

To the best of its knowledge and belief, this hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date in the file. This hospital has included all payer-specific negotiated charges in dollars that can be expressed as a dollar amount. For payer-specific negotiated charges that cannot be expressed as a dollar amount in the machine readable file or not knowable in advance, the hospital attests that the payer-specific negotiated charge is based on a contractual algorithm, percentage or formula that precludes the provision of a dollar amount and has provided all necessary information available to the hospital for the public to be able to derive the dollar amount, including, but not limited to, the specific fee schedule or components referenced in such percentage, algorithm or formula.

hospital_name	last_updated_on	version	location_name	hospital_address	license_number LA	type_2_npi	TRUE	attester_name	Claudia Fernandez
Tulsa ER Hospital LLC	3/30/2026	3.0.0	Tulsa ER and Hospital	717 W 71st Street Tulsa, OK 74132	2386	1386101202			
description	code 1	code 1 type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge gross	standard_charge discounted_cash	additional_generic_notes
SILVER NITRATE APPLI 100/EA	J3490	CPT		both			195.12	87.8	Out-of-Network
COLLES SPLINT	L3763	CPT		both			32.21	14.49	Out-of-Network
THORACENTESIS TRAY W/CATH	C1729	CPT		both			258.21	116.19	Out-of-Network
CAST BOOT-ADULT	Q4038	CPT		both			34.48	15.52	Out-of-Network
SHOULDER IMMOBILIZER	L3670	CPT		both			31.15	14.02	Out-of-Network
MARCAINE (Epidural; Intracaudal; Perineural) 5mg/mL Injection	J0665	CPT		both			19.39	8.73	Out-of-Network
SILVADENE (silver sulfadiazine) Cream 10mg/g	A6250	CPT		both			486	218.7	Out-of-Network
CLAVICLE SPLINT UNIV	L3660	CPT		both			70.93	31.92	Out-of-Network
SOLU CORTEF SDV 100MG	J1720	CPT		both			36.26	16.32	Out-of-Network
SODIUM BICARB up to 84mg/mL	J3490	CPT		both			303.5	136.58	Out-of-Network
PEDIA-LAX (ENEMA pediatric-Saline Laxative 2.25 oz) BOTTLE	A4649	CPT		both			1.47	0.66	Out-of-Network
NITROSTAT .4MG TABS 25/BT	J8499	CPT		both			96.43	43.39	Out-of-Network
QUELICIN 20MG/ML 10ML	J0330	CPT		both			94.91	42.71	Out-of-Network
NOVOLIN R INSLN 100U/ML 10ML	J1817	CPT		both			770.86	346.89	Out-of-Network
ACETAMINOPHEN 120MG SUPP 12BX	J3490	CPT		both			44.3	19.94	Out-of-Network
GLUCAGON 1MG EMERG KIT 1ML	J1610	CPT		both			1440.42	648.19	Out-of-Network
KNEE IMMOBILIZER 20	L1830	CPT		both			129.85	58.43	Out-of-Network
Timolol 0.25% Oph Drops	J3490	CPT		both			55.1	24.8	Out-of-Network
INTEGRILIN 2MG/ML 10ML VL	J3490	CPT		both			1073.63	483.13	Out-of-Network
INTEGRILIN .75MG/ML 100ML VL	J3490	CPT		both			3354.37	1509.47	Out-of-Network
Injection, furosemide (furoscix), 20 mg	J1941	CPT		both			16.68	7.51	Out-of-Network
DEXTROSE 50% 18G SYR L/S 50M	J3490	CPT		both			68.54	30.84	Out-of-Network
ACTIDOSE/SORB 25GM LIQ 120ML	J8499	CPT		both			252	113.4	Out-of-Network
METRONIDAZOLE 500mg; Tab	J8499	CPT		both			6.49	2.92	Out-of-Network
C-COLLAR PEDI PERFIT 20/CS	L0150	CPT		both			1114.21	501.39	Out-of-Network
INFUVITE MULT VIT VL 5X2X5ML	J8499	CPT		both			307.96	138.58	Out-of-Network
CIPRODEX OTIC SUS 7.5ML	J8499	CPT		both			7.97	3.59	Out-of-Network
FOLIC ACID 5MG 10ML	J3490	CPT		both			175.54	78.99	Out-of-Network
INFLUENZA A	87804	CPT	QW	both			131.71	59.27	Out-of-Network

DEXAMETHASONE 10MG/ML VL 1ML	J3490	CPT		both		10.76	4.84	Out-of-Network
LABETALOL HCL 5MG/ML MDV 20M	J1920	CPT		both		15.48	6.97	Out-of-Network
MILK OF MAGNESIA up to 480mg/5mL	J8499	CPT		both		15.48	6.97	Out-of-Network
DOXYCYCLINE 100MG CAP 50/BT	J8499	CPT		both		32.59	14.67	Out-of-Network
CIPROFLOXACIN .3% O/S 5ML	J7342	CPT		both		27.9	12.56	Out-of-Network
IBUPROFEN 100MG/5ML SUS (5 mL UD cup)	J8499	CPT		both		39.05	17.57	Out-of-Network
DEXTROSE 25% ANSYER 10ML	J7042	CPT		both		64.49	29.02	Out-of-Network
K-PHOS Potassium up to 750mg/1; Tab	J8499	CPT		both		5.8	2.61	Out-of-Network
Bacitracin-Neomycin-Polymixin Topical Ointment	J3490	CPT		both		186.7	84.02	Out-of-Network
ERYTHROMYCIN 0.5% 3.5GM OINT	A6250	CPT		both		84.69	38.11	Out-of-Network
CALCIUM CHLORIDE IV	J3490	CPT		both		148.8	66.96	Out-of-Network
FLUMAZENIL .1MG/ML MDV 5ML	J3490	CPT		both		30.15	13.57	Out-of-Network
Methylprednisolone (Medrol) 4mg/1 Tab	J7509	CPT		both		73.7	33.17	Out-of-Network
NITRO-BID 2% OINT 30GM	A6250	CPT		both		260.54	117.24	Out-of-Network
PROPRANOLOL 1MG SDV 1ML	J1800	CPT		both		18.8	8.46	Out-of-Network
METOPROLOL 25MG TABS	J8499	CPT		both		22.05	9.92	Out-of-Network
Vecuronium Bromide 1mg/mL	J3490	CPT		both		86.5	38.93	Out-of-Network
LEVAQUIN (Levofloxacin) 500MG TABS 50/BT	J8499	CPT		both		6.65	2.99	Out-of-Network
GERI-LANTA LIQ 200MG 12OZ	J8499	CPT		both		12.16	5.47	Out-of-Network
TYLENOL ACETAMINOPHEN 325MG TAB	J8499	CPT		both		6.24	2.81	Out-of-Network
LEVOPHED 1MG/ML 4ML VL	J3490	CPT		both		77.71	34.97	Out-of-Network
IBUPROFEN 200MG TAB 100/BX	J8499	CPT		both		15.35	6.91	Out-of-Network
Ipratropium Bromide (nebulizer) .02% SOL .5 mg/2.5 mL	J7644	CPT		both		31.88	14.35	Out-of-Network
CLOPIDOGREL 75MG TABS 30/BT	J8499	CPT		both		47.15	21.22	Out-of-Network
Silver Sulfa Topical Cream 10mg/g	A6250	CPT		both		64.1	28.85	Out-of-Network
PHENYLEPHRINE HYDROCHLORIDE 20 micrograms	J2371	CPT		both		356.6	160.47	Out-of-Network
Nystatin Topical	J8499	CPT		both		140.4	63.18	Out-of-Network
CIPROFLOXACIN 250 MG; TAB	J8499	CPT		both		3.53	1.59	Out-of-Network
CIPROFLOXACIN 500MG TAB	J8499	CPT		both		3.14	1.41	Out-of-Network
METHOCARBAMOL 750MG	J8499	CPT		both		112.1	50.45	Out-of-Network
LACTULOSE 10GM/15ML	J8499	CPT		both		116.2	52.29	Out-of-Network
Amiodarone Hydrochloride 50 mg/3 mL; VL 10/bx	J3490	CPT		both		30.02	13.51	Out-of-Network
ASPIRIN 325MG TAB 100/BT	J8499	CPT		both		7.77	3.5	Out-of-Network
FUROSEMIDE 20MG TABS 100/BT	J8499	CPT		both		13.28	5.98	Out-of-Network
CLONIDINE HCL .1MG TAB 100	J8499	CPT		both		83.35	37.51	Out-of-Network
PROMETHAZINE 25MG TAB	J8499	CPT		both		112.04	50.42	Out-of-Network
CEPHALEXIN 500MG CAPS	J8499	CPT		both		96.16	43.27	Out-of-Network
METOPROLOL 1MG/ML 5ML VL	J3490	CPT		both		6.31	2.84	Out-of-Network
Methocarbamol 500 mg tab (Robaxin)	J8499	CPT		both		91.48	41.17	Out-of-Network
Removal, non-biodegradable drug delivery implant	11982	CPT		both		725.07	326.28	Out-of-Network
Biofire Rsptry Panel 22 TRGT (bacterial or viral resptry infection), naso-swab	0202U	CPT		both		4167.8	1875.51	Out-of-Network
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0223U	CPT		both		4167.8	1875.51	Out-of-Network
Percutaneous lamino/lamine for decompression, any method, image guidance, unilateral/bilateral; lumbar	0275T	CPT		both		68163.3	30673.49	Out-of-Network

NFCT DS BCT/VIRAL TRAIL IP-10 C-REACT PRTN SRM	0351U	CPT		both		700	315	Out-of-Network
FebriDx (Fingerstick whole blood specimen)	0442U	CPT		both		413.8	186.21	Out-of-Network
BioFire Pneumonia Panel 18 bacteria,8 viruses,7 antimicrobial	0528U	CPT		both		5340	2403	Out-of-Network
Infec dis bact vaginosis & vagnitis,herpes simplex virus 1&2	0557U	CPT		both		2629.9	1183.46	Out-of-Network
Cardio acoustic wvfrm rec w/auto anal and gener of CAD risk	0716T	CPT		both		582.8	262.26	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT		both		759	341.55	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT		both		1226	551.7	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT		both		1477	664.65	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT		both		1721	774.45	Out-of-Network
CT ANGIOGRPHY W/WO CONTRAST UPPER EXTREMITY	73206	CPT		both		4198.44	1889.3	Out-of-Network
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT		both		231.09	103.99	Out-of-Network
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT		both		656	295.2	Out-of-Network
Drug test(s), read by instrument assisted direct optical observation, includes sample validation when performed, per date of service								
	80306	CPT		both		171.4	77.13	Out-of-Network
Calculus; infrared spectroscopy	82365	CPT		both		101.72	45.77	Out-of-Network
Injection, Avastin (Bevacizumab)	J9035	CPT		both		171.5	77.18	Out-of-Network
Bupivacaine-Epinephrine Epidural (Spinal)	J0665	CPT		both		66.3	29.84	Out-of-Network
CLINIMIX (Amino Acid) Injection	B4168	CPT		both		418.2	188.19	Out-of-Network
Injection, Dobutamine hydrochloride, per 250 mg	J1250	CPT		both		187.7	84.47	Out-of-Network
Desflurane (Inhalation Liquid)	J3490	CPT		both		1650.6	742.77	Out-of-Network
Emetrol (phosphorated carbohydrate) Oral Solution	J8499	CPT		both		78.5	35.33	Out-of-Network
Ergocalciferol (Vitamin D2)	J8499	CPT		both		2.5	1.13	Out-of-Network
Lacosamide (Vimpat)	J8499	CPT		both		158.1	71.15	Out-of-Network
Phenol (Chloraseptic Oral Spray)	J8499	CPT		both		57.1	25.7	Out-of-Network
Rosuvastatin Calcium up to 20mg; Tab	J8499	CPT		both		15.7	7.07	Out-of-Network
Sildenafil Citrate up to 25mg; Tab	J8499	CPT		both		8	3.6	Out-of-Network
Tobramycin Ophthalmic Drops 0.3 % 5 mL	J3490	CPT		both		113.7	51.17	Out-of-Network
Tropicamide and Phenylephrine Hydrochloride (combo) Eye Drops	J3490	CPT		both		77.4	34.83	Out-of-Network
Ultravist (Iopromide) low osmolar contrast 300-399mg/mL iodine								
	Q9967	CPT		both		7.31	3.29	Out-of-Network
Ultravist (Iopomine) low osmolar contrast 200-299 mg/mL iodine								
	Q9966	CPT		both		48	21.6	Out-of-Network
Xifaxan (Rifaximin)	J8499	CPT		both		87.3	39.29	Out-of-Network
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT		both		999	449.55	Out-of-Network
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT		both		677.28	304.78	Out-of-Network
FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE	10021	CPT		both		876.65	394.49	Out-of-Network
IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	10030	CPT		both		1583	712.35	Out-of-Network
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT		both		1287.54	579.39	Out-of-Network
INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT		both		1229.37	553.22	Out-of-Network
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT		both		706.31	317.84	Out-of-Network
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT		both		1164.42	523.99	Out-of-Network
INCISION&REMOVAL FOREIGN BODY SUBQ TISS SMPL	10120	CPT		both		709.02	319.06	Out-of-Network
INCISION&REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT		both		1272.06	572.43	Out-of-Network

I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT		both		809.97	364.49	Out-of-Network
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT		both		1083.2	487.44	Out-of-Network
Incision and drainage, complex, postoperative wound infection								
	10180	CPT		both		1226.51	551.93	Out-of-Network
DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	11010	CPT		both		3727.5	1677.38	Out-of-Network
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT		both		397.79	179.01	Out-of-Network
DEBRIDEMENT SKIN PARTIAL THICKNESS (INVALID AS OF 01/01/2011)								
	11040	CPT		both		311.16	140.02	Out-of-Network
REMOVAL DAMAGED SKIN AND UNDERLYING TISSUE	11042	CPT		both		388.93	175.02	Out-of-Network
DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	11043	CPT		both		1769.9	796.46	Out-of-Network
DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	11044	CPT		both		2615.9	1177.16	Out-of-Network
DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT		both		293.5	132.08	Out-of-Network
DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	11046	CPT		both		621.4	279.63	Out-of-Network
DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	11047	CPT		both		1086.4	488.88	Out-of-Network
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT		both		220.25	99.11	Out-of-Network
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT		both		297.39	133.83	Out-of-Network
BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	11100	CPT		both		642.39	289.08	Out-of-Network
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT		both		569.1	256.1	Out-of-Network
REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA UP&W/15<	11200	CPT		both		443.74	199.68	Out-of-Network
EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	11401	CPT		both		1362.06	612.93	Out-of-Network
EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	11402	CPT		both		1503.28	676.48	Out-of-Network
EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM	11404	CPT		both		1262.27	568.02	Out-of-Network
EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	11406	CPT		both		3223.22	1450.45	Out-of-Network
EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	11420	CPT		both		1110.53	499.74	Out-of-Network
EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	11421	CPT		both		1255	564.75	Out-of-Network
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	11422	CPT		both		880.44	396.2	Out-of-Network
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	11423	CPT		both		1025.88	461.65	Out-of-Network
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	11440	CPT		both		1355.62	610.03	Out-of-Network
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	11441	CPT		both		1790.48	805.72	Out-of-Network
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	11443	CPT		both		2337.26	1051.77	Out-of-Network
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT		both		163.9	73.76	Out-of-Network
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT		both		726.34	326.85	Out-of-Network
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT		both		233.11	104.9	Out-of-Network
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT		both		458.34	206.25	Out-of-Network
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT		both		938.76	422.44	Out-of-Network
REPAIR NAIL BED	11760	CPT		both		804.92	362.21	Out-of-Network
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT		both		516.24	232.31	Out-of-Network
EXCISION PILONIDAL CYST/SINUS EXTENSIVE	11771	CPT		both		449.04	202.07	Out-of-Network
Injection, intralesional; up to and including 7 lesions	11900	CPT		both		296.3	133.34	Out-of-Network
Injection, intralesional; more than 7 lesions	11901	CPT		both		449.4	202.23	Out-of-Network
INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	11960	CPT		both		11016.2	4957.29	Out-of-Network
SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	12001	CPT		both		643.52	289.58	Out-of-Network
SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	12002	CPT		both		652.35	293.56	Out-of-Network
SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	12004	CPT		both		751.36	338.11	Out-of-Network
SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	12005	CPT		both		997.1	448.7	Out-of-Network

SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	12006	CPT		both		1654.6	744.57	Out-of-Network
SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	12007	CPT		both		2060.92	927.41	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT		both		757.9	341.06	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0CM	12013	CPT		both		853.79	384.21	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5CM	12014	CPT		both		1083.92	487.76	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5CM	12015	CPT		both		1352.42	608.59	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0CM	12016	CPT		both		1831.93	824.37	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0CM	12017	CPT		both		2118.63	953.38	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M >30.0CM	12018	CPT		both		2405.59	1082.52	Out-of-Network
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT		both		2591.28	1166.08	Out-of-Network
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT		both		1905.64	857.54	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	12031	CPT		both		2097.97	944.09	Out-of-Network
Repair, intermediate, wounds of scalp, axillae, trunk and/or...	12032	CPT		both		2672.97	1202.84	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	12034	CPT		both		2840.33	1278.15	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	12035	CPT		both		3303.89	1486.75	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT		both		3829.42	1723.24	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E > 30.0 CM	12037	CPT		both		4522.77	2035.25	Out-of-Network
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	12041	CPT		both		2150.83	967.87	Out-of-Network
REPAIR (LACERATION)INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	12042	CPT		both		2745.63	1235.53	Out-of-Network
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	12044	CPT		both		2960.94	1332.42	Out-of-Network
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	12045	CPT		both		3739.69	1682.86	Out-of-Network
RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	12046	CPT		both		4277.63	1924.93	Out-of-Network
REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	12047	CPT		both		5170.08	2326.54	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&MUC 2.5 CM/<	12051	CPT		both		2352.2	1058.49	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&MUC 2.6-5.0 CM	12052	CPT		both		2798.09	1259.14	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&MUC 5.1-7.5 CM	12053	CPT		both		2989.62	1345.33	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&MUC 7.6-12.5 CM	12054	CPT		both		3128.83	1407.97	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&MUC 12.6-20.0CM	12055	CPT		both		4147.99	1866.6	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&MUC 20.1-30.0CM	12056	CPT		both		4793.79	2157.21	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&MUC > 30.0 CM	12057	CPT		both		5196.52	2338.43	Out-of-Network
REPAIR COMPLEX TRUNK 1.1 CM-2.5 CM	13100	CPT		both		1345.06	605.28	Out-of-Network
REPAIR COMPLEX TRUNK 2.6 CM-7.5 CM	13101	CPT		both		1647.63	741.43	Out-of-Network
REPAIR COMPLEX TRUNK EA 5 CM/<	13102	CPT		both		486.88	219.1	Out-of-Network
REPAIR COMPLEX SCALP/ARM/LEG 1.1 CM-2.5 CM	13120	CPT		both		1540.57	693.26	Out-of-Network
REPAIR COMPLEX SCALP/ARM/LEG 2.6 CM-7.5 CM	13121	CPT		both		1872.74	842.73	Out-of-Network
REPAIR COMPLEX SCALP/ARM/LEG EA 5 CM/<	13122	CPT		both		804.92	362.21	Out-of-Network
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1 CM-2.5 CM	13131	CPT		both		1182.72	532.22	Out-of-Network
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6 CM-7.5 CM	13132	CPT		both		2213.41	996.03	Out-of-Network
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA 5 CM/<	13133	CPT		both		1154.99	519.75	Out-of-Network
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT		both		1598.18	719.18	Out-of-Network
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT		both		2773.83	1248.22	Out-of-Network
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA 5 CM/<	13153	CPT		both		1013.01	455.85	Out-of-Network
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT		both		7201.1	3240.5	Out-of-Network
PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT		both		3056	1375.2	Out-of-Network

APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	15274	CPT		both		527.4	237.33	Out-of-Network
SUB GRFT F/S/N/H/F/G/M/D <100SCM 1ST 25 SCM	15275	CPT		both		1092.1	491.45	Out-of-Network
IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	15777	CPT		both		2482.7	1117.22	Out-of-Network
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT		both		415.46	186.96	Out-of-Network
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT		both		408.39	183.78	Out-of-Network
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT		both		501.19	225.54	Out-of-Network
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT		both		862.3	388.04	Out-of-Network
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT		both		728.81	327.96	Out-of-Network
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT		both		448.28	201.73	Out-of-Network
CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	17340	CPT		both		638.25	287.21	Out-of-Network
MASTOTOMY W/EXPL/DRAINAGE ABSCESS DEEP	19020	CPT		both		2084.69	938.11	Out-of-Network
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT		both		2206.68	993.01	Out-of-Network
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT		both		1113	500.85	Out-of-Network
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT		both		2073.36	933.01	Out-of-Network
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT		both		1048.92	472.01	Out-of-Network
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION. This service is not offered by the hospital.	19120	CPT		both		1431.81	644.31	Out-of-Network
Amantadine 100mg/1 Capsule	J8499	CPT		both		2.26	1.02	Out-of-Network
Amoxicillin and Clavulanate 500mg Tablet	J8499	CPT		both		2.75	1.24	Out-of-Network
CALCIUM ACETATE 667 mg/1 Tablet	J8499	CPT		both		23.42	10.54	Out-of-Network
HYDROCORTISONE 10mg/1 Tablet	J8499	CPT		both		2.15	0.97	Out-of-Network
Midazolam 10mg, per 2ml; IM/IV/Intranasal	J2250	CPT		both		21.6	9.72	Out-of-Network
Atenolol 25mg Qty 100 tabs	J8499	CPT		both		3.22	1.45	Out-of-Network
Neo-PolyB-Hydrocortisone Otic SusP Bottle 10mg/mL, 3.5 mg/mL, 10000	J3490	CPT		both		66.18	29.78	Out-of-Network
OxyContin 10MG/1 Tablet	J8499	CPT		both		7.1	3.2	Out-of-Network
Injection, phentolamine mesylate, up to 5 mg	J2760	CPT		both		495.35	222.91	Out-of-Network
Prochlorperazine Suppository 25 mg Supp	J3490	CPT		both		7.02	3.16	Out-of-Network
Urea 20 Topical Cream 3oz (85g) TUBE	J3490	CPT		both		5.34	2.4	Out-of-Network
Injection, vasopressin, 1 unit 20ML	J2598	CPT		both		15.08	6.79	Out-of-Network
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT		both		3999.7	1799.87	Out-of-Network
MENTAL STATUS ASSESSED	2014F	CPT		both		1.61	0.72	Out-of-Network
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT		both		669.8	301.41	Out-of-Network
BIOPSY BONE TROCAR/NEEDLE DEEP	20225	CPT		both		1223.8	550.71	Out-of-Network
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT		both		1912.57	860.66	Out-of-Network
RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	20525	CPT		both		3403.46	1531.56	Out-of-Network
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT		both		659.6	296.82	Out-of-Network
Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar	20550	CPT		both		600	270	Out-of-Network
INJ TENDON ORIGIN/INSERTION	20551	CPT		both		1334.05	600.32	Out-of-Network
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT		both		650	292.5	Out-of-Network
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT		both		750	337.5	Out-of-Network
Arthrocentesis, aspiration and/or injection; small joint or ...	20600	CPT		both		954.66	429.6	Out-of-Network
ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	20604	CPT		both		514.6	231.57	Out-of-Network
ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURSA	20605	CPT		both		700	315	Out-of-Network

ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURSA W/US	20606	CPT		both		609.2	274.14	Out-of-Network	
ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA	20610	CPT		both		800	360	Out-of-Network	
Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	20611	CPT		both		2951.9	1328.36	Out-of-Network	
Aspiration and/or injection of ganglion cyst any location	20612	CPT		both		273.36	123.01	Out-of-Network	
ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	20931	CPT		both		1286.7	579.02	Out-of-Network	
AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	20937	CPT		both		1931.1	869	Out-of-Network	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT		both		4212.6	1895.67	Out-of-Network	
APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	21100	CPT		both		3932	1769.4	Out-of-Network	
CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	21310	CPT		both		754.89	339.7	Out-of-Network	
CLOSED TX NASAL FRACTURE W/O STABILIZATION	21315	CPT		both		10216.09	4597.24	Out-of-Network	
CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION	21320	CPT		both		1529.9	688.46	Out-of-Network	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT		both	1	UN	7518.2	3383.19	Out-of-Network
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT		both		10627.6	4782.42	Out-of-Network	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT		both		662.69	298.21	Out-of-Network	
CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	21485	CPT		both		4070.76	1831.84	Out-of-Network	
DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	21705	CPT		both		883.95	397.78	Out-of-Network	
CLOSED TX RIB FRACTURE UNCOMPLICATED EACH	21800	CPT		both		643.52	289.58	Out-of-Network	
Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	22510	CPT		both		30840.3	13878.14	Out-of-Network	
Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	22511	CPT		both		30840.3	13878.14	Out-of-Network	
Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body	22512	CPT		both		2040.5	918.23	Out-of-Network	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT		both		5940.5	2673.23	Out-of-Network	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	22514	CPT		both		5535.6	2491.02	Out-of-Network	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	22515	CPT		both		2563	1153.35	Out-of-Network	
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	22526	CPT		both		3255.5	1464.98	Out-of-Network	
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels	22527	CPT		both		1504.6	677.07	Out-of-Network	
ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	22551	CPT		both		19625.6	8831.52	Out-of-Network	
ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	22552	CPT		both		4596.5	2068.43	Out-of-Network	
ARTHRODESIS ANTERIOR INTERBODY LUMBAR	22558	CPT		both		17618.7	7928.42	Out-of-Network	
ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	22585	CPT		both		3777.1	1699.7	Out-of-Network	
ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	22612	CPT		both		18234.7	8205.62	Out-of-Network	
ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	22614	CPT		both		4513.1	2030.9	Out-of-Network	
ARTHRODESIS POSTERIOR INTERBODY LUMBAR	22630	CPT		both		18094.6	8142.57	Out-of-Network	
ARTHRODESIS POSTERIOR INTERBODY EA ADDL	22632	CPT		both		3710.1	1669.55	Out-of-Network	

ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	22633	CPT		both		21299.6	9584.82	Out-of-Network
POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22840	CPT		both		8774.7	3948.62	Out-of-Network
POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	22842	CPT		both		8820.5	3969.23	Out-of-Network
ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	22845	CPT		both		8424.7	3791.12	Out-of-Network
ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	22846	CPT		both		8749	3937.05	Out-of-Network
REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	22852	CPT		both		8003.2	3601.44	Out-of-Network
Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	22867	CPT		both		177562.8	79903.26	Out-of-Network
Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	22869	CPT		both		125398.2	56429.19	Out-of-Network
Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level	22870	CPT		both		1161.7	522.77	Out-of-Network
Unlisted procedure, spine	22899	CPT		both		2246.9	1011.11	Out-of-Network
I&D SHOULDER DEEP ABSCESS/HEMATOMA	23030	CPT		both		3379.85	1520.93	Out-of-Network
EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	23075	CPT		both		4300.54	1935.24	Out-of-Network
REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	23330	CPT		both		2022.39	910.08	Out-of-Network
REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	23333	CPT		both		5340.7	2403.32	Out-of-Network
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT		both		1232.23	554.5	Out-of-Network
CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	23505	CPT		both		3770.1	1696.55	Out-of-Network
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT		both		4189.43	1885.24	Out-of-Network
CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	23570	CPT		both		1271.12	572	Out-of-Network
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT		both		576.68	259.51	Out-of-Network
CLTX PROX HUMRL FX W/MANJ W/WO SKELETAL TRACJ	23605	CPT		both		4845.1	2180.3	Out-of-Network
CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ	23620	CPT		both		3472.77	1562.75	Out-of-Network
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT		both		1414.32	636.44	Out-of-Network
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT		both		2008.34	903.75	Out-of-Network
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT		both		2700.6	1215.27	Out-of-Network
I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	23930	CPT		both		1345.7	605.57	Out-of-Network
I&D, upper arm or elbow area; bursa	23931	CPT		both		1199.61	539.82	Out-of-Network
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT		both		916.3	412.34	Out-of-Network
REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	24201	CPT		both		4105.6	1847.52	Out-of-Network
TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	24357	CPT		both		2814.76	1266.64	Out-of-Network
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT		both		2113.18	950.93	Out-of-Network
CLTX HUMERAL SHFT FX W/MANIPULATION +-SKEL TRACJ	24505	CPT		both		2935.64	1321.04	Out-of-Network
CLTX SPRCONDYL/TRANSCONDYL/ HUMERAL FX+-MNPJ	24530	CPT		both		2107.34	948.3	Out-of-Network
CLTX SPRCONDYL/TRANSCONDYL/ HUMERAL FX W/MNPJ	24535	CPT		both		3681.24	1656.56	Out-of-Network
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT		both		2140.94	963.42	Out-of-Network
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MNPJ	24565	CPT		both		3184.68	1433.11	Out-of-Network
CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	24576	CPT		both		3953.13	1778.91	Out-of-Network

Treatment of closed elbow dislocation; without anesthesia	24600	CPT		both		976.37	439.37	Out-of-Network
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT		both		6101.9	2745.86	Out-of-Network
OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	24615	CPT		both		9731.12	4379	Out-of-Network
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MNPJ	24620	CPT		both		3550.61	1597.77	Out-of-Network
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MNPJ	24640	CPT		both		786.73	354.03	Out-of-Network
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT		both		1453.21	653.94	Out-of-Network
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT		both		3151.37	1418.12	Out-of-Network
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MNPJ	24670	CPT		both		576.69	259.51	Out-of-Network
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT		both		4795	2157.75	Out-of-Network
Excision of Ganglion, wrist (dorsal or volar); primary	25111	CPT	59	both		2078.91	935.51	Out-of-Network
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT		both		2901	1305.45	Out-of-Network
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT		both		5937.22	2671.75	Out-of-Network
CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	25520	CPT		both		6955.55	3130	Out-of-Network
Closed treatment of ulnar shaft fracture; w/o manipulation	25530	CPT		both		1761.12	792.5	Out-of-Network
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT		both		5180.6	2331.27	Out-of-Network
Closed treatment of radial and ulnar shaft fractures; w/o manipulation	25560	CPT		both		3101.58	1395.71	Out-of-Network
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT		both		2010.11	904.55	Out-of-Network
OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	25574	CPT		both		9173.5	4128.08	Out-of-Network
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT		both		572.79	257.76	Out-of-Network
CLTX DSTL RDL FX/EPIPHYSL SEP +-W/MNPJ	25605	CPT		both		3017.81	1358.01	Out-of-Network
OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	25607	CPT		both		9585.6	4313.52	Out-of-Network
CLOSED TX CARPAL SCAPHOID FRACTURE W/O MNPJ	25622	CPT		both		1786.36	803.86	Out-of-Network
CLTX CARPL B1 FX W/MNPJ EA B1	25635	CPT		both		1642.38	739.07	Out-of-Network
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT		both		3409.3	1534.19	Out-of-Network
OPEN TREATMENT ULNAR STYLOID FRACTURE	25652	CPT		both		8129.93	3658.47	Out-of-Network
Closed treatment of radiocarpal or intercarpal dislocation, ...	25660	CPT		both		976.37	439.37	Out-of-Network
CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIP...	25675	CPT		both		2121.49	954.67	Out-of-Network
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT		both		450.82	202.87	Out-of-Network
DRAINAGE OF FINGER ABCESS	26011	CPT		both		2120.27	954.12	Out-of-Network
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT		both		6842.7	3079.22	Out-of-Network
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT		both		7060	3177	Out-of-Network
Osteotomy; phalanx of finger, each	26567	CPT		both		4353.38	1959.02	Out-of-Network
CLTX MTCRPL FX 1 W/O MNPJ EA B1	26600	CPT		both		1377.21	619.74	Out-of-Network
CLTX MTCRPL FX 1 W/MNPJ EA B1	26605	CPT		both		1594.65	717.59	Out-of-Network
CLTX MTCRPL FX W/MNPJ W/XTRNL FIXJ EA B1	26607	CPT		both		2529.87	1138.44	Out-of-Network
OPEN TX METACARPAL FRACTURE SINGLE EA BONE	26615	CPT		both		7499.73	3374.88	Out-of-Network
TREAT THUMB DISLOCATION	26641	CPT		both		1645.7	740.57	Out-of-Network
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	26645	CPT		both		2628.73	1182.93	Out-of-Network
CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES; Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	26670	CPT		both		2085.09	938.29	Out-of-Network
Closed treatment of carpometacarpal dislocation, other than thumb with manipulation, each joint; requiring anesthesia	26675	CPT	59	both		2861.98	1287.89	Out-of-Network

CLTX MTCARPHLNGL DISLC 1 W/MNPJ W/O ANES	26700	CPT		both		929.81	418.41	Out-of-Network
TREAT KNUCKLE DISLOCATION	26705	CPT		both		976.37	439.37	Out-of-Network
CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR M...								
	26720	CPT		both		951.13	428.01	Out-of-Network
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	26725	CPT		both		4112.02	1850.41	Out-of-Network
Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each								
	26735	CPT		both		6103.1	2746.4	Out-of-Network
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	26742	CPT		both		2979.16	1340.62	Out-of-Network
OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	26746	CPT		both		5089.06	2290.08	Out-of-Network
CLTX DSTL PHLNGL FX FNGR/THMB W/O MNPJ EA	26750	CPT		both		936.99	421.65	Out-of-Network
CLTX DSTL PHLNGL FX FNGR/THMB W/MNPJ EA	26755	CPT		both		929.81	418.41	Out-of-Network
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT		both		3761.31	1692.59	Out-of-Network
CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES	26770	CPT		both		848.6	381.87	Out-of-Network
TREAT FINGER DISLOCATION	26775	CPT		both		1312.21	590.49	Out-of-Network
Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure								
	26951	CPT		both		16223	7300.35	Out-of-Network
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT		both		8265.4	3719.43	Out-of-Network
Tenotomy, abductors and/or extensor(s) of hip, open	27006	CPT		both		30840.3	13878.14	Out-of-Network
RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	27086	CPT		both		1894.6	852.57	Out-of-Network
REMOVAL FOREIGN BODY PELVIS/HIP DEEP	27087	CPT		both		6915.1	3111.8	Out-of-Network
Injection sacroiliac joint, anesthetic/steroid, with image guidance								
	27096	CPT		both		3000	1350	Out-of-Network
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT		both		2020.4	909.18	Out-of-Network
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT		both		8520	3834	Out-of-Network
TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	27256	CPT		both		2660.8	1197.36	Out-of-Network
TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	27257	CPT		both		4067.5	1830.38	Out-of-Network
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT		both		4582.1	2061.95	Out-of-Network
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT		both		6591.1	2966	Out-of-Network
Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, and placement of transfixing device								
	27279	CPT		both		177562.8	79903.26	Out-of-Network
Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed								
	27280	CPT		both		15529.3	6988.19	Out-of-Network
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT		both		530.37	238.67	Out-of-Network
RCNSTJ DISLOCATING PATELLA	27420	CPT		both		8359.2	3761.64	Out-of-Network
CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	27500	CPT		both		5432.2	2444.49	Out-of-Network
CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	27501	CPT		both		5615.2	2526.84	Out-of-Network
CLTX FEM SHFT FX W/MNPJ +-SKN/SKEL TRACJ	27502	CPT		both		2537.06	1141.68	Out-of-Network
CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	27503	CPT		both		9042.2	4068.99	Out-of-Network
CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	27508	CPT		both		5626.6	2531.97	Out-of-Network
CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	27510	CPT		both		7673.7	3453.17	Out-of-Network
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT		both		1824.48	821.02	Out-of-Network
CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	27550	CPT		both		2070.21	931.59	Out-of-Network
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT		both		7147.6	3216.42	Out-of-Network

Closed treatment of patellar dislocation; without anesthesia	27560	CPT		both		928.95	418.03	Out-of-Network
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT		both		5523.7	2485.67	Out-of-Network
TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	27605	CPT		both		2135.6	961.02	Out-of-Network
ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	27610	CPT		both		7447.3	3351.29	Out-of-Network
ARTHRT ANKLE W/EXPL W/WO BX W/WO RMLV LOOSE/FB	27620	CPT		both		5170.8	2326.86	Out-of-Network
REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	27658	CPT		both		4254.3	1914.44	Out-of-Network
TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	27680	CPT		both		4852.1	2183.45	Out-of-Network
GASTROCNEMIUS RECESSION	27687	CPT		both		5200.4	2340.18	Out-of-Network
CLTX TIBL SHFT FX W/O MNPJ	27750	CPT		both		577.23	259.75	Out-of-Network
Closed treatment of tibial shaft fracture (with or without f...	27752	CPT		both		2980.69	1341.31	Out-of-Network
CLTX MEDIAL MALLS FX W/O MNPJ	27760	CPT		both		1744.92	785.21	Out-of-Network
CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	27762	CPT		both		2946.73	1326.03	Out-of-Network
CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	27767	CPT		both		3270.8	1471.86	Out-of-Network
CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	27768	CPT		both		5047.2	2271.24	Out-of-Network
CLTX PROX FIBULA/SHFT FX W/O MNPJ	27780	CPT		both		1598.18	719.18	Out-of-Network
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT		both		4587.9	2064.56	Out-of-Network
CLTX DSTL FIBULAR FX LAT MALLS W/O MNPJ	27786	CPT		both		1504.49	677.02	Out-of-Network
CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	27788	CPT		both		4986.29	2243.83	Out-of-Network
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT		both		4073.02	1832.86	Out-of-Network
Treatment Of Ankle Fracture	27810	CPT		both		976.37	439.37	Out-of-Network
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT		both		3320.3	1494.14	Out-of-Network
Closed treatment of trimalleolar ankle fracture; with manipulation	27818	CPT		both		5903.59	2656.62	Out-of-Network
Closed treatment of fracture of weight bearing articular por...	27824	CPT		both		976.37	439.37	Out-of-Network
CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT		both		5550.4	2497.68	Out-of-Network
Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	27830	CPT		both		2398.8	1079.46	Out-of-Network
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT		both		576.68	259.51	Out-of-Network
Closed treatment,ankle dislocation; req anesthesia, w/ or w/o percutaneous skeletal fixation	27842	CPT		both		3731.72	1679.27	Out-of-Network
INCISION&DRAINAGE BURSA FOOT	28001	CPT		both		2325.76	1046.59	Out-of-Network
FASCIOTOMY FOOT&/TOE	28008	CPT		both		3373.7	1518.17	Out-of-Network
ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	28020	CPT		both		4144.4	1864.98	Out-of-Network
Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal	28024	CPT		both		2004.99	902.25	Out-of-Network
RELEASE TARSAL TUNNEL	28035	CPT		both		4086.9	1839.11	Out-of-Network
FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	28060	CPT		both		4112.9	1850.81	Out-of-Network
EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	28090	CPT		both		3531.4	1589.13	Out-of-Network
EXC/CURTG CST/B9 TUM PHALANGES FOOT	28108	CPT		both		3309.6	1489.32	Out-of-Network
OSTECTOMY PRTL 5TH METAR HEAD SPX	28110	CPT		both		3336.1	1501.25	Out-of-Network
OSTECTOMY CALCANEUS	28118	CPT		both		4762.6	2143.17	Out-of-Network
RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	28171	CPT		both		12780.7	5751.32	Out-of-Network
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT		both		1127.92	507.56	Out-of-Network
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT		both		3465.2	1559.34	Out-of-Network
REMOVAL FOREIGN BODY FOOT COMPLICATED	28193	CPT		both		4086.5	1838.93	Out-of-Network

REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	28208	CPT		both		3621.5	1629.68	Out-of-Network
TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	28230	CPT		both		3257.7	1465.97	Out-of-Network
TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	28234	CPT		both		3025.8	1361.61	Out-of-Network
CORRECTION HAMMERTOES	28285	CPT		both		4349.3	1957.19	Out-of-Network
HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	28289	CPT		both		5290.7	2380.82	Out-of-Network
CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	28292	CPT		both		5577.1	2509.7	Out-of-Network
CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	28296	CPT		both		5910.1	2659.55	Out-of-Network
CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT	28299	CPT		both		6695.7	3013.07	Out-of-Network
OSTEOT W/WO LNPTH SHRT/CORRJ 1ST METAR	28306	CPT		both		4622.8	2080.26	Out-of-Network
OSTEOT W/WO LNPTH SHRT/CORRJ METAR XCP 1ST EA	28308	CPT		both		4351	1957.95	Out-of-Network
CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	28400	CPT		both		929.81	418.41	Out-of-Network
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT		both		985.25	443.36	Out-of-Network
closed treatment of metatarsal fracture;without manipulation	28470	CPT		both		1272.89	572.8	Out-of-Network
CLTX METAR FX W/MANJ	28475	CPT		both		3117.17	1402.73	Out-of-Network
CLTX FX GRT TOE PHLX/PHLG W/O MNPJ	28490	CPT		both		899.86	404.94	Out-of-Network
CLTX FX GRT TOE PHLX/PHLG W/MNPJ	28495	CPT		both		572.79	257.76	Out-of-Network
OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	28505	CPT		both		3828.55	1722.85	Out-of-Network
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MNPJ	28510	CPT		both		792.03	356.41	Out-of-Network
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MNPJ	28515	CPT		both		942.29	424.03	Out-of-Network
OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	28585	CPT		both		7810.6	3514.77	Out-of-Network
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT		both		1221.32	549.59	Out-of-Network
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT		both		1502.25	676.01	Out-of-Network
CLTX METATARSOPHLNGL JT DISLC REQ ANES	28635	CPT		both		1502	675.9	Out-of-Network
CLTX IPHAL JT DISLC W/O ANES	28660	CPT		both		929.81	418.41	Out-of-Network
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT		both		1723.16	775.42	Out-of-Network
CAST FIGURE-OF-8	29049	CPT		both		265.19	119.34	Out-of-Network
Application, cast; shoulder to hand (long arm)	29065	CPT		both		467.81	210.51	Out-of-Network
Application, cast; elbow to finger (short arm)	29075	CPT		both		861.37	387.62	Out-of-Network
CAST HAND&LOWER FOREARM GAUNTLET	29085	CPT		both		265.19	119.34	Out-of-Network
LONG ARM SPLINT SHOULDER HAND	29105	CPT		both		265.19	119.34	Out-of-Network
SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT		both		265.19	119.34	Out-of-Network
SHORT ARM SPLINT DYNAMIC	29126	CPT		both		265.19	119.34	Out-of-Network
FINGER SPLINT STATIC	29130	CPT		both		265.19	119.34	Out-of-Network
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT		both		216.37	97.37	Out-of-Network
STRAPPING THORAX	29200	CPT		both		215.8	97.11	Out-of-Network
STRAPPING SHOULDER	29240	CPT		both		392.47	176.61	Out-of-Network
Strapping Of Elbow Or Wrist	29260	CPT		both		393.98	177.29	Out-of-Network
STRAPPING HAND/FINGER	29280	CPT		both		362.43	163.09	Out-of-Network
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT		both		1109.3	499.19	Out-of-Network
LONG LEG SPLINT	29355	CPT		both		697.94	314.07	Out-of-Network
Application of short leg cast (below knee to toes)	29405	CPT		both		651.9	293.36	Out-of-Network
LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT		both		265.19	119.34	Out-of-Network
SHORT LEG SPLINT CALF FOOT	29515	CPT		both		265.19	119.34	Out-of-Network
STRAPPING HIP	29520	CPT		both		219.8	98.91	Out-of-Network
Strapping; knee	29530	CPT		both		267.9	120.56	Out-of-Network

