$ 900.00
72158		MRI LUMBAR SP W/O & W/CONTRAST	\$ 900.00
72192		CT PELVIS W/O CONTRAST	\$ 750.00
72193		CT PELVIS W/CONTRAST	\$ 750.00
72193		CT PELVIS W/CONTRAST ONLY	\$ 750.00
72194		CT PELVIS W-W/O CONTRAST	\$ 750.00
72195		MRI PELVIS W/O CONTRAST	\$ 900.00

72196		MRI PELVIS W/CONTRAST	\$ 900.00
72197		MRI PELVIS W/O & W/ CONTRAST	\$ 900.00
73110		WRIST 3 VIEW	\$ 250.00
73130		HAND 3 VIEW	\$ 250.00
73200	LT	CT UPPER EXTREM LT W/O CONTRAST	\$ 750.00
73200	RT	CT UPPER EXTREM RT W/O CONTRAST	\$ 750.00
73201	LT	CT UPPER EXTREM LT W/CONTRAST	\$ 750.00
73201	RT	CT UPPER EXTREM RT W/CONTRAST	\$ 750.00
73202	LT	CT UPPER EXTREM LT W-W/O CONTRAST	\$ 750.00
73202	RT	CT UPPER EXTREM RT W-W/O CONTRAST	\$ 750.00
73218	LT	MRI UPPER EXT NO JOINT W/O CONT LEFT	\$ 900.00
73218	RT	MRI UPPER EXT NO JOINT W/O CONT RIGHT	\$ 900.00
73219		MRI UPPER EXT NO JOINT W/ CONTRAST	\$ 900.00
73219	LT	MRI UPPER EXTREMITY NOT JNT W/CONT LEFT	\$ 900.00
73219	RT	MRI UPPER EXTREMITY NOT JNT W/CONT RIGHT	\$ 900.00
73220	LT	MRI UPPER EXT NO JOINT W/O&W/ CONT LEFT	\$ 900.00
73220	RT	MRI UPPER EXT NO JOINT W/O&W/ CONT RIGHT	\$ 900.00
73221	LT	MRI UPPER EXT ANY JOINT W/O CONT LEFT	\$ 900.00
73221	RT	MRI UPPER EXT ANY JOINT W/O CONT RIGHT	\$ 900.00
73222		MRI UPPER EXT ANY JOINT W CONTRAST	\$ 900.00
73222	RT	MRI UPPER EXT ELBOW W CONTRAST RT	\$ 900.00
73222	LT	MRI UPPER EXT HAND W CONTRAST LT	\$ 900.00
73223		MRI UPPER EXT ANY JOINT W/O&W CONT LEFT	\$ 900.00
73223		MRI UPPER EXT ANY JOINT W/O&W CONT RIGHT	\$ 900.00
73501		HIP 1 VIEW UNILATERAL W W/O PELVIS	\$ 140.00
73502		HIP 2-3 VIEW UNILATERAL W/ W/O PELVIS	\$ 140.00
73560	LT	KNEE 2V LEFT	\$ 255.00
73560	RT	KNEE 2V RIGHT	\$ 255.00
73610		ANKLE 3 VIEW	\$ 250.00
73630		FOOT 3 VIEW	\$ 250.00
73700	LT	CT LOWER EXTREM LT W/O CONTRAST	\$ 750.00
73700	RT	CT LOWER EXTREM RT W/O CONTRAST	\$ 750.00
73701	50	CT BILATERAL LOWER EXTREM W/CONTRAST	\$ 750.00
73701	LT	CT LOWER EXTREM LT W/CONTRAST	\$ 750.00
73701	RT	CT LOWER EXTREM RT W/CONTRAST	\$ 750.00
73702	LT	CT LOWER EXTREM LT W-W/O CONTRAST	\$ 750.00
73702	RT	CT LOWER EXTREM RT W-W/O CONTRAST	\$ 750.00
73718	LT	MRI LOW EXT NO JOINT W/O CONTRAST LEFT	\$ 900.00
73718	RT	MRI LOW EXT NO JOINT W/O CONTRAST RIGHT	\$ 900.00
73718		MRI LOWER EXT NO JOINT W/O CONTRAST	\$ 900.00
73719	LT	MRI LOWER EXT NO JOINT W/CONTRAST LEFT	\$ 900.00
73719	RT	MRI LOWER EXT NO JOINT W/CONTRAST RIGHT	\$ 900.00
73720	LT	MRI LOWER EXT NO JOINT W/O W/CONT LEFT	\$ 900.00
73720	RT	MRI LOWER EXT NO JOINT W/O W/CONT RIGHT	\$ 900.00
73721		MRI BILAT LOWER EXT ANY JOINT W/O CONT	\$ 900.00
73721	LT	MRI LOWER EXT ANY JOINT W/O CONTRAST LT	\$ 900.00
73721	RT	MRI LOWER EXT ANY JOINT W/O CONTRAST RT	\$ 900.00
73722	LT	MRI LOWER EXT ANY JOINT W/CONTRAST LEFT	\$ 900.00