STRAPPING ANKLE &/FOOT	29540	CPT		both		332.36	149.56	Out-of-Network
STRAPPING TOES	29550	CPT		both		265.19	119.34	Out-of-Network
STRAPPING UNNA BOOT	29580	CPT		both		332.36	149.56	Out-of-Network
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT		both		192.71	86.72	Out-of-Network
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT		both		495.3	222.89	Out-of-Network
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS. This service is not offered by the hospital.	29826	CPT		both		587.46	264.36	Out-of-Network
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG. This service is not offered by the hospital.	29881	CPT		both		1863.15	838.42	Out-of-Network
ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	29891	CPT		both		7687.9	3459.56	Out-of-Network
ENDOSCOPIC PLANTAR FASCIOTOMY	29893	CPT		both		4919.4	2213.73	Out-of-Network
ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	29898	CPT		both		6437.8	2897.01	Out-of-Network
Atenolol 50mg Qty 100 tabs	J8499	CPT		both		3.01	1.35	Out-of-Network
OXYGEN SATURATION RESULTS DOCUMENTED & REVIEWED	3028F	CPT		both		79.56	35.8	Out-of-Network
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT		both		751.36	338.11	Out-of-Network
ABLTY SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	30802	CPT		both		2453.99	1104.3	Out-of-Network
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT		both		198.89	89.5	Out-of-Network
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT		both		275.95	124.18	Out-of-Network
Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method	30905	CPT		both		690.43	310.69	Out-of-Network
Cntrl nasal hemorrhage, posterior,w/ posterior nasal packs and/or cautery,any method; subsequent	30906	CPT		both		987.49	444.37	Out-of-Network
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT		both		847.44	381.35	Out-of-Network
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT		both		864.71	389.12	Out-of-Network
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT		both		1348.27	606.72	Out-of-Network
LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	31505	CPT		both		229.39	103.23	Out-of-Network
Laryngoscopy direct, with or without tracheoscopy; for aspiration	31515	CPT		both		1440.03	648.01	Out-of-Network
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT	59	both		3373	1517.85	Out-of-Network
LARYNGOSCOPY FLEXIBLE FIBEROPTIC DIAGNOSTIC	31575	CPT		both		1053.31	473.99	Out-of-Network
TRACHEOSTOMY PLANNED SPX	31600	CPT		both		6240.68	2808.31	Out-of-Network
TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	31603	CPT		both		41976.68	18889.51	Out-of-Network
TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	31605	CPT		both		1210.43	544.69	Out-of-Network
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT		both		637.5	286.88	Out-of-Network
THORACOTOMY WITH EXPLORATION	32100	CPT		both		8992.7	4046.72	Out-of-Network
THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	32110	CPT		both		16403.3	7381.49	Out-of-Network
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT		both		8878.3	3995.24	Out-of-Network
BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE	32405	CPT		both		1040.8	468.36	Out-of-Network
INSERT PLEURAL CATH	32550	CPT		both		2755.4	1239.93	Out-of-Network
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT		both		3408.85	1533.98	Out-of-Network
THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	32554	CPT		both		995	447.75	Out-of-Network
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT		both		1284.5	578.03	Out-of-Network
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT		both		1426.4	641.88	Out-of-Network
ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED	3293F	CPT		both		247.5	111.38	Out-of-Network
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT		both		2626.5	1181.93	Out-of-Network

PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	33020	CPT		both		9221.4	4149.63	Out-of-Network
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT		both		27237.2	12256.74	Out-of-Network
RESCJ/INC SUBVALVULAR TISSUE	33415	CPT		both		1485.03	668.26	Out-of-Network
INTRO NDL/INTRACATH VEIN	36000	CPT		both		371.25	167.06	Out-of-Network
NJX PX XTR VNDRPH W/INTRO NDL/INTRACATH	36005	CPT		both		556.3	250.34	Out-of-Network
Introduction of catheter, superior or inferior vena cava	36010	CPT		both		1266.9	570.11	Out-of-Network
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT		both		1805.1	812.3	Out-of-Network
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT		both		1999.4	899.73	Out-of-Network
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT		both		1401.5	630.68	Out-of-Network
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT		both		1742.2	783.99	Out-of-Network
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT		both		1038.7	467.42	Out-of-Network
SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	36223	CPT		both		3635.8	1636.11	Out-of-Network
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT		both		3626.9	1632.11	Out-of-Network
SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	36245	CPT		both		2736.9	1231.61	Out-of-Network
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	36247	CPT		both		3486.6	1568.97	Out-of-Network
SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	36248	CPT		both		565.7	254.57	Out-of-Network
Insertion of implantable intra-arterial infusion pump	36260	CPT		both		52359.2	23561.64	Out-of-Network
VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	36400	CPT		both		216.9	97.61	Out-of-Network
NON-ROUTINE BLOOD DRAW 3/> YRS	36410	CPT		both		123.17	55.43	Out-of-Network
VENIPUNCTURE	36415	CPT		both		50.73	22.83	Out-of-Network
CAPILLARY BLOOD DRAW	36416	CPT		both		61.88	27.85	Out-of-Network
VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	36420	CPT		both		529.9	238.46	Out-of-Network
VENIPUNCTURE CUTDOWN AGE 1 YR/>	36425	CPT		both		449.8	202.41	Out-of-Network
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT		both		393.9	177.26	Out-of-Network
Inject non-cmpd w/ultra comp; single extremity truncal vein	36465	CPT		both		1055.5	474.98	Out-of-Network
Injec non-cmpd w/ultra comp; multi incp truncal veins	36466	CPT		both		1332.7	599.72	Out-of-Network
Injection of Sclerosant; single incomp vein	36470	CPT		both		337.3	151.79	Out-of-Network
Injection of Sclerosant; multiple incomp veins same leg	36471	CPT		both		668	300.6	Out-of-Network
Endovenous ablation therapy incld image guide, 1st vein.	36473	CPT		both		1583.2	712.44	Out-of-Network
Endoven ablt therapy incld imge guide, subseq vein	36474	CPT		both		781.6	351.72	Out-of-Network
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT		both		3215.8	1447.11	Out-of-Network
Endoven ablat therapy incld imge guide, subseq vein	36476	CPT		both		1175.7	529.07	Out-of-Network
Endoven ablat therapy incld image guide percu laser; 1st vein	36478	CPT		both		2712.9	1220.81	Out-of-Network
Endoven ablat ther incmpt vein, incld im gd perc laser, subseq vein	36479	CPT		both		1192.4	536.58	Out-of-Network
Endoven abltr TDCA w/img guid & montr perc; 1st vein.	36482	CPT		both		1586.5	713.93	Out-of-Network
Endoven abltr TDCA w/imge guide& montr,subsq vein.	36483	CPT		both		794.9	357.71	Out-of-Network
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT		both		12113.13	5450.91	Out-of-Network
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	36555	CPT		both		934	420.3	Out-of-Network
INSJ NON-TUN CTR CVC AGE 5 YR/>	36556	CPT		both		1329.46	598.26	Out-of-Network
INSERT TUNNELED CV CATH - INSJ TUN CTR CVC W/O SUBQ PORT/PMP...	36558	CPT		both		3267.2	1470.24	Out-of-Network
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT		both		3871	1741.95	Out-of-Network
INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36569	CPT		both		3500	1575	Out-of-Network
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT		both		3604.6	1622.07	Out-of-Network

INSERTION PICC W/RS&I < 5 YR	36572	CPT		both		911.2	410.04	Out-of-Network
INSERTION PICC W/RS&I 5 YR/>	36573	CPT		both		4400	1980	Out-of-Network
COMPLETE REPLACEMENT PICC RS&I	36584	CPT		both		677.5	304.88	Out-of-Network
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT		both		1575.5	708.98	Out-of-Network
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT		both		2181.4	981.63	Out-of-Network
COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	36591	CPT		both		221	99.45	Out-of-Network
Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	36592	CPT		both		176.73	79.53	Out-of-Network
Dec clotting by thrombolytic agent of implanted vascular access device or catheter	36593	CPT		both		346.2	155.79	Out-of-Network
CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	36598	CPT		both		422.6	190.17	Out-of-Network
Arterial puncture, withdrawal of blood for dx	36600	CPT		both		105.86	47.64	Out-of-Network
ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	36620	CPT		both		491.8	221.31	Out-of-Network
Placement of needle for intraosseous infusion	36680	CPT		both		420.79	189.36	Out-of-Network
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT		both		4532.4	2039.58	Out-of-Network
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT		both		2582	1161.9	Out-of-Network
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT		both		3949.8	1777.41	Out-of-Network
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT		both		4037.9	1817.06	Out-of-Network
Thrombolysis, cerebral, by intravenous infusion	37195	CPT		both		456.04	205.22	Out-of-Network
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT		both		4451.3	2003.09	Out-of-Network
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT		both		3898.2	1754.19	Out-of-Network
REVSC OPN/PRQ FEM/POP W/ANGIOPLASTY UNI	37224	CPT		both		5128.8	2307.96	Out-of-Network
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT		both		6014.9	2706.71	Out-of-Network
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT		both		8389.1	3775.1	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT		both		6265.8	2819.61	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT		both		8148.9	3667.01	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT		both		2319.6	1043.82	Out-of-Network
Open/Perq Place Stent 1st Artery.	37236	CPT		both		3901.2	1755.54	Out-of-Network
Open/Perq placement stent each addtl artery	37237	CPT		both		1877.1	844.7	Out-of-Network
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT		both		3503.4	1576.53	Out-of-Network
Open/Perq Placement Stent each additional vein	37239	CPT		both		1316	592.2	Out-of-Network
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT		both		5107.7	2298.47	Out-of-Network
Vascular Embolization or Occlusion Arterial	37242	CPT		both		4135	1860.75	Out-of-Network
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT		both		6513.2	2930.94	Out-of-Network
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT		both		7699.7	3464.87	Out-of-Network
TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	37248	CPT		both		3444.4	1549.98	Out-of-Network
TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	37249	CPT		both		1678.3	755.24	Out-of-Network
INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	37252	CPT		both		1050.2	472.59	Out-of-Network
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT		both		844	379.8	Out-of-Network
Revas Evasc open or perc IVT Angio SF 1st vessel	37254	CPT		both		3356.8	1510.56	Out-of-Network
Revasc Evasc open or perc IVT Angio SF ea addtl vessel	37255	CPT		both		1359.4	611.73	Out-of-Network
Revasc Evasc open or perc IVT Angio unilat, cp lx 1st vessel	37256	CPT		both		4920	2214	Out-of-Network
Revasc Evasc IVT Angio unilateral cp lx ea add vessel	37257	CPT		both		1760.2	792.09	Out-of-Network
Revasc Evasc open or perc IVT Stent SF lesion 1st vessel	37258	CPT		both		4011.4	1805.13	Out-of-Network
Revasc Evasc open or perc IVT Stent SF uni ea add vessel	37259	CPT		both		1813.7	816.17	Out-of-Network

Revasc Evasc IVT trans stent Unilat complex lx 1st vessel	37260	CPT		both		5798.4	2609.28	Out-of-Network
Revasc Evasc IVT Stent uni complex lesion ea addtl vessel.	37261	CPT		both		1927.2	867.24	Out-of-Network
Intravas Lithotrp IVT w/image guidance sm art	37262	CPT		both		1359.4	611.73	Out-of-Network
Revasc Evasc open or perc PVT Angio SF sm ar 1st vessel	37263	CPT		both		3560.5	1602.23	Out-of-Network
Revasc Evasc open or perc FPVT Angio SF ea addtl vessel.	37264	CPT		both		1382.8	622.26	Out-of-Network
Revasc Evasc open or perc FVT Angio CP LX initial vessel.	37265	CPT		both		4816.4	2167.38	Out-of-Network
Revasc Evasc open or perc FPVT Angio cp lx uni ea add vessel.	37266	CPT		both		1813.7	816.17	Out-of-Network
Revasc Evasc open or perc FPVT Stent sm art, SF 1st vessel.	37267	CPT		both		4014.8	1806.66	Out-of-Network
Revasc Evasc open or perc FPVT Stent SF ea addtl vessel	37268	CPT		both		1696.8	763.56	Out-of-Network
Revasc Evasc open or perc FPVT stent cp lx 1st vessel.	37269	CPT		both		6747	3036.15	Out-of-Network
Revasc Evasc open or perc FPVT ST cp lx ea add vessel	37270	CPT		both		2277.9	1025.06	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC SF 1st vessel	37271	CPT		both		4115	1851.75	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC SF ea add vessel	37272	CPT		both		1813.7	816.17	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC CP LX 1st vessel	37273	CPT		both		5761.7	2592.77	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC CP LX ea vessel	37274	CPT		both		2498.4	1124.28	Out-of-Network
Revasc Evasc open or perc FPVT ST ATHRC SF 1st vessel	37275	CPT		both		5013.5	2256.08	Out-of-Network
Revasc Evasc open or perc FPVT ST ATHRC ea addtl vessel	37276	CPT		both		1927.2	867.24	Out-of-Network
Revasc Evasc open or perc FPVT CP LX 1st vessel	37277	CPT		both		6817.1	3067.7	Out-of-Network
Revasc Evasc open or perc FPVT st ATH cp lx ea add vessel	37278	CPT		both		2708.8	1218.96	Out-of-Network
Intravasc Lithotrp FPVT w/image guide sm artery	37279	CPT		both		1817	817.65	Out-of-Network
Revasc Evasc open or perc TPVT Angio SF 1st vessel	37280	CPT		both		4475.7	2014.07	Out-of-Network
Revasc Evasc open or perc TPVT Angio SF ea add vessel	37281	CPT		both		1346.1	605.75	Out-of-Network
Revasc Evasc open or perc TPVT Angio CP LX 1st vessel	37282	CPT		both		5614.7	2526.62	Out-of-Network
Revasc Evasc open or perc TPVT Angio cp lx ea add vessel	37283	CPT		both		1917.2	862.74	Out-of-Network
Revasc Evasc open or perc TPVT ST SF 1st vessel	37284	CPT		both		4616	2077.2	Out-of-Network
Revasc Evasc open or perc TPVT ST SF ea addtl vessel	37285	CPT		both		1523.1	685.4	Out-of-Network
Revasc Evasc open or perc TPVT ST CP LX 1st vessel	37286	CPT		both		6189.2	2785.14	Out-of-Network
Revasc Evasc TPVT ST CMLPX LESION EA ADD Vessel	37287	CPT		both		2291.3	1031.09	Out-of-Network
Revasc Evasc open or perc TPVT SF lesion, initial vessel	37288	CPT		both		6095.7	2743.07	Out-of-Network
Revasc Evasc open or perc TPVT ATHRC SF, ea add vessel	37289	CPT		both		2147.7	966.47	Out-of-Network
Ather (inclcd PTA, Cath RSI) tibial, peroneal 1st vessel cmlpx lesion.	37290	CPT		both		7668.8	3450.96	Out-of-Network
Revasc Evasc open or perc TPVT ATHR CPLX ea add vessel.	37291	CPT		both		2929.3	1318.19	Out-of-Network
Revasc Evasc open or perc TPVT ST ATHRC SF,initial vessel	37292	CPT		both		6790.4	3055.68	Out-of-Network
Revasc Evasc open or perc TPVT ST ATHR SF ea add vessel	37293	CPT		both		2986	1343.7	Out-of-Network
Revasc Evasc open or perc TPVT ST ATHR CP LX 1st vessel	37294	CPT		both		8139.8	3662.91	Out-of-Network
Revasc Evasc opebn or perc TPVT ST ATH CPLX ea add vessel	37295	CPT		both		3764.3	1693.94	Out-of-Network
Revasc Evasc open or perc IMVT Angio SF 1st vessel	37296	CPT		both		5013.5	2256.08	Out-of-Network
Revasc Evasc open or perc IMVT Angio SF ea add vessel	37297	CPT		both		1797	808.65	Out-of-Network
Revasc Evasc open or perc IMVT Angio CP LX 1st vessel	37298	CPT		both		6185.8	2783.61	Out-of-Network
Revasc Evasc open or perc IMVT Angio CPLX Ea add vessel	37299	CPT		both		2237.9	1007.06	Out-of-Network
Stab Phleb of Varicose Veins,1 extr, 10-20 stab inc	37765	CPT		both		2455	1104.75	Out-of-Network
Stab Phleb of Varicose Veins,1 extr more than 20 inc	37766	CPT		both		3016.1	1357.25	Out-of-Network
LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTERS	37785	CPT		both		14308.83	6438.97	Out-of-Network

DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT		both		791.9	356.36	Out-of-Network
DRAINAGE LYMPH NODE ABSC/LYMPHADENITIS SMPL	38300	CPT		both		458.34	206.25	Out-of-Network
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT		both		805.2	362.34	Out-of-Network
Atenolol 100mg Qty 100 tabs	J8499	CPT		both		5.28	2.38	Out-of-Network
RPR LIP FULL THKNS VERMILION ONLY	40650	CPT		both		4528.92	2038.01	Out-of-Network
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT		both		1702.12	765.95	Out-of-Network
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT		both		1633.26	734.97	Out-of-Network
RMVL EMBEDDED FB VESTIBULE MOUTH COMP	40805	CPT		both		2230.1	1003.55	Out-of-Network
Closure of laceration, vestibule of mouth; 2.5 cm or less	40830	CPT		both		1273.52	573.08	Out-of-Network
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT		both		2994.95	1347.73	Out-of-Network
INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	41005	CPT		both		1325.8	596.61	Out-of-Network
INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	41007	CPT		both		2667.1	1200.2	Out-of-Network
INTRAORAL I&D TONGUE/FLOOR SUBMNDDBLR SPACE	41008	CPT		both		2990.2	1345.59	Out-of-Network
REPAIR TONGUE LACERATION	41250	CPT		both		2134.26	960.42	Out-of-Network
RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	41251	CPT		both		2035.6	916.02	Out-of-Network
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT		both		2804.97	1262.24	Out-of-Network
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT		both		865.21	389.34	Out-of-Network
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT		both		233.45	105.05	Out-of-Network
DRAINAGE ABSCESS PALATE UVULA	42000	CPT		both		1201.3	540.59	Out-of-Network
REPAIR LACERATION PALATE </2 CM	42180	CPT		both		2390.74	1075.83	Out-of-Network
REMOVAL OF SALIVARY STONE	42330	CPT		both		2296.18	1033.28	Out-of-Network
BIOPSY SALIVARY GLAND NEEDLE	42400	CPT		both		617.7	277.97	Out-of-Network
I&D ABSC PRITONSILLAR	42700	CPT		both		2031.42	914.14	Out-of-Network
Removal of foreign body from pharynx	42809	CPT		both		362.64	163.19	Out-of-Network
TONSILLECTOMY & ADENOIDECTOMY <AGE 12. This service is not offered by the hospital.	42820	CPT		both		997.53	448.89	Out-of-Network
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC. This service is not offered by the hospital.	43235	CPT		both		416.04	187.22	Out-of-Network
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE. This service is not offered by the hospital.	43239	CPT		both		468.39	210.78	Out-of-Network
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDN	43752	CPT		both		603.55	271.6	Out-of-Network
GASTRIC TUBE PLMT W/ASPIR & LAVAGE	43753	CPT		both		141.46	63.66	Out-of-Network
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT		both		433.4	195.03	Out-of-Network
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT		both		958.7	431.42	Out-of-Network
RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	44050	CPT		both		3255.15	1464.82	Out-of-Network
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD. This service is not offered by the hospital.	45378	CPT		both		625.5	281.48	Out-of-Network
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE. This service is not offered by the hospital.	45380	CPT		both		679.14	305.61	Out-of-Network
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ. This service is not offered by the hospital.	45385	CPT		both		863.16	388.42	Out-of-Network
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX. This service is not offered by the hospital.	45391	CPT		both		874.11	393.35	Out-of-Network
RMVL FECAL IMPACTION/FB SPX UNDER ANES	45915	CPT		both		3001.62	1350.73	Out-of-Network
I&D ISCHIORCT&/PRIRCT ABSC SPX	46040	CPT		both		1748.46	786.81	Out-of-Network

INCISION OF ANAL ABSCESS	46050	CPT		both		3209.62	1444.33	Out-of-Network
Incision of thrombosed hemorrhoid, external	46083	CPT		both		1206.59	542.97	Out-of-Network
ENCL/EXC XTRNL THROMBOTIC HEMORRHOID	46320	CPT		both		926.37	416.87	Out-of-Network
ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	46600	CPT		both		468.2	210.69	Out-of-Network
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT		both		1053.5	474.08	Out-of-Network
ANOSC RMVL FB	46608	CPT		both		220.56	99.25	Out-of-Network
Anoscopy; with control of bleeding	46614	CPT		both		642.4	289.08	Out-of-Network
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT		both		1028.7	462.92	Out-of-Network
LAPAROSCOPY SURG CHOLECYSTECTOMY. This service is not offered by the hospital.	47562	CPT		both		2271.6	1022.22	Out-of-Network
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT		both		812	365.4	Out-of-Network
Abdominal paracentesis (diagnostic or therapeutic); w/ imaging guidance	49083	CPT		both		1657.79	746.01	Out-of-Network
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT		both		1208.4	543.78	Out-of-Network
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT		both		981.2	441.54	Out-of-Network
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT		both		1104.05	496.82	Out-of-Network
IMAGE GUIDE FLID COLLXN DRAINAGE CATH PERI PERQ	49406	CPT		both		1104.05	496.82	Out-of-Network
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT		both		2376.1	1069.25	Out-of-Network
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT		both		765.4	344.43	Out-of-Network
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE. This service is not offered by the hospital.	49505	CPT		both		1801.44	810.65	Out-of-Network
RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	49585	CPT		both		5165.3	2324.39	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. implant of mesh/other prosthesis when performed, total length; less than 3 cm, reducible	49591	CPT		both		3356.3	1510.34	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl impl. of mesh/other prosthesis when performed, total length; less than 3 cm, incarcerated/strangulated	49592	CPT		both		4808.6	2163.87	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. impl. of mesh/other prosthesis when performed, total length; 3 cm to 10 cm, reducible	49593	CPT		both		5791.3	2606.09	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. impl. of mesh/other prosthesis when performed, total length; 3 cm to 10 cm, incarcerated or strangulated	49594	CPT		both		7539.9	3392.96	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. impl. of mesh/other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	49595	CPT		both		7783.9	3502.76	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. impl. of mesh/other prosthesis when performed, total length; greater than 10 cm, incarcerated or strangulated	49596	CPT		both		10335.6	4651.02	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/other prosthesis when performed, total length; less than 3 cm, reducible	49613	CPT		both		4259.6	1916.82	Out-of-Network

Repair of ant. abd hernia(s), any approach, recurrent, incl. impl. of mesh/other prosthesis when performed, total length; less than 3 cm, incarcerated or strangulated	49614	CPT	both			5777.8	2600.01	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/other prosthesis when performed, total length; 3 cm to 10 cm, reducible	49615	CPT	both			6462.3	2908.04	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/other prosthesis when performed, total length; 3 cm to 10 cm, incarcerated or strangulated	49616	CPT	both			8678.5	3905.33	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/other prosthesis when performed, total length; greater than 10 cm, reducible	49617	CPT	both			8939.4	4022.73	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/other prosthesis when performed, total length; greater than 10 cm, incarcerated or strangulated	49618	CPT	both			12524.7	5636.12	Out-of-Network
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT	both			1478.9	665.51	Out-of-Network
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT	both			622.1	279.95	Out-of-Network
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT	both			2384.9	1073.21	Out-of-Network
Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance, and all associated radiological supervision and interpretation	50693	CPT	both			33215.8	14947.11	Out-of-Network
Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance, and all associated radiological supervision and interpretation	50694	CPT	both			33215.8	14947.11	Out-of-Network
Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance and all associated radiological supervision and interpretation	50695	CPT	both			33215.8	14947.11	Out-of-Network
INJ RETROGRADE URETHROCSTOGRAPHY	51610	CPT	both			847.09	381.19	Out-of-Network
BLDR IRRIGATION SMPL LVG&/INSTLJ	51700	CPT	both			146.38	65.87	Out-of-Network
CATHETERIZATION, BLADDER	51701	CPT	both			350.04	157.52	Out-of-Network
INSJ TEMP NDWELLG BLDR CATH SMPL	51702	CPT	both			546.28	245.83	Out-of-Network
INSJ TEMP NDWELLG BLDR CATH COMP	51703	CPT	both			860.97	387.44	Out-of-Network
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT	both			601	270.45	Out-of-Network
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT	both			205.62	92.53	Out-of-Network
DRG OF SKENES GLAND ABSCESS OR CYST	53060	CPT	both			1919.4	863.73	Out-of-Network
SLITTING PREPUCE DORSAL/LAT SPX XCP NB	54001	CPT	both			906.8	408.06	Out-of-Network
Incision and drainage of penis, deep	54015	CPT	both			2313.14	1040.91	Out-of-Network
test	54112	CPT	both			3	1.35	Out-of-Network
REPAIR INCOMPLETE CIRCUMCISION	54163	CPT	both			2896.16	1303.27	Out-of-Network
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT	both			1768.7	795.92	Out-of-Network
NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	54235	CPT	both			966.69	435.01	Out-of-Network
Corpora cavernosa-glans penis fistulization for priapism	54435	CPT	both			4151	1867.95	Out-of-Network

REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	54437	CPT		both		8941.37	4023.62	Out-of-Network
FORESKN MNPJ W/LSS PREPUTIAL ADS&STRETCHING	54450	CPT		both		376.36	169.36	Out-of-Network
RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	54600	CPT		both		6001.74	2700.78	Out-of-Network
I&D EPIDIDYMIS TSTIS&SCROTAL SPACE	54700	CPT		both		2474.7	1113.62	Out-of-Network
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT		both		2278.55	1025.35	Out-of-Network
Scrotoplasty; simple	55175	CPT		both		4966.57	2234.96	Out-of-Network
PROSTATE NEEDLE BIOPSY ANY APPROACH. This service is not offered by the hospital.	55700	CPT		both		437.79	197.01	Out-of-Network
LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT. This service is not offered by the hospital.	55866	CPT		both		4868.55	2190.85	Out-of-Network
I&D VULVA/PRNL ABSC	56405	CPT		both		908.01	408.6	Out-of-Network
I&D OF BARTHOLINS GLAND ABSC	56420	CPT		both		1127.36	507.31	Out-of-Network
VULVECTOMY SIMPLE PARTIAL	56620	CPT		both		6067.7	2730.47	Out-of-Network
COLPORRHAPHY SUTURE INJURY VAGINA	57200	CPT		both		3925.76	1766.59	Out-of-Network
REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	57415	CPT		both		2078.4	935.28	Out-of-Network
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT		both		760.6	342.27	Out-of-Network
FETAL NON-STRESS TEST	59025	CPT		both		908.01	408.6	Out-of-Network
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM. This service is not offered by the hospital.	59400	CPT		both		8169.99	3676.5	Out-of-Network
VAG DLVR ONLY	59409	CPT		both		5389.9	2425.46	Out-of-Network
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT		both		1021.6	459.72	Out-of-Network
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM. This service is not offered by the hospital.	59510	CPT		both		9007.44	4053.35	Out-of-Network
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB. This service is not offered by the hospital.	59610	CPT		both		8528.37	3837.77	Out-of-Network
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT		both		904.9	407.21	Out-of-Network
ASPIRATION AND/OR INJECTION THYROID CYST	60300	CPT		both		573.5	258.08	Out-of-Network
Puncture of shunt tubing or reservoir for aspiration or injection procedure	61070	CPT		both		6589	2965.05	Out-of-Network
Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	61885	CPT		both		5392.6	2426.67	Out-of-Network
Percutaneous lysis of epidural adhesions using solution injection or mechanical means including radiologic localization, multiple adhesiolysis sessions; 2 or more days	62263	CPT		both		8684.5	3908.03	Out-of-Network
SPINAL TAP FLUID	62270	CPT	59	both		1278	575.1	Out-of-Network
Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	62272	CPT		both		583.3	262.49	Out-of-Network
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT		both		3500	1575	Out-of-Network
Injection procedure for myelography and/or computed tomography, lumbar	62284	CPT		both		3318.9	1493.51	Out-of-Network
DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	62287	CPT		both		6659.2	2996.64	Out-of-Network
INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	62290	CPT		both		1918.2	863.19	Out-of-Network
INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	62291	CPT		both		1854.5	834.53	Out-of-Network

Myelography via lumbar inj, including radiological supervision and interpretation; (eg, lumbar/thoracic	62305	CPT	both			3950.3	1777.64	Out-of-Network
Inj, of diagnostic or therapeutic substance(s), incl. needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; w/o imaging guidance	62320	CPT	both			957.5	430.88	Out-of-Network
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT	both			7500	3375	Out-of-Network
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT	both			4451.45	2003.15	Out-of-Network
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT	both			10000	4500	Out-of-Network
Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, without laminectomy	62350	CPT	both			63469.7	28561.37	Out-of-Network
Removal of previously implanted intrathecal or epidural catheter	62355	CPT	both			18396.3	8278.34	Out-of-Network
Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	62362	CPT	both			169923.8	76465.71	Out-of-Network
Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	62365	CPT	both			63469.7	28561.37	Out-of-Network
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; without reprogramming or refill	62367	CPT	both			2845.9	1280.66	Out-of-Network
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion	62368	CPT	both			2845.9	1280.66	Out-of-Network
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion with reprogramming and refill	62369	CPT	both			2845.9	1280.66	Out-of-Network
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming and refill	62370	CPT	both			2845.9	1280.66	Out-of-Network
Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	62380	CPT	both			68163.3	30673.49	Out-of-Network
LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	63030	CPT	both			11155.2	5019.84	Out-of-Network
LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	63035	CPT	both			2205.5	992.48	Out-of-Network
LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	63042	CPT	both			14892.1	6701.45	Out-of-Network
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	63045	CPT	both			14770.9	6646.91	Out-of-Network
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	63047	CPT	both			12647.2	5691.24	Out-of-Network
LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	63048	CPT	both			2438.3	1097.24	Out-of-Network
TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	63055	CPT	both			18745	8435.25	Out-of-Network
TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	63056	CPT	both			17113.5	7701.08	Out-of-Network
TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	63057	CPT	both			3682.8	1657.26	Out-of-Network
DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	63075	CPT	both			15533.7	6990.17	Out-of-Network
DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	63076	CPT	both			2844.5	1280.03	Out-of-Network
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT	both			4711.9	2120.36	Out-of-Network

Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	63655	CPT	both		208428.4	93792.78	Out-of-Network
RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	63661	CPT	both		3704.7	1667.12	Out-of-Network
REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	63663	CPT	both		5155.6	2320.02	Out-of-Network
INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	63685	CPT	both		4128.5	1857.83	Out-of-Network
REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	63688	CPT	both		4257.4	1915.83	Out-of-Network
DURAL GRAFT SPINAL	63710	CPT	both		12500.4	5625.18	Out-of-Network
NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	64400	CPT	both		4500	2025	Out-of-Network
NJX ANES FACIAL NRV	64402	CPT	both		1519.08	683.59	Out-of-Network
N BLOCK INJ OCCIPITAL	64405	CPT	both		2951.9	1328.36	Out-of-Network
INJECTION ANESTHETIC AGENT PHRENIC NERVE	64410	CPT	both		958.6	431.37	Out-of-Network
INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	64413	CPT	both		930.2	418.59	Out-of-Network
N BLOCK INJ BRACHIAL PLEXUS	64415	CPT	both		857.21	385.74	Out-of-Network
INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	64418	CPT	both		653.3	293.99	Out-of-Network
INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	64420	CPT	both		765.5	344.48	Out-of-Network
MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	64421	CPT	both		1053	473.85	Out-of-Network
INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	64425	CPT	both		1084.2	487.89	Out-of-Network
INJECTION ANESTHETIC AGENT PUDENDAL NERVE	64430	CPT	both		916.8	412.56	Out-of-Network
INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	64445	CPT	both		832.9	374.81	Out-of-Network
INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	64447	CPT	both		876.53	394.44	Out-of-Network
NERVE BLOCK ANES OTHER PRPH NRV/BRANCH	64450	CPT	both		3462.6	1558.17	Out-of-Network
Inj, anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, w/image guidance	64451	CPT	both		3462.6	1558.17	Out-of-Network
Inject(s), anes and steroid; genicular nerve branch, incld imag guid	64454	CPT	both		3462.6	1558.17	Out-of-Network
Inj, anesthetic agent a/o steroid, plantar common digital nerve(s)	64455	CPT	both		1196.93	538.62	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	64479	CPT	both		7600	3420	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	64480	CPT	both		3500	1575	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	64483	CPT	both		7600	3420	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	64484	CPT	both		3500	1575	Out-of-Network
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT	both		642.5	289.13	Out-of-Network
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT	both		10100	4545	Out-of-Network
NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	64491	CPT	both		5500	2475	Out-of-Network
NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	64492	CPT	both		3500	1575	Out-of-Network
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT	both		7600	3420	Out-of-Network
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT	both		3500	1575	Out-of-Network
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT	both		3500	1575	Out-of-Network
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT	both		1068.6	480.87	Out-of-Network
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT	both		849.6	382.32	Out-of-Network
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT	both		1436.3	646.34	Out-of-Network
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT	both		932.7	419.72	Out-of-Network
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT	both		1049	472.05	Out-of-Network
Percutaneous implantation of neurostimulator electrode array; cranial nerve	64553	CPT	both		4573.7	2058.17	Out-of-Network

PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	64555	CPT		both		3920.5	1764.23	Out-of-Network
Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	64561	CPT		both		3015.8	1357.11	Out-of-Network
Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	64569	CPT		both		7815.9	3517.16	Out-of-Network
Removal of cranial nerve neurostimulator electrode array and pulse generator	64570	CPT		both		7523	3385.35	Out-of-Network
INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	64575	CPT		both		3807	1713.15	Out-of-Network
Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	64581	CPT		both		6531	2938.95	Out-of-Network
Revision or removal of peripheral neurostimulator electrode array	64585	CPT		both		1441.3	648.59	Out-of-Network
INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	64590	CPT		both		1847	831.15	Out-of-Network
Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	64595	CPT		both		2293.5	1032.08	Out-of-Network
Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	64596	CPT		both		129789.5	58405.28	Out-of-Network
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT		both		2642.5	1189.13	Out-of-Network
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT		both		4007.1	1803.2	Out-of-Network
CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT		both		1414	636.3	Out-of-Network
CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	64616	CPT		both		1256.3	565.34	Out-of-Network
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT		both		1993.9	897.26	Out-of-Network
Destr by neuro agent, geni nerve branc incl image guid, when perf	64624	CPT		both		9763.85	4393.73	Out-of-Network
DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT		both		6000	2700	Out-of-Network
DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT		both		3000	1350	Out-of-Network
DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT		both		6000	2700	Out-of-Network
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT		both		3000	1350	Out-of-Network
DSTRJ NULYT OTH PRPH NRV/BRANCH	64640	CPT		both		8902.9	4006.31	Out-of-Network
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT		both		1237	556.65	Out-of-Network
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT		both		825.4	371.43	Out-of-Network
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT		both		1858	836.1	Out-of-Network
NEUROPLASTY NERVE HAND/FOOT	64704	CPT		both		3677.5	1654.88	Out-of-Network
NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	64708	CPT		both		5729.5	2578.28	Out-of-Network
NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	64712	CPT		both		6668.4	3000.78	Out-of-Network
EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	64784	CPT		both		8312.8	3740.76	Out-of-Network
NERVE GRAFT 1 STRAND ARM/LEG <4 CM	64892	CPT		both		12073.5	5433.08	Out-of-Network
Unlisted procedure, nervous system	64999	CPT		both		2822	1269.9	Out-of-Network
Removal of foreign body, external eye; conjunctival superfic...	65205	CPT		both		371.25	167.06	Out-of-Network
RMVL FB XTRNL EYE EMBEDDED SCJNCL/SCLL NONPRF8	65210	CPT		both		344.55	155.05	Out-of-Network
RMVL FB XTRNL EYE CRNL W/O SLIT LAMP	65220	CPT		both		574.57	258.56	Out-of-Network

RMVL FB XTRNL EYE CRNL W/SLIT LAMP	65222	CPT		both		678.87	305.49	Out-of-Network
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT		both		754.8	339.66	Out-of-Network
POST-CATARACT LASER SURGERY	66821	CPT		both		3508.6	1578.87	Out-of-Network
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT		both		6104.5	2747.03	Out-of-Network
BLEPHAROTOMY DRG ABSCE EYELID	67700	CPT		both		1172.13	527.46	Out-of-Network
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT		both		1564.81	704.16	Out-of-Network
Drainage external ear, abscess or hematoma; simple	69000	CPT		both		916.47	412.41	Out-of-Network
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMLPX	69005	CPT		both		2158.29	971.23	Out-of-Network
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT		both		1833.45	825.05	Out-of-Network
REMOVAL OF FOREIGN BODY OF EAR XTRNL AUD CANAL W/O ANES	69200	CPT		both		576.33	259.35	Out-of-Network
RMVL FB XTRNL AUD CANAL ANES	69205	CPT		both		618.77	278.45	Out-of-Network
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT		both		170.87	76.89	Out-of-Network
RMVL IMPACTED CERUMEN SPX 1/BTH EARS	69210	CPT		both		297.01	133.65	Out-of-Network
DBRDMT MSTDC CAVITY SMPL	69220	CPT		both		627.15	282.22	Out-of-Network
RADEX EYE DETCJ FB	70030	CPT		both		885	398.25	Out-of-Network
RADEX MNDBL PRTL LESS THAN < 4 VIEWS	70100	CPT		both		885	398.25	Out-of-Network
RADEX MNDBL COMPL MINIMUM 4 VIEWS	70110	CPT		both		1618	728.1	Out-of-Network
Radiologic examination, mastoids; less than 3 views per side	70120	CPT		both		1063.4	478.53	Out-of-Network
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT		both		531.7	239.27	Out-of-Network
RADEX FACIAL B1S < 3 VIEWS	70140	CPT		both		1088	489.6	Out-of-Network
RADEX FACIAL B1S COMPL MINIMUM 3 VIEWS	70150	CPT		both		1324	595.8	Out-of-Network
RADEX NSL B1S COMPL MINIMUM 3 VIEWS	70160	CPT		both		1080	486	Out-of-Network
RADEX OPTIC FORAMINA	70190	CPT		both		442.5	199.13	Out-of-Network
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT		both		1035	465.75	Out-of-Network
Radiologic examination, sinuses, paranasal, less than 3 views	70210	CPT		both		913	410.85	Out-of-Network
RADEX SINUSES PARANSL COMPL MINIMUM 3 VIEWS	70220	CPT		both		1419	638.55	Out-of-Network
RADEX SKL < 4 VIEWS	70250	CPT		both		1091	490.95	Out-of-Network
RADEX SKL COMPL MINIMUM 4 VIEWS	70260	CPT		both		1445	650.25	Out-of-Network
RADEX TMPRMAND JT OPN&CLSD MOUTH UNI	70328	CPT		both		1011	454.95	Out-of-Network
RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	70330	CPT		both		1178	530.1	Out-of-Network
MRI TEMPOROMANDIBULAR JOINT	70336	CPT		both		3761.64	1692.74	Out-of-Network
CEPHALOGRAM ORTHODONTIC	70350	CPT		both		1184	532.8	Out-of-Network
RADEX OF NECK SOFT TISSUE	70360	CPT		both		1573	707.85	Out-of-Network
CT HEAD/BRN C-MATRL	70450	CPT		both		9416	4237.2	Out-of-Network
CT HEAD/BRN C+ MATRL	70460	CPT		both		9131	4108.95	Out-of-Network
CT HEAD/BRN C-/C+	70470	CPT		both		7827	3522.15	Out-of-Network
CTA Head and Neck with IV Contrast	70471	CPT		both		3767.6	1695.42	Out-of-Network
CT Cerebr perf anal w/contrst incl image w/CT or CTA	70472	CPT		both		1563.2	703.44	Out-of-Network
CT Cerbr perf anal wo/contrs, w/imge w/o CT or CTA	70473	CPT		both		2411.5	1085.18	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	70480	CPT		both		5381	2421.45	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C+ MATRL	70481	CPT		both		10955	4929.75	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C-/C+	70482	CPT		both		8992	4046.4	Out-of-Network
CT SCAN MAXLFCL AREA C-MATRL - SINUS AREA	70486	CPT		both		8855	3984.75	Out-of-Network
CT MAXLFCL AREA C+ MATRL	70487	CPT		both		7533	3389.85	Out-of-Network