73722	RT	MRI LOWER EXT ANY JOINT W/CONTRAST RIGHT	\$ 900.00
73723	LT	MRI LOWER EXT ANY JOINT W/O W/ CON LEFT	\$ 900.00

73723	RT	MRI LOWER EXT ANY JOINT W/O W/ CON RIGHT	\$ 900.00
74150		CT ABDOMEN W/O CONTRAST	\$ 750.00
74160		CT ABDOMEN W/CONTRAST	\$ 750.00
74170		CT ABDOMEN W W/O CONTRAST	\$ 750.00
74176		CT ABDOMEN & PELVIS, WO CONTRAST	\$ 750.00
74177		CT ABDOMEN & PELVIS, W/CONTRAST	\$ 750.00
74178		CT ABDOMEN & PELVIS, W/WO CONTRAST	\$ 750.00
74181		MRI ABDOMEN W/O CONTRAST	\$ 900.00
74182		MRI ABDOMEN W/ CONTRAST	\$ 900.00
74183		MRI ABDOMEN W/O & W/ CONTRAST	\$ 900.00
75571		CARDIAC CALCIUM CT	\$ 50.00
76536		US THYROID	\$ 450.00
76700		US ABDOMINAL COMPLETE	\$ 450.00
76705		US ABDOMIN LIMITED (GALLBLADDER, LIVER, OR SPLEEN)	\$ 450.00
76770		US RENAL, AORTA, NODES, RETROPERITONEAL	\$ 450.00
76830		US PELVIC TRANSVAGINAL	\$ 450.00
76856		US PELVIC	\$ 450.00
77078		BONE DENSITY CT	\$ 250.00
93005		EKG ROUTINE FAC	\$ 125.00
93010	26	EKG ROUTINE INTERP PRO	\$ 25.00
93225		HOLTER MONITOR HOOK-UP DISCONNECT & RECORDING FAC	\$ 305.00
93226		HOLTER SCAN FAC	\$ 305.00
93227		HOLTER MONITOR INTERP PRO	\$ 60.00
93306		ECHO CARD-2D W/COLOR	\$ 1,810.00
93880		US CAROTID	\$ 840.00
93970		US VENOUS DOPPLER EXT BILAT	\$ 1,040.00
93971		US VENOUS DOPPLER UNILATERAL	\$ 660.00
94060		SPIROMETRY PRE AND POST	\$ 435.00
94060	26	SPIROMETRY PRE AND POST INTERP	\$ 25.00
94726		PULMONARY PLETHYSMOGRAPHY	\$ 195.00
94726	26	PULMONARY PLETHYSMOGRAPHY INTERP	\$ 105.00
94727		NITROGEN WASHOUT	\$ 265.00
94727	26	NITROGEN WASHOUT INTERP	\$ 85.00
94729		CARBON MONOXIDE DIFFUSION	\$ 265.00
94729	26	CARBON MONOXIDE DIFFUSION INTERP	\$ 10.00
G0297		CT LOW DOSE LUNG SCREEN	\$ 320.00
PFT LEVEL 2		PFT LEVEL 2 MO (94060/94726/94729) & AR (94060/94727/94729)	\$ 1,050.00
<b>LABS</b>			
80048		BASIC METABOLIC PANEL	\$ 55.00
80053		COMPREHENSIVE METABOLIC PANEL	\$ 70.00
80061		LIPID PANEL	\$ 85.00
80076		HEPATIC FUNCTION PANEL (LIVER)	\$ 55.00
80306		URINE DRUG SCREEN MEDTOX UDS	\$ 104.00
81001		URINALYSIS/W MICRO	\$ 25.00
81003		URINALYSIS/WO MICRO	\$ 14.00
81025		URINE PREGNANCY	\$ 45.00
82043		MICROALBUMIN RANDOM URINE	\$ 25.00
82150		AMYLASE	\$ 45.00
82306		VITAMIN D	\$ 205.00
82550		CREATINE KINASE	\$ 45.00

82553		CK-MB	\$ 70.00
82607		VITAMIN B12	\$ 95.00
82746		FOLIC ACID	\$ 90.00
82948		GLUCOSE FINGERSTICK	\$ 25.00
83036		GLYCOHEMOGLOBIN (HGBA1C)	\$ 65.00
83690		LIPASE	\$ 35.00
83735		MAGNESIUM	\$ 45.00
83874		MYOGLOBIN	\$ 80.00
83880		BNP	\$ 215.00
84153		PSA SCREEN	\$ 115.00
84439		FREE THYROXINE (T4 FREE)	\$ 60.00
84443		THYROID STIMULATING HORMONE (TSH)	\$ 105.00
84484		TROPONIN I	\$ 60.00
84550		URIC ACID	\$ 35.00
85007		WBC MANUAL DIFF	\$ 25.00
85025		CBC W/AUTO DIFF	\$ 50.00
85027		HEMOGRAM AND HEMACRIT	\$ 45.00
85610		PROTHROMBIN TIME/INR	\$ 30.00