CT MAXLFCL AREA C-/C+	70488	CPT		both		4475	2013.75	Out-of-Network
CT SOFT TISS NCK C-MATRL	70490	CPT		both		4641	2088.45	Out-of-Network
CT SOFT TISS NCK C+ MATRL	70491	CPT		both		10764	4843.8	Out-of-Network
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT		both		5435	2445.75	Out-of-Network
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT		both		5711	2569.95	Out-of-Network
Computed tomographic angiography, neck, with contrast materi...								
	70498	CPT		both		8278	3725.1	Out-of-Network
MRI ORBIT FACE &/NECK WITH OUT CONTRAST	70540	CPT		both		3205.44	1442.45	Out-of-Network
Magnetic resonance imaging, orbit, face, and/or neck; w/contrast material(s)								
	70542	CPT		both		2629.8	1183.41	Out-of-Network
MRI ORBIT FACE & NECK WITH OUT & WITH CONTRAST MATRL	70543	CPT		both		4809.48	2164.27	Out-of-Network
MRA HEAD C-MATRL	70544	CPT		both		3041.88	1368.85	Out-of-Network
MRA HEAD W/CONTRAST MATERIAL	70545	CPT		both		3214.56	1446.55	Out-of-Network
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT		both		4656.6	2095.47	Out-of-Network
MRA NCK C-MATRL	70547	CPT		both		3046.32	1370.84	Out-of-Network
Magnetic resonance angiography, neck; with contrast material(s)								
	70548	CPT		both		2490.1	1120.55	Out-of-Network
MRA NECK W/O & W/CONTRAST MATERIAL	70549	CPT		both		4884.48	2198.02	Out-of-Network
MRI BRN BRN STEM C-MATRL	70551	CPT		both		5537.28	2491.78	Out-of-Network
MRI BRAIN BRAIN STEM WITH CONTRAST MATERIAL	70552	CPT		both		7665.36	3449.41	Out-of-Network
MRI BRN BRN STEM C-/C+	70553	CPT		both		9025.2	4061.34	Out-of-Network
RADEX CH 2 VIEWS FRNT&LAT OBLQ PRJCJ	71022	CPT		both		2011	904.95	Out-of-Network
RADEX CH COMPL MINIMUM 4 VIEWS	71030	CPT		both		2416	1087.2	Out-of-Network
RADEX CHEST 1 VIEW	71045	CPT		both		780	351	Out-of-Network
RADEX CHEST 2 VIEWS	71046	CPT		both		1198	539.1	Out-of-Network
RADEX CHEST 3 VIEWS	71047	CPT		both		958	431.1	Out-of-Network
RADEX CHEST 4+ VIEWS	71048	CPT		both		823	370.35	Out-of-Network
RADEX RIBS UNI 2 VIEWS	71100	CPT		both		1215	546.75	Out-of-Network
RADEX RIBS UNI W/POSTEROANT; Min of 3 views	71101	CPT		both		1486	668.7	Out-of-Network
RADEX RIBS BI 3 VIEWS	71110	CPT		both		1176	529.2	Out-of-Network
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT		both		1767	795.15	Out-of-Network
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT		both		1176	529.2	Out-of-Network
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT		both		3695	1662.75	Out-of-Network
CT THORAX W/O CONTRAST MATERIAL	71250	CPT		both		9753	4388.85	Out-of-Network
CT THORAX C+ MATRL	71260	CPT		both		7988	3594.6	Out-of-Network
CT THORAX C-/C+	71270	CPT		both		8326	3746.7	Out-of-Network
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT		both		1935	870.75	Out-of-Network
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT		both		7877	3544.65	Out-of-Network
MRI CH C-MATRL	71550	CPT		both		9619.92	4328.96	Out-of-Network
MRI CHEST WITH CONTRAST MATERIAL	71551	CPT		both		10635.12	4785.8	Out-of-Network
MRI CHEST WITH OUT & WITH CONTRAST MATERIAL	71552	CPT		both		13430.4	6043.68	Out-of-Network
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT		both		9453.12	4253.9	Out-of-Network
RADEX SPI 1 VIEW SPEC LVL	72020	CPT		both		906	407.7	Out-of-Network
RADEX SPI CRV 2/3 VIEWS	72040	CPT		both		1184	532.8	Out-of-Network
RADEX SPI CRV MINIMUM 4 VIEWS	72050	CPT		both		2260	1017	Out-of-Network

RADEX SPI CRV COMPL W/OBLQ&FLEXION&XTN STDS	72052	CPT		both		1937	871.65	Out-of-Network
RADEX SPI THORACOLMBR STANDING SCOLIOSIS	72069	CPT		both		565.73	254.58	Out-of-Network
RADEX SPI THRC 2 VIEWS	72070	CPT		both		1250	562.5	Out-of-Network
RADEX SPI THRC 3 VIEWS	72072	CPT		both		1278	575.1	Out-of-Network
RADEX SPI THRC MINIMUM 4 VIEWS	72074	CPT		both		1233	554.85	Out-of-Network
X RAY EXAM TRUNK SPINE 2VWS	72080	CPT		both		639	287.55	Out-of-Network
RADEX SPI LUMBOSAC 2/3 VIEWS	72100	CPT		both		1345	605.25	Out-of-Network
LUMBAR X-RAY 4 VIEWS RADEX SPI LUMBOSAC MINIMUM 4 VIEWS	72110	CPT		both		2287	1029.15	Out-of-Network
RADEX SPI LUMBOSAC COMPL W/BENDING VIEWS	72114	CPT		both		1345	605.25	Out-of-Network
RADEX SPI LUMBOSAC BENDING MINIMUM 4 VIEWS	72120	CPT		both		1278	575.1	Out-of-Network
CT CRV SPI C-MATRL	72125	CPT		both		7072	3182.4	Out-of-Network
CT CRV SPI C+ MATRL	72126	CPT		both		5478	2465.1	Out-of-Network
CT CRV SPI C-/C+	72127	CPT		both		13841	6228.45	Out-of-Network
CT THRC SPI C-MATRL	72128	CPT		both		10286	4628.7	Out-of-Network
CT THRC SPI C+ MATRL	72129	CPT		both		10955	4929.75	Out-of-Network
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT		both		4037	1816.65	Out-of-Network
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT		both		8423	3790.35	Out-of-Network
CT LMBR SPI C+ MATRL	72132	CPT		both		10488	4719.6	Out-of-Network
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT		both		9936	4471.2	Out-of-Network
MRI SPI CANAL&CNTS CRV C-MATRL	72141	CPT		both		5383.68	2422.66	Out-of-Network
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT		both		7798.32	3509.24	Out-of-Network
MRI SPI CANAL&CNTS THRC C-MATRL	72146	CPT		both		5383.68	2422.66	Out-of-Network
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT		both		7735.2	3480.84	Out-of-Network
MRI SPI CANAL&CNTS LMBR C-MATRL	72148	CPT		both		5401.68	2430.76	Out-of-Network
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT		both		7662.96	3448.33	Out-of-Network
MRI SPI CANAL&CNTS C-/C+ CRV	72156	CPT		both		9070.32	4081.64	Out-of-Network
MRI SPI CANAL&CNTS C-/C+	72157	CPT		both		9088.32	4089.74	Out-of-Network
MRI SPI CANAL&CNTS C-/C+ LMBR	72158	CPT		both		9052.32	4073.54	Out-of-Network
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT		both		9804.96	4412.23	Out-of-Network
RADEX PELVIS 1/2 VIEWS	72170	CPT		both		1093	491.85	Out-of-Network
RADEX PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT		both		1001	450.45	Out-of-Network
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT		both		6961	3132.45	Out-of-Network
CT PELVIS C-MATRL	72192	CPT		both		12811	5764.95	Out-of-Network
CT PELVIS C+ MATRL	72193	CPT		both		8452	3803.4	Out-of-Network
CT PELVIS C-/C+	72194	CPT		both		11639	5237.55	Out-of-Network
MRI PELVIS C-MATRL	72195	CPT		both		6493.92	2922.26	Out-of-Network
MRI PELVIS W/CONTRAST MATERIAL	72196	CPT		both		7626.48	3431.92	Out-of-Network
MRI PELVIS WITH OUT & WITH CONTRAST MATERIAL	72197	CPT		both		9574.08	4308.34	Out-of-Network
MRA PELVIS W/WO CONTRAST MATERIAL	72198	CPT		both		9570	4306.5	Out-of-Network
RADEX SACROILIAC JNTS <3 VIEWS	72200	CPT		both		2890	1300.5	Out-of-Network
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT		both		534.6	240.57	Out-of-Network
RADEX SACRUM&COCCYX MINIMUM 2 VIEWS	72220	CPT		both		818	368.1	Out-of-Network
MYELOGRAPHY THRC RS&I	72255	CPT		both		6052	2723.4	Out-of-Network
MYELOGRAPHY LUMBOSAC RS&I	72265	CPT		both		6724	3025.8	Out-of-Network

DISKOGRAPY CERVICAL/THORACIC RS&I	72285	CPT		both		1324.4	595.98	Out-of-Network
DISKOGRAPY LUMBAR RS&I	72295	CPT		both		1156	520.2	Out-of-Network
RADEX CLAV COMPL	73000	CPT		both		1287	579.15	Out-of-Network
RADEX SCAPULA COMPL	73010	CPT		both		929	418.05	Out-of-Network
RADEX SHO 1 VIEW	73020	CPT		both		666	299.7	Out-of-Network
RADEX SHO COMPL MINIMUM 2 VIEWS	73030	CPT		both		1125	506.25	Out-of-Network
RADEX ACROMCLAV JTS BI +-W8ED DISTRCJ	73050	CPT		both		856	385.2	Out-of-Network
RADEX HUM MINIMUM 2 VIEWS	73060	CPT		both		1059	476.55	Out-of-Network
RADEX ELBW 2 VIEWS	73070	CPT		both		1080	486	Out-of-Network
RADEX ELBW COMPL MINIMUM 3 VIEWS	73080	CPT		both		778	350.1	Out-of-Network
RADEX F/ARM 2 VIEWS	73090	CPT		both		807	363.15	Out-of-Network
RADEX UXTR INFT MINIMUM 2 VIEWS	73092	CPT		both		581	261.45	Out-of-Network
RADEX WRST 2 VIEWS	73100	CPT		both		871	391.95	Out-of-Network
RADEX WRST COMPL MINIMUM 3 VIEWS	73110	CPT		both		1057	475.65	Out-of-Network
RADEX HAND 2 VIEWS	73120	CPT		both		927	417.15	Out-of-Network
RADEX HAND MINIMUM 3 VIEWS	73130	CPT		both		958	431.1	Out-of-Network
RADEX Fingers MINIMUM 2 VIEWS	73140	CPT		both		821	369.45	Out-of-Network
CT UXTR C-MATRL	73200	CPT		both		6742	3033.9	Out-of-Network
CT UPPER EXT W/DYE	73201	CPT		both		4054	1824.3	Out-of-Network
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT		both		3695	1662.75	Out-of-Network
MRI UPPER EXTREMITY OTH THAN JT WITH OUT CONTR MATRL	73218	CPT		both		8643.12	3889.4	Out-of-Network
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT		both		9440.4	4248.18	Out-of-Network
MRI UXTR OTH/THN JT C-/C+	73220	CPT		both		11668.08	5250.64	Out-of-Network
MRI ANY JT UXTR C-MATRL	73221	CPT		both		5724.72	2576.12	Out-of-Network
MRI ANY JT UPPER EXTREMITY WITH CONTRAST MATRL	73222	CPT		both		8896.32	4003.34	Out-of-Network
MRI ANY JT UPPER EXTREMITY WITH OUT & WITH CONTR MATRL	73223	CPT		both		11018.16	4958.17	Out-of-Network
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT		both		9714.24	4371.41	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT		both		1072	482.4	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT		both		1050	472.5	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT		both		1312	590.4	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT		both		804	361.8	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT		both		1985	893.25	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT		both		850	382.5	Out-of-Network
Radiologic examination, hip, arthrography, radiological supervision and interpretation	73525	CPT		both		1331.8	599.31	Out-of-Network
Radiologic examination, pelvis and hips, infant or child, mi...	73540	CPT		both		695	312.75	Out-of-Network
X-RAY EXAM OF FEMUR 1V	73551	CPT		both		1130	508.5	Out-of-Network
RADEX, Femur; 2V	73552	CPT		both		2189	985.05	Out-of-Network
RADEX KNE 1/2 VIEWS	73560	CPT		both		901	405.45	Out-of-Network
RADEX KNE 3 VIEWS	73562	CPT		both		1200	540	Out-of-Network
RADEX KNE COMPL 4/MORE VIEWS	73564	CPT		both		907	408.15	Out-of-Network
RADEX TIBFIB 2 VIEWS	73590	CPT		both		1096	493.2	Out-of-Network
RADEX LXTR INFT MINIMUM 2 VIEWS	73592	CPT		both		688	309.6	Out-of-Network
RADEX ANKLE 2 VIEWS	73600	CPT		both		1080	486	Out-of-Network
RADEX ANKLE COMPL MINIMUM 3 VIEWS	73610	CPT		both		1117	502.65	Out-of-Network

RADEX FOOT 2 VIEWS	73620	CPT		both		881	396.45	Out-of-Network
RADEX FOOT COMPL MINIMUM 3 VIEWS	73630	CPT		both		1238	557.1	Out-of-Network
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT		both		925	416.25	Out-of-Network
RADEX TOE MINIMUM 2 VIEWS	73660	CPT		both		673	302.85	Out-of-Network
CT LXTR C-MATRL	73700	CPT		both		7043	3169.35	Out-of-Network
CT LXTR C+ MATRL	73701	CPT		both		11639	5237.55	Out-of-Network
CT LOWER EXTREMITY C-/C+	73702	CPT		both		6766	3044.7	Out-of-Network
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT		both		8003	3601.35	Out-of-Network
MRI LOWER EXTREM OTH/THN JT WITH OUT CONTR MATRL	73718	CPT		both		6339	2852.55	Out-of-Network
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT		both		7443	3349.35	Out-of-Network
MRI LOWER EXTREM OTH/THN JT WITH OUT & WITH CONTR MATR	73720	CPT		both		13337	6001.65	Out-of-Network
MRI ANY JT LXTR C-MATRL	73721	CPT		both		5716	2572.2	Out-of-Network
MRI ANY JT LXTR C+ MATRL	73722	CPT		both		8905.2	4007.34	Out-of-Network
MRI ANY JT LXTR C-/C+	73723	CPT		both		10981.92	4941.86	Out-of-Network
MRA LXTR C+-MATRL	73725	CPT		both		9498	4274.1	Out-of-Network
RADEX ABD 1 VIEW	74018	CPT		both		1072	482.4	Out-of-Network
RADEX ABD 2 VIEWS	74019	CPT		both		1310	589.5	Out-of-Network
RADEX ABD 3+ VIEWS	74021	CPT		both		958	431.1	Out-of-Network
RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	74022	CPT		both		1314	591.3	Out-of-Network
CT ABD C-MATRL	74150	CPT		both		10038	4517.1	Out-of-Network
CT ABD C+ MATRL	74160	CPT		both		11802	5310.9	Out-of-Network
CT ABD C-/C+	74170	CPT		both		8691	3910.95	Out-of-Network
CT ANGIO ABD&PELV W/ O&W / DYE	74174	CPT		both		5126	2306.7	Out-of-Network
CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	74175	CPT		both		7452	3353.4	Out-of-Network
Ct Abd & pelvis W/o Contrast	74176	CPT		both		8071	3631.95	Out-of-Network
Ct Abdomen&pelvis W/contrast	74177	CPT		both		11837	5326.65	Out-of-Network
CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	74178	CPT		both		13925	6266.25	Out-of-Network
MRI ABD C-MATRL	74181	CPT		both		5555.04	2499.77	Out-of-Network
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT		both		8604	3871.8	Out-of-Network
MRI ABD C-/C+	74183	CPT		both		9610.08	4324.54	Out-of-Network
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT		both		9552	4298.4	Out-of-Network
ESOPHOGRAM/ CONTRAST X-RAY ESOPHAGUS	74220	CPT		both		2016	907.2	Out-of-Network
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT		both		1693.68	762.16	Out-of-Network
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT		both		1919.64	863.84	Out-of-Network
RADEX GI UPR C+ +-GLUC +-DLYD FLMS W/KUB	74247	CPT		both		2327	1047.15	Out-of-Network
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT		both		1138.2	512.19	Out-of-Network
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT		both		1684.68	758.11	Out-of-Network
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT		both		5907.6	2658.42	Out-of-Network
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT		both		9292.2	4181.49	Out-of-Network
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT		both		2114.16	951.37	Out-of-Network
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT		both		3047.16	1371.22	Out-of-Network
THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCTJ	74283	CPT		both		2815.9	1267.16	Out-of-Network
Urography (pyelography), intravenous, with or without KUB, w...	74400	CPT		both		2795	1257.75	Out-of-Network

CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT		both		1164.1	523.85	Out-of-Network
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT		both		1485.3	668.39	Out-of-Network
CT ANGIO ABDOMINAL ARTERIES	75635	CPT		both		5269	2371.05	Out-of-Network
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT		both		1883.3	847.49	Out-of-Network
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT		both		2008.1	903.65	Out-of-Network
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT		both		1626.6	731.97	Out-of-Network
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT		both		1745.2	785.34	Out-of-Network
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT		both		1850.2	832.59	Out-of-Network
ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	75746	CPT		both		1658.8	746.46	Out-of-Network
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT		both		928.3	417.74	Out-of-Network
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT		both		955.1	429.8	Out-of-Network
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT		both		1255.2	564.84	Out-of-Network
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT		both		1466.6	659.97	Out-of-Network
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT		both		1465.7	659.57	Out-of-Network
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT		both		1521.2	684.54	Out-of-Network
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT		both		1530.4	688.68	Out-of-Network
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT		both		1811.4	815.13	Out-of-Network
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT		both		529.7	238.37	Out-of-Network
RADEX FROM NOSE RECTUM FB 1 VIEW CHLD	76010	CPT		both		603	271.35	Out-of-Network
3D RNDR I&R CT MRI US/OTH WITHOUT REQ POSTPCX	76376	CPT		both		249.1	112.1	Out-of-Network
3D RNDR I&R CT MRI US/OTH WITH REQ POSTPCX	76377	CPT		both		769.8	346.41	Out-of-Network
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT		both		1636.7	736.52	Out-of-Network
MAGNETIC RESONANCE ELASTOGRAPHY	76391	CPT		both		5730.96	2578.93	Out-of-Network
Whole Body (MRI)	76498	CPT		both		9000	4050	Out-of-Network
OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN	76512	CPT		both		1857	835.65	Out-of-Network
OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM	76513	CPT		both		1130.8	508.86	Out-of-Network
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT		both		97.6	43.92	Out-of-Network
US SOFT TISS HEAD&NCK R-T IMG	76536	CPT		both		2300	1035	Out-of-Network
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT		both		2175	978.75	Out-of-Network
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT		both		2115	951.75	Out-of-Network
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT		both		1812	815.4	Out-of-Network
US ABDOMINAL R-T W/IMAGE DOCUMENTATION	76700	CPT		both		3331	1498.95	Out-of-Network
ULTRASOUND ABDOMINAL R-T W/IMAGE LIMITED	76705	CPT		both		2961	1332.45	Out-of-Network
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT		both		1488	669.6	Out-of-Network
US RETROPERITONEAL R-T W/IMAGE COMPL	76770	CPT		both		2401	1080.45	Out-of-Network
US RPR B-SCAN&/R-T IMG LMTD	76775	CPT		both		2161	972.45	Out-of-Network
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT		both		2019.12	908.6	Out-of-Network
Ultrasound, spinal canal and contents	76800	CPT		both		1060	477	Out-of-Network
ULTRASOUND 14 WK TABDL 1/1ST GESTATION	76801	CPT		both		1673	752.85	Out-of-Network
US PREG UTERUS 14 WK TRANSABDL EACH ADDL GESTATION	76802	CPT		both		1336	601.2	Out-of-Network
ULTRASOUND AFTER 1ST TRI 1/1ST GESTATION	76805	CPT		both		1906	857.7	Out-of-Network
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT		both		1923	865.35	Out-of-Network
US OB DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION	76811	CPT		both		2417.2	1087.74	Out-of-Network
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT		both		2604.6	1172.07	Out-of-Network
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT		both		2494	1122.3	Out-of-Network

Ultrasound, pregnant uterus, real time with image documentat...	76814	CPT	both	718	323.1	Out-of-Network
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT	both	2166	974.7	Out-of-Network
US, preg uterus, real time w/ image doc, follow-up, transabd approach, per fetus	76816	CPT	both	1367	615.15	Out-of-Network
US PG UTER R-T IMG TRVG	76817	CPT	both	1735	780.75	Out-of-Network
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE; Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	76827	CPT	both	1063.34	478.5	Out-of-Network
US TRVG	76830	CPT	both	2082	936.9	Out-of-Network
US PELVIC NONOB REAL-TIME IMG COMPLETE	76856	CPT	both	2418	1088.1	Out-of-Network
US PEL NONOB B-SCAN&/R-T IMG LMTD/F-UP+C97	76857	CPT	both	2018	908.1	Out-of-Network
US SCROTUM&CNTS	76870	CPT	both	2197	988.65	Out-of-Network
US EXTREMITY NON-VASC REAL-TIME IMG COMPL	76881	CPT	both	1554	699.3	Out-of-Network
US EXTREMITY NON-VASC REAL-TIME IMG LMTD	76882	CPT	both	628	282.6	Out-of-Network
Ultrasound, infant hips, real time with imaging documentation; dynamic	76885	CPT	both	1354.8	609.66	Out-of-Network
Ultrasound, infant hips, real time with imaging documentation; limited, static	76886	CPT	both	880.5	396.23	Out-of-Network
US GUIDE VASCULAR ACCESS	76937	CPT	both	1965	884.25	Out-of-Network
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT	both	2374.4	1068.48	Out-of-Network
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT	both	1417.68	637.96	Out-of-Network
Unlisted US Procedure	76999	CPT	both	1925	866.25	Out-of-Network
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT	both	1016.1	457.25	Out-of-Network
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT	both	1140.1	513.05	Out-of-Network
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT	both	1104.1	496.85	Out-of-Network
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT	both	1703.1	766.4	Out-of-Network
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT	both	11629.68	5233.36	Out-of-Network
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT	both	6005.28	2702.38	Out-of-Network
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT	both	6223.92	2800.76	Out-of-Network
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT	both	9546.24	4295.81	Out-of-Network
MRI BREAST WITH OUT & WITH CONTRAST WITH CAD BILATERAL	77049	CPT	both	9747.36	4386.31	Out-of-Network
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT	both	1434.96	645.73	Out-of-Network
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	77065	CPT	both	1702.68	766.21	Out-of-Network
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	77066	CPT	both	2145.72	965.57	Out-of-Network
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT	both	3486.48	1568.92	Out-of-Network
BONE AGE STUDIES	77072	CPT	both	353.88	159.25	Out-of-Network
BONE LENGTH STUDIES	77073	CPT	both	612	275.4	Out-of-Network
Radiologic examination, osseous survey; limited (eg, for metastases)	77074	CPT	both	907	408.15	Out-of-Network
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	77075	CPT	both	1359.48	611.77	Out-of-Network
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT	both	3786	1703.7	Out-of-Network
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT	both	3751	1687.95	Out-of-Network
CT BONE MINERAL DENSITY STUDY 1+ SITS APPND	77079	CPT	both	1177	529.65	Out-of-Network
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT	both	516.36	232.36	Out-of-Network

DXA BONE DENSITY STUDY AXIAL SKELETON	77085	CPT		both		701.76	315.79	Out-of-Network
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT		both		2191.92	986.36	Out-of-Network
THYROID UPTAKE W/BLOOD FLOW SINGLE/MULTI QUAN MEAS	78014	CPT		both		6022.8	2710.26	Out-of-Network
PARATHYROID PLANAR IMAGING	78070	CPT		both		7408.32	3333.74	Out-of-Network
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT		both		8848.56	3981.85	Out-of-Network
ADRNL IMG CORTEX&/MEDULLA	78075	CPT		both		5480.5	2466.23	Out-of-Network
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT		both		4993.44	2247.05	Out-of-Network
HIDA SCAN - HEPATBL DUX SYS IMG GLBLDR	78223	CPT		both		3800.99	1710.45	Out-of-Network
HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT		both		8202.24	3691.01	Out-of-Network
HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT		both		11023.44	4960.55	Out-of-Network
INTESTINE IMAGING	78290	CPT		both		8328.24	3747.71	Out-of-Network
B1&/JT IMG WHBDY	78306	CPT		both		3731.4	1679.13	Out-of-Network
B1&/JT IMG 3 PHASE STD	78315	CPT		both		4368.36	1965.76	Out-of-Network
B1&/JT IMG TOMOG SPECT	78320	CPT		both		1398.77	629.45	Out-of-Network
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT		both		5930.52	2668.73	Out-of-Network
CARD BPI GTD =BRM PLNR 1 STD REST/STRS	78472	CPT		both		2883.12	1297.4	Out-of-Network
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT		both		2959.8	1331.91	Out-of-Network
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78708	CPT		both		5919.6	2663.82	Out-of-Network
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT		both		3189	1435.05	Out-of-Network
RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	78803	CPT		both		4806.36	2162.86	Out-of-Network
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT		both		8148.72	3666.92	Out-of-Network
NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	78808	CPT		both		1591.11	716	Out-of-Network
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT	QW	both		386.3	173.84	Out-of-Network
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT	QW	both		408.39	183.78	Out-of-Network
GENERAL HLTH PANEL	80050	CPT		both		414.02	186.31	Out-of-Network
ELECTROLYTE PANEL	80051	CPT	QW	both		421.28	189.58	Out-of-Network
COMPRE METAB PANEL	80053	CPT	QW	both		823.85	370.73	Out-of-Network
OBSTETRIC PANEL	80055	CPT		both		478.1	215.15	Out-of-Network
LIPID PANEL	80061	CPT	QW	both		419.89	188.95	Out-of-Network
RENAL FUNCTION PANEL	80069	CPT	QW	both		123.28	55.48	Out-of-Network
AQT HEP PANEL	80074	CPT		both		834.44	375.5	Out-of-Network
HEPATC FUNCJ PANEL	80076	CPT		both		430.05	193.52	Out-of-Network
OBSTETRIC PANEL (includes HIV testing)	80081	CPT		both		1062.83	478.27	Out-of-Network
DRUG SCR QUAL MLT DRUG CLASSES CHROM EA PX	80100	CPT		both		348.27	156.72	Out-of-Network
DRUG ASSAY ACETAMINOPHEN	80143	CPT		both		186.4	83.88	Out-of-Network
Carbamazepine; total	80156	CPT		both		239.57	107.81	Out-of-Network
ASSAY OF DIGOXIN	80162	CPT		both		133.33	60	Out-of-Network
Valproic acid (dipropylacetic acid); total	80164	CPT		both		222.9	100.31	Out-of-Network
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT		both		192.28	86.53	Out-of-Network
Ethosuximide(Zarontin)	80168	CPT		both		163.4	73.53	Out-of-Network
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT		both		232.53	104.64	Out-of-Network
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT		both		103.85	46.73	Out-of-Network
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT		both		104.54	47.04	Out-of-Network
LITHIUM	80178	CPT	QW	both		89.46	40.26	Out-of-Network
DRUG ASSAY SALICYLATE	80179	CPT		both		186.4	83.88	Out-of-Network

DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT		both		188.14	84.66	Out-of-Network
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT		both		175.95	79.18	Out-of-Network
ASSAY OF PHENYTOIN TOTAL	80185	CPT		both		218.07	98.13	Out-of-Network
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT		both		137.6	61.92	Out-of-Network
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT		both		137.3	61.79	Out-of-Network
TACROLIMUS	80197	CPT		both		530.37	238.67	Out-of-Network
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT		both		200.79	90.36	Out-of-Network
Topiramate	80201	CPT		both		196.1	88.25	Out-of-Network
DRUG SCREEN QUANT VANCOMYCIN	80202	CPT		both		346.52	155.93	Out-of-Network
Zonisamide	80203	CPT		both		132.5	59.63	Out-of-Network
Hydroxychloroquine	80220	CPT		both		186.4	83.88	Out-of-Network
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT		both		186.4	83.88	Out-of-Network
DRUG TEST PRSMV QUAL DIR OPTICAL OBS PER DAY	80305	CPT	QW	both		345.32	155.39	Out-of-Network
DRUG TEST PRSMV INSTRMNT CHEMISTRY ANALYZERS 14	80307	CPT		both		701.52	315.68	Out-of-Network
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT		both		339.73	152.88	Out-of-Network
Alkaloids, not otherwise specified	80323	CPT		both		339.73	152.88	Out-of-Network
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT		both		400	180	Out-of-Network
Analgesics, non-opioid; 1 or 2	80329	CPT		both		398.51	179.33	Out-of-Network
DRUG SCREEN ANALGESICS NON-OPIOID 3-5	80330	CPT		both		398.51	179.33	Out-of-Network
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT		both		169.87	76.44	Out-of-Network
Antiepileptics, not otherwise specified; 1-3	80339	CPT		both		339.73	152.88	Out-of-Network
DRUG SCREENING BENZODIAZEPINES 13 OR MORE	80347	CPT		both		400	180	Out-of-Network
DRUG SCREENING BUPRENORPHINE	80348	CPT		both		400	180	Out-of-Network
DRUG SCREENING COCAINE	80353	CPT		both		400	180	Out-of-Network
DRUG SCREENING FENTANYL	80354	CPT		both		400	180	Out-of-Network
DRUG SCREENING METHADONE	80358	CPT		both		400	180	Out-of-Network
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT		both		400	180	Out-of-Network
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT		both		400	180	Out-of-Network
DRUG SCREENING OXYCODONE	80365	CPT		both		400	180	Out-of-Network
DRUG SCREENING TAPENTADOL	80372	CPT		both		400	180	Out-of-Network
DRUG SCREENING TRAMADOL	80373	CPT		both		400	180	Out-of-Network
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT		both		345.42	155.44	Out-of-Network
ACTH stimulation panel; for adrenal insufficiency	80400	CPT		both		326.2	146.79	Out-of-Network
URNLS DIP STICK/TABLET RGNT NON-AUTO MIC	81000	CPT		both		194.47	87.51	Out-of-Network
URINALYSIS - URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	CPT		both		117.32	52.79	Out-of-Network
URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MIC	81002	CPT		both		194.47	87.51	Out-of-Network
URINALYSIS DIP STICK/TABLET RGNT AUTO W/O MIC	81003	CPT	QW	both		194.47	87.51	Out-of-Network
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT		both		21.7	9.77	Out-of-Network
Urinalysis; bacteriuria screen, except by culture or dipstick	81007	CPT		both		299.8	134.91	Out-of-Network
Urinalysis, microscopic only	81015	CPT		both		100.41	45.18	Out-of-Network
URINALYSIS 2/3 GLASS TEST	81020	CPT		both		47	21.15	Out-of-Network
URINE PREGNANCY TST VIS COLOR CMPSRN METHS	81025	CPT		both		143.36	64.51	Out-of-Network
BRCA1 (BRCA1, DNA repair associated)	81215	CPT		both		3752.5	1688.63	Out-of-Network
BRCA2 (BRCA2, DNA repair associated)	81217	CPT		both		3752.5	1688.63	Out-of-Network
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT		both		656.9	295.61	Out-of-Network

F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT		both		843.76	379.69	Out-of-Network
HFE (hemochromatosis) gene analysis, common variants	81256	CPT		both		653.6	294.12	Out-of-Network
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT		both		916.6	412.47	Out-of-Network
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT		both		653.4	294.03	Out-of-Network
Hereditary breast cancer-related disorders	81432	CPT		both		10500	4725	Out-of-Network
Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes	81455	CPT		both		5200	2340	Out-of-Network
Infect dis, vagin & vaginitis, quan amp of DNA mrk	81514	CPT		both		1420.14	639.06	Out-of-Network
Infect dis,vaginosis& vaginitis, real-time PCR amp of DNA	81515	CPT		both		2629.9	1183.46	Out-of-Network
UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	81599	CPT		both		700	315	Out-of-Network
ACETALDEHYDE BLD	82000	CPT		both		90.16	40.57	Out-of-Network
KETONE BODIES SERUM QUALITATIVE	82009	CPT		both		68.89	31	Out-of-Network
ACETONE/OTH KETONE BODIES SERUM QUAN	82010	CPT	QW	both		54.63	24.58	Out-of-Network
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT		both		386.2	173.79	Out-of-Network
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT	QW	both		49.53	22.29	Out-of-Network
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT		both		77.8	35.01	Out-of-Network
URINE ALBUMIN QUANTITATIVE	82043	CPT	QW	both		82.11	36.95	Out-of-Network
ALCOHOL BRTH	82075	CPT		both		152.57	68.66	Out-of-Network
Alcohol (ethyl); any spec exc U/A & brth immo,enz	82077	CPT		both		173	77.85	Out-of-Network
ASSAY OF ALDOLASE	82085	CPT		both		97.1	43.7	Out-of-Network
ASSAY OF ALDOSTERONE	82088	CPT		both		407.5	183.38	Out-of-Network
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT		both		134.4	60.48	Out-of-Network
ALPHA-FETOPROTEIN SERUM	82105	CPT		both		186.4	83.88	Out-of-Network
AMINOLEVULINIC ACID DELTA	82135	CPT		both		259.56	116.8	Out-of-Network
Ammonia	82140	CPT		both		131.7	59.27	Out-of-Network
AMYLASE	82150	CPT	QW	both		318.23	143.2	Out-of-Network
ANGIOTENSIN I-CONVERTING ENZYME	82164	CPT		both		146	65.7	Out-of-Network
Anti-mullerian hormone (AMH)	82166	CPT		both		386.2	173.79	Out-of-Network
APOLIPOPROTEIN EACH	82172	CPT		both		210.9	94.91	Out-of-Network
ASSAY OF ARSENIC	82175	CPT		both		210.8	94.86	Out-of-Network
Ascorbic acid (Vitamin C), blood	82180	CPT		both		98.9	44.51	Out-of-Network
ATOMIC ABSRPJ SPECTROSCOPY EA ANAL	82190	CPT		both		186.6	83.97	Out-of-Network
Bile acids; total	82239	CPT		both		171.2	77.04	Out-of-Network
BILIRUBIN TOT	82247	CPT	QW	both		118	53.1	Out-of-Network
Bilirubin; direct	82248	CPT		both		41.24	18.56	Out-of-Network
BLD OCLT PROXIDASE ACTV QUAL FECES 1 DETER	82270	CPT		both		229.83	103.42	Out-of-Network
Blood, occult, by peroxidase activity (eg, guaiac), qualitat...	82271	CPT	QW	both		32.73	14.73	Out-of-Network
BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	82272	CPT		both		176.79	79.56	Out-of-Network
BLD OCLT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT	QW	both		118.74	53.43	Out-of-Network
CADMIUM	82300	CPT		both		257.2	115.74	Out-of-Network
VITAMIN D 25 HYDROXY QUAN D3 and D2	82306	CPT		both		245.59	110.52	Out-of-Network
ASSAY OF CALCITONIN	82308	CPT		both		267.9	120.56	Out-of-Network
CALCIUM TOT	82310	CPT	QW	both		134.12	60.35	Out-of-Network
Calcium; ionized	82330	CPT	QW	both		224.96	101.23	Out-of-Network
Calculus; qualitative analysis	82355	CPT		both		190.42	85.69	Out-of-Network

CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT		both		180.6	81.27	Out-of-Network
CARBON DIOXIDE	82374	CPT	QW	both		117.13	52.71	Out-of-Network
Carboxyhemoglobin; quantitative	82375	CPT		both		202.62	91.18	Out-of-Network
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT		both		269.22	121.15	Out-of-Network
CERULOPLASMIN	82390	CPT		both		133.17	59.93	Out-of-Network
CHEMILUMINESCENT ASSAY	82397	CPT		both		141.2	63.54	Out-of-Network
CHLORIDE BLD	82435	CPT	QW	both		97.07	43.68	Out-of-Network
CHLORIDE URINE	82436	CPT		both		57.5	25.88	Out-of-Network
CHOLESTEROL SERUM/WHL BLD TOT	82465	CPT	QW	both		160.6	72.27	Out-of-Network
CHROM QUAN COLUMN 1 ANAL NES	82491	CPT		both		75.23	33.85	Out-of-Network
ASSAY OF COPPER	82525	CPT		both		133.17	59.93	Out-of-Network
CORTISOL FREE	82530	CPT		both		274.83	123.67	Out-of-Network
Cortisol; total (Random)	82533	CPT		both		231.38	104.12	Out-of-Network
CREATINE	82540	CPT		both		103.43	46.54	Out-of-Network
COL-CHR/MS QUAL 1 STATIONARY&MOBILE PHASE	82541	CPT		both		182.87	82.29	Out-of-Network
COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT		both		240.9	108.41	Out-of-Network
CREATINE KINASE TOT	82550	CPT	QW	both		265.19	119.34	Out-of-Network
CREATINE KINASE ISOENZYMES	82552	CPT		both		264.3	118.94	Out-of-Network
CKMB - CREATINE KINASE MB FXJ ONLY	82553	CPT		both		397.79	179.01	Out-of-Network
CREATINE KINASE ISOFORMS	82554	CPT		both		309.21	139.14	Out-of-Network
Creatinine; blood	82565	CPT	QW	both		221	99.45	Out-of-Network
CREATININE OTHER SOURCE	82570	CPT	QW	both		73.49	33.07	Out-of-Network
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT		both		64.7	29.12	Out-of-Network
CYANOCOBALAMIN	82607	CPT		both		111.38	50.12	Out-of-Network
Dehydroepiandrosterone-sulfate (DHEA-S)	82627	CPT		both		365.75	164.59	Out-of-Network
DIHYDROTTESTOSTERONE (DHT)	82642	CPT		both		292.8	131.76	Out-of-Network
1 25 DIHYDROXY D3 INCLUDES FRACTIONS IF PERFORMED	82652	CPT		both		427.8	192.51	Out-of-Network
Elastase, pancreatic (EL-1), fecal; quantitative	82653	CPT		both		229.7	103.37	Out-of-Network
ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN	82656	CPT		both		12.81	5.76	Out-of-Network
NZM ACTV CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT		both		224.62	101.08	Out-of-Network
Erythropoietin	82668	CPT		both		187.9	84.56	Out-of-Network
ASSAY OF ESTRADIOL	82670	CPT		both		220.34	99.15	Out-of-Network
ASSAY OF ESTROGENS FRACTIONATED	82671	CPT		both		358.9	161.51	Out-of-Network
ASSAY OF ESTROGENS TOTAL	82672	CPT		both		68.94	31.02	Out-of-Network
ASSAY OF ESTRIOL	82677	CPT		both		241.8	108.81	Out-of-Network
ASSAY OF ESTRONE	82679	CPT		both		249.5	112.28	Out-of-Network
ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	82681	CPT		both		279.4	125.73	Out-of-Network
ASSAY OF ETHYLENE GLYCOL	82693	CPT		both		149	67.05	Out-of-Network
FAT/LIPIDS FECES QUALITATIVE	82705	CPT		both		72.34	32.55	Out-of-Network
Fatty acids, nonesterified	82725	CPT		both		187.7	84.47	Out-of-Network
ASSAY OF FERRITIN	82728	CPT		both		224.23	100.9	Out-of-Network
Folic Acid: Serum	82746	CPT		both		241.87	108.84	Out-of-Network
ASSAY OF FOLIC ACID RBC	82747	CPT		both		192.5	86.63	Out-of-Network
ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	82784	CPT		both		153	68.85	Out-of-Network
ASSAY OF GAMMAGLOBULIN IGE	82785	CPT		both		164.6	74.07	Out-of-Network

GASES BLD PH ONLY	82800	CPT		both		197.12	88.7	Out-of-Network
GASES BLD,any combination including calculated O2 saturation								
	82803	CPT		both		579.43	260.74	Out-of-Network
ASSAY OF GASTRIN	82941	CPT		both		290.04	130.52	Out-of-Network
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT		both		132.54	59.64	Out-of-Network
GLUC QUAN BLD	82947	CPT	QW	both		166.59	74.97	Out-of-Network
GLUC BLD RGNT STRIP	82948	CPT		both		116.97	52.64	Out-of-Network
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT	QW	both		211.67	95.25	Out-of-Network
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT		both		97	43.65	Out-of-Network
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT	QW	both		104.31	46.94	Out-of-Network
ASSAY OF GLUCOSIDASE BETA	82963	CPT		both		169.45	76.25	Out-of-Network
GGT - GLUTAMYLTRASE GAMMA	82977	CPT	QW	both		116.97	52.64	Out-of-Network
Gonadotropin; follicle stimulating hormone (FSH)	83001	CPT	QW	both		305.62	137.53	Out-of-Network
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT	QW	both		304.53	137.04	Out-of-Network
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT		both		185.2	83.34	Out-of-Network
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT		both		125.8	56.61	Out-of-Network
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT		both		748.4	336.78	Out-of-Network
HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	83020	CPT		both		128.7	57.92	Out-of-Network
Hemoglobin; glycosylated (A1C)	83036	CPT	QW	both		97.46	43.86	Out-of-Network
Hemoglobin; plasma	83051	CPT		both		73.1	32.9	Out-of-Network
ASSAY OF HOMOCYSTEINE	83090	CPT		both		179.2	80.64	Out-of-Network
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT		both		129	58.05	Out-of-Network
IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	83516	CPT	QW	both		163.76	73.69	Out-of-Network
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT		both		213.1	95.9	Out-of-Network
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT		both		217.28	97.78	Out-of-Network
ASSAY OF INSULIN TOTAL	83525	CPT		both		188	84.6	Out-of-Network
Iron	83540	CPT		both		106.5	47.93	Out-of-Network
IRON BNDNG CAP (Transferrin Saturation)	83550	CPT		both		242.21	108.99	Out-of-Network
LACTATE DEHYDROGENASE LD,LDH	83615	CPT		both		179.31	80.69	Out-of-Network
LACTOFERRIN FECAL (QUAL)	83630	CPT		both		309.7	139.37	Out-of-Network
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT		both		278.76	125.44	Out-of-Network
ASSAY OF LEAD	83655	CPT	QW	both		134.5	60.53	Out-of-Network
FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	83663	CPT		both		189.1	85.1	Out-of-Network
FETAL LUNG MATURITY LAMELLAR BODY DENSITY	83664	CPT		both		193.2	86.94	Out-of-Network
LIPASE	83690	CPT		both		221	99.45	Out-of-Network
ASSAY OF LIPOPROTEIN(A)	83695	CPT		both		143.2	64.44	Out-of-Network
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT		both		463.1	208.4	Out-of-Network
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT	QW	both		116.38	52.37	Out-of-Network
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT	QW	both		135.47	60.96	Out-of-Network
MAGNESIUM	83735	CPT		both		238.67	107.4	Out-of-Network
Mass spectrometry and tandem mass spectrometry, NES	83789	CPT		both		241.1	108.5	Out-of-Network
ASSAY OF MERCURY QUANTITATIVE	83825	CPT		both		180.6	81.27	Out-of-Network
ASSAY OF METANEPHRINES	83835	CPT		both		188.2	84.69	Out-of-Network
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT		both		58.6	26.37	Out-of-Network
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT		both		244.26	109.92	Out-of-Network

MYOGLOBIN	83874	CPT		both		259.89	116.95	Out-of-Network
BNP - B TYPE NATRIURETIC PEPTIDE	83880	CPT	QW	both		486.17	218.78	Out-of-Network
OLIGOCLONAL IMMUNE	83916	CPT		both		273.9	123.26	Out-of-Network
ORGANIC ACID 1 QUANTITATIVE	83921	CPT		both		212.1	95.45	Out-of-Network
Osmolality: Blood	83930	CPT		both		81.03	36.46	Out-of-Network
Osmolality: Urine	83935	CPT		both		81.03	36.46	Out-of-Network
ASSAY OF PARATHORMONE	83970	CPT		both		586.04	263.72	Out-of-Network
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT	QW	both		58.93	26.52	Out-of-Network
ASSAY OF CALPROTECTIN FECAL	83993	CPT		both		21.81	9.81	Out-of-Network
Phosphatase, alkaline;	84075	CPT	QW	both		51.51	23.18	Out-of-Network
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT		both		82.6	37.17	Out-of-Network
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT		both		164.3	73.94	Out-of-Network
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT		both		78	35.1	Out-of-Network
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT		both		133.17	59.93	Out-of-Network
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT		both		116.04	52.22	Out-of-Network
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT	QW	both		197.21	88.74	Out-of-Network
POTASSIUM URINE	84133	CPT		both		47.9	21.56	Out-of-Network
Prealbumin	84134	CPT		both		138.86	62.49	Out-of-Network
PREGNENOLONE	84140	CPT		both		229.7	103.37	Out-of-Network
ASSAY OF PROGESTERONE	84144	CPT		both		329.13	148.11	Out-of-Network
Procalcitonin (PCT)	84145	CPT		both		440.61	198.27	Out-of-Network
Prolactin	84146	CPT		both		318.78	143.45	Out-of-Network
ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	84152	CPT		both		261.17	117.53	Out-of-Network
Prostate specific antigen (PSA); total	84153	CPT		both		224.68	101.11	Out-of-Network
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT		both		235.06	105.78	Out-of-Network
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT	QW	both		44.18	19.88	Out-of-Network
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT		both		52.1	23.45	Out-of-Network
PROTEIN TOT XCPT REFRACTOMETRY OTH SRC	84157	CPT	QW	both		28.29	12.73	Out-of-Network
PROTEIN TOTAL REFRACTOMETRY ANY SRC	84160	CPT		both		56.1	25.25	Out-of-Network
PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	84165	CPT		both		107.4	48.33	Out-of-Network
PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATION	84166	CPT		both		132.6	59.67	Out-of-Network
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT		both		170.3	76.64	Out-of-Network
Protoporphyrin, RBC; quantitative	84202	CPT		both		143.5	64.58	Out-of-Network
ASSAY OF PROINSULIN	84206	CPT		both		266.9	120.11	Out-of-Network
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT		both		312.2	140.49	Out-of-Network
Receptor assay; non-endocrine (specify receptor)	84238	CPT		both		365.7	164.57	Out-of-Network
ASSAY OF RENIN	84244	CPT		both		219.9	98.96	Out-of-Network
Riboflavin (Vitamin B-2)	84252	CPT		both		202.4	91.08	Out-of-Network
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT		both		241.5	108.68	Out-of-Network
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT	QW	both		106.78	48.05	Out-of-Network
ASSAY OF URINE SODIUM	84300	CPT		both		69	31.05	Out-of-Network
ASSAY OF SOMATOMEDIN	84305	CPT		both		271.75	122.29	Out-of-Network
Testosterone; free	84402	CPT		both		401.81	180.81	Out-of-Network
Testosterone; total	84403	CPT		both		424.67	191.1	Out-of-Network

Testosterone; bioavailable, direct measurement (eg, diff precip)	84410	CPT		both		512.8	230.76	Out-of-Network
Thiamine (Vitamin B-1)	84425	CPT		both		107.18	48.23	Out-of-Network
ASSAY OF THYROGLOBULIN	84432	CPT		both		160.6	72.27	Out-of-Network
Thyroxine; total	84436	CPT		both		124.18	55.88	Out-of-Network
THYROXINE FR t4	84439	CPT		both		242.21	108.99	Out-of-Network
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT		both		164.3	73.94	Out-of-Network
TSH - THYR STIMULATING HORM	84443	CPT	QW	both		397.79	179.01	Out-of-Network
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT		both		508.6	228.87	Out-of-Network
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT		both		141.8	63.81	Out-of-Network
Transcortin (cortisol binding globulin)	84449	CPT		both		180	81	Out-of-Network
TRANSFERASE ASPARTATE AMINO	84450	CPT	QW	both		226.18	101.78	Out-of-Network
TRANSFERASE ALANINE AMINO	84460	CPT	QW	both		202.47	91.11	Out-of-Network
ASSAY OF TRANSFERRIN	84466	CPT		both		181.24	81.56	Out-of-Network
Triglycerides	84478	CPT	QW	both		103.87	46.74	Out-of-Network
THYR HORM UPTK/THYR HORM BNDNG RATIO	84479	CPT		both		329.91	148.46	Out-of-Network
TRIIODOTHYRO9 T3 TOT	84480	CPT		both		240.44	108.2	Out-of-Network
TRIIODOTHYRO9 T3 FR	84481	CPT		both		309.38	139.22	Out-of-Network
Triiodothyronine T3; reverse	84482	CPT		both		126.55	56.95	Out-of-Network
TROPONIN QUAN	84484	CPT		both		397.79	179.01	Out-of-Network
TROPONIN QUAL	84512	CPT		both		233.81	105.21	Out-of-Network
Urea nitrogen; quantitative	84520	CPT	QW	both		192.73	86.73	Out-of-Network
ASSAY OF UREA NITROGEN URINE	84540	CPT		both		55.6	25.02	Out-of-Network
URIC ACID BLD	84550	CPT	QW	both		228.06	102.63	Out-of-Network
URIC ACID OTH SRC	84560	CPT		both		207.37	93.32	Out-of-Network
ASSAY OF UROBILINOGEN URINE QUALITATIVE	84578	CPT		both		44.7	20.12	Out-of-Network
UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	84580	CPT		both		95.5	42.98	Out-of-Network
ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	84583	CPT		both		60.5	27.23	Out-of-Network
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT		both		377.1	169.7	Out-of-Network
ASSAY OF VITAMIN A	84590	CPT		both		116.1	52.25	Out-of-Network
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT		both		170.6	76.77	Out-of-Network
ASSAY OF VOLATILES	84600	CPT		both		171.1	77	Out-of-Network
ASSAY OF ZINC	84630	CPT		both		126.5	56.93	Out-of-Network
ASSAY OF C-PEPTIDE	84681	CPT		both		328.33	147.75	Out-of-Network
Gonadotropin, chorionic (hCG); quantitative	84702	CPT		both		316.19	142.29	Out-of-Network
Gonadotropin, chorionic (hCG); qualitative	84703	CPT	QW	both		321.75	144.79	Out-of-Network
BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	85004	CPT		both		64.7	29.12	Out-of-Network
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT		both		273.87	123.24	Out-of-Network
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT		both		34.3	15.44	Out-of-Network
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT		both		50.7	22.82	Out-of-Network
BLOOD COUNT SPUN MICROHEMATOCRIT	85013	CPT		both		70	31.5	Out-of-Network
BLD# HEMATOCRIT	85014	CPT	QW	both		154.33	69.45	Out-of-Network
Blood count; hemoglobin (Hgb)	85018	CPT	QW	both		154.33	69.45	Out-of-Network
CBC-BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	85025	CPT	QW	both		309.38	139.22	Out-of-Network
Blood count; complete (CBC) w/o diff	85027	CPT		both		224.53	101.04	Out-of-Network

BLD# MNL C-CNT RBC WBC/PLT EA	85032	CPT		both		230.82	103.87	Out-of-Network
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT		both		33.5	15.08	Out-of-Network
BLD# RETICULOCYTE MNL	85044	CPT		both		151.51	68.18	Out-of-Network
Blood count; reticulocyte, automated	85045	CPT		both		140.05	63.02	Out-of-Network
BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	85046	CPT		both		55.7	25.07	Out-of-Network
AUTOMATED LEUKOCYTE COUNT	85048	CPT		both		41.78	18.8	Out-of-Network
BLOOD COUNT PLATELET AUTOMATED	85049	CPT		both		44.8	20.16	Out-of-Network
Reticulated platelet assay	85055	CPT		both		357.4	160.83	Out-of-Network
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT		both		339.66	152.85	Out-of-Network
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT		both		250.59	112.77	Out-of-Network
CLOTTING FACTOR VIII AHG 1 STAGE	85240	CPT		both		254.15	114.37	Out-of-Network
CLOTTING FACTOR VIII VW FACTOR ANTIGEN	85246	CPT		both		325.68	146.56	Out-of-Network
Clotting; factor VIII, von Willebrand factor, multimeric analysis	85247	CPT		both		229.4	103.23	Out-of-Network
CLOTTING FACTOR XI PTA	85270	CPT		both		294.52	132.53	Out-of-Network
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT		both		168.25	75.71	Out-of-Network
CLOTTING INHIBITORS ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT		both		153.53	69.09	Out-of-Network
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT		both		170.55	76.75	Out-of-Network
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT		both		196.42	88.39	Out-of-Network
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT		both		164.8	74.16	Out-of-Network
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT		both		217.58	97.91	Out-of-Network
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT		both		170.3	76.64	Out-of-Network
COAGULATION TIME LEE AND WHITE	85345	CPT		both		61.18	27.53	Out-of-Network
COAGJ TM ACTIVATED	85347	CPT		both		53.5	24.08	Out-of-Network
FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	85370	CPT		both		124.3	55.94	Out-of-Network
D-DIMER - FIBRIN DGRADJ PRODUXS D-DIMER QUAL/SEMIQUAN	85378	CPT		both		227.71	102.47	Out-of-Network
FIBRIN DGRADJ PRODUXS D-DIMER QUAN	85379	CPT		both		477.86	215.04	Out-of-Network
FIBRIN DGRADJ PRODUXS D-DIMER ULTRSENS	85380	CPT		both		493.8	222.21	Out-of-Network
Fibrinogen: Activity	85384	CPT		both		139.7	62.87	Out-of-Network
Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	85397	CPT		both		308.6	138.87	Out-of-Network
HEMOGLOBIN FETAL (KLEIHAUER-BETKE)	85460	CPT		both		109.83	49.42	Out-of-Network
HEPARIN ASSAY	85520	CPT		both		130.9	58.91	Out-of-Network
Muramidase	85549	CPT		both		187.5	84.38	Out-of-Network
Platelet, aggregation (in vitro), each agent	85576	CPT		both		173	77.85	Out-of-Network
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT		both		229.66	103.35	Out-of-Network
PT - PROTHROMBIN TIME	85610	CPT	QW	both		259.89	116.95	Out-of-Network
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT		both		136.05	61.22	Out-of-Network
SEDIMENTATION RATE RBC NON-AUTO	85651	CPT		both		221	99.45	Out-of-Network
SEDIMENTATION RATE RBC AUTO	85652	CPT		both		141.36	63.61	Out-of-Network
SICKLING RBC REDUCTION	85660	CPT		both		55.1	24.8	Out-of-Network
THROMBIN TIME PLASMA	85670	CPT		both		81.88	36.85	Out-of-Network
Thromboplastin inhibition, tissue	85705	CPT		both		96.3	43.34	Out-of-Network
THROMBOPLASTIN TM PRTL PLSM/WHL BLD	85730	CPT		both		245.19	110.34	Out-of-Network
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT		both		64.7	29.12	Out-of-Network

AGGLUTININS FEBRILE EA AG	86000	CPT		both		86.8	39.06	Out-of-Network
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT		both		58	26.1	Out-of-Network
Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	86008	CPT		both		179.3	80.69	Out-of-Network
Actin (smooth muscle) antibody (ASMA), each	86015	CPT		both		120.5	54.23	Out-of-Network
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT		both		247.66	111.45	Out-of-Network
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT		both		204.1	91.85	Out-of-Network
Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	86036	CPT		both		120.5	54.23	Out-of-Network
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT		both		120.5	54.23	Out-of-Network
Antinuclear antibodies (ANA)	86038	CPT		both		218.76	98.44	Out-of-Network
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT		both		183.54	82.59	Out-of-Network
Acetylcholine receptor (AChR); binding antibody	86041	CPT		both		184	82.8	Out-of-Network
Acetylcholine receptor (AChR); blocking antibody	86042	CPT		both		184	82.8	Out-of-Network
Acetylcholine receptor (AChR); modulating antibody	86043	CPT		both		120.5	54.23	Out-of-Network
Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based assay (CBA), each	86052	CPT		both		120.5	54.23	Out-of-Network
ANTISTREPTOLYSIN O TITER	86060	CPT		both		120.15	54.07	Out-of-Network
C-reactive protein	86140	CPT		both		129.87	58.44	Out-of-Network
C-reactive protein; high sensitivity (hsCRP)	86141	CPT	QW	both		234.04	105.32	Out-of-Network
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT		both		361.33	162.6	Out-of-Network
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT		both		361.33	162.6	Out-of-Network
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT		both		228.16	102.67	Out-of-Network
COLD AGGLUTININ TITER	86157	CPT		both		63.6	28.62	Out-of-Network
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT		both		189.29	85.18	Out-of-Network
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT		both		148.29	66.73	Out-of-Network
Cyclic citrullinated peptide (CCP), antibody	86200	CPT		both		202.75	91.24	Out-of-Network
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT		both		225.93	101.67	Out-of-Network
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT		both		282.9	127.31	Out-of-Network
FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT		both		95.05	42.77	Out-of-Network
FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	86256	CPT		both		171.12	77	Out-of-Network
Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	86258	CPT		both		120.5	54.23	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT		both		295.55	133	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT		both		295.55	133	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT		both		295.55	133	Out-of-Network
MONO - HTROPHL ANTIBODIES SCR	86308	CPT	QW	both		160.61	72.27	Out-of-Network
Heterophile antibodies; titer	86309	CPT		both		64.7	29.12	Out-of-Network
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT		both		149.9	67.46	Out-of-Network
IMMUNOELECTROPHORESIS OTH FLUS CONCENTRATION	86325	CPT		both		282.87	127.29	Out-of-Network
IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	86328	CPT		both		450	202.5	Out-of-Network
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT		both		119.8	53.91	Out-of-Network
IMMUNE COMPLEX ASSAY	86332	CPT		both		243.7	109.67	Out-of-Network
IMMUNOFIXJ ELECTROPHORESIS SERUM	86334	CPT		both		223.4	100.53	Out-of-Network
Insulin antibodies	86337	CPT		both		136.45	61.4	Out-of-Network

ISLET CELL ANTIBODY	86341	CPT		both		272.9	122.81	Out-of-Network
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT		both		196.54	88.44	Out-of-Network
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT		both		242.71	109.22	Out-of-Network
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT		both		522	234.9	Out-of-Network
T CELLS ABSOLUTE CD4 COUNT	86361	CPT		both		380.19	171.09	Out-of-Network
Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based assay (CBA)	86362	CPT		both		120.5	54.23	Out-of-Network
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT		both		115.3	51.89	Out-of-Network
MICROSOMAL ANTIBODIES EACH	86376	CPT		both		239.33	107.7	Out-of-Network
Mitochondrial antibody (eg, M2), each	86381	CPT		both		254.5	114.53	Out-of-Network
NEUTRALIZATION TEST VIRAL	86382	CPT		both		169.1	76.1	Out-of-Network
PART AGGLUJ SCR EA ANTB	86403	CPT		both		201.94	90.87	Out-of-Network
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT		both		106.4	47.88	Out-of-Network
SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	86413	CPT		both		350	157.5	Out-of-Network
RHEUMATOID FACTOR QUAL	86430	CPT		both		111.83	50.32	Out-of-Network
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT		both		93.33	42	Out-of-Network
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFER	86480	CPT		both		240.44	108.2	Out-of-Network
TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	86481	CPT		both		1000	450	Out-of-Network
SKN TST TUBERCULOSIS ID	86580	CPT		both		26.53	11.94	Out-of-Network
Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative	86581	CPT		both		32	14.4	Out-of-Network
SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	86592	CPT		both		53.14	23.91	Out-of-Network
Syphilis test, non-treponemal antibody; quantitative	86593	CPT		both		44.21	19.89	Out-of-Network
ANTIBODY ACTINOMYCES	86602	CPT		both		101.8	45.81	Out-of-Network
ANTIBODY ASPERGILLUS	86606	CPT		both		150.5	67.73	Out-of-Network
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT		both		128.8	57.96	Out-of-Network
Antibody; Bartonella	86611	CPT		both		129.03	58.06	Out-of-Network
ANTIBODY BORDETELLA	86615	CPT		both		187.22	84.25	Out-of-Network
LYME DISEASE ANTIBODY	86617	CPT		both		254.78	114.65	Out-of-Network
Antibody; Borrelia burgdorferi (Lyme disease)	86618	CPT	QW	both		153.94	69.27	Out-of-Network
Antibody; Brucella,	86622	CPT		both		134.52	60.53	Out-of-Network
ANTIBODY CANDIDA	86628	CPT		both		120.1	54.05	Out-of-Network
ANTB CHLAMYDIA	86631	CPT		both		197.23	88.75	Out-of-Network
ANTIBODY COCCIDIOIDES	86635	CPT		both		127.5	57.38	Out-of-Network
Antibody: Coxiella burnetii (Q fever)	86638	CPT		both		134.52	60.53	Out-of-Network
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT		both		227.01	102.15	Out-of-Network
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT		both		64.52	29.03	Out-of-Network
Antibody; encephalitis, Eastern equine	86652	CPT		both		64.52	29.03	Out-of-Network
Antibody; encephalitis, Western equine	86654	CPT		both		129.03	58.06	Out-of-Network
Antibody; enterovirus (eg, coxsackie, echo, polio)	86658	CPT		both		184.92	83.21	Out-of-Network
ANTB EPSTEIN-BARR EB VIRUS EARLY AG EA	86663	CPT		both		372.05	167.42	Out-of-Network
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT		both		241.27	108.57	Out-of-Network
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT		both		143.12	64.4	Out-of-Network
Antibody; Ehrlichia	86666	CPT		both		147.97	66.59	Out-of-Network

Antibody; Francisella tularensis	86668	CPT		both		171.1	77	Out-of-Network
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT		both		174	78.3	Out-of-Network
Antibody; Helicobacter pylori	86677	CPT		both		238.72	107.42	Out-of-Network
ANTB HTLV/HIV ANTB CONFIRMATORY TST	86689	CPT		both		325.29	146.38	Out-of-Network
ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	86694	CPT		both		236.79	106.56	Out-of-Network
ANTIBODY HERPES SMPLX TYPE 1	86695	CPT		both		216.98	97.64	Out-of-Network
ANTIBODY HERPES SMPLX TYPE 2	86696	CPT		both		318.41	143.28	Out-of-Network
ANTB HIV-1	86701	CPT	QW	both		219.21	98.64	Out-of-Network
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT		both		225.45	101.45	Out-of-Network
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT		both		190.1	85.55	Out-of-Network
HEP B CORE ANTIBODY IGM	86705	CPT		both		193.68	87.16	Out-of-Network
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT		both		176.66	79.5	Out-of-Network
HEPATITIS A ANTIBODY HAAB	86708	CPT		both		203.71	91.67	Out-of-Network
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT		both		185.1	83.3	Out-of-Network
ANTB INF VIRUS	86710	CPT		both		216.58	97.46	Out-of-Network
Antibody; Leishmania	86717	CPT		both		134.52	60.53	Out-of-Network
Antibody; Leptospira	86720	CPT		both		134.52	60.53	Out-of-Network
ANTIBODY MUMPS	86735	CPT		both		214.57	96.56	Out-of-Network
ANTIBODY MYCOPLSM	86738	CPT		both		132.4	59.58	Out-of-Network
ANTIBODY PARVOVIRUS	86747	CPT		both		150.3	67.64	Out-of-Network
ANTIBODY PLASMODIUM MALARIA	86750	CPT		both		131.9	59.36	Out-of-Network
ANTIBODY PROTOZOA NES	86753	CPT		both		137.6	61.92	Out-of-Network
Antibody; Rickettsia	86757	CPT		both		350.26	157.62	Out-of-Network
Antibody; rotavirus	86759	CPT		both		132.45	59.6	Out-of-Network
Antibody; rubella	86762	CPT		both		236.79	106.56	Out-of-Network
ANTIBODY RUBEOLA	86765	CPT		both		211.92	95.36	Out-of-Network
ANTIBODY SALMONELLA	86768	CPT		both		168.48	75.82	Out-of-Network
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID19	86769	CPT		both		450	202.5	Out-of-Network
ANTIBODY TOXOPLASMA	86777	CPT		both		143.9	64.76	Out-of-Network
ANTIBODY TOXOPLASMA IGM	86778	CPT		both		144.1	64.85	Out-of-Network
ANTIBODY TREPONEMA PALLIDUM	86780	CPT	QW	both		132.4	59.58	Out-of-Network
ANTB VARICELLA-ZOSTER	86787	CPT		both		199.71	89.87	Out-of-Network
ANTIBODY WEST NILE VIRUS IGM	86788	CPT		both		134.52	60.53	Out-of-Network
ANTIBODY WEST NILE VIRUS	86789	CPT		both		227.01	102.15	Out-of-Network
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT		both		64.52	29.03	Out-of-Network
ZIKA VIRUS IGM ANTIBODY	86794	CPT		both		168.5	75.83	Out-of-Network
THYROGLOBULIN ANTIBODY	86800	CPT		both		250.93	112.92	Out-of-Network
HEPATITIS C ANTIBODY	86803	CPT	QW	both		234.74	105.63	Out-of-Network
HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	86812	CPT		both		203.55	91.6	Out-of-Network
ANTB SCR RBC EA SERUM TQ	86850	CPT		both		287.29	129.28	Out-of-Network
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT		both		287.29	129.28	Out-of-Network
COOMBS TEST DIRECT	86880	CPT		both		88.5	39.83	Out-of-Network
COOMBS TEST INDIRECT TITER	86886	CPT		both		85.12	38.3	Out-of-Network
AUTOL BLD/COMPONENT COLJ STORAGE PREDEPOSITED	86890	CPT		both		143.65	64.64	Out-of-Network
Blood typing, serologic; ABO	86900	CPT		both		49.15	22.12	Out-of-Network

BLD TYPING RH D	86901	CPT		both		130.47	58.71	Out-of-Network
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT		both		73.03	32.86	Out-of-Network
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT		both		42.5	19.13	Out-of-Network
BLD TYPING RH PHEXPING COMPL	86906	CPT		both		130.47	58.71	Out-of-Network
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT		both		238.3	107.24	Out-of-Network
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT		both		238.3	107.24	Out-of-Network
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT		both		238.3	107.24	Out-of-Network
CONCENTRATION INFECTIOUS AGENTS	87015	CPT		both		109.76	49.39	Out-of-Network
BLOOD CULTURE - CUL BACT BLD AERC ISOL	87040	CPT		both		397.79	179.01	Out-of-Network
CUL BACT STL AERC ISOL SALMONELLA&SHIGELLA	87045	CPT		both		388.93	175.02	Out-of-Network
STOOL CULTR AEROBIC BACT EA	87046	CPT		both		94.75	42.64	Out-of-Network
CUL BACT XCPT URINE BLD/STL AERC ISOL	87070	CPT		both		288.87	129.99	Out-of-Network
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT		both		104.9	47.21	Out-of-Network
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT		both		134.09	60.34	Out-of-Network
CUL BACT BLD ANAERC ISOL	87075	CPT		both		433.15	194.92	Out-of-Network
CULTURE ANAEROBE IDENT EACH	87076	CPT		both		81.17	36.53	Out-of-Network
Culture Aerobic Identify	87077	CPT	QW	both		81.17	36.53	Out-of-Network
CUL PRSMPTV PTHGNC ORGANISMS SCR	87081	CPT		both		306.37	137.87	Out-of-Network
CUL BACT QUAN COLONY CNT URINE	87086	CPT		both		292.11	131.45	Out-of-Network
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT		both		60.46	27.21	Out-of-Network
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT		both		109.37	49.22	Out-of-Network
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT		both		138.25	62.21	Out-of-Network
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT		both		235.29	105.88	Out-of-Network
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT		both		114.7	51.62	Out-of-Network
Culture, fungi, definitive identification, each organism; mold	87107	CPT		both		103.2	46.44	Out-of-Network
Vaginal Culture, mycoplasma, any source	87109	CPT		both		153.9	69.26	Out-of-Network
CUL CHLAMYDIA ANY SRC	87110	CPT		both		392.4	176.58	Out-of-Network
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT		both		153.41	69.03	Out-of-Network
CULTURE TYPE IMMUNOFLUORESC	87140	CPT		both		91.66	41.25	Out-of-Network
Culture, typing; ID of blood path & resistance typing, by nucleic acid probe, multiplexed amp probe technique incl. multiplex reverse trans, per culture/isolate, 6 or more	87154	CPT		both		2180.6	981.27	Out-of-Network
MACROSCOPIC EXAMINATION PARASITE	87169	CPT		both		43.1	19.4	Out-of-Network
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT		both		160.85	72.38	Out-of-Network
Susceptibility studies, antimicrobial agent; disk method, per plate	87184	CPT		both		74.8	33.66	Out-of-Network
SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT		both		96.1	43.25	Out-of-Network
Smear, primary source with interpretation; Gram or Giemsa st...	87205	CPT		both		111.04	49.97	Out-of-Network
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT		both		59.9	26.96	Out-of-Network
Smr, prim src, w/ int; spec stain for inclusion bodies or parasites e.g. Malaria.....	87207	CPT		both		194.86	87.69	Out-of-Network
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT		both		141.8	63.81	Out-of-Network
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT	QW	both		139.32	62.69	Out-of-Network
TISS KOH SLIDE SAMPs SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT		both		42.7	19.22	Out-of-Network

TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT		both		324.82	146.17	Out-of-Network
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT		both		411.24	185.06	Out-of-Network
VIRUS CENTRIFUGE ENHNCID ID IMFLUOR STAIN EA	87254	CPT		both		195.6	88.02	Out-of-Network
GENET VIRUS ISOLATE HSV	87255	CPT		both		534.18	240.38	Out-of-Network
IAADI BORDETELLA PRUSSIS/PARAPRUSIS	87265	CPT		both		216.78	97.55	Out-of-Network
IAADI CRYPTOSPORIDIUM	87272	CPT		both		189.06	85.08	Out-of-Network
IAADI HERPES SMPLX VIRUS TYPE 2	87273	CPT		both		197.18	88.73	Out-of-Network
HERPES SIMPLEX 1 AG	87274	CPT		both		114.99	51.75	Out-of-Network
LEGION PNEUMOPHILIA AG IF	87278	CPT		both		94.53	42.54	Out-of-Network
Infectious agent antigen detection by immunofluorescent tech...	87280	CPT		both		150.2	67.59	Out-of-Network
IAADI VARICELLA ZOSTER VIRUS	87290	CPT		both		189.06	85.08	Out-of-Network
CLOSTRIDIUM AG EIA	87324	CPT		both		216.78	97.55	Out-of-Network
Infectious agent antigen detection .... Cryptococcus neoformans	87327	CPT		both		107.92	48.56	Out-of-Network
IAAD IA CRYPTOSPORIDIUM	87328	CPT		both		138.2	62.19	Out-of-Network
IAAD IA GIARDIA	87329	CPT		both		189.06	85.08	Out-of-Network
IAAD IA ESCHERICHIA COLI 0157	87335	CPT		both		170.2	76.59	Out-of-Network
IAAD IA ENTAMOEBIA HISTOLYTICA GRP	87337	CPT		both		170.2	76.59	Out-of-Network
IAAD IA HPYLORI STOOL	87338	CPT	QW	both		177.6	79.92	Out-of-Network
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT		both		169.9	76.46	Out-of-Network
IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	87341	CPT		both		103.3	46.49	Out-of-Network
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT		both		132.5	59.63	Out-of-Network
Infectious agent antigen detection by enzyme immunoassay tec...	87389	CPT	QW	both		225.81	101.61	Out-of-Network
INFLUENZA B	87804	CPT	QW:59	both		263.42	118.54	Out-of-Network
IAAD EIA RSV	87420	CPT		both		149.2	67.14	Out-of-Network
IAAD IA ROTAVIRUS	87425	CPT		both		197.18	88.73	Out-of-Network
IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS (COVID-19)	87426	CPT	QW	both		450	202.5	Out-of-Network
IAAD IA SHIGA-LIKE TOXIN	87427	CPT		both		170.2	76.59	Out-of-Network
IAAD by immunoassay technique and influenza virus types A and B (COVID-19)	87428	CPT	QW	both		750	337.5	Out-of-Network
IAAD EIA STREPTOCOCCUS GROUP A	87430	CPT		both		354.82	159.67	Out-of-Network
IAAD IA MULT STEP METHOD NOS EACH ORGANISM	87449	CPT	QW	both		14.8	6.66	Out-of-Network
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT		both		350.9	157.91	Out-of-Network
IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	87469	CPT		both		350.9	157.91	Out-of-Network
IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	87478	CPT		both		350.9	157.91	Out-of-Network
IADNA CANDIDA SPECIES DIRECT PROBE TQ	87480	CPT		both		316.37	142.37	Out-of-Network
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT		both		38.99	17.55	Out-of-Network
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT		both		3287.39	1479.33	Out-of-Network
IADNA EHRlichia CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT		both		350.9	157.91	Out-of-Network
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT		both		38.99	17.55	Out-of-Network
IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	87490	CPT		both		329.89	148.45	Out-of-Network
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT		both		317.18	142.73	Out-of-Network
INF AGENT DET NUC ACID CLOSTRIDIUM AMP PROBE	87493	CPT		both		298.77	134.45	Out-of-Network

IADNA-Chlamy Trach & Neiss gonorrh-multi probe.	87494	CPT	QW	both		701.8	315.81	Out-of-Network
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT		both		498.3	224.24	Out-of-Network
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT		both		276.81	124.56	Out-of-Network
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT		both		389.9	175.46	Out-of-Network
INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	87502	CPT	QW	both		1208.19	543.69	Out-of-Network
NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	87505	CPT		both		1425.4	641.43	Out-of-Network
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	87506	CPT		both		1314.95	591.73	Out-of-Network
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT		both		3287.39	1479.33	Out-of-Network
IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	87510	CPT		both		316.37	142.37	Out-of-Network
IADNA Gardnerella Amplified Probe TQ Male or Female	87511	CPT		both		175.45	78.95	Out-of-Network
IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	87516	CPT		both		175.45	78.95	Out-of-Network
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT		both		428.4	192.78	Out-of-Network
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT		both		466.69	210.01	Out-of-Network
IADNA HERPES SMPLEX VIRUS DIR PRB	87528	CPT		both		363.93	163.77	Out-of-Network
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT		both		577.19	259.74	Out-of-Network
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRIP	87535	CPT		both		389.9	175.46	Out-of-Network
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT		both		945.5	425.48	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique	87538	CPT		both		350.9	157.91	Out-of-Network
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT		both		175.45	78.95	Out-of-Network
IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	87542	CPT		both		46.4	20.88	Out-of-Network
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT		both		350.9	157.91	Out-of-Network
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT		both		216.65	97.49	Out-of-Network
IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	87582	CPT		both		302.62	136.18	Out-of-Network
IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	87590	CPT		both		329.89	148.45	Out-of-Network
IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	CPT		both		313.94	141.27	Out-of-Network
IADNA NEISSERIA GONORRHOEAE QUAN	87592	CPT		both		212.14	95.46	Out-of-Network
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT		both		450	202.5	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); pap...	87621	CPT		both		261.61	117.72	Out-of-Network
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT	QW	both		1821.37	819.62	Out-of-Network
Infect agent; resp virus; multi rev and amp probe tech, 6-11 targets	87632	CPT		both		2180.6	981.27	Out-of-Network
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT	QW	both		1500	675	Out-of-Network
IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	87634	CPT	QW	both		702	315.9	Out-of-Network
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT	QW	both		450	202.5	Out-of-Network
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT		both		450	202.5	Out-of-Network
IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	87636	CPT	QW	both		750	337.5	Out-of-Network
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT	QW	both		750	337.5	Out-of-Network
IADNA S AUREUS AMPLIFIED PROBE TQ	87640	CPT		both		38.99	17.55	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	87641	CPT		both		577.19	259.74	Out-of-Network
IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	87650	CPT		both		200.5	90.23	Out-of-Network
IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	87651	CPT	QW	both		43.33	19.5	Out-of-Network
IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	87653	CPT		both		175.45	78.95	Out-of-Network

IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	87660	CPT		both		316.37	142.37	Out-of-Network
IADNA Trichomonas Amplified Probe Tech Male or Female	87661	CPT		both		276.81	124.56	Out-of-Network
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT		both		361	162.45	Out-of-Network
Infectious agent detection by nucleic acid, not otherwise specified; quantification, each organism	87799	CPT		both		428.4	192.78	Out-of-Network
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT		both		1154.61	519.57	Out-of-Network
IAADIADOO STREPTOCOCCUS GROUP B	87802	CPT		both		189.06	85.08	Out-of-Network
CLOSTRIDIUM TOXIN A W/OPTIC	87803	CPT		both		216.84	97.58	Out-of-Network
IAADIADOO INF	87400	CPT	QW	both		256.36	115.36	Out-of-Network
IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	87806	CPT	QW	both		396.06	178.23	Out-of-Network
IAADIADOO RSV	87807	CPT	QW	both		63.65	28.64	Out-of-Network
IAADIADOO TRICHOMONAS VAGINALIS	87808	CPT		both		152.9	68.81	Out-of-Network
INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	87809	CPT		both		217.6	97.92	Out-of-Network
CHYLM D TRACH ASSAY W/OPTIC (Urine)	87810	CPT		both		189.06	85.08	Out-of-Network
IAADIDO-Obs; sev rep syn coronavirus; Infl A&B	87812	CPT	QW	both		744.8	335.16	Out-of-Network
IAADIADOO NEISSERIA GONORRHOEAE	87850	CPT		both		197.23	88.75	Out-of-Network
IAADIADOO STREPTOCOCCUS GRP	87880	CPT	QW	both		216.58	97.46	Out-of-Network
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT	QW	both		184.81	83.16	Out-of-Network
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT		both		704	316.8	Out-of-Network
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT		both		764.6	344.07	Out-of-Network
Cytopathology, cervical or vaginal	88141	CPT		both		340.99	153.45	Out-of-Network
Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	88150	CPT		both		177.6	79.92	Out-of-Network
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT		both		2219.96	998.98	Out-of-Network
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT		both		1966.27	884.82	Out-of-Network
Molecular cytogenetics; DNA probe, each (eg, FISH)	88271	CPT		both		214.2	96.39	Out-of-Network
Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	88274	CPT		both		423.8	190.71	Out-of-Network
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT		both		420.56	189.25	Out-of-Network
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT		both		894.24	402.41	Out-of-Network
IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	88346	CPT		both		1217.85	548.03	Out-of-Network
Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, jt fluid), except blood	89050	CPT		both		117.58	52.91	Out-of-Network
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT		both		55.3	24.89	Out-of-Network
Leukocyte assessment	89055	CPT		both		42.9	19.31	Out-of-Network
CRYSTAL ID LIGHT MICROSCOPY Alys TISS/ANY FLUID	89060	CPT		both		117.74	52.98	Out-of-Network
SPTM OBTG SPEC AERSL INDUCED SPX	89220	CPT		both		147.61	66.42	Out-of-Network
HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	90371	CPT		both		7909.1	3559.1	Out-of-Network
RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	90375	CPT		both		2397.96	1079.08	Out-of-Network
Immunization administration through 18 yts of age via any ro...	90460	CPT		both		187.24	84.26	Out-of-Network
IMADM PRQ ID SUBQ/IM NJXS 1 VACC	90471	CPT		both		263.42	118.54	Out-of-Network
IMMUNIZATION ADMIN EACH ADD	90472	CPT		both		164.22	73.9	Out-of-Network
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT		both		191.9	86.36	Out-of-Network
Imm adm IM, severe resp sym coronavirus: 1st or only	90480	CPT		both		237.1	106.7	Out-of-Network

Immun admin IM, severe resp syn coronavirus ea addtl	90481	CPT		both		237.1	106.7	Out-of-Network
Immun counsel;not admin on same dos,3min upto 10mins	90482	CPT		both		147	66.15	Out-of-Network
Imm counsel nt admn on dos; greater 10mins upto 20mins	90483	CPT		both		283.9	127.76	Out-of-Network
Immun counsel not admin on dos; greater than 20mins	90484	CPT		both		414.2	186.39	Out-of-Network
Influenza virus vaccine (IIV) H5, pandemic split virus,IM	90631	CPT		both		204.55	92.05	Out-of-Network
Influeza virus vaccine, H5N1, cell cultures, adj,IM	90635	CPT		both		204.55	92.05	Out-of-Network
INFLUENZA VIRUS VACC SPLIT PRSRV FR 3 YEARS + IM	90656	CPT		both		176.88	79.6	Out-of-Network
Influenza virus vaccine, trivalent, split virus, when admini...	90658	CPT		both		204.55	92.05	Out-of-Network
INFLUENZA VIRUS VACCINE LIVE INTRANASAL	90660	CPT		both		106.08	47.74	Out-of-Network
CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	90661	CPT		both		204.55	92.05	Out-of-Network
CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	90674	CPT		both		176.88	79.6	Out-of-Network
RABIES VACCINE INTRAMUSCULAR	90675	CPT		both		3747.2	1686.24	Out-of-Network
RIV4 VACC RECOMB DNA PRSRV ANTIBIO FREE IM 0.5 mL (18 years or older)	90682	CPT		both		536.13	241.26	Out-of-Network
IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE 5 mL (6 mths or older)	90688	CPT		both		536.1	241.25	Out-of-Network
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	90700	CPT		both		48.37	21.77	Out-of-Network
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT		both		287.72	129.47	Out-of-Network
TD TOXOIDS ADSORBED PRSRV FR 7 YR + IM	90714	CPT		both		217.7	97.97	Out-of-Network
TDAP VACCINE 7 YR + IM	90715	CPT		both		223.3	100.49	Out-of-Network
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT		both		280	126	Out-of-Network
HEPATITIS B VACCINE ADULT DOSAGE INTRAMUSCULAR	90746	CPT		both		120.2	54.09	Out-of-Network
CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	90756	CPT		both		176.88	79.6	Out-of-Network
PSYCHOTHERAPY COMPLEX INTERACTIVE	90785	CPT		both		148.9	67.01	Out-of-Network
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791	CPT		both		1416.7	637.52	Out-of-Network
PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	90792	CPT		both		1982.2	891.99	Out-of-Network
PSYCHOTHERAPY W/PATIENT 30 MINUTES	90832	CPT		both		772.7	347.72	Out-of-Network
Psychotherapy, 30 minutes w/patient when performed with an evaluation and management service	90833	CPT		both		628.7	282.92	Out-of-Network
PSYCHOTHERAPY W/PATIENT 45 MINUTES	90834	CPT		both		940.6	423.27	Out-of-Network
Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	90836	CPT		both		815.9	367.16	Out-of-Network
PSYCHOTHERAPY W/PATIENT 60 MINUTES	90837	CPT		both		1412.7	635.72	Out-of-Network
Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	90838	CPT		both		1081.6	486.72	Out-of-Network
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT		both		1095.4	492.93	Out-of-Network
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT		both		1184.6	533.07	Out-of-Network
GROUP PSYCHOTHERAPY	90853	CPT		both		280.2	126.09	Out-of-Network
INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	90875	CPT		both		691	310.95	Out-of-Network
INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	90876	CPT		both		1094.5	492.53	Out-of-Network
ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	90954	CPT		both		8630.5	3883.73	Out-of-Network
ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	90968	CPT		both		194.4	87.48	Out-of-Network
HEMOPERFUSION	90997	CPT		both		618.77	278.45	Out-of-Network
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT		both		825.36	371.41	Out-of-Network
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES	92100	CPT		both		445.51	200.48	Out-of-Network