85651		SEDIMENTATION RATE	\$ 25.00
86140		C-REACTIVE PROTEIN (CRP)	\$ 40.00
86580		TB SKIN TEST	\$ 35.00
87420		RSV/ RESP SYNCYTIAL VIRUS	\$ 85.00
87426		SARS COVID ANTIGEN QUAL- GRAVETTE	\$ 25.00
87502		POC INFLUENZA A & B	\$ 45.00
87651		POC STREP GROUP A	\$ 45.00
87804		POC RAPID FLU SWAB	\$ 45.00
87880		POC STREP TEST, GROUP A	\$ 45.00
<b>VACCINES</b>			
90685		FLU VACCINE 6MOS-35MOS NON-VFC	\$ 25.00
90686		FLU VACCINE >36 MOS	\$ 25.00
90715		TETANUS	\$ 75.00
90732		PNEUMOVAX 2 YRS & OLDER	\$ 115.00
90732		PREVNAR 2 YRS & OLDER	\$ 155.00
<b>PHYSICAL THERAPY (PER DAY)</b>			
92507		ST TREATMENT	\$ 115.00
92521		ST EVALUATION OF SPEECH FLUENCY	\$ 230.00
92522		ST EVALUATION OF SPEECH SOUND	\$ 230.00
92523		ST EVALUATION OF SPEECH/LANGUAGE	\$ 230.00
92526		ST DYSPHAGIA THERAPY	\$ 115.00
92610		ST BEDSIDE SWALLOW STUDY	\$ 230.00
92611		ST MBSS	\$ 230.00
96111		OPMENTAL TEST EXTEND	\$ 230.00
96111		OT DEVELOPMENTAL TEST	\$ 230.00
96116		NEUROBEHAVIORAL STATUS EXAM - per hour	\$ 155.00
96118		NEUROPSYCH TST BY PSYCH/PHYS - per hour	\$ 155.00
96119		NEUROPSYCH TESTING BY TEC - per hour	\$ 115.00
96372		NON VACCINE ADMIN	\$ 45.00
97022		WHIRLPOOL THERAPY WOUND THERAPY	\$ 380.00
97110		OT THERAPEUTIC EXERCISE	\$ 115.00
97110		PT THERAPEUTIC EXERCISE	\$ 115.00

97112		OT NEURO RE-EDUCATION	\$ 115.00
97112		PT NEUROMUSCULAR RE-EDUCATION	\$ 115.00
97116		PT GAIT TRAINING	\$ 115.00
97140		OT MANUAL THERAPY	\$ 115.00
97140		PT MANUAL THERAPY	\$ 115.00
97161		PT EVAL LOW COMPLEX	\$ 230.00
97162		PT EVAL MOD COMPLEX	\$ 230.00
97163		PT EVAL HIGH COMPLEX	\$ 230.00
97165		OT EVAL LOW COMPLEX	\$ 230.00
97166		OT EVAL MOD COMPLEX	\$ 230.00
97167		OT EVAL HIGH COMPLEX	\$ 230.00
97530		OT THERA/FUNCTIONAL ACTIVITY	\$ 115.00
97530		PT THERAPEUTIC/FUNCTIONAL ACTIVITY	\$ 115.00
97535		OT ACTIVITIES OF DAILY LIVING	\$ 115.00
97537		OT COMMUNITY RE-INTEGRATION	\$ 115.00
97537		OT WORK INTEGRATION	\$ 115.00
97542		OT WHEELCHAIR TRAINING	\$ 115.00
97750		PT FUNCT CAPACITY EVAL	\$ 230.00
97762		PT ORTHOTICS EVAL	\$ 230.00
<b>WOUND CARE</b>			
97602		NON SELECTIVE DEBRIDEMENT WOUND THERAPY	\$ 375.00
97605		NEGATIVE PRESSURE POWERED WOUND VAC <=/= 50 SQ CM WOUND THERAPY	\$ 375.00
97606		NEGATIVE PRESSURE POWERED WOUND VAC > 50 SQ CM WOUND THERAPY	\$ 375.00
<b>PHARMACY</b>			
J1020		INJ METHYLPREDNISOLONE ACETATE 10 MG	\$ 10.00
J1030		INJ METHYLPREDNISOLONE ACETATE 40MG	\$ 25.00
J1040		INJ METHYLPREDNISOLONE ACETATE 80MG	\$ 80.00
J1050		DEPO-PROVERA (MEDROXYPROGESTRONE ACETATE) PER 1 MG	\$ 5.00
J1100		DEXAMETHASON (DECADRON) PER 1 MG	\$ 10.00
J3301		TRIAMCINOLONE (KENALOG-40) PER 10 MG	\$ 15.00
J3420		VITAMIN B-12, UP TO 1000MCG (WITH ADMINISTRATION)	\$ 45.00
<b>O/R PROCEDURES</b>			