POSITIONAL NYSTAGMUS TEST	92542	CPT		both		336.9	151.61	Out-of-Network
CARDIOPULM RESUSCITATION	92950	CPT		both		1221.46	549.66	Out-of-Network
TEMPORARY TRANSCUTANEOUS PACING	92953	CPT		both		11.3	5.09	Out-of-Network
CARDIOVERSION ELECTIVE ARRHYT XTRNL	92960	CPT		both		1648.85	741.98	Out-of-Network
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT		both		2744.7	1235.12	Out-of-Network
THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	92977	CPT		both		602.3	271.04	Out-of-Network
ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	93000	CPT		both		374.8	168.66	Out-of-Network
CV STRS TST XERS&/OR RX CONT ECG W/SI&R	93015	CPT		both		924.37	415.97	Out-of-Network
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT		both		446.78	201.05	Out-of-Network
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT		both		191.02	85.96	Out-of-Network
RHYTHM ECG 1-3 LDS W/I&R	93040	CPT		both		390	175.5	Out-of-Network
RHYTHM ECG 1-3 LDS TRCG ONLY W/O I&R	93041	CPT		both		336	151.2	Out-of-Network
RHYTHM ECG 1-3 LDS I&R ONLY	93042	CPT		both		66.31	29.84	Out-of-Network
WEARABLE ECG 24 HR W/VIS SUPIMPOS SCAN PHYS R&I	93224	CPT		both		342	153.9	Out-of-Network
XTRNL ECG & 48 HR RECORDING	93225	CPT		both		519	233.55	Out-of-Network
EXTERNAL ECG SCANNING ANALYSIS REPORT	93226	CPT		both		740	333	Out-of-Network
XTRNL MOBILE CV TELEMTRY W/I&REPORT 30 DAYS	93228	CPT		both		295.6	133.02	Out-of-Network
XTRNL MOBILE CV TELEMTRY W/TECHNICAL SUPPORT	93229	CPT		both		7947.3	3576.29	Out-of-Network
External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	93241	CPT		both		2579.8	1160.91	Out-of-Network
External electrocardiographic recording more than 48 hours up to 7 days continuous rhythm recording and storage; (includes connection and initial recording)	93242	CPT		both		119.8	53.91	Out-of-Network
External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	93243	CPT		both		2233.6	1005.12	Out-of-Network
External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	93244	CPT		both		226.4	101.88	Out-of-Network
Extrnl EKG recording for more than 7 days up to 15 days by continuous recording and storage	93245	CPT		both		2704.2	1216.89	Out-of-Network
External electrocardiographic recording more than 7 days up to 15 days continuous rhythm recording, storage; (includes connection and initial recording)	93246	CPT		both		392.5	176.63	Out-of-Network
Extrnl EKG rec more than 7-15 days by cont. rhy rec; analy w/report	93247	CPT		both		2343.4	1054.53	Out-of-Network
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT		both		3649	1642.05	Out-of-Network
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT		both		4142	1863.9	Out-of-Network
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT		both		2447	1101.15	Out-of-Network
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT		both		2447	1101.15	Out-of-Network
TEE R-T IMG 2D W/PROBE PLMT ONLY	93313	CPT		both		6051	2722.95	Out-of-Network
TEE R-T IMG 2D IMG ACQUISJ I&R ONLY	93314	CPT		both		6457	2905.65	Out-of-Network

Doppler echocardiography, pulsed wave and/or continuous wave with spectral display	93321	CPT		both		249.7	112.37	Out-of-Network
ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	93350	CPT		both		2470.32	1111.64	Out-of-Network
ECHO TTHRC R-T 2D -+M-MODE REST&STRS CONT ECG	93351	CPT		both		2363.51	1063.58	Out-of-Network
L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	93452	CPT		both		10838.7	4877.42	Out-of-Network
PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	93583	CPT		both		8249.3	3712.19	Out-of-Network
PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	93623	CPT		both		2184.49	983.02	Out-of-Network
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT		both		1800.3	810.14	Out-of-Network
DUP-SCAN XTRC ART COMPL BI STD	93880	CPT		both		2595.6	1168.02	Out-of-Network
DUP-SCAN XTRC ART UNI/LMTD STD	93882	CPT		both		1368.35	615.76	Out-of-Network
TCD STD ICRA ART COMPL STD	93886	CPT		both		1367.4	615.33	Out-of-Network
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT		both		1193.33	537	Out-of-Network
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS; Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries	93923	CPT		both		1874.43	843.49	Out-of-Network
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT		both		6241.51	2808.68	Out-of-Network
DOPPLER - DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STD	93926	CPT		both		1937.04	871.67	Out-of-Network
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT		both		2729	1228.05	Out-of-Network
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STD	93931	CPT		both		707.16	318.22	Out-of-Network
DUP-SCAN XTR VEINS COMPL BI STD	93970	CPT		both		2558.52	1151.33	Out-of-Network
DUP-SCAN XTR VEINS UNI/LMTD STD	93971	CPT		both		1620.96	729.43	Out-of-Network
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT		both		3614.16	1626.37	Out-of-Network
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT		both		2208.28	993.73	Out-of-Network
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT		both		2514	1131.3	Out-of-Network
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT		both		1557.33	700.8	Out-of-Network
PENILE VASCULAR STUDY	93980	CPT		both		1130.44	508.7	Out-of-Network
US DUPLEX HEMODIALYSIS ACCESS	93990	CPT		both		1403.8	631.71	Out-of-Network
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT		both		398.4	179.28	Out-of-Network
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT		both		322.81	145.26	Out-of-Network
PULM STRS TSTG CPLX	94621	CPT		both		1558.94	701.52	Out-of-Network
PROFAIR NEB TREATMENT AIRWAY INHALATION TREATMENT	94640	CPT		both		573	257.85	Out-of-Network
INHALATION TREATMENT - CONTINUOUS 1ST HR	94644	CPT		both		364	163.8	Out-of-Network
CONT INHALATION TREATMENT EA ADDL HR	94645	CPT		both		311	139.95	Out-of-Network
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT		both		760	342	Out-of-Network
Diffusing capacity (eg, CO,membrane)	94729	CPT		both		543.4	244.53	Out-of-Network
PULSE OX -N-INVAS EAR/PLS OXIMTRY F/O2 SAT 1 DETER	94760	CPT	59	both		167.77	75.5	Out-of-Network
N-INVAS EAR/PLS OXIMTRY F/O2 SAT MLT DETERS	94761	CPT		both		360.92	162.41	Out-of-Network
POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	95783	CPT		both		12688.53	5709.84	Out-of-Network
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	95800	CPT		both		1909.8	859.41	Out-of-Network
SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	95801	CPT		both		1025.2	461.34	Out-of-Network
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT		both		1555.4	699.93	Out-of-Network
POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	95810	CPT		both		6984.1	3142.85	Out-of-Network
POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	95811	CPT		both		8533.69	3840.16	Out-of-Network
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT		both		3662.8	1648.26	Out-of-Network
ELECTROENCEPHALOGRAM EXTND MNTR >1 HR	95813	CPT		both		4551.9	2048.36	Out-of-Network

ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT		both			4092.8	1841.76	Out-of-Network
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT		both			4813.7	2166.17	Out-of-Network
ELECTROENCEPHALOGRAM ALL NIGHT RECORDING	95827	CPT		both			6271.6	2822.22	Out-of-Network
TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	95921	CPT	59	both			1163.66	523.65	Out-of-Network
MONITOR ID& LATERALIZATION SEIZURE FOCUS EEG	95950	CPT		both			3296.7	1483.52	Out-of-Network
DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	95957	CPT		both			3741.87	1683.84	Out-of-Network
ELEC ALYS NSTIM PLS GEN SMPL SC/PERPH W/PRGRMG	95971	CPT		both			760.83	342.37	Out-of-Network
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT		both			474.3	213.44	Out-of-Network
CANALITH REPOSITIONING PROCEDURE	95992	CPT		both			491.63	221.23	Out-of-Network
COMPRE CPTR MTN ALYS VIDEO TAPING 3-D KINEMATICS	96000	CPT		both			1637.69	736.96	Out-of-Network
HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 1ST ASSMT	96150	CPT		both			240	108	Out-of-Network
HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT RE-ASSMT	96151	CPT		both			239.7	107.87	Out-of-Network
HLTH&BEHAVIOR IVNTJ EA 15 MIN INDIV	96152	CPT		both			220	99	Out-of-Network
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT	59	both			380.11	171.05	Out-of-Network
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT		both			353.58	159.11	Out-of-Network
IV THERAPY 1ST >1 HOUR	96365	CPT	59	both			557	250.65	Out-of-Network
IV THERAPY, EACH ADDL HOUR	96366	CPT		both			351.82	158.32	Out-of-Network
IV NFS THER PROPH/DX ADDL SEQUENTIAL NFS >1 HR	96367	CPT		both			397.79	179.01	Out-of-Network
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT		both			380.11	171.05	Out-of-Network
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT		both			1660.5	747.23	Out-of-Network
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT		both			174.8	78.66	Out-of-Network
Subcutaneous infusion for therapy or prophylaxis	96371	CPT		both			279.74	125.88	Out-of-Network
INJECTION, INTRAMUSCULAR OR SUBCUTANEOUS	96372	CPT	59	both			328.1	147.65	Out-of-Network
INJECTION, INTRA-ARTERIAL	96373	CPT		both			345.15	155.32	Out-of-Network
IV PUSH THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT	59	both			454.35	204.46	Out-of-Network
IV PUSH ADD DRUG THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG	96375	CPT		both	1	UN	307.61	138.42	Out-of-Network
SUBCUTANEOUS INFUSION EACH ADDITIONAL IV PUSH	96376	CPT		both			334.14	150.36	Out-of-Network
INJECTION - UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	96379	CPT		both			322.28	145.03	Out-of-Network
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT		both			1580.3	711.14	Out-of-Network
CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	96415	CPT		both			342.7	154.22	Out-of-Network
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT		both			1584.4	712.98	Out-of-Network
REFILLING & MAINTENANCE PORTABLE PUMP	96521	CPT		both			1643.9	739.76	Out-of-Network
IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT		both			306.3	137.84	Out-of-Network
ICE CAP OR COLLAR	97010	CPT		both			19.44	8.75	Out-of-Network
APPLICATION MODALITY 1/> AREAS INFRARED	97026	CPT		both			150	67.5	Out-of-Network
APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	97032	CPT		both			167.8	75.51	Out-of-Network
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT		both			347.5	156.38	Out-of-Network
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT		both			395.4	177.93	Out-of-Network
Therapeutic procedure, 1 or more areas, each 15 minutes; gai...	97116	CPT		both			190.87	85.89	Out-of-Network
MANUAL THERAPY 1/> REGIONS	97140	CPT		both			401.49	180.67	Out-of-Network
Athletic training evaluation, low complexity (School Physical)	97169	CPT		both			125	56.25	Out-of-Network
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT		both			387.3	174.29	Out-of-Network
Rmvl devital tis 20 cm/<	97597	CPT		both			178.65	80.39	Out-of-Network

Debridement, open wound, total wound(s) surface area; each additional 20 sq cm	97598	CPT	both	243	109.35	Out-of-Network
Removal of devitalized tissue from wound(s), non-selective debridement, w/o anesthesia, per session	97602	CPT	both	1987	894.15	Out-of-Network
Negative pressure wound therapy, utilizing DME, including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	97605	CPT	both	239.7	107.87	Out-of-Network
Low frequency, non-contact, non-thermal ultrasound	97610	CPT	both	1907.5	858.38	Out-of-Network
MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	97802	CPT	both	386.5	173.93	Out-of-Network
OSTEOPATH MANJ 1-2 REGIONS	98925	CPT	both	320.47	144.21	Out-of-Network
CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	98940	CPT	both	255.9	115.16	Out-of-Network
CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	98941	CPT	both	392.1	176.45	Out-of-Network
CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	98943	CPT	both	267.5	120.38	Out-of-Network
Remote therap monitoring w/patient; 1st 10 mins	98979	CPT	both	113.6	51.12	Out-of-Network
HANDLG&OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT	both	27.14	12.21	Out-of-Network
HANDLG&OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT	both	61.88	27.85	Out-of-Network
POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	99024	CPT	both	400.95	180.43	Out-of-Network
SUPPLIES&MATERIALS PRV BY PHYS >&ABOVE	99070	CPT	both	79.91	35.96	Out-of-Network
ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS	99072	CPT	both	75	33.75	Out-of-Network
Returned Item Fee	99080	CPT	both	25	11.25	Out-of-Network
M-SEDATION BY PHYS OTH/THN HC PROF PERFRMG 5+	99149	CPT	both	549.82	247.42	Out-of-Network
MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	99151	CPT	both	664.75	299.14	Out-of-Network
MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	99152	CPT	both	657.65	295.94	Out-of-Network
MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	99153	CPT	both	256.36	115.36	Out-of-Network
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT	both	1256.26	565.32	Out-of-Network
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	99156	CPT	both	984.86	443.19	Out-of-Network
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT	both	751.41	338.13	Out-of-Network
VISUAL ACUITY SCREENING	99173	CPT	both	441.98	198.89	Out-of-Network
IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	99175	CPT	both	212.14	95.46	Out-of-Network
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT	both	1167.6	525.42	Out-of-Network
OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	99202	CPT	both	570.3	256.64	Out-of-Network
OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	99203	CPT	both	857	385.65	Out-of-Network
OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	99204	CPT	both	1451.7	653.27	Out-of-Network
OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	99205	CPT	both	1894.6	852.57	Out-of-Network
OFFICE OUTPATIENT VISIT 5 MINUTES	99211	CPT	both	103.9	46.76	Out-of-Network
OFFICE OUTPATIENT VISIT 10 MINUTES	99212	CPT	both	287.2	129.24	Out-of-Network
OFFICE OUTPATIENT VISIT 15 MINUTES	99213	CPT	both	574.7	258.62	Out-of-Network
OFFICE OUTPATIENT VISIT 25 MINUTES	99214	CPT	both	886.3	398.84	Out-of-Network
OFFICE OUTPATIENT VISIT 40 MINUTES	99215	CPT	both	1249.3	562.19	Out-of-Network
INITIAL OBSERVATION CARE/DAY 50 MINUTES	99219	CPT	both	2219.62	998.83	Out-of-Network
1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	99221	CPT	both	1155.1	519.8	Out-of-Network
1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	99222	CPT	both	1494.8	672.66	Out-of-Network
1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	99223	CPT	both	2294.2	1032.39	Out-of-Network
SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	99231	CPT	both	560.6	252.27	Out-of-Network
SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	99232	CPT	both	890.4	400.68	Out-of-Network

SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	99233	CPT		both		1339.4	602.73	Out-of-Network
EM for Observation or inpatient hospital care	99234	CPT		both		2602	1170.9	Out-of-Network
EM for Observation or inpatient hospital care	99235	CPT		both		3447	1551.15	Out-of-Network
HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	99236	CPT		both		3504.83	1577.17	Out-of-Network
HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	99238	CPT		both		908.5	408.83	Out-of-Network
HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	99239	CPT		both		1289.4	580.23	Out-of-Network
OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	99242	CPT		both		630.8	283.86	Out-of-Network
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT		both		995.8	448.11	Out-of-Network
OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	99244	CPT		both		1520.2	684.09	Out-of-Network
OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	99245	CPT		both		2033.3	914.99	Out-of-Network
IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	99252	CPT		both		806.4	362.88	Out-of-Network
IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	99253	CPT		both		1124.7	506.12	Out-of-Network
IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	99254	CPT		both		1565.4	704.43	Out-of-Network
IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	99255	CPT		both		2097.5	943.88	Out-of-Network
EMER DEPT SELF LIMITED/MINOR	99281	CPT	25	both		962.27	400	Out-of-Network
EMER DEPT STRAIGHTFORWARD SEVERITY	99282	CPT	25	both		1581.32	725	Out-of-Network
EMER DEPT LOW LEVEL SEVERITY	99283	CPT	25	both		2872.68	1200	Out-of-Network
EMER DEPT MODERATE LEVEL EVAL	99284	CPT	25	both		3518.13	1725	Out-of-Network
EMER DEPT HIGH SEVERITY&THREAT FUNCJ	99285	CPT	25	both		4594.21	2650	Out-of-Network
CC E/M CRITICALLY ILL/INJURED 1ST 30-74 MIN	99291	CPT	25	both		4708	2118.6	Out-of-Network
CC E/M CRITICALLY ILL/INJURED EA 30 MIN	99292	CPT		both		5313	2390.85	Out-of-Network
PHYS SUPVJ PT HOME HLTH AGENCY MO 15-29 MINUTES	99374	CPT		both		363.27	163.47	Out-of-Network
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT		both		1094.9	492.71	Out-of-Network
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT		both		1327.3	597.29	Out-of-Network
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT		both		122.94	55.32	Out-of-Network
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT		both		334.88	150.7	Out-of-Network
ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	99408	CPT		both		381.6	171.72	Out-of-Network
Needle-free injection device, each	A4210	CPT		both		10.58	4.76	Out-of-Network
STERILE WATER/SALINE, FLUSH 10 ML	A4216	CPT		both		15.1	6.8	Out-of-Network
STERILE WATER/SALINE, FLUSH 50 ML (per 10 ml)	A4216	CPT		both		5.3	2.39	Out-of-Network
STERILE WATER/SALINE, 500 ML	A4217	CPT		both		40.32	18.14	Out-of-Network
Sterile saline or water, metered dose dispenser, 10 ml	A4218	CPT		both		5.3	2.39	Out-of-Network
CHLORHEXIDINE (gluconate) ANTISEPT	A4248	CPT		both		88.4	39.78	Out-of-Network
GLUCOSE TEST STRIP - BLOOD KETONE TEST OR STRIP	A4252	CPT		both		9.14	4.11	Out-of-Network
CATHETER W/O BAG 2-WAY LATEX	A4311	CPT		both		53.04	23.87	Out-of-Network
CATHETER W/BAG 3-WAY	A4313	CPT		both		42.42	19.09	Out-of-Network
CATH W/DRAINAGE 2-WAY LATEX	A4314	CPT		both		19.44	8.75	Out-of-Network
Benzoin - Skin barrier liquid per oz	A4369	CPT		both		11.14	5.01	Out-of-Network
SLINGS	A4565	CPT		both		221	99.45	Out-of-Network
SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR...	A4566	CPT		both		182.63	82.18	Out-of-Network
SPLINT	A4570	CPT		both		190.06	85.53	Out-of-Network
ORTHO GLASS 4	A4590	CPT		both		190.06	85.53	Out-of-Network
ORTHO GLASS 3	A4590	CPT		both		127.29	57.28	Out-of-Network
OXYGEN PROBE USED W OXIMETER	A4606	CPT		both		192.71	86.72	Out-of-Network

Infant Pulse Oximeter Adhesive Sensor- 300ct/box	A4649	CPT		both		172.5	77.63	Out-of-Network
CO2 DETECTOR	A4649	CPT		both		27.11	12.2	Out-of-Network
ZOLL ADULT DEFIBRILLATOR PADS	A4649	CPT		both		261.51	117.68	Out-of-Network
DIAL A FLOW TUBING	A4649	CPT		both		5.21	2.34	Out-of-Network
FLEETS ENEMA (SODIUM PHOSPHATE)	J8498	CPT		both		55.96	25.18	Out-of-Network
WOODS LAMP	A4649	CPT		both		26	11.7	Out-of-Network
ABUTER MASK	A4649	CPT		both		17.68	7.96	Out-of-Network
SODIUM CHLORIDE BOTTLE 1000 ML	A4649	CPT		both		17.68	7.96	Out-of-Network
Silver SulfADIAZINE 1% topical Cream 20 gm TUBE	A4649	CPT		both		61.01	27.45	Out-of-Network
NITRATEST PHENAPHTHAZINE PAPER	A4649	CPT		both		3.22	1.45	Out-of-Network
OXYGEN MASK	A4649	CPT		both		32.53	14.64	Out-of-Network
Sodium Chloride 0.9% Mini 50ml Ea	A4649	CPT		both		2.85	1.28	Out-of-Network
Sodium Chloride 0.9% Mini 50ml Ea	A4649	CPT		both		2.85	1.28	Out-of-Network
FLUOR-I-STRIP	J8499	CPT		both		21.39	9.63	Out-of-Network
SYRINGE WITH OR WITHOUT NEEDLE	A4657	CPT		both		10.58	4.76	Out-of-Network
AUTOMATIC BP MONITOR, DIAL	A4670	CPT		both		54.1	24.35	Out-of-Network
SALINE LOCK	A4673	CPT		both		21.22	9.55	Out-of-Network
BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	A4770	CPT		both		9.04	4.07	Out-of-Network
SKIN SEAL PROTECT MOISTURIZER OINTMENT (NEOSPORIN/TRIP ANT)	A6250	CPT		both		8.4	3.78	Out-of-Network
Aquaphor Hand and Body Moisturizer	A6250	CPT		both		171.7	77.27	Out-of-Network
Benadryl Topical Cream (Diphenhydramine-Zinc Acetate)	A6250	CPT		both		15.1	6.8	Out-of-Network
Betamethasone Dipropionate Gel (Diprolene Gel); 15 GM tube	A6250	CPT		both		547	246.15	Out-of-Network
Capsaicin 0.025% topical cream, 60 gm	A6250	CPT		both		107.9	48.56	Out-of-Network
CeraVe Hydrating Cleanser Lotion	A6250	CPT		both		120.8	54.36	Out-of-Network
Clobetasol Cream 0.05%; Topical	A6250	CPT		both		249.2	112.14	Out-of-Network
Clotrimazole (Canesten) Cream 1%	A6250	CPT		both		20.5	9.23	Out-of-Network
Zinc Oxide Ointment 40% (Desitin)	A6250	CPT		both		31.1	14	Out-of-Network
Diclofenac Sodium 1%; ointment	A6250	CPT		both		118.5	53.33	Out-of-Network
Hydrocortisone Cream 2.5% - Topical	A6250	CPT		both		22.4	10.08	Out-of-Network
Lidocaine HCL 4% topical; 50mL	A6250	CPT		both		91	40.95	Out-of-Network
LIDOCAINE 2% VISCOUS 15ML Solution Topical	A6250	CPT		both		15.74	7.08	Out-of-Network
Lidocaine 2% Jelly 100mg/5ml (URO-JET)	A6250	CPT		both		55.9	25.16	Out-of-Network
LIDOCAINE WITH PRILOCAINE 2.5/2.5 30 GRAM TUBE	A6250	CPT		both		135.13	60.81	Out-of-Network
Permethrin Topical Cream; Tube	A6250	CPT		both		176.5	79.43	Out-of-Network
Preparation H-Hemorrhoidal Ointment 0.9oz	A6250	CPT		both		84.6	38.07	Out-of-Network
Voltaren (diclofenac) 1% topical gel 100 gm tube	A6250	CPT		both		118.5	53.33	Out-of-Network
WOUND CLEANSER	A6260	CPT		both		150.27	67.62	Out-of-Network
WOUND FILLER GEL/PASTE TOPICAL (Iodosorb, Cadexomer)	A6261	CPT		both		85.93	38.67	Out-of-Network
ACE WRAP - LT COMPRES BAND >=5	A6450	CPT		both		26.53	11.94	Out-of-Network
CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	A7001	CPT		both		15.03	6.76	Out-of-Network
SUCTION TUBING USED W PUMP	A7002	CPT		both		141.77	63.8	Out-of-Network
NEBULIZER ADMINISTRATION SET	A7003	CPT		both		85.39	38.43	Out-of-Network
FILTERED NEBULIZER ADMIN SET	A7006	CPT		both		114.92	51.71	Out-of-Network

NONDISPOS CORRUGATED TUBING	A7011	CPT		both		19.44	8.75	Out-of-Network
NEBULIZER MASK USED W NEBULIZER	A7015	CPT		both		85.39	38.43	Out-of-Network
NEBULIZER DOME & MOUTHPIECE	A7016	CPT		both		35.35	15.91	Out-of-Network
NEBULIZER MASK NOT USED W OXYGEN	A7017	CPT		both		85.39	38.43	Out-of-Network
Water, distilled, used with large volume nebulizer, 1000 ml	A7018	CPT		both		76.79	34.56	Out-of-Network
TRACH/LARYN TUBE NON-CUFFED	A7520	CPT		both		56.13	25.26	Out-of-Network
Naphcon-A Ophthalmic drops	A9150	CPT		both		12.35	5.56	Out-of-Network
TYLENOL UP TO 1GM (1000MG)	A9150	CPT		both		3.25	1.46	Out-of-Network
Zicam	A9150	CPT		both		12.08	5.44	Out-of-Network
Multivitamin (Single vitamin nos)	A9152	CPT		both		1.05	0.47	Out-of-Network
Surgicel Absorbable Hemostat Sterile 1/2x2 Patch	A9270	CPT		both		231.2	104.04	Out-of-Network
Surgicel Absorbable Hemostat Sterile 2x3 Patch	A9270	CPT		both		406.1	182.75	Out-of-Network
IODINE SOLUTION PREP 1OZ	A9530	CPT		both		1.29	0.58	Out-of-Network
Injection, gadoterate meglumine, (Dotarem) 0.1 ml	A9575	CPT		both		194.4	87.48	Out-of-Network
Dotarem Contrast 15 mL vial	A9575	CPT		both		291.7	131.27	Out-of-Network
Dotarem Contrast 20 mL vial	A9575	CPT		both		390	175.5	Out-of-Network
Prohance Gadoteridol 279.3 mg/mL; injection vial 5 mL	A9576	CPT		both		120	54	Out-of-Network
Inj, Gadolinium MRI contrast agent, NOS, per 1 ml	A9579	CPT		both		23.83	10.72	Out-of-Network
Gadavist (Gadobutrol) 0.1 mL	A9585	CPT		both		10.19	4.59	Out-of-Network
Bronchoscope Disposable	A9999	CPT		both		1200	540	Out-of-Network
Acetaminophen Suppository 650mg	J8498	CPT		both		16.9	7.61	Out-of-Network
ACETYLCYSTEINE 200MG, oral solution	J3490	CPT		both		12.79	5.76	Out-of-Network
Acetaminophen 250mg Aspirin 250mg Caffeine 65mg PO	J8499	CPT		both		4.1	1.85	Out-of-Network
Infusion, albumin (human), 5%, 250 ml	P9045	CPT		both		1771.12	797	Out-of-Network
AminoProtect - Lysine, Arginine, 1000ml Bag	J3490	CPT		both		1449.6	652.32	Out-of-Network
Ampicillin 250mg Injection	J3490	CPT		both		25.65	11.54	Out-of-Network
Ampicillin 1 GM Injection	J3490	CPT		both		37.95	17.08	Out-of-Network
ANTACID (ADVANCE), single dose	J8499	CPT		both		1.73	0.78	Out-of-Network
APRACLONIDINE HYDROCHLORIDE, 5 mg/mL	J8499	CPT		both		1262.24	568.01	Out-of-Network
Artificial Tear Drops 1.4%	V2799	CPT		both		17.5	7.88	Out-of-Network
ATORVASTATIN (LIPITOR) 10 mg TAB	J8499	CPT		both		3.51	1.58	Out-of-Network
ATORVASTATIN (LIPITOR) 80MG	J8499	CPT		both		28.06	12.63	Out-of-Network
Augmentin 200 mg/5 ml	J8499	CPT		both		11.65	5.24	Out-of-Network
Nasogastric tubing with stylet	B4081	CPT		both		186.8	84.06	Out-of-Network
Nasogastric tubing without stylet	B4082	CPT		both		134.3	60.44	Out-of-Network
Bethanechol 10mg Tab	J8499	CPT		both		9.7	4.37	Out-of-Network
Banana Bag IV Solution	J3490	CPT		both		1967.5	885.38	Out-of-Network
Benzocaine Topical Spray (Dental Anesthetic)	J3490	CPT		both		678.5	305.33	Out-of-Network
Brimonidine Tartrate 0.2% drops 5ml	J3490	CPT		both		180.6	81.27	Out-of-Network
Budesonide Oral Cap 3mg	J8499	CPT		both		34.1	15.35	Out-of-Network
Cath, inf, per/cent/midline	C1751	CPT		both		200	90	Out-of-Network
Infusion pump, programmable (implantable)	C1772	CPT		both		200	90	Out-of-Network
Calcium Carbonate Chew (TUMS) 500MG PO	J8499	CPT		both		16.79	7.56	Out-of-Network
Calcium Carbonate Chew (TUMS)500MG PO	J8499	CPT		both		16.79	7.56	Out-of-Network
Calcitriol Capsule 0.25mcg/1	J8499	CPT		both		7.1	3.2	Out-of-Network

Calamine Lotion 160mg/mL	J3490	CPT		both		3.38	1.52	Out-of-Network
CARAFATE 1GM TAB	J8499	CPT		both		71.85	32.33	Out-of-Network
Carafate 1GM/10ML Susp	J8499	CPT		both		23.1	10.4	Out-of-Network
Carbamazepine (Tegretol) 100 MG chew tab	J8499	CPT		both		6.65	2.99	Out-of-Network
Carbidopa and Levodopa up to 100MG	J8499	CPT		both		7.2	3.24	Out-of-Network
Celecoxib 100MG	J8499	CPT		both		6.3	2.84	Out-of-Network
Cepacol (Benzocaine) PO	J8499	CPT		both		2.83	1.27	Out-of-Network
Chlordiazepoxide HCL (Librium), 25 mg	J8499	CPT		both		1.47	0.66	Out-of-Network
Chloraseptic Lozenges 1 unit dose PO	J8499	CPT		both		1.8	0.81	Out-of-Network
Ciprofloxacin 400mg/200mL Infusion	J3490	CPT		both		34.5	15.53	Out-of-Network
Clonidine TTS (Catapres-TSS) 0.2mg Patch	J8499	CPT		both		23.71	10.67	Out-of-Network
Cinacalcet	J8499	CPT		both		5.9	2.66	Out-of-Network
COLCHICINE - COLCRYS 0.6mg PO	J8499	CPT		both		11.24	5.06	Out-of-Network
Coly-Mycin S Otic, Ear Drops	J3490	CPT		both		30.14	13.56	Out-of-Network
Ascorbic Acid 500mg/ml Injection	J3490	CPT		both		144.96	65.23	Out-of-Network
Citalopram Hydrobromide 10MG	J8499	CPT		both		2.4	1.08	Out-of-Network
Cyclopentolate 2% eye drops 5ml	J3490	CPT		both		873.6	393.12	Out-of-Network
D5 1/2 NS 1000mL Infusion	S5010	CPT		both		147.2	66.24	Out-of-Network
Dabigatran 75mg/1 Capsules	J8499	CPT		both		3.4	1.53	Out-of-Network
Sennosides and Docusate Sodium TAB	J8499	CPT		both		1.9	0.86	Out-of-Network
Debrox, Carbamide Peroxide 6.5%, Otic drops	J3490	CPT		both		44.39	19.98	Out-of-Network
Injection, deferoxamine mesylate, 500 mg	J0895	CPT		both		17.01	7.65	Out-of-Network
DEXAMETHASONE SODIUM PHOS 4MG	J3490	CPT		both		130.12	58.55	Out-of-Network
Oral Dexamethasone Per 0.25MG (Tablet)	J8540	CPT		both		1.29	0.58	Out-of-Network
Dextrose 10% IV solution 1,000 mL	J3490	CPT		both		28.4	12.78	Out-of-Network
Dextromethorphan ER (Delsym) 30MG/5ML	J8499	CPT		both		6.4	2.88	Out-of-Network
Diclofenac Sodium 1%; ointment (Medicare)	A6250	CPT		both		118.5	53.33	Out-of-Network
Dantrolene Sodium (Ryanodex) 20mg/1	J3490	CPT		both		3474.17	1563.38	Out-of-Network
Doxylamine-Pyridoxine (Diclegis) 10-10 MG	J8499	CPT		both		5.21	2.34	Out-of-Network
Diphenhydramine HCl (Oral Solution) (Benadryl)	J8499	CPT		both		10.1	4.55	Out-of-Network
Dexmedetomidine, oral, 1 mcg	J1105	CPT		both		1355	609.75	Out-of-Network
CRUTCH UNDERARM PAIR WOOD	E0112	CPT		both		261.76	117.79	Out-of-Network
CRUTCH UNDERARM PAIR NO WOOD	E0114	CPT		both		88.4	39.78	Out-of-Network
CRUTCH UNDERARM EACH NO WOOD	E0116	CPT		both		88.4	39.78	Out-of-Network
UNDERARM SPRINGASSIST CRUTCH	E0117	CPT		both		182.79	82.26	Out-of-Network
WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEEL...	E0144	CPT		both		2171.02	976.96	Out-of-Network
HOT WATER BOTTLE	E0220	CPT		both		53.04	23.87	Out-of-Network
BED PAN STANDARD	E0275	CPT		both		17.68	7.96	Out-of-Network
URINAL MALE JUG-TYPE	E0325	CPT		both		9.73	4.38	Out-of-Network
DISPOSABLE PACK W/BOWEL SYST (VAG SPECULUM)	E0352	CPT		both		267.5	120.38	Out-of-Network
OXIMETER NON-INVASIVE	E0445	CPT		both		186.5	83.93	Out-of-Network
NEBULIZER WITH COMPRESSION	E0570	CPT		both		339.22	152.65	Out-of-Network
NEBULIZER FOR USE W/ REGULAT	E0580	CPT		both		441.98	198.89	Out-of-Network
Continuous airway pressure (CPAP) device	E0601	CPT		both		499.45	224.75	Out-of-Network

EnBrace HR/MF 7mg soft gel capsule	J8499	CPT		both		17.3	7.79	Out-of-Network
Enlyte-D	B5000	CPT		both		11.7	5.27	Out-of-Network
Ephedrine Sulfate up to 50mg	J3490	CPT		both		268.5	120.83	Out-of-Network
Ethyl Chloride Topical Spray, 1 mL/1 spray pump	A6250	CPT		both		4.6	2.07	Out-of-Network
Fluorescein-Benoxinate Opht Drops 0.25%-0.4%	A9150	CPT		both		229	103.05	Out-of-Network
Fondaparinux Sodium 2.5mg/5ml	J1652	CPT		both		249.4	112.23	Out-of-Network
Prostate Cancer Screening; Prostate Specific Antigen test (PSA)	G0103	CPT		both		261.17	117.53	Out-of-Network
DERMABOND - WOUND CLOSURE BY ADHESIVE	G0168	CPT		both		50.51	22.73	Out-of-Network
REMOVAL OF IMPACTED WAX MD	G0268	CPT		both		275.49	123.97	Out-of-Network
HOSPITAL OBSERVATION PER HR	G0378	CPT		both		2443.75	1099.69	Out-of-Network
Direct admission of patient for hospital observation care	G0379	CPT		both		950	427.5	Out-of-Network
Drug test presumpt optical	G0477	CPT		both		137.17	61.73	Out-of-Network
Drug test def 1-7 classes	G0480	CPT		both		1144.3	514.94	Out-of-Network
Drug test def 8-14 classes	G0481	CPT		both		1565.9	704.66	Out-of-Network
Drug test def 15-21 classes	G0482	CPT		both		1987.4	894.33	Out-of-Network
Drug test def 22+ classes	G0483	CPT		both		2469.2	1111.14	Out-of-Network
Drug test def simple all cl	G0659	CPT		both		350	157.5	Out-of-Network
Brief check in by md/qhp	G2012	CPT		both		148.6	66.87	Out-of-Network
Assay of Salicylate	G6038	CPT		both		128.31	57.74	Out-of-Network
Assay of Acetaminophen	G6039	CPT		both		91.45	41.15	Out-of-Network
ANTROM PRESCRIBE	G8895	CPT		both		7.3	3.29	Out-of-Network
Heparin 25K units/250mL	J1644	CPT		both		131.4	59.13	Out-of-Network
HYDRALAZINE 50 mg Tab	J8499	CPT		both		1.9	0.86	Out-of-Network
HYDROCODONE AND ACETAMINOPHEN 2.5-108MG/5ML ELIXIR	J3490	CPT		both		76.02	34.21	Out-of-Network
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT		both		604	271.8	Out-of-Network
Imodium AD (Loperamide) 1MG/7.5ML Liquid	J8499	CPT		both		13	5.85	Out-of-Network
Ofirmev - Acetaminophen inj, 10mg/mL	J0131	CPT		both		5.37	2.42	Out-of-Network
Acetaminophen 1000mg/100ml IV Solution	J0131	CPT		both		44.3	19.94	Out-of-Network
Acetylcysteine (ACETADOTE), 100 mg/mL injection	J0132	CPT		both		54.06	24.33	Out-of-Network
Acyclovir 500mg/10mL IV	J3490	CPT		both		78.2	35.19	Out-of-Network
Inj, Adenosine, 1 mg	J0153	CPT		both		98.65	44.39	Out-of-Network
Injection, epinephrine, NOS, 0.1 mg	J0165	CPT		both		27.76	12.49	Out-of-Network
Inj, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	J0166	CPT		both		27.76	12.49	Out-of-Network
Inj, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	J0167	CPT		both		27.76	12.49	Out-of-Network
Inj, epinephrine (intl med sys), not therapeutically equivalent to j0165, 0.1 mg	J0168	CPT		both		27.76	12.49	Out-of-Network
Inj, epinephrine (adrenalin), not therapeutically equiv to j0165, 0.1 mg	J0169	CPT		both		27.76	12.49	Out-of-Network
AMIODARONE HCL 30MG	J0282	CPT		both		20.73	9.33	Out-of-Network
AMPICILLIN 500 MG INJ	J0290	CPT		both		32.53	14.64	Out-of-Network
AMPICILLIN SODIUM PER 1.5 GM - UNASYN	J0295	CPT		both		44.44	20	Out-of-Network
Succinylcholine Chloride Inj; up to 20 mg	J0330	CPT		both		13.63	6.13	Out-of-Network
HYDRALAZINE HCL INJ 20MG	J0360	CPT		both		261.65	117.74	Out-of-Network

ZITHROMAX - AZITHROMYCIN 500MG	J0456	CPT		both		122.88	55.3	Out-of-Network
Injection, atropine sulfate, 0.01 mg	J0461	CPT		both		91.8	41.31	Out-of-Network
BENTYL - DICYCLOMINE INJECTION 20MG	J0500	CPT		both		32.53	14.64	Out-of-Network
Injection, benztropine mesylate, per 1 mg	J0515	CPT		both		559.25	251.66	Out-of-Network
Bicillin L-A Injection 100,000 units	J0561	CPT		both		169	76.05	Out-of-Network
Butorphanol Tartrate 1 mg; inj (Stadol)	J0595	CPT		both		21.22	9.55	Out-of-Network
Calcium Gluconate (fresenius kabi), per 10 ml; Injection	J0612	CPT		both		219.57	98.81	Out-of-Network
LEVOLEUCOVORIN INJECTION	J0641	CPT		both		3.54	1.59	Out-of-Network
Injection, bupivacaine, 0.5 mg	J0665	CPT		both		70.77	31.85	Out-of-Network
ANCEF - CEFAZOLIN SODIUM INJECTION 500MG	J0690	CPT		both		32.28	14.53	Out-of-Network
Injection, cefepime hydrochloride, 500 mg	J0692	CPT		both		92.31	41.54	Out-of-Network
Injection, cefoxitin sodium, 1 gm	J0694	CPT		both		70.28	31.63	Out-of-Network
ROCEPHIN - CEFTRIAZONE SODIUM 250MG	J0696	CPT		both		67.14	30.21	Out-of-Network
Inj, Betamethasone Sodium Phosphate & Acetate 5mL	J0702	CPT		both		550.28	247.63	Out-of-Network
CAFFEINE AND SODIUM BENZOATE - 2mL vial - 250mg inj	J0706	CPT		both		235.98	106.19	Out-of-Network
J0708	J0708	CPT		both		32.53	14.64	Out-of-Network
CLONIDINE HYDROCHLORIDE 1 MG	J0735	CPT		both		11.25	5.06	Out-of-Network
CLEOCIN - CLINDAMYCIN PHOSP 300MG; Injection	J0736	CPT		both		48.32	21.74	Out-of-Network
CIPROFLOXACIN IV	J0744	CPT		both		216.58	97.46	Out-of-Network
COMPAZINE - PROCHLORPERAZINE up to 10MG	J0780	CPT		both		19.38	8.72	Out-of-Network
Cosyntropin 0.25MG Vial	J0834	CPT		both		238	107.1	Out-of-Network
Dalvance (Dalbavancin) 500 mg; injection	J0875	CPT		both		8500	3825	Out-of-Network
DEXAMETHASONE SODIUM PHOS 1MG	J1100	CPT		both		32.53	14.64	Out-of-Network
DIHYDROERGOTAMINE MESYLATE (D.H.E 45) INJ, PER 1MG	J1110	CPT		both		127.24	57.26	Out-of-Network
Acetazolamide Sodium; injection, up to 500 mg	J1120	CPT		both		3241.97	1458.89	Out-of-Network
Phenytoin Sodium, Injection per 50 mg	J1165	CPT		both		61.88	27.85	Out-of-Network
Hydromorphone (Dilaudid) 0.1 mg, Injection	J1171	CPT		both		1.55	0.7	Out-of-Network
BENADRYL - DIPHENHYDRAMINE HCL INJECTION 50MG	J1200	CPT		both		32.53	14.64	Out-of-Network
DIMENHYDRINATE INJECTION 50MG	J1240	CPT		both		49.84	22.43	Out-of-Network
Dopamine IV Injection	J1265	CPT		both		232.6	104.67	Out-of-Network
PEPCID - INJECTION, FAMOTIDINE, 0.25 MG	J1308	CPT		both		4.28	1.93	Out-of-Network
Injection, eptifibatide, 5 mg	J1327	CPT		both		62.97	28.34	Out-of-Network
INJ ERTAPENEM (INVANZ) 500MG	J1335	CPT		both		30.05	13.52	Out-of-Network
Fluconazole (Diflucan) 400mg/0.2L (200ml)	J1450	CPT		both		50.5	22.73	Out-of-Network
Garamycin, gentamicin, up to 80 mg Inj	J1580	CPT		both		76.02	34.21	Out-of-Network
Glycopyrrolate, 0.1 mg Inj	J1596	CPT		both		33.2	14.94	Out-of-Network
GLUCAGON HYDROCHLORIDE/1 MG	J1610	CPT		both		102.8	46.26	Out-of-Network
Injection, haloperidol, up to 5 mg	J1630	CPT		both		460.97	207.44	Out-of-Network
HALOPERIDOL DECANOATE INJ	J1631	CPT		both		134.21	60.39	Out-of-Network
BOLUS IV LOCK PUSH - INJ HEPARIN SODIUM PER 10 U	J1642	CPT		both		20.33	9.15	Out-of-Network
INJ HEPARIN SODIUM PER 1000U	J1644	CPT		both		46.56	20.95	Out-of-Network
Heparin Premixed Bag 25,000/500ML	J1644	CPT		both		160.6	72.27	Out-of-Network
LOVENOX - INJ ENOXAPARIN SODIUM PER 10MG	J1650	CPT		both		48.9	22.01	Out-of-Network
TETANUS IMMUNE GLOBULIN INJ	J1670	CPT		both		61.88	27.85	Out-of-Network
Inj, hydrocortisone sodium (Solu-Cortef) 100 mg	J1720	CPT		both		119.19	53.64	Out-of-Network

Inj Hydrocortisone 250 mg/2 mL	J1720	CPT		both		467.3	210.29	Out-of-Network
Iron Sucrose 100 mg/5 mL	J1756	CPT		both		425.7	191.57	Out-of-Network
DROPERIDOL INJECTION	J1790	CPT		both		4.82	2.17	Out-of-Network
Esmolol HCl (Brevibloc), 10mg, inj	J1805	CPT		both		2.74	1.23	Out-of-Network
INSULIN INJECTION (Humulin) 100/mL	J1815	CPT		both		588.3	264.74	Out-of-Network
Insulin Injection (Admetog/Lispro) 100 u/mL 10mL	J1815	CPT		both		1156.2	520.29	Out-of-Network
Insulin Injection (Admetog/Lispro) 100 u/mL 3mL	J1815	CPT		both		452.2	203.49	Out-of-Network
Insulin Injection (Aspart/Novolog)	J1815	CPT		both		833.9	375.26	Out-of-Network
Insulin Injection (Lantus/Glargine) 100 u/mL	J1815	CPT		both		740.8	333.36	Out-of-Network
Insulin Injection (Isophane/Regular) 70/20 100 u/mL	J1815	CPT		both		588.3	264.74	Out-of-Network
Insulin IV (Myxredlin) 100ML	J1815	CPT		both		403.5	181.58	Out-of-Network
Insulin Injection (Novolin) 10 mL	J1815	CPT		both		588.3	264.74	Out-of-Network
Insulin for admin through dme (i.e., insulin pump) per 50 units	J1817	CPT		both		18.58	8.36	Out-of-Network
TORADOL,(KETOROLAC TROMETHAMINE) PER 15 MG	J1885	CPT		both		32.53	14.64	Out-of-Network
INJECTION, LANREOTIDE, 1 MG	J1930	CPT		both		260.44	117.2	Out-of-Network
Injection, furosemide (Lasix) , 1 mg	J1938	CPT		both		32.53	14.64	Out-of-Network
LEUPROLIDE ACETATE /3.75 MG	J1950	CPT		both		4564.89	2054.2	Out-of-Network
Inj: Levetiracetam, per 10mg	J1953	CPT		both		16.86	7.59	Out-of-Network
LEVOFLOXACIN INJECTION	J1956	CPT		both		181.21	81.54	Out-of-Network
Levsin (hyoscyamine sulfate) up to 0.25 mg	J1980	CPT		both		77.63	34.93	Out-of-Network
Lidocaine 1% 200mg/20ml MDV	J2001	CPT		both		21.2	9.54	Out-of-Network
Injection, lidocaine hcl in 5% dextrose, 1 mg	J2002	CPT		both		57.4	25.83	Out-of-Network
Injection, lidocaine hydrochloride, 10mg/mL	J2003	CPT		both		57.4	25.83	Out-of-Network
Lidocaine Epinephrine (Xylocaine) 2% (20mL); vial	J2004	CPT		both		65.9	29.66	Out-of-Network
Lidocaine 1% PF 50MG/5ML Ampule	J2004	CPT		both		12.3	5.54	Out-of-Network
ATIVAN - LORAZEPAM INJECTION 2MG	J2060	CPT		both		150.45	67.7	Out-of-Network
Injection, Meperidine Hydrochloride, per 100 mg	J2175	CPT		both		90.4	40.68	Out-of-Network
Injection, Meropenem, 100 mg (Merrem)	J2185	CPT		both		53.6	24.12	Out-of-Network
Methylnaltrexone (Relistor) 0.1 mg; Injection	J2212	CPT		both		12.59	5.67	Out-of-Network
INJ MIDAZOLAM HCl 1MG/ML	J2250	CPT		both		243.3	109.49	Out-of-Network
MORPHINE SULFATE INJECTION UP TO 10MG	J2270	CPT		both		32.53	14.64	Out-of-Network
INJ NALBUPHINE HYDROCHLORIDE	J2300	CPT		both		76.02	34.21	Out-of-Network
Injection, naloxone hydrochloride, NOS 0.01 mg	J2312	CPT		both		34.56	15.55	Out-of-Network
Vivitrol 380 mg; IM	J2315	CPT		both		3220.14	1449.06	Out-of-Network
Injection, octreotide, non-depot form for subcu or intravenous injec, 25 mcg	J2354	CPT		both		33.18	14.93	Out-of-Network
Olanzapine (Zyprexa), long-acting, 1 mg injection	J2358	CPT		both		30.44	13.7	Out-of-Network
NORFLEX - ORPHENADRINE UP TO 60MG	J2360	CPT		both		186.09	83.74	Out-of-Network
Injection, phenylephrine hydrochloride, 20 micrograms	J2371	CPT		both		124.04	55.82	Out-of-Network
ZOFRAN (ONDANSETRON HCL INJECTION 1MG)	J2405	CPT		both		32.53	14.64	Out-of-Network
Injection, pantoprazole sodium, 40 mg	J2470	CPT		both		292.77	131.75	Out-of-Network
INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	J2540	CPT		both		75.23	33.85	Out-of-Network
Piperacillin/Tazobactam Sodium (Zosyn); Inj	J2543	CPT		both		88.4	39.78	Out-of-Network
PHENERGAN - PROMETHAZINE HCL INJECTION UP TO 50MG	J2550	CPT		both		32.53	14.64	Out-of-Network
Phenobarbital Sodium 130 mg vial	J2560	CPT		both		597.7	268.97	Out-of-Network

Injection, oxytocin, up to 10 units (10units/mL)	J2590	CPT		both		154.8	69.66	Out-of-Network
PRELONE - INJEC PREDNISOLONE ACETATE UP TO 1 ML	J2650	CPT		both		9.19	4.14	Out-of-Network
PROCAINAMIDE HCL INJECTION	J2690	CPT		both		32.53	14.64	Out-of-Network
Injection, propofol, 10 mg	J2704	CPT		both		23.98	10.79	Out-of-Network
PRALIDOXIME CHLORIDE	J2730	CPT		both		32.53	14.64	Out-of-Network
Metoclopramide HCL (Reglan); injection	J2765	CPT		both		45.52	20.48	Out-of-Network
Quinupristin/dalfopristin	J2770	CPT		both		247.07	111.18	Out-of-Network
RHOGAM INJECTION	J2790	CPT		both		653.4	294.03	Out-of-Network
Naropin 0.2% 20 mg/10 mL (Ropivacaine HCL); Inj	J2795	CPT		both		99.6	44.82	Out-of-Network
METHOCARBOMAL INJECTION	J2800	CPT		both		32.27	14.52	Out-of-Network
SINCALIDE INJECTION	J2805	CPT		both		79.56	35.8	Out-of-Network
NA ferric gluconate complex in sucrose inj, 12.5mg	J2916	CPT		both		19.18	8.63	Out-of-Network
NA ferric gluconate complex in sucrose inj, 62.5 mg/5mL	J2916	CPT		both		95.94	43.17	Out-of-Network
Methylprednisolone Sodium Succinate, Injection 5mg/1	J2919	CPT		both		22.22	10	Out-of-Network
FENTANYL CITRATE INJ 0.1 mg/mL (Up to 100MCG)	J3010	CPT		both		31.33	14.1	Out-of-Network
SUMATRIPTAN SUCCINATE / 6 MG	J3030	CPT		both		9.73	4.38	Out-of-Network
Tenecteplase (TNKase), 1 mg	J3101	CPT		both		177.1	79.7	Out-of-Network
Terbutaline Sulfate, injection, up to 1mg	J3105	CPT		both		62.1	27.95	Out-of-Network
TESTOSTERONE ENANTHATE INJ, 1mg	J3121	CPT		both		35.35	15.91	Out-of-Network
Injection, chlorpromazine HCl, up to 50 mg	J3230	CPT		both		92.18	41.48	Out-of-Network
TOBRAMYCIN SULFATE INJECTION	J3260	CPT		both		54.54	24.54	Out-of-Network
Injection, triamcinolone acetonide 40MG/ML	J3301	CPT		both		188.1	84.65	Out-of-Network
VALIUM - DIAZEPAM INJECTION UP TO 5 MG	J3360	CPT		both		16.25	7.31	Out-of-Network
Injection, vancomycin hydrochloride, 10 mg	J3373	CPT		both		5.53	2.49	Out-of-Network
Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3373, 10 mg	J3374	CPT		both		5.53	2.49	Out-of-Network
Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3373, 10 mg	J3375	CPT		both		5.53	2.49	Out-of-Network
HYDROXYZINE HCL INJECTION	J3410	CPT		both		32.53	14.64	Out-of-Network
THIAMINE HCL 100 MG (inj)	J3411	CPT		both		367	165.15	Out-of-Network
VITAMIN B12 INJECTION	J3420	CPT		both		135.25	60.86	Out-of-Network
Magnesium Sulfate Injection, per 500mg/mL	J3475	CPT		both		152.6	68.67	Out-of-Network
POTASSIUM CHLORIDE INJ - K-DUR	J3480	CPT		both		2.39	1.08	Out-of-Network
GEODON - ZIPRASIDONE MESYLATE 10MG	J3486	CPT		both		52.87	23.79	Out-of-Network
AFRIN NASAL SPRAY	J3490	CPT		both		70.18	31.58	Out-of-Network
ASA UP TO 325MG TAB	J3490	CPT		both		11.25	5.06	Out-of-Network
Bactroban	J3490	CPT		both		89.24	40.16	Out-of-Network
Bumetanide (Bumex) 1mg; IV	J3490	CPT		both		26.2	11.79	Out-of-Network
Sublocade (Buprenorphine) 300 mg (SQ/IV)	J3490	CPT		both		9145.2	4115.34	Out-of-Network
Caramide Peroxide 6.5% wax drops	J8499	CPT		both		51.87	23.34	Out-of-Network
Diltiazem Hydrochloride Injection	J3490	CPT		both		66.5	29.93	Out-of-Network
J3490CARD	J3490	CPT		both		11.25	5.06	Out-of-Network
ACTIVATED CHARCOAL 25G	J3490	CPT		both		44.21	19.89	Out-of-Network
ACTIVATED CHARCOAL 25G	J8499	CPT		both		44.21	19.89	Out-of-Network
CLEOCIN - CLINDAMYCIN PHOSP 300MG -MEDICARE	J3490	CPT		both		48.32	21.74	Out-of-Network

TYLENOL W/ CODEINE 1 TSP	J3490	CPT		both		4.07	1.83	Out-of-Network
Combogesic IV Ibuprofen sodium/acetaminophen 1000 mg/300 mg per 100 mL	J3490	CPT		both		317.23	142.75	Out-of-Network
CroFab (Crotalidae Polyvalent Immune Fab) per vial	J3490	CPT		both		19287.52	8679.38	Out-of-Network
Cyclopentolate 1% eye drops; 2ml bottle	J3490	CPT		both		71.4	32.13	Out-of-Network
DAVROCET N - TAB	J8499	CPT		both		11.25	5.06	Out-of-Network
J3490DAV	J3490	CPT		both		11.25	5.06	Out-of-Network
DONNATOL 10 ML	J3490	CPT		both		18.38	8.27	Out-of-Network
Doxycycline 100 mg IV	J3490	CPT		both		308.1	138.65	Out-of-Network
Enalaprilat (Vasotec) 1.25mg/ml SDV	J3490	CPT		both		43.09	19.39	Out-of-Network
ERYTHROMYCIN 500MG/IV	J3490	CPT		both		113.84	51.23	Out-of-Network
Esmolol HCl (Brevibloc) 100 mg/10 mL vial	J3490	CPT		both		27.4	12.33	Out-of-Network
ETOMIDATE 20MG/10ML V 10/B	J3490	CPT		both		24.25	10.91	Out-of-Network
Flonase Nasal Spray 50ug/1	J8499	CPT		both		29.4	13.23	Out-of-Network
FOLIC ACID, 1mg/mL, injection	J3490	CPT		both		51.2	23.04	Out-of-Network
Tussin Liquid, GUAIFENESIN; 200 mg/10mL	J3490	CPT		both		7.02	3.16	Out-of-Network
CODEINE-GUAIFENESIN, 5 mL	J3490	CPT		both		57.5	25.88	Out-of-Network
Half Normal Saline (0.45% Sodium Chloride) Ivsol 0.45% 1000 mL	J3490	CPT		both		81.6	36.72	Out-of-Network
Hydrocortisone Cream 2.5% - Topical	J3490	CPT		both		22.4	10.08	Out-of-Network
Ibuprofen 800 mg; tab	J8499	CPT		both		11.25	5.06	Out-of-Network
IMODIUM-2MG TAB	J8499	CPT		both		13.27	5.97	Out-of-Network
K-DUR PER 20MEQ PO	J3490	CPT		both		2.39	1.08	Out-of-Network
KETAMINE HYDRO UP TO 50MG	J3490	CPT		both		44.21	19.89	Out-of-Network
LABETALOL UP TO 100 MG	J3490	CPT		both		8.86	3.99	Out-of-Network
Levocarnitine (Carnitor) 200 mg/5 mL; IV	J3490	CPT		both		372	167.4	Out-of-Network
VISCOUS XYLOCAINE	J3490	CPT		both		77.27	34.77	Out-of-Network
LIDOCAINE 10ML ORAL PO	J3490	CPT		both		56.19	25.29	Out-of-Network
LORTAB 5MG TAB	J8499	CPT		both		9.46	4.26	Out-of-Network
PEDIALYTE	J8499	CPT		both		36.62	16.48	Out-of-Network
MARCAINE 10ML	J3490	CPT		both		75.23	33.85	Out-of-Network
MAALOX 30 ML (MYLANTA)	J3490	CPT		both		48.22	21.7	Out-of-Network
Metronidazole 10mg Injection	J1836	CPT		both		5.71	2.57	Out-of-Network
Metoprolol Tartrate (Lopressor) 5 MG/5 mL	J3490	CPT		both		11.29	5.08	Out-of-Network
J3490 MOTR	J3490	CPT		both		10.61	4.77	Out-of-Network
MUCINEX DM ER (Guaifenesin & Dextromethorphan HBr) 600 MG - 30 MG tab	J3490	CPT		both		15.53	6.99	Out-of-Network
NAD+ 250 mg; IV (Nicotinamide Adenine Dinucleotide)	J3490	CPT		both		400	180	Out-of-Network
Injection, nitroglycerin, 5 mg	J2305	CPT		both		209.1	94.1	Out-of-Network
NORCO 5/325 MG (Hydrocodone Bitartrate and Acetaminophen)	J8499	CPT		both		41.87	18.84	Out-of-Network
Norvasc (Amlodipine), TAB 5MG	J3490	CPT		both		45.64	20.54	Out-of-Network
PROPOFOL 10MG	J3490	CPT		both		5.69	2.56	Out-of-Network
PROPARACAINE	J3490	CPT		both		26.53	11.94	Out-of-Network
Protamine Sulfate 10mg Injection	J2720	CPT		both		182.5	82.13	Out-of-Network

Phytonadione (Vitamin K), per 1 MG; inj	J3430	CPT		both		14.43	6.49	Out-of-Network
RACONIC 0.5ML	J3490	CPT		both		12.11	5.45	Out-of-Network
Remdesivir (Veklury) 100 mg vial	J3490	CPT		both		720	324	Out-of-Network
RACEMIC EPINEPHRINE (inhalation solution)	J8499	CPT		both		17.68	7.96	Out-of-Network
ROCURONIUM INJ. UP TO 10MG	J3490	CPT		both		26.67	12	Out-of-Network
Scopolamine Transdermal Patch 1 mg/72 hr	J3490	CPT		both		58.4	26.28	Out-of-Network
SPRAY - HURRICANE SPRAY	J3490	CPT		both		214.53	96.54	Out-of-Network
TETRACAINE - PONTOCAINE 1% 2ML IM/IV	J3490	CPT		both		85.39	38.43	Out-of-Network
Tetracaine 5 mg/mL drops	J3490	CPT		both		85.39	38.43	Out-of-Network
Tranexamic Acid (Lyteda) VL 1000 MG/10 mL	J3490	CPT		both		81.58	36.71	Out-of-Network
Tranexamic Acid (Cyklokapron) 1000 mg/10 mL; inj	J3490	CPT		both		278.7	125.42	Out-of-Network
Triamcinolone Acetonide (Kenalog) Topical 0.1% 30 GM	A6250	CPT		both		35.2	15.84	Out-of-Network
TYLENOL 450MG	J3490	CPT		both		106.08	47.74	Out-of-Network
J3490TYL	J3490	CPT		both		11.25	5.06	Out-of-Network
TYLENOL 400 MG	J3490	CPT		both		97.24	43.76	Out-of-Network
TYLENOL 1000MG	J3490	CPT		both		194.47	87.51	Out-of-Network
TYLENOL 500MG	J3490	CPT		both		114.92	51.71	Out-of-Network
TYLENOL UP TO 200 MG	J3490	CPT		both		48.62	21.88	Out-of-Network
TYLENOL 325 MG	J3490	CPT		both		53.04	23.87	Out-of-Network
TYLENOL W/ CODIENE	J3490	CPT		both		53.04	23.87	Out-of-Network
Valproic Acid/Depacon (Valproate Sodium) Inj 100 mg	J3490	CPT		both		27.6	12.42	Out-of-Network
Vasotec/Enalapril 2.5mg tab	J8499	CPT		both		9.49	4.27	Out-of-Network
VERAPAMIL HCL, TAB 40MG (100/BT)	J8499	CPT		both		184.62	83.08	Out-of-Network
VERAPAMIL HYDROCHLORIDE IV, 2.5 mg/mL	J3490	CPT		both		382.95	172.33	Out-of-Network
VICODIN	J3490	CPT		both		17.68	7.96	Out-of-Network
J3490 VICO	J3490	CPT		both		7.06	3.18	Out-of-Network
Vistaril (Hydroxyzine) tab per 25mg	J8499	CPT		both		39.49	17.77	Out-of-Network
MULTIVITAMIN INJ	J3490	CPT		both		10.21	4.59	Out-of-Network
LIDOCAINE 10ML ORAL PO	J3490	CPT		both		56.19	25.29	Out-of-Network
NORMAL SALINE SOLUTION INFUS 1000CC	J7030	CPT		both		80.63	36.28	Out-of-Network
NORMAL SALINE SOLUTION INFUS - 500 ML=1 UNIT	J7040	CPT		both		40.32	18.14	Out-of-Network
5% DEXTROSE/NORMAL SALINE	J7042	CPT		both		40.32	18.14	Out-of-Network
NORMAL SALINE SOLUTION INFUS 250cc	J7050	CPT		both		39.57	17.81	Out-of-Network
5% dextrose/water 500ML	J7060	CPT		both		14.04	6.32	Out-of-Network
D5W INFUSION	J7070	CPT		both		106.08	47.74	Out-of-Network
DEXTRAN 75 INFUSION	J7110	CPT		both		194.36	87.46	Out-of-Network
RINGERS LACTATE INFUSION	J7120	CPT		both		137.2	61.74	Out-of-Network
D5LR - 5% dextrose in lactated ringers infusion, up to 1000 cc	J7121	CPT		both		59.11	26.6	Out-of-Network
hypertonic saline solution, 1 ml	J7131	CPT		both		114.92	51.71	Out-of-Network
PRELONE - ORAL PREDNISOLONE PER 5 MG	J7510	CPT		both		11.25	5.06	Out-of-Network
ORAPRED - ORAL PREDNISOLONE PER 5 MG	J7510	CPT		both		11.25	5.06	Out-of-Network
PREDNISONE ORAL PER 1MG	J7512	CPT		both		11.25	5.06	Out-of-Network
LEVALBUTEROL COMP CON UNIT DOSE 1MG	J7607	CPT		both		28.46	12.81	Out-of-Network
Acetylcysteine (Mucolytic Agent) 20% 200mg/mL	J7608	CPT		both		41.04	18.47	Out-of-Network
ALBUTEROL COMP UNIT 1MG	J7609	CPT		both		221	99.45	Out-of-Network

Albuterol, inhalation solution, admin DME, 1 mg	J7610	CPT		both		21.39	9.63	Out-of-Network
ALBUTEROL NON-COMP CON	J7611	CPT		both		21.39	9.63	Out-of-Network
LEVALBUTEROL NON-COMP CON	J7612	CPT		both		21.56	9.7	Out-of-Network
ALBUTEROL NON-COMP UNIT	J7613	CPT		both		21.39	9.63	Out-of-Network
XOPENEX - LEVALBUTEROL NON-COMP UNIT	J7614	CPT		both		28.46	12.81	Out-of-Network
LEVALBUTEROL COMP UNIT 0.5MG	J7615	CPT		both		28.46	12.81	Out-of-Network
Albuterol Sulfate and Ipratropium Bromide	J7620	CPT		both		21.39	9.63	Out-of-Network
Budesonide non-comp unit, up to 0.5 mg (Pulmicort)	J7626	CPT		both		151.8	68.31	Out-of-Network
Dexamethasone Sodium Phosphate 1mL	J7637	CPT		both		11.73	5.28	Out-of-Network
Dexamethasone, inhal sol, compd prod,unit dose, per milligram	J7638	CPT		both		17.17	7.73	Out-of-Network
FORMOTEROL,INHAL,SOLUT,COMP,UNIT DOSE, 12Microgram	J7640	CPT		both		40.37	18.17	Out-of-Network
ATROVENT 0.5 (IPRATROPIUM BROMIDE) NON-COMP	J7644	CPT		both		46.18	20.78	Out-of-Network
INHALATION SOLUTION FOR DME	J7699	CPT		both		12.44	5.6	Out-of-Network
Mineral Oil Enema 110 g	J8498	CPT		both		46.77	21.05	Out-of-Network
Aspirin 300 mg; suppository	J8498	CPT		both		12.76	5.74	Out-of-Network
Promethazine Hydrochloride (Phenergan) 25 mg; supp	J8498	CPT		both		123.7	55.67	Out-of-Network
5-HTP 100 mg; PO	J8499	CPT		both		1.41	0.63	Out-of-Network
Aripiprazole (Abilify) 10 MG	J8499	CPT		both		2.83	1.27	Out-of-Network
Acamprosate Calcium 333 mg; PO	J8499	CPT		both		9.87	4.44	Out-of-Network
Acetaminophen (Tylenol) 160 mg/5 mL; oral solution	J8499	CPT		both		3.6	1.62	Out-of-Network
Acetaminophen Elixir Liquid 250 MG; PO	J8499	CPT		both		3.6	1.62	Out-of-Network
Actidose - Aqua 50gm/240mL	J8499	CPT		both		271.9	122.36	Out-of-Network
Actidose Aqua 15 gram/72ml	J8499	CPT		both		85.9	38.66	Out-of-Network
Acyclovir 800MG tab (Valtrex)	J8499	CPT		both		14.94	6.72	Out-of-Network
Adderall 20 mg; PO	J8499	CPT		both		8.65	3.89	Out-of-Network
AFRIN NASAL SPRAY	J8499	CPT		both		70.18	31.58	Out-of-Network
Albuked (Albumin) 25% 100 mL; vial	J8499	CPT		both		112	50.4	Out-of-Network
Cordarone Amiodarone Hydrochloride 200 MG; tab	J8499	CPT		both		3.02	1.36	Out-of-Network
Amitriptyline Hydrochloride (Elavil) 25mg; tab	J8499	CPT		both		1.4	0.63	Out-of-Network
Ammonia Aromatic Spirit	J8499	CPT		both		2.5	1.13	Out-of-Network
Amoxicillin/Clavulanate 875mg/125mg tab	J8499	CPT		both		13.51	6.08	Out-of-Network
ASPIRIN 325MG TAB 100/BT	J8499	CPT		both		7.77	3.5	Out-of-Network
ASPIRIN 81MG TAB ADULT CHEWABLE	J8499	CPT		both		6.84	3.08	Out-of-Network
Augmentin 875 tab	J8499	CPT		both		15.09	6.79	Out-of-Network
Amoxicillin and Clavulanate Potassium (Augmentin) 200 mg/5 mL	J8499	CPT		both		91.3	41.09	Out-of-Network
Baclofen 10 MG; PO	J8499	CPT		both		1.22	0.55	Out-of-Network
Bentyl 10 MG/mL cap	J8499	CPT		both		28.57	12.86	Out-of-Network
Benadryl Tab 25 mg Medicare	J8499	CPT		both		14.65	6.59	Out-of-Network
BENTYL –DICYCLOMINE 10 MG CAPSULE	J8499	CPT		both		1.6	0.72	Out-of-Network
BENTYL –DICYCLOMINE HCL	J8499	CPT		both		1.6	0.72	Out-of-Network
Benzocaine/Menthol 6-10 mg; PO	J8499	CPT		both		1.49	0.67	Out-of-Network
Benzonatate (Tessalon Perle) 100 mg; PO	J8499	CPT		both		9.2	4.14	Out-of-Network
Bisoprolol Fumarate 5 mg; tab	J8499	CPT		both		3.6	1.62	Out-of-Network

Brilinta (Ticagrelor) 60 mg; PO	J8499	CPT		both		79.29	35.68	Out-of-Network
Bumetanide (Bumex) 1 mg; PO	J8499	CPT		both		2.8	1.26	Out-of-Network
Bupropion SR Hydrochloride 100 mg; tab	J8499	CPT		both		1.4	0.63	Out-of-Network
Buprenorphine HCL (Subutex) 2 mg; tab	J8499	CPT		both		45.4	20.43	Out-of-Network
Buspirone 5 mg; tab	J8499	CPT		both		10.7	4.82	Out-of-Network
Captopril 25mg tab	J8499	CPT		both		16.18	7.28	Out-of-Network
Nicardipine Hydrochloride 1mg, Injection	J2404	CPT		both		242.1	108.95	Out-of-Network
Carvedilol (Coreg) 6.25 mg; tab	J8499	CPT		both		1.37	0.62	Out-of-Network
CBD (Vesisorb) 334 mg	J8499	CPT		both		16.6	7.47	Out-of-Network
CEDFINIR 125 MG/5ML Susp	J8499	CPT		both		212.4	95.58	Out-of-Network
Cefdinir 3.5cc	J8499	CPT		both		1.36	0.61	Out-of-Network
Cefdinir (Omnicef) 300 mg; cap	J8499	CPT		both		107.2	48.24	Out-of-Network
Cefpodoxime Proxetil 50 mg/5 mL; Oral Susp	J8499	CPT		both		404.5	182.03	Out-of-Network
Cefuroxime Axetil 500 mg; tab	J8499	CPT		both		33	14.85	Out-of-Network
Celebrex 100 mg; PO	J8499	CPT		both		11.6	5.22	Out-of-Network
Chlorpromazine 10 mg; tab	J8499	CPT		both		4.5	2.03	Out-of-Network
Cholestyramine 4 gm; powder packet	J8499	CPT		both		20.5	9.23	Out-of-Network
Clarithromycin (Biaxin) 500 mg; tab	J8499	CPT		both		9.74	4.38	Out-of-Network
Claritin 10mg tab	J8499	CPT		both		32.75	14.74	Out-of-Network
Clindamycin 300mg tab	J8499	CPT		both		11.16	5.02	Out-of-Network
Clindamycin 75 mg/5 mL Oral Solution	J8499	CPT		both		52.09	23.44	Out-of-Network
Clonazepam 0.5mg; tab	J8499	CPT		both		1.6	0.72	Out-of-Network
Clonazepam (Klonopin) 1mg; tab	J8499	CPT		both		2.66	1.2	Out-of-Network
Clotrimazole (Canesten) Cream 1%	J8499	CPT		both		20.5	9.23	Out-of-Network
Benzotropine Mesylate (Cogentin) 0.5 mg PO	J8499	CPT		both		2.42	1.09	Out-of-Network
Cyanocobalamin (Vitamin B12) 1000ug/ml Injection	J3420	CPT		both		20.69	9.31	Out-of-Network
Cymbalta (Duloxetine) up to 30 MG CAP	J8499	CPT		both		15.4	6.93	Out-of-Network
Cyproheptadine 4 mg; PO	J8499	CPT		both		1.42	0.64	Out-of-Network
Demerol up to 50mg	J8499	CPT		both		120.24	54.11	Out-of-Network
Dextrose (Glucose fast acting) 4gm; ODT	J8499	CPT		both		26.6	11.97	Out-of-Network
DHA/EPA 200mg/300mg	J8499	CPT		both		1.7	0.77	Out-of-Network
Diflucan (Fluconazole) 150 mg; tab	J8499	CPT		both		23.12	10.4	Out-of-Network
Digoxin 0.125 mg; PO	J8499	CPT		both		24.42	10.99	Out-of-Network
Dilantin (Phenytoin) 100 mg	J8499	CPT		both		2.77	1.25	Out-of-Network
Diltiazem Hydrochloride TAB	J8499	CPT		both		9.17	4.13	Out-of-Network
Oxybutynin (Ditropan) 5 mg; tab	J8499	CPT		both		1.6	0.72	Out-of-Network
Divalproex Sodium up to 500 mg; Tab	J8499	CPT		both		1.9	0.86	Out-of-Network
Donepezil (Aricept) 5 MG; tab	J8499	CPT		both		15.15	6.82	Out-of-Network
Donnatal 10 mL(GI)	J8499	CPT		both		18.38	8.27	Out-of-Network
Doxepin HCL 50 mg; cap	J8499	CPT		both		3.23	1.45	Out-of-Network
Doxylamine 25 mg; PO	J8499	CPT		both		2.2	0.99	Out-of-Network
Hydroxyzine HCl Oral 25 mg Tab	J8499	CPT		both		3	1.35	Out-of-Network
Effexor (Venlafaxine Hcl) up to 75 mg; Tab	J8499	CPT		both		2.6	1.17	Out-of-Network
Effer-K (Potassium) 25 mEq; PO	J8499	CPT		both		5.4	2.43	Out-of-Network
ELIQUIS (APIXABAN) PER 5 MG	J8499	CPT		both		110.17	49.58	Out-of-Network

Emtricitabine+Tenofovir (Truvada) 200mg/300mg tab	J8499	CPT		both		9.21	4.14	Out-of-Network
Escitalopram 10 mg; tab	J8499	CPT		both		2.8	1.26	Out-of-Network
Excedrin Migraine 250 mg; tab	J8499	CPT		both		2	0.9	Out-of-Network
Ezetimibe (Zetia) 10 mg; PO	J8499	CPT		both		3.86	1.74	Out-of-Network
Farxiga (Dapagliflozin) 10 mg; PO	J8499	CPT		both		189.7	85.37	Out-of-Network
Fenofibrate 145 mg; PO	J8499	CPT		both		21.2	9.54	Out-of-Network
Fentanyl Citrate (Sublimaze) 100 mcg/2 mL; Nasal Spray	J8499	CPT		both		27.4	12.33	Out-of-Network
Ferrous Sulfate 325 mg; tab	J8499	CPT		both		2.5	1.13	Out-of-Network
Finasteride 5 mg; PO	J8499	CPT		both		1.68	0.76	Out-of-Network
Fish Oil 1000mg Capsule	J8499	CPT		both		46.4	20.88	Out-of-Network
Flecainide Acetate (Tombacor) 50 MG; tab	J8499	CPT		both		67.8	30.51	Out-of-Network
Lactobacillus (Florajen Probiotic) 15 billion units, 390 mg; cap	J8499	CPT		both		5.79	2.61	Out-of-Network
Fluconazole 200 mg; tab	J8499	CPT		both		7.68	3.46	Out-of-Network
Fluticasone Propionate INH 50 mcg; nasal spray	J8499	CPT		both		54.7	24.62	Out-of-Network
Fluoxetine (Prozac) 10 MG; tab	J8499	CPT		both		7.63	3.43	Out-of-Network
Fosfomycin (Monurol) 3 gm packet; PO	J8499	CPT		both		1121.3	504.59	Out-of-Network
Gabapentin up to 800mg; Tab	J8499	CPT		both		7.56	3.4	Out-of-Network
Gabapentin up to 300mg; Cap	J8499	CPT		both		5.34	2.4	Out-of-Network
Gastroview 66%-10% 30 mL; oral solution	J8499	CPT		both		206.3	92.84	Out-of-Network
Gemfibrozil 600 mg tab; PO	J8499	CPT		both		24.3	10.94	Out-of-Network
Gentamicin Sulfate (GENTAK) DRP 0.3%	J8499	CPT		both		59.99	27	Out-of-Network
Glimepiride (Amaryl) 2 MG; tab	J8499	CPT		both		1.36	0.61	Out-of-Network
Glipizide (Glucotrol) 5 MG PO	J8499	CPT		both		13.8	6.21	Out-of-Network
Glucerna	J8499	CPT		both		35	15.75	Out-of-Network
Glucose Supplement, tube	J8499	CPT		both		39.4	17.73	Out-of-Network
Glyburide 5mg tablet	J8499	CPT		both		11.2	5.04	Out-of-Network
Golytely; PEG 3350 + Electrolytes 4000 mL; oral sol	J8499	CPT		both		236.4	106.38	Out-of-Network
E-Z Gas Effervescent Granules; PO	J8499	CPT		both		33.47	15.06	Out-of-Network
Guaifenesin Syrup 100 MG/5 mL	J8499	CPT		both		19.5	8.78	Out-of-Network
Tussin Liquid, GUAIFENESIN; 200 mg/10mL	J8499	CPT		both		7.02	3.16	Out-of-Network
Haloperidol 5 mg tab; PO	J8499	CPT		both		6.1	2.75	Out-of-Network
Hemp CBD Vesisorb 25mg Softgel Capsule	J8499	CPT		both		17.8	8.01	Out-of-Network
Prescription drug, oral, non chemotherapeuticHydroxycine 10mg tab	J8499	CPT		both		9.49	4.27	Out-of-Network
Hycodan Syrup 5 mL	J8499	CPT		both		80.5	36.23	Out-of-Network
Hydroxychloroquine (Plaquenil) 200 mg; tab	J8499	CPT		both		10.6	4.77	Out-of-Network
Hydrocodone/APAP 7.2/325 MG Elixir	J8499	CPT		both		30.6	13.77	Out-of-Network
Hydrocodone/Acetaminophen 7.5mg/15mLs	J8499	CPT		both		43.3	19.49	Out-of-Network
Hydrocortisone AC (Anucort-HC) 25mg; suppository	J8499	CPT		both		11.3	5.09	Out-of-Network
Hydroxyurea 500 mg; PO	J8499	CPT		both		2.97	1.34	Out-of-Network
Hyosyne 1 mL PO	J8499	CPT		both		16.22	7.3	Out-of-Network
Hyoscyamine Oral Disintegrating Tablet 0.125. mg	J8499	CPT		both		2.7	1.22	Out-of-Network
IBUPROFEN UP TO 600 MG(MOTRIN/ADVIL)	J8499	CPT		both		10.21	4.59	Out-of-Network
Isosorbide Dinitrate (Isodil) 10 mg; tab	J8499	CPT		both		6.51	2.93	Out-of-Network
Isosorbide Mononitrate (Imdur) 30 MG; tab	J8499	CPT		both		1.14	0.51	Out-of-Network

Ivermectin 3 mg; tab	J8499	CPT		both		54.2	24.39	Out-of-Network
Kayexalate (Sodium Polystyrene Sulfonate) 15gm/60mL; PO	J8499	CPT		both		277.4	124.83	Out-of-Network
K-DUR PER 20 meq/1500 mg; PO	J8499	CPT		both		2.39	1.08	Out-of-Network
Ketotifen Fumarate (Zaditor) 0.25% oph drop 5 mL	J8499	CPT		both		76.3	34.34	Out-of-Network
Ketorolac 0.5% mL; Opth	J1097	CPT		both		329.1	148.1	Out-of-Network
LABELALOL UP TO 100 MG	J8499	CPT		both		8.86	3.99	Out-of-Network
Lamotrigine (Lamictal) up to 100mg; Tab	J8499	CPT		both		3.54	1.59	Out-of-Network
Levetiracetam (Keppra) 500 mg Tab	J8499	CPT		both		1.14	0.51	Out-of-Network
Levothyroxine Sodium .025mg/1 Tab	J8499	CPT		both		16.22	7.3	Out-of-Network
Hyoscyamine, (Levsin) Sublingual Tab, .125 mg	J8499	CPT		both		2.73	1.23	Out-of-Network
LIDOCAINE HCl 2% - 10ML ORAL PO	J8499	CPT		both		56.19	25.29	Out-of-Network
LIDOCAINE 10ML ORAL(GI)	J8499	CPT		both		56.19	25.29	Out-of-Network
Linezolid (Zyvox) 600 MG; Tab	J8499	CPT		both		43.53	19.59	Out-of-Network
Lithium Carbonate ER 450 mg; tab	J8499	CPT		both		2	0.9	Out-of-Network
Loestrin (Norethindrone Acetate) 1 mg	J8499	CPT		both		95.6	43.02	Out-of-Network
Lokelma 10 gm; powder packet	J8499	CPT		both		316	142.2	Out-of-Network
Hydrocodone Bitartrate and Acetaminophen; LORTAB 2.5/108mg per 5mL	J8499	CPT		both		63.71	28.67	Out-of-Network
Losartan Potassium (Cozaar) 50 MG; tab	J8499	CPT		both		43.46	19.56	Out-of-Network
Losartan Potassium 25 MG; tab	J8499	CPT		both		21.73	9.78	Out-of-Network
Lyrica (Pregabalin) 50 mg; PO	J8499	CPT		both		1.4	0.63	Out-of-Network
Mag-Al + simeth, (Mylanta) Susp 200-200-20 MG	J8499	CPT		both		19.6	8.82	Out-of-Network
Magnesium Citrate (Citroma) 17.5 mg/300 mL	J8499	CPT		both		31.2	14.04	Out-of-Network
MAALOX 30 ML (MYLANTA)	J8499	CPT		both		48.22	21.7	Out-of-Network
Medroxyprogesterone Acetate (Provera) 20 mg; PO	J8499	CPT		both		16.4	7.38	Out-of-Network
Megace (Megestrol Acetate) 400 mg/10; PO	J8499	CPT		both		243.7	109.67	Out-of-Network
Meloxicam (Mobic) up to15 mg; Tab	J8499	CPT		both		1.3	0.59	Out-of-Network
Memantine Hydrochloride 5 mg; PO	J8499	CPT		both		3.52	1.58	Out-of-Network
Meropenem (Merrem) 1 GM; vial	J2185	CPT		both		126.73	57.03	Out-of-Network
METHIMAZOLE (TAPAZOLE) TAB 5MG	J8499	CPT		both		1.7	0.77	Out-of-Network
Metamucil 3.4 gm packet	J8499	CPT		both		4.1	1.85	Out-of-Network
Methadone Hydrochloride 10 mg; tab	J8499	CPT		both		3.17	1.43	Out-of-Network
Methylphenidate (Ritalin) 5 mg; tab	J8499	CPT		both		3.4	1.53	Out-of-Network
Metolazone Zaroxolyn 2.5 mg; PO	J8499	CPT		both		4.9	2.21	Out-of-Network
Magic Mouthwash (Diphenhydramine, Lidocaine, Maalox, Nystatin, Dexamethasone)	J8499	CPT		both		239.36	107.71	Out-of-Network
Midazolam (Versed) 5mg/2.5mL; syrup	J8499	CPT		both		48.24	21.71	Out-of-Network
Midodrine Hydrochloride 5 mg; tab	J8499	CPT		both		3.7	1.67	Out-of-Network
Mirabegron (Myrbetriq) 50 mg; PO	J8499	CPT		both		158	71.1	Out-of-Network
Mirapex (Pramipexole Dihydrochloride) 0.5 mg; tab	J8499	CPT		both		23.9	10.76	Out-of-Network
Misoprostol (Cytotec) 100 mcg; tab	J8499	CPT		both		6.7	3.02	Out-of-Network
Minoxidil (Loniten) 2.5 mg; PO	J8499	CPT		both		5.2	2.34	Out-of-Network
Morphine Sulfate IR 15mg Tab	J8499	CPT		both		8.8	3.96	Out-of-Network
MOTRIN 800 MG TABLET	J8499	CPT		both		6.04	2.72	Out-of-Network