28755		OR - Arthrodesis, great toe; interphalangeal joint	\$ 7,500.00
29877		OR - Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	\$ 4,000.00
29881		OR - Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	\$ 4,000.00
29828		OR - Arthroscopy, shoulder, surgical; biceps tenodesis	\$ 8,000.00
29822		OR - Arthroscopy, shoulder, surgical; debridement, limited	\$ 4,000.00
29824		OR - Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$ 4,000.00
29827		OR - Arthroscopy, shoulder, surgical; w/ rotator cuff rpr	\$ 8,200.00
28020		OR - Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint.	\$ 3,800.00
45378		OR - Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing	\$ 1,500.00
45384		OR - Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$ 1,800.00
45380		OR - Colonoscopy, with biopsy, single or multiple	\$ 1,700.00

28299		OR - Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	\$ 7,800.00
28296		OR - Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	\$ 4,000.00
28285		OR - Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	\$ 3,800.00
43235		OR - EGD diagnostic brush wash	\$ 1,500.00
43239		OR - EGD transoral biopsy single/multiple	\$ 1,500.00
11750		OR - Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	\$ 1,000.00
11772		OR - Excision of pilonidal cyst complicated	\$ 3,600.00
11771		OR - Excision of pilonidal cyst extensive	\$ 3,500.00
11770		OR - Excision of pilonidal cyst simple	\$ 3,300.00
28080		OR - Excision, interdigital (Morton) neuroma, single, each	\$ 2,300.00
28008		OR - Fasciotomy, foot and/or toe	\$ 3,800.00
46611		OR - Hemorrhoidectomy - external	\$ 1,300.00
43257		OR - Hemorrhoidectomy w/ fissurectomy	\$ 4,300.00
46262		OR - Hemorrhoidectomy w/fistulotomy including fissurectomy when performed	\$ 3,700.00
46255		OR - Hemorrhoidectomy, internal and external	\$ 3,500.00
49505		OR - Inguinal hernia repair	\$ 4,200.00
44970		OR - Laparoscopic appendectomy	\$ 6,500.00
49320		OR - Laparoscopic liver biopsy	\$ 6,400.00
47562		OR - Laparoscopy, surgical; cholecystectomy	\$ 6,500.00
49321		OR - Laparoscopy, surgical; with biopsy (single or multiple)	\$ 6,400.00
64721		OR - Neuroplasty and/or transposition; median nerve at carpal tunnel	\$ 2,600.00
28119		OR - Ostectomy, calcaneus; for spur, with or without plantar fascial release	\$ 3,800.00
28110		OR - Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	\$ 3,700.00
28288		OR - Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	\$ 3,800.00
28122		OR - Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	\$ 3,800.00
45990		OR - Rectal exam under anesthesia	\$ 3,200.00
28035		OR - Release, tarsal tunnel (posterior tibial nerve decompression)	\$ 2,500.00
20680		OR - Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod, or plate)	\$ 3,500.00

02/2026