MUCINEX DM ER (Guaifenesin & Dextromethorphan HBr) 600 MG - 30 MG tab	J8499	CPT	both	15.53	6.99	Out-of-Network
Multivitamin (Single vitamin nos) - Medicare	J8499	CPT	both	1.05	0.47	Out-of-Network
MUPIROCIN (BACTROBAN) 2% OINTMENT	J8499	CPT	both	88.2	39.69	Out-of-Network
Nabumetone 750 mg; PO	J8499	CPT	both	3	1.35	Out-of-Network
NAC N-Acetyl-L-Cysteine 900 mg	J8499	CPT	both	1.8	0.81	Out-of-Network
Naltrexone Hydrochloride 50 mg; tab	J8499	CPT	both	6.1	2.75	Out-of-Network
NEBVILOL HCl (BYSTOLIC) 10MG	J8499	CPT	both	5.5	2.48	Out-of-Network
Phenylephrine 0.5% (Neo-Synephrine); nasal spray	J8499	CPT	both	43.5	19.58	Out-of-Network
Nicotine Gum; 2 MG	J8499	CPT	both	2.01	0.9	Out-of-Network
Nicotine Gum; 4 MG	J8499	CPT	both	2.14	0.96	Out-of-Network
Nifedipine (Procardia) 30 MG; tab	J8499	CPT	both	4.02	1.81	Out-of-Network
Norflex (Orphenadrine) 100 mg; PO	J8499	CPT	both	6.2	2.79	Out-of-Network
Nortriptyline up to 25mg; Capsule	J8499	CPT	both	2.4	1.08	Out-of-Network
Norvasc (Amlodipine), TAB 5MG	J8499	CPT	both	45.64	20.54	Out-of-Network
Nystatin Oral Susp 5 mL	J8499	CPT	both	124.4	55.98	Out-of-Network
Ofloxacin (Floxin) 0.3% Oph Drops	J8499	CPT	both	204.41	91.98	Out-of-Network
Olanzapine 20 mg; Tab	J8499	CPT	both	7.6	3.42	Out-of-Network
Olmesartan (Benicar) 20mg; TAB	J8499	CPT	both	2.3	1.04	Out-of-Network
Olumiant(Baricitinib) 2mg tab	J8499	CPT	both	792.8	356.76	Out-of-Network
ONDANSETRON 4 MG - Medicare	J8499	CPT	both	21.44	9.65	Out-of-Network
Oxcarbazepine (Trileptal) 150 MG; tab	J8499	CPT	both	1.06	0.48	Out-of-Network
Oxycodone Hydrochloride 5 MG	J8499	CPT	both	3.75	1.69	Out-of-Network
Penicillin V Potassium (Penicillin VK) 500 MG	J8499	CPT	both	10.75	4.84	Out-of-Network
Stomach Relief (Pepto Bismal) 262 mg; tab	J8499	CPT	both	3.99	1.8	Out-of-Network
Phenobarbital 32.4; Tab	J8499	CPT	both	8.9	4.01	Out-of-Network
PHENAZOPYRIDINE 100MG TABS	J8499	CPT	both	370.45	166.7	Out-of-Network
Phenobarbital 20 mg/5 mL	J8499	CPT	both	9.3	4.19	Out-of-Network
Phosphate Powder w/Nak (PHOS-NAK)	J8499	CPT	both	17.83	8.02	Out-of-Network
(Polytrim) Polymyxin B Sulfate / Trimethoprim	A6250	CPT	both	1.21	0.54	Out-of-Network
Potassium Chloride (Klor-Con) Oral Solution	J8499	CPT	both	15	6.75	Out-of-Network
Prazosin (Minipress) 1 MG; tab	J8499	CPT	both	2.56	1.15	Out-of-Network
Prednisolone Acetate 1% Ophthalmic Drops; 5mL bottle	J8499	CPT	both	57.73	25.98	Out-of-Network
Prednisone (Deltasone) 20 MG tab	J8499	CPT	both	2.43	1.09	Out-of-Network
Pristiq (Desvenlafaxine) 50 mg; PO	J8499	CPT	both	4	1.8	Out-of-Network
PROPARACAINE	J8499	CPT	both	26.53	11.94	Out-of-Network
Probiotics (Lactinex), tab	J8499	CPT	both	5.65	2.54	Out-of-Network
Progesterone 200 mg; PO	J8499	CPT	both	3.34	1.5	Out-of-Network
Promethazine Hcl + Codeine (Phenergan w/ Codeine) 10-6.25 mg/5 mL; Syrup	J8499	CPT	both	1896.4	853.38	Out-of-Network
Propranolol Hydrochloride 10 mg; tab	J8499	CPT	both	2.3	1.04	Out-of-Network
Propylthiouracil (PTU) 50 mg; tab	J8499	CPT	both	8.2	3.69	Out-of-Network
Protonix-Pantoprazole 40mg Tab	J8499	CPT	both	103.06	46.38	Out-of-Network
Phenazopyridine (Pyridium) 100mg Tab	J8499	CPT	both	1.4	0.63	Out-of-Network
Raltegravir (Isentress) 400mg tab	J8499	CPT	both	418.03	188.11	Out-of-Network

Ranexa (Ranolazine) 500 mg tab; PO	J8499	CPT		both		73.2	32.94	Out-of-Network
Rizatriptan (Maxalt ODT) 10 mg; PO	J8499	CPT		both		19.7	8.87	Out-of-Network
Santyl Ointment (Collagenase) 250 U/GM, 30 GM tube	A6250	CPT		both		1088.2	489.69	Out-of-Network
Sodium Chloride 1 gm; tab	J8499	CPT		both		1	0.45	Out-of-Network
Seroquel (Quetiapine) 25 MG; tab	J8499	CPT		both		4.66	2.1	Out-of-Network
Seroquel (Quetiapine) 100 MG; tab	J8499	CPT		both		46.2	20.79	Out-of-Network
Sertraline (Zoloft) up to 100mg, Tab	J8499	CPT		both		7.04	3.17	Out-of-Network
Simvastatin 20 MG; PO	J8499	CPT		both		8.85	3.98	Out-of-Network
Simethicone up to 80 mg; Oral Tab	J8499	CPT		both		63.5	28.58	Out-of-Network
Sodium Chloride Inhalation Solution 0.9% 3 mL vial	J8499	CPT		both		1.53	0.69	Out-of-Network
Sorbitol Solution 100mL; rectal	J8498	CPT		both		29.2	13.14	Out-of-Network
Sorbitol 70% solution, 30 mL PO	J8499	CPT		both		2.7	1.22	Out-of-Network
Spironolactone (Aldactone) 25 MG; tab	J8499	CPT		both		1.17	0.53	Out-of-Network
Suboxone (Film Soluble) 8mg	J8499	CPT		both		119.54	53.79	Out-of-Network
Sucralfate (Carafate) 1GM; tab	J8499	CPT		both		21.1	9.5	Out-of-Network
Sulfamethoxazole + Trimethoprim 800-160mg PO	J8499	CPT		both		4.42	1.99	Out-of-Network
SULFAM/TRI 800/160MG 100/EA	J8499	CPT		both		55.12	24.8	Out-of-Network
Sumatriptan (Imitrex) 50 MG; PO	J8499	CPT		both		11.43	5.14	Out-of-Network
Terazosin 1 MG; cap	J8499	CPT		both		11.98	5.39	Out-of-Network
Terazosin 5 MG; cap	J8499	CPT		both		11.98	5.39	Out-of-Network
NP Thyroid, Porcine 60 mg; Tab	J8499	CPT		both		9.15	4.12	Out-of-Network
Tivicay (Dolutegravir) 50mg; tab	J8499	CPT		both		789.2	355.14	Out-of-Network
Tizanidine 4 mg PO; tab	J8499	CPT		both		1.95	0.88	Out-of-Network
KETOROLAC, TAB 10MG (TORADOL)	J8499	CPT		both		22.71	10.22	Out-of-Network
Traimterene + HCTZ (Dyazide) 37.5-25 mg; cap	J8499	CPT		both		2.2	0.99	Out-of-Network
Tranexamic Acid (Lyteda) 1000 mg/10 mL; PO	J8499	CPT		both		39	17.55	Out-of-Network
Trazodone Hydrochloride 100 mg; tab	J8499	CPT		both		1.2	0.54	Out-of-Network
Triamterene Hydrochlorothiazide (Dyazide) 25 mg capsule	J8499	CPT		both		2.75	1.24	Out-of-Network
Troleandomycin Oint	A6250	CPT		both		1.56	0.7	Out-of-Network
Hydrocodone/Chlorpheniramine (Tussionex) 10 mg/8 mg/5 mL Suspen	J8499	CPT		both		459	206.55	Out-of-Network
TYLENOL 450MG	J8499	CPT		both		106.08	47.74	Out-of-Network
TYLENOL 400 MG	J8499	CPT		both		97.24	43.76	Out-of-Network
TYLENOL 1000MG	J8499	CPT		both		3.25	1.46	Out-of-Network
TYLENOL 500MG	J8499	CPT		both		114.92	51.71	Out-of-Network
TYLENOL UP TO 200 MG	J8499	CPT		both		48.62	21.88	Out-of-Network
TYLENOL W/ CODEINE	J8499	CPT		both		53.04	23.87	Out-of-Network
TYLENOL UP TO 1GM (1000MG) - Medicare	J8499	CPT		both		3.25	1.46	Out-of-Network
Ubrelvy 100 mg; tab	J8499	CPT		both		3060	1377	Out-of-Network
Valacyclovir (Zovirax) 400 mg; tab	J8499	CPT		both		15.3	6.89	Out-of-Network
Valsartan 40 mg PO	J8499	CPT		both		108	48.6	Out-of-Network
Vancomycin 250 mg; Cap	J8499	CPT		both		17.24	7.76	Out-of-Network
Venlafaxine HCl 75 mg; capsule	J8499	CPT		both		16.83	7.57	Out-of-Network
Viiibryd (Vilazodone) 10 mg; tab	J8499	CPT		both		14.3	6.44	Out-of-Network
Vistaril (Hydroxyzine) tab per 25mg	J8499	CPT		both		39.49	17.77	Out-of-Network

Vitamin C 500 MG; tab	J8499	CPT		both		2.86	1.29	Out-of-Network
Xarelto (Rivaroxaban) 10 mg; tab	J8499	CPT		both		23.59	10.62	Out-of-Network
Ziprasidone HCl (Geodon) 20 mg; PO	J8499	CPT		both		14.6	6.57	Out-of-Network
Zofran (Ondansetron) 8 MG; tab	J8499	CPT		both		4	1.8	Out-of-Network
Cetirizine Hydrochloride (Zyrtec Liquid) 5 mL	J8499	CPT		both		3.1	1.4	Out-of-Network
Oral Dexamethasone Per 0.25MG (Liquid)	J8540	CPT		both		1.29	0.58	Out-of-Network
CLOFARALINE INJECTION, 1mg	J9027	CPT		both		212.14	95.46	Out-of-Network
Female External Catheter for Vacuum Suction PureWick	E2001	CPT		both		152.8	68.76	Out-of-Network
L0114	L0114	CPT		both		88.4	39.78	Out-of-Network
CERV FLEXIBLE NON-ADJUSTABLE	L0120	CPT		both		486.17	218.78	Out-of-Network
CERV SEMI-RIG ADJ MOLDED CHN	L0150	CPT		both		827.28	372.28	Out-of-Network
CERV COL THERMPLAS FOAM 2 PI	L0172	CPT		both		61.88	27.85	Out-of-Network
AXILLARY CRUTCH EXTENSION	L0978	CPT		both		1509.43	679.24	Out-of-Network
Knee orthosis, elastic w/joints, prefab item custom to pt by ind. w/expert	L1810	CPT		both		1142.9	514.31	Out-of-Network
Knee orthosis, elastic with joints, prefabricated, off-the-shelf	L1812	CPT		both		1206.24	542.81	Out-of-Network
Knee - KO IMMOBILIZER CANVAS LONGIT	L1830	CPT		both		36.81	16.56	Out-of-Network
ANKLE FOOT ORTHOSIS	L1902	CPT		both		678.82	305.47	Out-of-Network
AFO MULTILIGAMENTUS ANKLE SU	L1906	CPT		both		201.27	90.57	Out-of-Network
Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	L3250	CPT		both		305.76	137.59	Out-of-Network
SURGICAL SHOE/BOOT EACH	L3260	CPT		both		132.6	59.67	Out-of-Network
Orthopedic shoe addition, sole, full	L3540	CPT		both		555.2	249.84	Out-of-Network
ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	L3580	CPT		both		444.75	200.14	Out-of-Network
SHLDER FIG 8 ABDUCT RESTRAIN	L3650	CPT		both		380.11	171.05	Out-of-Network
So acro/clav can web pre ots	L3670	CPT		both		71.19	32.04	Out-of-Network
WHFO, NO JOINT, PREFABRICATED	L3807	CPT		both		1560.52	702.23	Out-of-Network
Whfo w/o joints pre ots; Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	L3809	CPT		both		361.87	162.84	Out-of-Network
WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERF...	L3906	CPT		both		2466.08	1109.74	Out-of-Network
WRIST COCK-UP NON-MOLDED	L3908	CPT		both		132.6	59.67	Out-of-Network
HFO W/O JOINTS PF	L3923	CPT		both		542.87	244.29	Out-of-Network
Finger orthosis, proximal/distal interphalangeal, w/o joint/spring, extension/flexion, may include soft interface material, pre-fab.	L3927	CPT		both		28.11	12.65	Out-of-Network
UPPER LIMB ORTHOSIS NOS	L3999	CPT		both		265.19	119.34	Out-of-Network
ANKLE CONTROL ORTHOSI PREFAB	L4350	CPT		both		586.33	263.85	Out-of-Network
Pneuma/vac walk boot pre ots	L4361	CPT		both		313.52	141.08	Out-of-Network
NON-PNEUM WALK BOOT PREFAB	L4386	CPT		both		1275.81	574.11	Out-of-Network
Non-pneum walk boot pre ots	L4387	CPT		both		627.05	282.17	Out-of-Network
AFO, WALK BOOT TYPE, CUS FAB	L4631	CPT		both		735.06	330.78	Out-of-Network
Latanoprost 0.005%	J3490	CPT		both		103.2	46.44	Out-of-Network
Let Gel (Lido-Epi-Tetra) 3 mL Topical	A6250	CPT		both		125	56.25	Out-of-Network

LIDOCAINE WITH PRILOCAINE 2.5/2.5 30 GRAM TUBE	J3490	CPT		both		135.13	60.81	Out-of-Network
LIDOCAINE AND PRILOCAINE - 2.5% Topical Cream Tube 5 GM	A6250	CPT		both		28.22	12.7	Out-of-Network
LIDOCAINE PATCH 5%, 700mg	C9285	CPT		both		66.93	30.12	Out-of-Network
Lice Killing Shampoo-4 oz (Piperonyl Butoxide-Pyrethrum ) Bottle								
	J3490	CPT		both		8.05	3.62	Out-of-Network
Lamotrigine 25mg/1	J8499	CPT		both		2.3	1.04	Out-of-Network
Latanoprost 50ug/ml Opth Solution	J3490	CPT		both		81.4	36.63	Out-of-Network
Levofloxacin 250mg Tab	J8499	CPT		both		2.7	1.22	Out-of-Network
LEVOTHYROXINE SODIUM up to 200ug/1	J8499	CPT		both		6.5	2.93	Out-of-Network
Levetiracetam Oral Solution	J8499	CPT		both		29	13.05	Out-of-Network
MAGNESIUM OXIDE 400mg PO	J8499	CPT		both		3.45	1.55	Out-of-Network
Maxitrol Neomycin Sulf/Polym B Sulf/ Dexamethasone 0.1% Opht Drops								
	J3490	CPT		both		1332.2	599.49	Out-of-Network
Micafungin Sodium, Injection 100mg/1	J2248	CPT		both		565.9	254.66	Out-of-Network
MiraLAX Powder Polyethylene Glycol 17 GM	J8499	CPT		both		15.41	6.93	Out-of-Network
Moxifloxacin (Vigamox) 5 mg/mL; eye drops	J3490	CPT		both		242.5	109.13	Out-of-Network
Mesalamine 0.375g; Capsule	J8499	CPT		both		35.8	16.11	Out-of-Network
Injection, mitomycin, 5 mg	J9280	CPT		both		562.4	253.08	Out-of-Network
Injection, neostigmine methylsulfate, up to 1 mg	J2710	CPT		both		123.2	55.44	Out-of-Network
NICODERM, Nicotine Patch - Medicare	S4991	CPT		both		37.26	16.77	Out-of-Network
Naloxone Hydrochloride (Rextovy) Nasal Spray 4mg/.25mL	J8499	CPT		both		265.3	119.39	Out-of-Network
Norepinephrine (BITARTRATE) IV Bag	J3490	CPT		both		406.3	182.84	Out-of-Network
Nitrofurantoin Macrocrystals up to 100mg/1	J8499	CPT		both		31.9	14.36	Out-of-Network
OXYCODONE AND ACETAMINOPHEN (PERCOCET) 5 MG	J8499	CPT		both		32.4	14.58	Out-of-Network
OP CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT		both		1785.72	803.57	Out-of-Network
Optiray 350 mg/mL contrast	Q9967	CPT		both		48.06	21.63	Out-of-Network
OXYCODONE AND ACETAMINOPHEN (PERCOCET) 5 MG	J8499	CPT		both		37.26	16.77	Out-of-Network
Oxymetazoline (Afrin Nasal Spray)	J8499	CPT		both		94.9	42.71	Out-of-Network
CULTURE BACTERIAL URINE	P7001	CPT		both		135.25	60.86	Out-of-Network
Platelets, each unit	P9019	CPT		both		650.4	292.68	Out-of-Network
Red blood cells unit	P9021	CPT		both		1300	585	Out-of-Network
Albumin 25% 50 mL; vial	P9047	CPT		both		56	25.2	Out-of-Network
CATHETERIZE FOR URINE SPEC	P9612	CPT		both		268.38	120.77	Out-of-Network
Phos-Nak Pwdr (Sodium/Potassium/Phosphorus)	J3490	CPT		both		5.9	2.66	Out-of-Network
PILOCARPINE HYDROCHLORIDE, drops; 40 mg/mL	J3490	CPT		both		1171.74	527.28	Out-of-Network
PITOCIN (OXYTOCIN) 1mL (10units/mL)	J3490	CPT		both		21.4	9.63	Out-of-Network
POTASSIUM CHLORIDE 20 mEq/100mL IV Sol Flex Bag 100mL	J3490	CPT		both		46.98	21.14	Out-of-Network
POTASSIUM CHL 20 mEq/1000mL IV Sol Flex Bag 1000mL	J3490	CPT		both		493.4	222.03	Out-of-Network
Sodium Chloride and Potassium Chloride IV 20 MeQ/1000 mL bag								
	J3490	CPT		both		38.76	17.44	Out-of-Network
Proparacaine Ocular Drops	J3490	CPT		both		1.7	0.77	Out-of-Network
PROTONIX - PANTROPRAZOLE 40MG - Medicare	J3490	CPT		both		177.77	80	Out-of-Network
PSEUDOEPHEDRINE PO	J8499	CPT		both		5.2	2.34	Out-of-Network
PSEUDOEPHEDRINE HYDROCHLORIDE Extended-Release Tabs, SUDAFED, 120MG	J8499	CPT		both		8.4	3.78	Out-of-Network

SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVE...	Q0091	CPT	both	72.34	32.55	Out-of-Network
Set-up portable x-ray equipment	Q0092	CPT	both	513	230.85	Out-of-Network
Wet mounts/ w preparations	Q0111	CPT	both	70.28	31.63	Out-of-Network
ZITHROMAX AZITHROMYCIN DIHYDRATE, ORAL UP TO 1 GRAM	Q0144	CPT	both	243.97	109.79	Out-of-Network
ONDANSETRON ORAL	Q0162	CPT	both	24.4	10.98	Out-of-Network
DIPHENHYDRAMINE HCL 50MG	Q0163	CPT	both	32.53	14.64	Out-of-Network
Atarax (Hydroxine pamoate) up to 25mg PO	Q0177	CPT	both	11.9	5.36	Out-of-Network
Cast sup long arm ped fbrgls	Q4008	CPT	both	349.63	157.33	Out-of-Network
Cast supplies, short arm cast, pediatric (0-10 years), plaster	Q4011	CPT	both	118.7	53.42	Out-of-Network
Cast sup gauntlet plaster	Q4013	CPT	both	205.39	92.43	Out-of-Network
Cast sup lng arm splint plst (11YR+)	Q4017	CPT	both	118.7	53.42	Out-of-Network
CAST SUP LNG ARM SPLINT FBRG	Q4018	CPT	both	189.22	85.15	Out-of-Network
Cast sup lng arm splnt ped p	Q4019	CPT	both	59.52	26.78	Out-of-Network
Cast sup lng arm splnt ped (0-10) fib	Q4020	CPT	both	94.91	42.71	Out-of-Network
Cast sup sht arm splint plst	Q4021	CPT	both	87.91	39.56	Out-of-Network
CAST SUP SHT ARM SPLINT FBRG	Q4022	CPT	both	158.54	71.34	Out-of-Network
Cast sup sht arm splnt ped plaster	Q4023	CPT	both	44.19	19.89	Out-of-Network
Cast sup sht arm splnt ped fib	Q4024	CPT	both	133.1	59.9	Out-of-Network
Cast sup shrt leg plaster	Q4037	CPT	both	214.21	96.39	Out-of-Network
CAST SUP SHRT LEG FIBERGLASS	Q4038	CPT	both	132.6	59.67	Out-of-Network
Cast sup short leg ped; fbrgls	Q4040	CPT	both	135.69	61.06	Out-of-Network
Cast supplies, long leg splint, adult (11 years +), fiberglass	Q4042	CPT	both	426.77	192.05	Out-of-Network
Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	Q4044	CPT	both	195.6	88.02	Out-of-Network
Cast supplies, short leg splint, adult (11 years +), plaster	Q4045	CPT	both	151.29	68.08	Out-of-Network
CAST SUP SHT LEG SPLNT FBRGL	Q4046	CPT	both	376.12	169.25	Out-of-Network
Cast sup sht leg splnt ped f	Q4048	CPT	both	121.72	54.77	Out-of-Network
FINGER SPLINT, STATIC	Q4049	CPT	both	312.93	140.82	Out-of-Network
SPLINT SUPPLIES MISC	Q4051	CPT	both	190.06	85.53	Out-of-Network
Lumason® Sulfur Hexafluoride Lipid-type A Microsp 25 mg InJ 5 Kits	Q9950	CPT	both	1610.8	724.86	Out-of-Network
ORAL MR CONTRAST, PER 100 ML	Q9954	CPT	both	347.94	156.57	Out-of-Network
INJ PERFLUTREN LIP MICROS,ML	Q9957	CPT	both	192.87	86.79	Out-of-Network
LOCM 100-199MG/ML IODINE,1ML	Q9965	CPT	both	31.83	14.32	Out-of-Network
LOCM 200-299MG/ML IODINE,1ML	Q9966	CPT	both	48	21.6	Out-of-Network
Omnipaque 350mg/ml per-1ml	Q9967	CPT	both	1.32	0.59	Out-of-Network
Visipaque 320 mg/mL; Iodinated contrast (100 mL volume bottle)	Q9967	CPT	both	790	355.5	Out-of-Network
Recothrom Kit (Thrombin)	J3490	CPT	both	756.4	340.38	Out-of-Network
Fosphenytoin Sodium Injection 50mg/mL	Q2009	CPT	both	170.18	76.58	Out-of-Network
INJECTION, PIPERACILLIN SODI 500MG	S0081	CPT	both	3.82	1.72	Out-of-Network
ONDANSETRON 4 MG; PO	S0119	CPT	both	11.25	5.06	Out-of-Network
REMOVAL OF SUTURES	S0630	CPT	both	241.51	108.68	Out-of-Network
IV TUBING EXTENSION SET	S1015	CPT	both	90.28	40.63	Out-of-Network
SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE	S3650	CPT	both	57.99	26.1	Out-of-Network

NICODERM, Nicotine Patch	S4990	CPT		both		37.26	16.77	Out-of-Network
PRESCRIPTION DRUG, GENERIC	S5000	CPT		both		2.04	0.92	Out-of-Network
PRESCRIPTION DRUG, BRAND NAME	S5001	CPT		both		11.25	5.06	Out-of-Network
STERILE SALINE - 5% DEXTROSE AND 0.45% SALINE	J3490	CPT		both		351.2	158.04	Out-of-Network
5% dextrose with potassium chloride, 1000 ml	S5012	CPT		both		104.55	47.05	Out-of-Network
INSULIN RAPID 5 U	S5550	CPT		both		39.97	17.99	Out-of-Network
MRCP - Magnetic resonance cholangiopancreatography	S8037	CPT		both		3889.4	1750.23	Out-of-Network
SPACER WITHOUT MASK	S8100	CPT		both		79.56	35.8	Out-of-Network
MASK - NEBULIZER MASK - SPACER WITH MASK	S8101	CPT		both		88.4	39.78	Out-of-Network
Flutter Device	S8185	CPT		both		48.06	21.63	Out-of-Network
PADDING FOR COMPRSSN BDG	S8430	CPT		both		25.88	11.65	Out-of-Network
SPLINT DIGIT	S8450	CPT		both		127.29	57.28	Out-of-Network
SPLINT WRIST OR ANKLE	S8451	CPT		both		180.33	81.15	Out-of-Network
Montelukast Sodium/Singulair up to 10mg; Tab	J8499	CPT		both		35.4	15.93	Out-of-Network
Sulfacetamide Sodium Eye Drops	J3490	CPT		both		571.7	257.27	Out-of-Network
Sevoflurane (Respiratory Inhalation) 250mL	J3490	CPT		both		1402.5	631.13	Out-of-Network
Sevelamer Carbonate 800mg; Tab	J8499	CPT		both		53.7	24.17	Out-of-Network
Tetracaine, Anes Topical Gel 20mg	A6250	CPT		both		63.7	28.67	Out-of-Network
Tranexamic Acid, 100 mg inj	J3490	CPT		both		17.54	7.89	Out-of-Network
Tissue culture; (hemabsorption, neutralization, immunofluor stain) each isolate	87253	CPT		both		202	90.9	Out-of-Network
2019 - nCoV diagnostic P	U0001	CPT		both		450	202.5	Out-of-Network
COVID-19 lab test non-CDC	U0002	CPT		both		450	202.5	Out-of-Network
COVID-19 lab test non-CDC	U0002	CPT		both		450	202.5	Out-of-Network
VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER...	V2797	CPT		both		51.14	23.01	Out-of-Network
Vancomycin 125mg Tab/Cap	J8499	CPT		both		3.8	1.71	Out-of-Network
Warfarin (Coumadin) 10MG Tab	J8499	CPT		both		3.9	1.76	Out-of-Network
Warfarin (Coumadin) 1mg Tab	J8499	CPT		both		4.4	1.98	Out-of-Network
Warfarin (Coumadin) 2.5 MG Tab	J8499	CPT		both		1.3	0.59	Out-of-Network
Warfarin (Coumadin) 2MG Tab	J8499	CPT		both		4.5	2.03	Out-of-Network
Warfarin (Coumadin) 3MG Tab	J8499	CPT		both		1.3	0.59	Out-of-Network
Warfarin (Coumadin) 4MG Tab	J8499	CPT		both		1.7	0.77	Out-of-Network
Warfarin (Coumadin) 5MG Tab.	J8499	CPT		both		1.8	0.81	Out-of-Network
Warfarin (Coumadin) 6MG Tab	J8499	CPT		both		3.6	1.62	Out-of-Network
Warfarin (Coumadin) 7.5MG Tab	J8499	CPT		both		3.8	1.71	Out-of-Network
Xofluza (Baloxavir Marboxil) 40mg (2 tabs)	J8499	CPT		both		654.48	294.52	Out-of-Network
ZOLPIDEM TARTRATE/AMBIEN 5 MG	J8499	CPT		both		70.27	31.62	Out-of-Network
Zyvox (linezolid) 600mg/300ml IV bag	J2020	CPT		both		492.59	221.67	Out-of-Network
DermaBond Mini	A4364	CPT		both		3.32	1.49	Out-of-Network
Injection, argatroban, 1 mg (for non-ESRD use)	J0883	CPT		both		100.06	45.03	Out-of-Network
Benzocaine Mucosal Gel (Dental)	A6250	CPT		both		24.3	10.94	Out-of-Network
Epinephrine 8mg/250mL NS	J3490	CPT		both		103.5	46.58	Out-of-Network
LEVAQUIN 250MG IVPB	J1956	CPT		both		26.27	11.82	Out-of-Network
Levofloxacin Oral Solution	J8499	CPT		both		1496.2	673.29	Out-of-Network

RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	36575	CPT		both		486.62	218.98	Out-of-Network
Radiologic examination; pharynx a/o cervical esophagus	74210	CPT		both		3798	1709.1	Out-of-Network
Tuberculin PPD (Aplisol) Injection	J3490	CPT		both		713.9	321.26	Out-of-Network
Injection, alteplase recombinant, 1mg (ACTIVASE)	J2997	CPT		both		9565.61	4304.52	Out-of-Network
Amoxicillin 500mg tab	J8499	CPT		both		3.06	1.38	Out-of-Network
Donnatal (Phenobarbital) Oral Elixir	J8499	CPT		both		582.95	262.33	Out-of-Network
TRIPLE ANTIBIOTIC OINTMENT 3.5 MG	A6250	CPT		both		8.4	3.78	Out-of-Network
LEVAQUIN (LEVOFLOXIN) 750MG PO	J8499	CPT		both		11.78	5.3	Out-of-Network
Tamiflu (Oseltamivir) 75mg Tab	J8499	CPT		both		101.82	45.82	Out-of-Network
Tamiflu (Oseltamivir) 6mg/ml PER ML	J3490	CPT		both		16.15	7.27	Out-of-Network
Loperamide Tab; 2 mg	J8499	CPT		both		7.97	3.59	Out-of-Network
CEPHALEXIN 250mg/5mL Bottle	J3490	CPT		both		329.16	148.12	Out-of-Network
MACROBID 25 mg, capsule	J8499	CPT		both		30.04	13.52	Out-of-Network
Bentyl 20mg tab	J8499	CPT		both		134.23	60.4	Out-of-Network
CORTISPORIN OTIC SOLUTION - EAR DROPS	J3490	CPT		both		669.17	301.13	Out-of-Network
Diflucan 150 mg	J8499	CPT		both		23.12	10.4	Out-of-Network
DULCOLAX- BISACODYL supp 10MG	J8498	CPT		both		7.71	3.47	Out-of-Network
FIORICET-BUTALBITAL TABLET	J8499	CPT		both		9.37	4.22	Out-of-Network
GENTAMICIN eye drops(drops)	J3490	CPT		both		185.96	83.68	Out-of-Network
PRILOSEC 20MG TABLET	J8499	CPT		both		36.52	16.43	Out-of-Network
PRILOSEC 40MG TABLET	J8499	CPT		both		73.13	32.91	Out-of-Network
Robitussin W/CODEINE 10 ML SUPP	J8499	CPT		both		144.79	65.16	Out-of-Network
Cheratussin AC 5ML	J8499	CPT		both		23.18	10.43	Out-of-Network
SEPTRA DS TABLET	J8499	CPT		both		1.4	0.63	Out-of-Network
TESSALON-BENZONATATE 200mg tablet	J8499	CPT		both		1.4	0.63	Out-of-Network
.5 mg XANAX	J8499	CPT		both		44.7	20.12	Out-of-Network
ZYRTEC-CETIRIZINE 10MG TABLET	J8499	CPT		both		1.4	0.63	Out-of-Network
Amoxicillin 200mg/5mL Oral Sus	J8499	CPT		both		3.19	1.44	Out-of-Network
Amoxicillin 875mg tab	J8499	CPT		both		13.67	6.15	Out-of-Network
Brompheniramine Maleate/Bromfed DM, per 1 mL	J8499	CPT		both		2.3	1.04	Out-of-Network
COLACE 100MG TAB	J8499	CPT		both		9.72	4.37	Out-of-Network
Colace Liquid 50mg/5ml bottle (BILL ONCE THIS IS PER BOTTLE)	A9150	CPT		both		33.14	14.91	Out-of-Network
Acetaminophen/Codeine 300/30 soln	J3490	CPT		both		53.04	23.87	Out-of-Network
amoxicillin/clavulanate K+ 400mg/57mg	J8499	CPT		both		28.43	12.79	Out-of-Network
Meclizine Hydrochloride 25mg/1 Tab	J8499	CPT		both		5.3	2.39	Out-of-Network
Bactrim DS (Sulfamethoxazole and Trimethoprim)	J8499	CPT		both		4.42	1.99	Out-of-Network
Benadryl 25mg cap	J8499	CPT		both		14.65	6.59	Out-of-Network
benadryl liquid susp	J8499	CPT		both		7.97	3.59	Out-of-Network
Cardene 20mg/200ml	J3490	CPT		both		730.8	328.86	Out-of-Network
Ciprofloxacin Ophthalmic Drops 0.3 % 2.5mL	J3490	CPT		both		14.53	6.54	Out-of-Network
Clindamycin 300mg tab	J8499	CPT		both		11.16	5.02	Out-of-Network
Diazepam 10mg inj	J3360	CPT		both		16.47	7.41	Out-of-Network
Diazepam 5mg tab	J8499	CPT		both		11.16	5.02	Out-of-Network
Digoxin 0.5mg Injection	J1160	CPT		both		62	27.9	Out-of-Network
EYEWASH 30ML	J3490	CPT		both		24.05	10.82	Out-of-Network

Flexeril (cyclobenzaprine) 10mg Tab	J8499	CPT		both		3.3	1.49	Out-of-Network
Gastrografin 30ML	Q9963	CPT		both		330.6	148.77	Out-of-Network
Glycerin Supp	J8498	CPT		both		24.97	11.24	Out-of-Network
Haldol 50mg Vial	J3490	CPT		both		591.01	265.95	Out-of-Network
Hydrocodone/apap 5/325 tab	J8499	CPT		both		9.74	4.38	Out-of-Network
Hydrocodone/apap 7.5/325 tab	J8499	CPT		both		20.32	9.14	Out-of-Network
Hydrocodone/apap 10/325 mg tab	J8499	CPT		both		22.14	9.96	Out-of-Network
Lorazepam 1mg tab	J8499	CPT		both		16.47	7.41	Out-of-Network
Nitroglycerin Paste	A6250	CPT		both		260.54	117.24	Out-of-Network
BAG - NORMAL SALINE 100ML BAG	A4649	CPT		both		40.32	18.14	Out-of-Network
Nitroglycerin Cardiac Drip	J2305	CPT		both		96.16	43.27	Out-of-Network
Sodium Chloride up to 500mL NaCl Irrigation	J7040	CPT		both		84.3	37.94	Out-of-Network
Phenergan 25mg Tab	J8499	CPT		both		7.97	3.59	Out-of-Network
Phenergan 50mg Vial	J2550	CPT		both		64.81	29.16	Out-of-Network
Rantidine 150mg tab	J8499	CPT		both		2.94	1.32	Out-of-Network
Simethicone Susp Drops 20mg	J3490	CPT		both		90.3	40.64	Out-of-Network
Tamsulosin (Flomax) 0.4mg Tab	J8499	CPT		both		34.53	15.54	Out-of-Network
tramadol 50mg tab	J8499	CPT		both		51.14	23.01	Out-of-Network
Zithromax 200mg/5ml susp (azithromycin dihydrate)	Q0144	CPT		both		24.44	11	Out-of-Network
Zofran 4MG Tab	J8499	CPT		both		11.25	5.06	Out-of-Network
Ondansetron 4mg/5ml Oral Solution	S0119	CPT		both		16.04	7.22	Out-of-Network
AMBU BAG PEDI/ADULT	S8999	CPT		both		73.05	32.87	Out-of-Network
Indometacin 50 Mg Oral Tab	J8499	CPT		both		12.48	5.62	Out-of-Network
IV TUBING PRIMARY	S1015	CPT		both		67.7	30.47	Out-of-Network
IV EXTENSION SET	S1015	CPT		both		27.57	12.41	Out-of-Network
IV CATHETER VARIOUS SIZES	C1751	CPT		both		63.76	28.69	Out-of-Network
Wound Culture Anaerobes/Aerobes	87070	CPT		both		248.38	111.77	Out-of-Network
Lactic Acid (lactate)Plasma Test	83605	CPT	QW	both		101.34	45.6	Out-of-Network
Diphenoxylate/Atropine (Lomotil) 2.5 mg; tab	J8499	CPT		both		17.39	7.83	Out-of-Network
Metformin HCL 500mg tab	J8499	CPT		both		20.94	9.42	Out-of-Network
Reglan 10 mg; PO	J8499	CPT		both		6.46	2.91	Out-of-Network
PEPCID/FAMOTIDINE 20MG TAB	J8499	CPT		both		23.24	10.46	Out-of-Network
PREDNISOLONE ACETATE; drops, 10mg/mL	J3490	CPT		both		593.98	267.29	Out-of-Network
Omnipaque (Iohexol) 240mg	Q9967	CPT		both		588.3	264.74	Out-of-Network
Omnipaque 300mg/ml per-1ml	Q9967	CPT		both		3.91	1.76	Out-of-Network
ISOVUE-Low osmolar contrast mat, 300-399 mg/ml iodine concentrate, per ml	Q9967	CPT		both		7.31	3.29	Out-of-Network
Readi-Cat 2 (Barium Sulfate Susp) (2.1% w/v, 2.0% w/w) 450mL	J8499	CPT		both		130.17	58.58	Out-of-Network
Readi-Cat 2 (Barium Sulfate Susp) (2.1% w/v, 2.0% w/w) 900mL	J8499	CPT		both		260.34	117.15	Out-of-Network
Cepti-Seal	A9270	CPT		both		15.74	7.08	Out-of-Network
Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each	A6545	CPT		both		24.31	10.94	Out-of-Network
Prochlorperazine 10 mg Tablet	J8499	CPT		both		20.3	9.14	Out-of-Network
Uvl pnl 2 sq ft or less	E0691	CPT		both		8363.42	3763.54	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT		both		4074.45	1833.5	Out-of-Network

Biofire Rsptry Panel 22 TRGT (bacterial or viral resptry infection), naso-swab	0202U	CPT	outpatient	2083.9	937.76	Out-of-Network
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0223U	CPT	outpatient	2083.9	937.76	Out-of-Network
NFCT DS BCT/VIRAL TRAIL IP-10 C-REACT PRTN SRM	0351U	CPT	outpatient	350	157.5	Out-of-Network
BioFire Pneumonia Panel 18 bacteria,8 viruses,7 antimicrobial	0528U	CPT	outpatient	2670	1201.5	Out-of-Network
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT	outpatient	832.5	374.63	Out-of-Network
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT	outpatient	564.4	253.98	Out-of-Network
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT	outpatient	1838.9	827.51	Out-of-Network
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT	outpatient	927.5	417.38	Out-of-Network
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT	outpatient	1727.8	777.51	Out-of-Network
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT	outpatient	874.1	393.35	Out-of-Network
Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	26951	CPT	outpatient	8111.5	3650.18	Out-of-Network
Injection sacroiliac joint, anesthetic/steroid, with image guidance	27096	CPT	outpatient	1500	675	Out-of-Network
SHORT LEG SPLINT CALF FOOT	29515	CPT	outpatient	132.6	59.67	Out-of-Network
STRAPPING ANKLE &/FOOT	29540	CPT	outpatient	166.18	74.78	Out-of-Network
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT	outpatient	642.25	289.01	Out-of-Network
INTRO NDL/INTRACATH VEIN	36000	CPT	outpatient	185.62	83.53	Out-of-Network
Introduction of catheter, superior or inferior vena cava	36010	CPT	outpatient	633.45	285.05	Out-of-Network
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	36247	CPT	outpatient	1743.3	784.49	Out-of-Network
SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	36248	CPT	outpatient	282.85	127.28	Out-of-Network
VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	36400	CPT	outpatient	108.45	48.8	Out-of-Network
NON-ROUTINE BLOOD DRAW 3/> YRS	36410	CPT	outpatient	61.58	27.71	Out-of-Network
VENIPUNCTURE	36415	CPT	outpatient	25	11.25	Out-of-Network
CAPILLARY BLOOD DRAW	36416	CPT	outpatient	30.94	13.92	Out-of-Network
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT	outpatient	196.95	88.63	Out-of-Network
Inject non-cmpd w/ultra comp; single extremity truncal vein	36465	CPT	outpatient	527.75	237.49	Out-of-Network
Injec non-cmpd w/ultra comp; multi incp truncal veins	36466	CPT	outpatient	666.35	299.86	Out-of-Network
Injection of Sclerosant; single incmp vein	36470	CPT	outpatient	168.65	75.89	Out-of-Network
Injection of Sclerosant; multiple incmp veins same leg	36471	CPT	outpatient	334	150.3	Out-of-Network
Endovenous ablation therapy incld image guide, 1st vein.	36473	CPT	outpatient	791.6	356.22	Out-of-Network
Endoven ablt therapy incld imge guide, subseq vein	36474	CPT	outpatient	390.8	175.86	Out-of-Network
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT	outpatient	1607.9	723.56	Out-of-Network
Endoven ablat therapy incld imge guide, subseq vein	36476	CPT	outpatient	587.85	264.53	Out-of-Network
Endoven ablat therapy incld image guide percu laser; 1st vein	36478	CPT	outpatient	1356.45	610.4	Out-of-Network
Endoven ablat ther incmpt vein, incld im gd perc laser, subseq vein.	36479	CPT	outpatient	596.2	268.29	Out-of-Network
Endoven abltr TDCA w/img guid & montr perc; 1st vein.	36482	CPT	outpatient	793.25	356.96	Out-of-Network
Endoven abltr TDCA w/imge guide& montr,subsq vein.	36483	CPT	outpatient	397.45	178.85	Out-of-Network
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT	outpatient	12113.13	5450.91	Out-of-Network
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT	outpatient	1935.5	870.98	Out-of-Network
INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36569	CPT	outpatient	3000	1350	Out-of-Network
INSERTION PICC W/RS&I < 5 YR	36572	CPT	outpatient	455.6	205.02	Out-of-Network
INSERTION PICC W/RS&I 5 YR/>	36573	CPT	outpatient	3900	1755	Out-of-Network

RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	36575	CPT	outpatient	243.31	109.49	Out-of-Network
COMPLETE REPLACEMENT PICC RS&I	36584	CPT	outpatient	338.75	152.44	Out-of-Network
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT	outpatient	787.75	354.49	Out-of-Network
COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	36591	CPT	outpatient	110.49	49.72	Out-of-Network
Placement of needle for intraosseous infusion	36680	CPT	outpatient	210.39	94.68	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT	outpatient	3132.9	1409.81	Out-of-Network
Open/Perq Place Stent 1st Artery.	37236	CPT	outpatient	1950.6	877.77	Out-of-Network
Open/Perq placement stent each addtl artery	37237	CPT	outpatient	938.55	422.35	Out-of-Network
Open/Perq Placement Intravascular Stent Same 1st vein.	37238	CPT	outpatient	1751.7	788.27	Out-of-Network
Open/Perq Placement Stent each additional vein	37239	CPT	outpatient	658	296.1	Out-of-Network
Vascular Embolization or Occlusion Arterial	37242	CPT	outpatient	2067.5	930.38	Out-of-Network
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT	outpatient	3256.6	1465.47	Out-of-Network
Intravascular US Noncoronary RS&I Initial Vessel	37252	CPT	outpatient	525.1	236.3	Out-of-Network
Intravascular US Noncoronary RS&I addtl vessel	37253	CPT	outpatient	422	189.9	Out-of-Network
Revas Evasc open or perc IVT Angio SF 1st vessel	37254	CPT	outpatient	1678.4	755.28	Out-of-Network
Revasc Evasc open or perc IVT Angio SF ea addtl vessel	37255	CPT	outpatient	679.7	305.87	Out-of-Network
Revasc Evasc open or perc IVT Angio unilat, cp lx 1st vessel	37256	CPT	outpatient	2460	1107	Out-of-Network
Revasc Evasc IVT Angio unilateral cp lx ea add vessel	37257	CPT	outpatient	880.1	396.05	Out-of-Network
Revasc Evasc open or perc IVT Stent SF lesion 1st vessel	37258	CPT	outpatient	2005.7	902.57	Out-of-Network
Revac Evasc open or perc IVT Stent SF uni ea add vessel	37259	CPT	outpatient	906.85	408.08	Out-of-Network
Revasc Evasc IVT trans stent Unilt complex lx 1st vessel	37260	CPT	outpatient	2899.2	1304.64	Out-of-Network
Revasc Evasc IVT Stent uni complex lesion ea addtl vesssel.	37261	CPT	outpatient	963.6	433.62	Out-of-Network
Intravas Lithotrp IVT w/image guidance sm art	37262	CPT	outpatient	679.7	305.87	Out-of-Network
Revas Envasc open or perc PVT Angio SF sm ar 1st vessel	37263	CPT	outpatient	1780.25	801.11	Out-of-Network
Revasc Evasc open or perc FPVT Angio SF ea addtl vessel.	37264	CPT	outpatient	691.4	311.13	Out-of-Network
Revasc Evsc open or perc FVT Angio CP LX initial vessel.	37265	CPT	outpatient	2408.2	1083.69	Out-of-Network
Revasc Evsc open or perc FPVT Angio cp lx uni ea add vessel.	37266	CPT	outpatient	906.5	407.93	Out-of-Network
Revasc Evsc open or perc FPVT Stent sm art, SF 1st vessel.	37267	CPT	outpatient	2007.48	903.37	Out-of-Network
Revasc Evasc open or perc FPVT Stent SF ea addtl vessel	37268	CPT	outpatient	848.8	381.96	Out-of-Network
Revasc Evasc open or perc FPVT stent cp lx 1st vessel	37269	CPT	outpatient	3373.5	1518.08	Out-of-Network
Revasc Evasc open or perc FPVT ST CP LX ea add vessel	37270	CPT	outpatient	1138.95	512.53	Out-of-Network
Revasc Evsc open or perc FPVT ATHRC SF 1st vessel	37271	CPT	outpatient	2057.5	925.88	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC SF ea add vessel	37272	CPT	outpatient	906.85	408.08	Out-of-Network
Revasc Evsc open or perc FPVT ATHRC CP LX 1st vessel	37273	CPT	outpatient	2880.85	1296.38	Out-of-Network
Revasc Evsc open or perc FPVT ATHRC CP LX ea vessel	37274	CPT	outpatient	1249.2	562.14	Out-of-Network
Revasc Evsc open or perc FPVT ST ATHRC SF 1st vessel	37275	CPT	outpatient	2506.75	1128.04	Out-of-Network
Revasc Evsc open or perc FPVT ST ATHRC ea addtl vessel	37276	CPT	outpatient	963.6	433.62	Out-of-Network
Revasc Evsc open or perc FPVT ST ATHRC CP LX 1st vessel	37277	CPT	outpatient	3408.55	1533.85	Out-of-Network
Revasc Evsc open or perc FPVT st ATH cp lx ea add vessel	37278	CPT	outpatient	1354.4	609.48	Out-of-Network
Intravasc Lithotrp FPVT w/image guide sm artery	37279	CPT	outpatient	908.5	408.83	Out-of-Network
Revasc Evsc open or perc TPVT Angio SF 1st vessel	37280	CPT	outpatient	2237.85	1007.03	Out-of-Network
Revasc Evsc open or perc TPVT Angio SF ea add vessel	37281	CPT	outpatient	673.05	302.87	Out-of-Network
Revasc Evsc open or perc TPVT Angio CP LX 1st vessel	37282	CPT	outpatient	2807.35	1263.31	Out-of-Network
Revasc Evsc open or perc TPVT Angio cp lx ea add vessel	37283	CPT	outpatient	958.6	431.37	Out-of-Network
Revasc Evasc open or perc TPVT ST SF 1st vessel	37284	CPT	outpatient	2308	1038.6	Out-of-Network

Revs Evasc open or perc TPVT ST SF ea addtl vessel	37285	CPT	outpatient	761.55	342.7	Out-of-Network
Revs Evasc open or perc TPVT ST CP LX 1st vessel	37286	CPT	outpatient	3091	1390.95	Out-of-Network
Revs Evasc TPVT ST CMLX LESION EA ADD Vessel	37287	CPT	outpatient	1145.65	515.54	Out-of-Network
Revs Evasc open or perc TPVT SF lesion, initial vessel	37288	CPT	outpatient	3047.85	1371.53	Out-of-Network
Revs Evsc open or perc TPVT ATHRC SF, ea add vessel	37289	CPT	outpatient	1073.85	483.23	Out-of-Network
Ather (incld PTA, Cath RSI) tibial, peroneal 1st vessel cmlx lesion.	37290	CPT	outpatient	3834.4	1725.48	Out-of-Network
Revs Evsc open or perc TPVT ATHRC CPLX ea add vessel.	37291	CPT	outpatient	1464.65	659.09	Out-of-Network
Revs Evsc open or perc TPVT ST ATHRC SF,initial vessel	37292	CPT	outpatient	3395.2	1527.84	Out-of-Network
Revs Evsc open or perc TPVT ST ATHRC SF ea add vessel	37293	CPT	outpatient	1493	671.85	Out-of-Network
Revs Evsc open or perc TPVT ST ATHRC CP LX 1st vessel	37294	CPT	outpatient	4069.9	1831.46	Out-of-Network
Revs Evsc opebn or perc TPVT ST ATH CPLX ea add vessel	37295	CPT	outpatient	1882.15	846.97	Out-of-Network
Revs Evasc open or perc IMVT Angio SF 1st vessel	37296	CPT	outpatient	2506.75	1128.04	Out-of-Network
Revs Evasc open or perc IMVT Angio SF ea add vessel	37297	CPT	outpatient	898.5	404.33	Out-of-Network
Revs Evsc open or perc IMVT Angio CP LX 1st vessel	37298	CPT	outpatient	3092.9	1391.81	Out-of-Network
Revs Evsc open or perc IMVT Angio CPLX Ea add vessel	37299	CPT	outpatient	1118.95	503.53	Out-of-Network
Stab Phleb of Varicose Veins,1 extr,10-20 stab inc	37765	CPT	outpatient	1227.5	552.38	Out-of-Network
Stab Phleb of Varicose Veins, 1 extr more than 20 inc	37766	CPT	outpatient	1508.05	678.62	Out-of-Network
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT	outpatient	216.7	97.52	Out-of-Network
SPINAL TAP FLUID	62270	CPT	outpatient	419.88	188.95	Out-of-Network
Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	62272	CPT	outpatient	291.65	131.24	Out-of-Network
Injection, epidural, of blood or clot patch	62273	CPT	outpatient	1750	787.5	Out-of-Network
Myelography via lumbar inj, including radiological supervision and interpretation; (eg, lumbar/thoracic	62305	CPT	outpatient	1975.15	888.82	Out-of-Network
INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	64420	CPT	outpatient	383	172.35	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	64479	CPT	outpatient	3800	1710	Out-of-Network
Destr by neuro agent, geni nerve branc incl image guid, when perf	64624	CPT	outpatient	4881.92	2196.86	Out-of-Network
RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	70030	CPT	outpatient	442.5	199.13	Out-of-Network
RADEX MNDBL PRTL LESS THAN < 4 VIEWS	70100	CPT	outpatient	442.5	199.13	Out-of-Network
RADEX MNDBL COMPL MINIMUM 4 VIEWS	70110	CPT	outpatient	809	364.05	Out-of-Network
Radiologic examination, mastoids; less than 3 views per side	70120	CPT	outpatient	531.5	239.18	Out-of-Network
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT	outpatient	1063.4	75	Out-of-Network
RADEX FACIAL B1S < 3 VIEWS	70140	CPT	outpatient	544	75	Out-of-Network
RADEX FACIAL B1S COMPL MINIMUM 3 VIEWS	70150	CPT	outpatient	532.1	75	Out-of-Network
RADEX NSL B1S COMPL MINIMUM 3 VIEWS	70160	CPT	outpatient	434	75	Out-of-Network
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT	outpatient	543.4	244.53	Out-of-Network
Radiologic examination, sinuses, paranasal, less than 3 views	70210	CPT	outpatient	366.3	164.84	Out-of-Network
RADEX SINUSES PARANSL COMPL MINIMUM 3 VIEWS	70220	CPT	outpatient	426.6	75	Out-of-Network
RADEX SKL < 4 VIEWS	70250	CPT	outpatient	286.82	129.07	Out-of-Network
RADEX SKL COMPL MINIMUM 4 VIEWS	70260	CPT	outpatient	505.8	227.61	Out-of-Network
RADEX TMPRMAND JT OPN&CLSD MOUTH UNI	70328	CPT	outpatient	265.86	119.64	Out-of-Network
RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	70330	CPT	outpatient	599.7	269.87	Out-of-Network
MRI TEMPOROMANDIBULAR JOINT	70336	CPT	outpatient	3134.7	500	Out-of-Network

CEPHALOGRAM ORTHODONTIC	70350	CPT	outpatient	194.47	87.51	Out-of-Network
RADEX OF NECK SOFT TISSUE	70360	CPT	outpatient	358.8	161.46	Out-of-Network
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT	outpatient	1242.3	350	Out-of-Network
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT	outpatient	1733	475	Out-of-Network
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT	outpatient	2039.1	350	Out-of-Network
CTA Head and Neck with IV Contrast	70471	CPT	outpatient	1883.8	847.71	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	70480	CPT	outpatient	1858	350	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C+ MATRL	70481	CPT	outpatient	2120.9	475	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C-/C+	70482	CPT	outpatient	2475.4	1113.93	Out-of-Network
CT SCAN MAXLFCL AREA C-MATRL - SINUS AREA	70486	CPT	outpatient	1501.8	350	Out-of-Network
CT MAXLFCL AREA C+ MATRL	70487	CPT	outpatient	1781.9	475	Out-of-Network
CT MAXLFCL AREA C-/C+	70488	CPT	outpatient	2170.7	976.82	Out-of-Network
CT SOFT TISS NCK C-MATRL	70490	CPT	outpatient	1760.2	350	Out-of-Network
CT SOFT TISS NCK C+ MATRL	70491	CPT	outpatient	2167.2	475	Out-of-Network
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT	outpatient	3242.7	1459.22	Out-of-Network
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT	outpatient	3239	1457.55	Out-of-Network
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT	outpatient	2671.2	500	Out-of-Network
Magnetic resonance imaging, orbit, face, and/or neck; w/contrast material(s)	70542	CPT	outpatient	1464.9	659.21	Out-of-Network
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT	outpatient	4007.9	500	Out-of-Network
MRA HEAD C-MATRL	70544	CPT	outpatient	2534.9	1140.71	Out-of-Network
MRA HEAD W/CONTRAST MATERIAL	70545	CPT	outpatient	2678.8	1205.46	Out-of-Network
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT	outpatient	3880.5	1746.23	Out-of-Network
MRA NCK C-MATRL	70547	CPT	outpatient	2538.6	1142.37	Out-of-Network
MRA NECK W/O & W/CONTRAST MATERIAL	70549	CPT	outpatient	4070.4	1831.68	Out-of-Network
MRI BRN BRN STEM C-MATRL	70551	CPT	outpatient	2307.2	500	Out-of-Network
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT	outpatient	3193.9	700	Out-of-Network
MRI BRN BRN STEM C-/C+	70553	CPT	outpatient	3760.5	1692.23	Out-of-Network
RADEX CH 1 VIEW FRNT	71010	CPT	outpatient	226.21	101.79	Out-of-Network
RADEX CH 2 VIEWS FRNT&LAT	71020	CPT	outpatient	352.06	75	Out-of-Network
RADEX CH 2 VIEWS FRNT&LAT OBLQ PRJCJ	71022	CPT	outpatient	330.37	75	Out-of-Network
RADEX CH COMPL MINIMUM 4 VIEWS	71030	CPT	outpatient	396.89	178.6	Out-of-Network
RADEX CHEST 1 VIEW	71045	CPT	outpatient	294.9	99	Out-of-Network
RADEX CHEST 2 VIEWS	71046	CPT	outpatient	381.5	125	Out-of-Network
RADEX CHEST 3 VIEWS	71047	CPT	outpatient	479.4	75	Out-of-Network
RADEX CHEST 4+ VIEWS	71048	CPT	outpatient	524.7	236.12	Out-of-Network
RADEX RIBS UNI 2 VIEWS	71100	CPT	outpatient	419.1	75	Out-of-Network
RADEX RIBS UNI W/POSTEROANT CHEST MIN 3 VIEWS	71101	CPT	outpatient	479.4	75	Out-of-Network
RADEX RIBS BI 3 VIEWS	71110	CPT	outpatient	498.3	75	Out-of-Network
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT	outpatient	464.35	208.96	Out-of-Network
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT	outpatient	381.4	75	Out-of-Network
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT	outpatient	468	75	Out-of-Network
CT THORAX W/O CONTRAST MATERIAL	71250	CPT	outpatient	1559.8	350	Out-of-Network
CT THORAX C+ MATRL	71260	CPT	outpatient	1955.5	475	Out-of-Network
CT THORAX C-/C+	71270	CPT	outpatient	2188.55	984.85	Out-of-Network

COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT	outpatient		1612.5	725.63	Out-of-Network
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT	outpatient		3303.1	1486.4	Out-of-Network
MRI CH C-MATRL	71550	CPT	outpatient		4008.3	500	Out-of-Network
MRI CHEST WITH CONTRAST MATERIAL	71551	CPT	outpatient		4431.3	700	Out-of-Network
MRI CHEST WITH OUT & WITH CONTRAST MATERIAL	71552	CPT	outpatient		5596	2518.2	Out-of-Network
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT	outpatient		3938.8	1772.46	Out-of-Network
RADEX SPI 1 VIEW SPEC LVL	72020	CPT	outpatient		238.07	107.13	Out-of-Network
RADEX SPI CRV 2/3 VIEWS	72040	CPT	outpatient		449.2	75	Out-of-Network
RADEX SPI CRV MINIMUM 4 VIEWS	72050	CPT	outpatient		603.5	271.58	Out-of-Network
RADEX SPI CRV COMPL W/OBLQ&FLEXION&XTN STDS	72052	CPT	outpatient		705.7	317.57	Out-of-Network
RADEX SPI THRC 2 VIEWS	72070	CPT	outpatient		373.9	75	Out-of-Network
RADEX SPI THRC 3 VIEWS	72072	CPT	outpatient		419.88	75	Out-of-Network
RADEX SPI THRC MINIMUM 4 VIEWS	72074	CPT	outpatient		405.24	182.36	Out-of-Network
X RAY EXAM TRUNK SPINE 2VWS	72080	CPT	outpatient		167.84	75.53	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT	outpatient		249.44	112.25	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT	outpatient		796	358.2	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT	outpatient		485.3	218.39	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT	outpatient		565.34	254.4	Out-of-Network
RADEX SPI LUMBOSAC 2/3 VIEWS	72100	CPT	outpatient		453	75	Out-of-Network
LUMBAR X-RAY 4 VIEWS RADEX SPI LUMBOSAC MINIMUM 4 VIEWS	72110	CPT	outpatient		581	261.45	Out-of-Network
RADEX SPI LUMBOSAC COMPL W/BENDING VIEWS	72114	CPT	outpatient		701.9	315.86	Out-of-Network
RADEX SPI LUMBOSAC BENDING MINIMUM 4 VIEWS	72120	CPT	outpatient		419.88	188.95	Out-of-Network
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT	outpatient		1517.2	350	Out-of-Network
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT	outpatient		1978.2	475	Out-of-Network
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT	outpatient		1517.2	350	Out-of-Network
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT	outpatient		1993.8	475	Out-of-Network
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT	outpatient		1141.45	350	Out-of-Network
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT	outpatient		1509.7	350	Out-of-Network
CT LMBR SPI C+ MATRL	72132	CPT	outpatient		1982	475	Out-of-Network
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT	outpatient		3264.58	1469.06	Out-of-Network
MRI SPI CANAL&CNTS CRV C-MATRL	72141	CPT	outpatient		2243.2	500	Out-of-Network
MRI SPINAL CANAL CERVICAL WITH CONTRAST MATRL	72142	CPT	outpatient		3249.3	700	Out-of-Network
MRI SPI CANAL&CNTS THRC C-MATRL	72146	CPT	outpatient		2243.2	500	Out-of-Network
MRI SPINAL CANAL THORACIC WITH CONTRAST MATRL	72147	CPT	outpatient		3223	700	Out-of-Network
MRI SPI CANAL&CNTS LMBR C-MATRL	72148	CPT	outpatient		2250.7	500	Out-of-Network
MRI SPINAL CANAL LUMBAR WITH CONTRAST MATERIAL	72149	CPT	outpatient		3192.9	700	Out-of-Network
MRI SPI CANAL&CNTS C-/C+ CRV	72156	CPT	outpatient		3779.3	1700.69	Out-of-Network
MRI SPI CANAL&CNTS C-/C+	72157	CPT	outpatient		3786.8	1704.06	Out-of-Network
MRI SPI CANAL&CNTS C-/C+ LMBR	72158	CPT	outpatient		3771.8	1697.31	Out-of-Network
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT	outpatient		4085.4	1838.43	Out-of-Network
RADEX PELVIS 1/2 VIEWS	72170	CPT	outpatient		317.4	75	Out-of-Network
RADEX PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT	outpatient		328.92	75	Out-of-Network
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT	outpatient		3588.9	1615.01	Out-of-Network
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT	outpatient		1559.9	350	Out-of-Network

CT PELVIS W/CONTRAST MATERIAL	72193	CPT	outpatient	2711.5	475	Out-of-Network
CT PELVIS W/O & W/CONTRAST MATERIAL	72194	CPT	outpatient	2990	1345.5	Out-of-Network
MRI PELVIS C-MATRL	72195	CPT	outpatient	2705.8	500	Out-of-Network
MRI PELVIS WITH CONTRAST MATERIAL	72196	CPT	outpatient	3177.7	700	Out-of-Network
MRI PELVIS W/O & W/CONTRAST MATERIAL	72197	CPT	outpatient	3989.2	1795.14	Out-of-Network
MRA PELVIS W/WO CONTRAST MATERIAL	72198	CPT	outpatient	3987.6	1794.42	Out-of-Network
RADEX SACROILIAC JNTS <3 VIEWS	72200	CPT	outpatient	373.8	75	Out-of-Network
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT	outpatient	445.5	200.48	Out-of-Network
RADEX SACRUM&COCCYX MINIMUM 2 VIEWS	72220	CPT	outpatient	370.1	75	Out-of-Network
MYELOGRAPHY THRC RS&I	72255	CPT	outpatient	1988.45	894.8	Out-of-Network
MYELOGRAPHY LUMBOSAC RS&I	72265	CPT	outpatient	2209.44	994.25	Out-of-Network
RADEX CLAV COMPL	73000	CPT	outpatient	366.3	164.84	Out-of-Network
RADEX SCAPULA COMPLETE	73010	CPT	outpatient	268.5	120.83	Out-of-Network
RADEX SHOULDER 1 VIEW	73020	CPT	outpatient	175.15	78.82	Out-of-Network
RADEX SHOULDER COMPL MINIMUM 2 VIEWS	73030	CPT	outpatient	392.7	75	Out-of-Network
RADEX ACROMCLAV JTS BI +-W8ED DISTRCJ	73050	CPT	outpatient	325	146.25	Out-of-Network
RADEX HUM MINIMUM 2 VIEWS	73060	CPT	outpatient	366.3	75	Out-of-Network
RADEX ELBW 2 VIEWS	73070	CPT	outpatient	332.4	75	Out-of-Network
RADEX ELBW COMPL MINIMUM 3 VIEWS	73080	CPT	outpatient	255.46	75	Out-of-Network
RADEX F/ARM 2 VIEWS	73090	CPT	outpatient	332.4	75	Out-of-Network
RADEX UXTR INFT MINIMUM 2 VIEWS	73092	CPT	outpatient	190.89	75	Out-of-Network
RADEX WRST 2 VIEWS	73100	CPT	outpatient	385.1	75	Out-of-Network
RADEX WRST COMPL MINIMUM 3 VIEWS	73110	CPT	outpatient	464.1	75	Out-of-Network
RADEX HAND 2 VIEWS	73120	CPT	outpatient	355	75	Out-of-Network
RADEX HAND MINIMUM 3 VIEWS	73130	CPT	outpatient	419	75	Out-of-Network
RADEX Fingers MINIMUM 2 VIEWS	73140	CPT	outpatient	430.2	75	Out-of-Network
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT	outpatient	1897.1	350	Out-of-Network
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT	outpatient	2369.3	475	Out-of-Network
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT	outpatient	2937.4	1321.83	Out-of-Network
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT	outpatient	3498.7	1574.42	Out-of-Network
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT	outpatient	3601.3	500	Out-of-Network
MRI UPPER EXTREMITY OTH THAN JT WITH CONTR MATRL	73219	CPT	outpatient	3933.5	1770.08	Out-of-Network
MRI UXTR OTH/THN JT C-/C+	73220	CPT	outpatient	4861.7	2187.77	Out-of-Network
MRI ANY JT UXTR C-MATRL	73221	CPT	outpatient	2385.3	500	Out-of-Network
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT	outpatient	3706.8	700	Out-of-Network
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT	outpatient	4590.9	2065.91	Out-of-Network
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT	outpatient	4047.6	1821.42	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT	outpatient	373.9	168.26	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT	outpatient	532	75	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT	outpatient	671.3	302.09	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT	outpatient	468	75	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT	outpatient	607.4	273.33	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT	outpatient	702	315.9	Out-of-Network
Radiologic examination, hip, arthrography, radiological supervision and interpretation	73525	CPT	outpatient	665.9	299.66	Out-of-Network

Radiologic examination, pelvis and hips, infant or child, mi...	73540	CPT	outpatient	114.13	51.36	Out-of-Network
X-RAY EXAM OF FEMUR 1V	73551	CPT	outpatient	185.59	83.52	Out-of-Network
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT	outpatient	404	75	Out-of-Network
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT	outpatient	388.9	75	Out-of-Network
RADEX KNE 3 VIEWS	73562	CPT	outpatient	460.4	75	Out-of-Network
RADEX KNE COMPL 4/MORE VIEWS	73564	CPT	outpatient	528.2	237.69	Out-of-Network
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT	outpatient	231.09	103.99	Out-of-Network
RADEX TIBFIB 2 VIEWS	73590	CPT	outpatient	358.8	75	Out-of-Network
RADEX LXTR INFT MINIMUM 2 VIEWS	73592	CPT	outpatient	226.07	75	Out-of-Network
RADEX ANKLE 2 VIEWS	73600	CPT	outpatient	370.1	75	Out-of-Network
RADEX ANKLE COMPL MINIMUM 3 VIEWS	73610	CPT	outpatient	419	75	Out-of-Network
RADEX FOOT 2 VIEWS	73620	CPT	outpatient	321.2	75	Out-of-Network
RADEX FOOT COMPL MINIMUM 3 VIEWS	73630	CPT	outpatient	388.9	75	Out-of-Network
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT	outpatient	324.9	75	Out-of-Network
RADEX TOE MINIMUM 2 VIEWS	73660	CPT	outpatient	332.4	75	Out-of-Network
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT	outpatient	1513.5	350	Out-of-Network
CT LXTR C+ MATRL	73701	CPT	outpatient	1955.5	475	Out-of-Network
CT LOWER EXTREMITY C-/C+	73702	CPT	outpatient	2290.4	1030.68	Out-of-Network
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT	outpatient	3803.6	1711.62	Out-of-Network
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT	outpatient	2641.1	500	Out-of-Network
MRI LOWER EXTREM OTH/THN JT WITH CONTRAST MATRL	73719	CPT	outpatient	3101.2	700	Out-of-Network
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT	outpatient	3992.8	1796.76	Out-of-Network
MRI ANY JT LXTR C-MATRL	73721	CPT	outpatient	2381.5	500	Out-of-Network
MRI ANY JT LXTR C+ MATRL	73722	CPT	outpatient	3710.5	700	Out-of-Network
MRI ANY JT LXTR C-/C+	73723	CPT	outpatient	4575.8	2059.11	Out-of-Network
MRA LXTR C+-MATRL	73725	CPT	outpatient	3957.6	1780.92	Out-of-Network
RADEX ABD 1 ANTEROPOST VIEW	74000	CPT	outpatient	574.56	258.55	Out-of-Network
RADEX ABD 1 VIEW	74018	CPT	outpatient	340	153	Out-of-Network
RADEX ABD 2 VIEWS	74019	CPT	outpatient	419.1	75	Out-of-Network
RADEX ABD COMPL W/DCBTS&/ERC VIEWS	74020	CPT	outpatient	343.86	154.74	Out-of-Network
RADEX ABD 3+ VIEWS	74021	CPT	outpatient	486.9	219.11	Out-of-Network
RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	74022	CPT	outpatient	431.73	194.28	Out-of-Network
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT	outpatient	1601.5	350	Out-of-Network
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT	outpatient	2761.2	475	Out-of-Network
CT ABDOMEN W/O & W/CONTRAST MATERIAL	74170	CPT	outpatient	3096.3	1393.34	Out-of-Network
CT ANGIO ABD&PELV W/ O&W / DYE	74174	CPT	outpatient	4474.9	2013.71	Out-of-Network
CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	74175	CPT	outpatient	3607.8	1623.51	Out-of-Network
Ct Abd & pelvis W/o Contrast	74176	CPT	outpatient	2147.1	350	Out-of-Network
Ct Abdomen & pelvis W/contrast	74177	CPT	outpatient	3591.7	1616.27	Out-of-Network
CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	74178	CPT	outpatient	4021	350	Out-of-Network
MRI ABD C-MATRL	74181	CPT	outpatient	2314.6	500	Out-of-Network
MRI ABDOMEN WITH CONTRAST MATERIAL	74182	CPT	outpatient	3585	700	Out-of-Network
MRI ABD C-/C+	74183	CPT	outpatient	4004.2	1801.89	Out-of-Network
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT	outpatient	3980.1	1791.05	Out-of-Network
Radiologic examination; pharynx a/o cervical esophagus	74210	CPT	outpatient	1102.4	496.08	Out-of-Network

ESOPHOGRAM/ CONTRAST X-RAY ESOPHAGUS	74220	CPT	outpatient	1128.8	507.96	Out-of-Network
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT	outpatient	1411.4	635.13	Out-of-Network
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT	outpatient	1599.7	719.87	Out-of-Network
RADEX GI UPR C+ +-GLUC +-DLYD FLMS W/KUB	74247	CPT	outpatient	764.45	344	Out-of-Network
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT	outpatient	948.5	426.83	Out-of-Network
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT	outpatient	1403.9	631.76	Out-of-Network
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT	outpatient	4923	350	Out-of-Network
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT	outpatient	7743.5	3484.58	Out-of-Network
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT	outpatient	1761.8	792.81	Out-of-Network
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT	outpatient	2539.3	1142.69	Out-of-Network
Urography (pyelography), intravenous, with or without KUB, w...	74400	CPT	outpatient	1546.5	695.93	Out-of-Network
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT	outpatient	107.81	48.51	Out-of-Network
CT ANGIO ABDOMINAL ARTERIES	75635	CPT	outpatient	4802.7	2161.22	Out-of-Network
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT	outpatient	627.6	282.42	Out-of-Network
RADEX FROM NOSE RECTUM FB 1 VIEW CHLD	76010	CPT	outpatient	340	153	Out-of-Network
3D RNDR I&R CT MRI US/OTH WITHOUT REQ POSTPCX	76376	CPT	outpatient	124.55	56.05	Out-of-Network
3D RNDR I&R CT MRI US/OTH WITH REQ POSTPCX	76377	CPT	outpatient	384.9	173.21	Out-of-Network
MAGNETIC RESONANCE ELASTOGRAPHY	76391	CPT	outpatient	2387.9	1074.56	Out-of-Network
Whole Body (MRI)	76498	CPT	outpatient	4500	2025	Out-of-Network
US SOFT TISS HEAD&NCK R-T IMG	76536	CPT	outpatient	1264.1	568.85	Out-of-Network
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT	outpatient	571.78	257.3	Out-of-Network
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT	outpatient	1174.2	528.39	Out-of-Network
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT	outpatient	967.2	435.24	Out-of-Network
US ABDOMINAL R-T W/IMAGE DOCUMENTATION	76700	CPT	outpatient	1324.9	596.21	Out-of-Network
ULTRASOUND ABDOMINAL R-T W/IMAGE LIMITED	76705	CPT	outpatient	1000.9	250	Out-of-Network
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT	outpatient	1211.4	545.13	Out-of-Network
US RETROPERITONEAL R-T W/IMAGE COMPL	76770	CPT	outpatient	1234.5	555.53	Out-of-Network
US RPR B-SCAN&/R-T IMG LMTD	76775	CPT	outpatient	669.8	301.41	Out-of-Network
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT	outpatient	1682.6	757.17	Out-of-Network
Ultrasound, spinal canal and contents	76800	CPT	outpatient	530	250	Out-of-Network
ULTRASOUND 14 WK TABDL 1/1ST GESTATION	76801	CPT	outpatient	1336.7	500	Out-of-Network
ULTRASOUND AFTER 1ST TRI 1/1ST GESTATION	76805	CPT	outpatient	626.29	500	Out-of-Network
US OB DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION	76811	CPT	outpatient	1208.6	543.87	Out-of-Network
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT	outpatient	2170.5	976.73	Out-of-Network
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT	outpatient	569.22	256.15	Out-of-Network
US PG UTER R-T IMG TRVG	76817	CPT	outpatient	1053.9	474.26	Out-of-Network
US TRVG	76830	CPT	outpatient	1362.2	612.99	Out-of-Network
US PELVIC NONOB REAL-TIME IMG COMPLETE	76856	CPT	outpatient	1200.5	540.23	Out-of-Network
US PEL NONOB B-SCAN&/R-T IMG LMTD/F-UP+C97	76857	CPT	outpatient	552	248.4	Out-of-Network
US SCROTUM&CNTS	76870	CPT	outpatient	1147.7	516.47	Out-of-Network
US EXTREMITY NON-VASC REAL-TIME IMG COMPL	76881	CPT	outpatient	610.5	274.73	Out-of-Network
US EXTREMITY NON-VASC REAL-TIME IMG LMTD	76882	CPT	outpatient	478.3	215.24	Out-of-Network
Ultrasound, infant hips, real time with imaging documentation; dynamic	76885	CPT	outpatient	677.4	250	Out-of-Network

Ultrasound, infant hips, real time with imaging documentation; limited, static	76886	CPT		outpatient		440.25	250	Out-of-Network
US GUIDE VASCULAR ACCESS	76937	CPT		outpatient		645.71	290.57	Out-of-Network
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT		outpatient		1181.4	250	Out-of-Network
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT		outpatient		4845.7	2180.57	Out-of-Network
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT		outpatient		2502.2	500	Out-of-Network
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT		outpatient		2593.3	500	Out-of-Network
MRI BREAST WITH OUT & WITH CONTRAST WITH CAD UNILATERAL	77048	CPT		outpatient		3977.6	1789.92	Out-of-Network
MRI BREAST WITH OUT & WITH CONTRAST WITH CAD BILATERAL	77049	CPT		outpatient		4061.4	1827.63	Out-of-Network
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT		outpatient		597.9	269.06	Out-of-Network
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	77065	CPT		outpatient		1418.9	638.51	Out-of-Network
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	77066	CPT		outpatient		1788.1	804.65	Out-of-Network
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT		outpatient		1452.7	653.72	Out-of-Network
BONE AGE STUDIES	77072	CPT		outpatient		294.9	132.71	Out-of-Network
BONE LENGTH STUDIES	77073	CPT		outpatient		510	229.5	Out-of-Network
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	77075	CPT		outpatient		1132.9	509.81	Out-of-Network
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT		outpatient		1219.8	548.91	Out-of-Network
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT		outpatient		532.7	239.72	Out-of-Network
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT		outpatient		430.3	193.64	Out-of-Network
DXA BONE DENSITY STUDY AXIAL SKELETON	77085	CPT		outpatient		584.8	263.16	Out-of-Network
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT		outpatient		913.3	410.99	Out-of-Network
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT		outpatient		2509.5	1129.28	Out-of-Network
PARATHYROID PLANAR IMAGING	78070	CPT		outpatient		3086.8	1389.06	Out-of-Network
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT		outpatient		3686.9	1659.11	Out-of-Network
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT		outpatient		2080.6	936.27	Out-of-Network
HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT		outpatient		3417.6	1537.92	Out-of-Network
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT		outpatient		4593.1	2066.9	Out-of-Network
INTESTINE IMAGING	78290	CPT		outpatient		3470.1	1561.55	Out-of-Network
BONE & JOINT IMAGING WHOLE BODY	78306	CPT		outpatient		3109.5	1399.28	Out-of-Network
B1&JT IMG 3 PHASE STD	78315	CPT		outpatient		3640.3	1638.14	Out-of-Network
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT		outpatient		4942.1	2223.95	Out-of-Network
CARD BPI GTD =BRM PLNR 1 STD REST/STRS	78472	CPT		outpatient		2402.6	1081.17	Out-of-Network
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT		outpatient		2466.5	1109.93	Out-of-Network
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	78708	CPT		outpatient		1963.2	883.44	Out-of-Network
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT		outpatient		2657.5	1195.88	Out-of-Network
RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	78803	CPT		outpatient		4005.3	1802.39	Out-of-Network
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT		outpatient		6790.6	3055.77	Out-of-Network
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT		outpatient		193.15	86.92	Out-of-Network
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT	QW	outpatient		204.19	91.89	Out-of-Network
GENERAL HLTH PANEL	80050	CPT		outpatient		207.01	93.15	Out-of-Network
ELECTROLYTE PANEL	80051	CPT	QW	outpatient		210.63	94.78	Out-of-Network
COMPRE METAB PANEL	80053	CPT	QW	outpatient		411.93	185.37	Out-of-Network
LIPID PANEL	80061	CPT	QW	outpatient		209.94	94.47	Out-of-Network
RENAL FUNCTION PANEL	80069	CPT	QW	outpatient		61.64	27.74	Out-of-Network

AQT HEP PANEL	80074	CPT		outpatient		417.22	187.75	Out-of-Network
HEPATC FUNCJ PANEL	80076	CPT		outpatient		215.03	96.76	Out-of-Network
DRUG SCR QUAL MLT DRUG CLASSES CHROM EA PX	80100	CPT		outpatient		174.13	78.36	Out-of-Network
DRUG ASSAY ACETAMINOPHEN	80143	CPT		outpatient		93.2	41.94	Out-of-Network
Carbamazepine; total	80156	CPT		outpatient		119.78	53.9	Out-of-Network
ASSAY OF DIGOXIN	80162	CPT		outpatient		66.67	30	Out-of-Network
Valproic acid (dipropylacetic acid); total	80164	CPT		outpatient		111.46	50.16	Out-of-Network
Ethosuximide(Zarontin)	80168	CPT		outpatient		81.7	36.77	Out-of-Network
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT		outpatient		103.85	46.73	Out-of-Network
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT		outpatient		104.54	47.04	Out-of-Network
LITHIUM	80178	CPT		outpatient		44.74	20.13	Out-of-Network
DRUG SCREEN QUANTITATIVE OXCARBRAZEPINE	81083	CPT		outpatient		66.25	29.81	Out-of-Network
ASSAY OF PHENYTOIN TOTAL	80185	CPT		outpatient		109.04	49.07	Out-of-Network
TACROLIMUS	80197	CPT		outpatient		265.19	119.34	Out-of-Network
Topiramate	80201	CPT		outpatient		98.05	44.12	Out-of-Network
DRUG SCREEN QUANT VANCOMYCIN	80202	CPT		outpatient		173.26	77.97	Out-of-Network
Hydroxychloroquine	80220	CPT		outpatient		93.2	41.94	Out-of-Network
DRUG TEST PRSMV QUAL DIR OPTICAL OBS PER DAY	80305	CPT	QW	outpatient		172.66	77.7	Out-of-Network
Drug test(s), read by instrument assisted direct optical observation includes sample validation when performed, per date of service								
	80306	CPT		outpatient		85.7	38.57	Out-of-Network
DRUG TEST PRSMV INSTRMNT CHEMISTRY ANALYZERS 14	80307	CPT		outpatient		350.76	157.84	Out-of-Network
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT		outpatient		169.87	76.44	Out-of-Network
Alkaloids, not otherwise specified	80323	CPT		outpatient		169.87	76.44	Out-of-Network
Analgesics, non-opioid; 1 or 2	80329	CPT		outpatient		199.25	89.66	Out-of-Network
ANTI DEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT		outpatient		169.87	76.44	Out-of-Network
Antiepileptics, not otherwise specified; 1-3	80339	CPT		outpatient		169.87	76.44	Out-of-Network
ACTH stimulation panel; for adrenal insufficiency	80400	CPT		outpatient		163.1	73.4	Out-of-Network
URINALYSIS - URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	CPT		outpatient		58.66	26.4	Out-of-Network
URINALYSIS DIP STICK/TABLET RGNT AUTO W/O MIC	81003	CPT	QW	outpatient		97.23	43.75	Out-of-Network
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT		outpatient		10.85	4.88	Out-of-Network
URINALYSIS 2/3 GLASS TEST	81020	CPT		outpatient		23.5	10.58	Out-of-Network
URINE PREGNANCY TST VIS COLOR CMPSRN METHS	81025	CPT		outpatient		71.68	32.26	Out-of-Network
BRCA1 (BRCA1, DNA repair associated)	81215	CPT		outpatient		1876.25	844.31	Out-of-Network
BRCA2 (BRCA2, DNA repair associated)	81217	CPT		outpatient		1876.25	844.31	Out-of-Network
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT		outpatient		377.72	169.97	Out-of-Network
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT		outpatient		421.88	189.85	Out-of-Network
HFE (hemochromatosis) gene analysis, common variants	81256	CPT		outpatient		326.8	147.06	Out-of-Network
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT		outpatient		326.7	147.02	Out-of-Network
Hereditary breast cancer-related disorders	81432	CPT		outpatient		1050	472.5	Out-of-Network
Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes	81455	CPT		outpatient		2600	1170	Out-of-Network
Infect dis, vagin & vaginitis, quan amp of DNA mrk	81514	CPT		outpatient		710.07	319.53	Out-of-Network
ACETALDEHYDE BLD	82000	CPT		outpatient		45.08	20.29	Out-of-Network
KETONE BODIES SERUM QUALITATIVE	82009	CPT		outpatient		34.44	15.5	Out-of-Network

ACETONE/OTH KETONE BODIES SERUM QUAN	82010	CPT		outpatient		27.31	12.29	Out-of-Network
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT		outpatient		193.1	86.9	Out-of-Network
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT		outpatient		24.77	11.15	Out-of-Network
URINE ALBUMIN QUANTITATIVE	82043	CPT		outpatient		41.05	18.47	Out-of-Network
ALCOHOL BRTH	82075	CPT		outpatient		76.29	34.33	Out-of-Network
Alcohol (ethyl); any spec exc U/A & brth immo,enz	82077	CPT		outpatient		86.35	38.86	Out-of-Network
ASSAY OF ALDOLASE	82085	CPT		outpatient		48.55	21.85	Out-of-Network
ASSAY OF ALDOSTERONE	82088	CPT		outpatient		203.75	91.69	Out-of-Network
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT		outpatient		67.2	30.24	Out-of-Network
ALPHA-FETOPROTEIN SERUM	82105	CPT		outpatient		93.2	41.94	Out-of-Network
AMINOLEVULINIC ACID DELTA	82135	CPT		outpatient		129.78	58.4	Out-of-Network
Ammonia	82140	CPT		outpatient		65.85	29.63	Out-of-Network
AMYLASE	82150	CPT	QW	outpatient		159.11	71.6	Out-of-Network
ANGIOTENSIN I-CONVERTING ENZYME	82164	CPT		outpatient		73	32.85	Out-of-Network
Anti-mullerian hormone (AMH)	82166	CPT		outpatient		193.1	86.9	Out-of-Network
APOLIPOPROTEIN EACH	82172	CPT		outpatient		105.45	47.45	Out-of-Network
ASSAY OF ARSENIC	82175	CPT		outpatient		105.4	47.43	Out-of-Network
Ascorbic acid (Vitamin C), blood	82180	CPT		outpatient		49.45	22.25	Out-of-Network
ATOMIC ABSRPJ SPECTROSCOPY EA ANAL	82190	CPT		outpatient		93.3	41.99	Out-of-Network
Bile Acids; total	82239	CPT		outpatient		85.6	38.52	Out-of-Network
BILIRUBIN TOT	82247	CPT		outpatient		59	26.55	Out-of-Network
Bilirubin; direct	82248	CPT		outpatient		41.24	18.56	Out-of-Network
BLD OCLT PROXIDASE ACTV QUAL FECES 1 DETER	82270	CPT		outpatient		114.91	51.71	Out-of-Network
Blood, occult, by peroxidase activity (eg, guaiac), qualitat...	82271	CPT		outpatient		16.36	7.36	Out-of-Network
BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	82272	CPT		outpatient		88.39	39.78	Out-of-Network
BLD OCLT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT	QW	outpatient		59.36	26.71	Out-of-Network
CADMIUM	82300	CPT		outpatient		128.6	57.87	Out-of-Network
VITAMIN D 25 HYDROXY	82306	CPT		outpatient		122.8	55.26	Out-of-Network
CALCIUM TOT	82310	CPT	QW	outpatient		67.07	30.18	Out-of-Network
Calcium; ionized	82330	CPT		outpatient		112.48	50.62	Out-of-Network
Calculus; qualitative analysis	82355	CPT		outpatient		95.21	42.84	Out-of-Network
Calculus; infrared spectroscopy	82365	CPT		outpatient		101.72	45.77	Out-of-Network
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT		outpatient		90.3	40.64	Out-of-Network
CARBON DIOXIDE	82374	CPT		outpatient		58.56	26.35	Out-of-Network
Carboxyhemoglobin; quantitative	82375	CPT		outpatient		101.32	45.59	Out-of-Network
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT		outpatient		134.11	60.35	Out-of-Network
CHEMILUMINESCENT ASSAY	82397	CPT		outpatient		70.6	31.77	Out-of-Network
CHLORIDE BLD	82435	CPT		outpatient		48.53	21.84	Out-of-Network
CHOLESTEROL SERUM/WHL BLD TOT	82465	CPT		outpatient		80.29	36.13	Out-of-Network
CHROM QUAN COLUMN 1 ANAL NES	82491	CPT		outpatient		37.62	16.93	Out-of-Network
ASSAY OF COPPER	82525	CPT		outpatient		66.58	29.96	Out-of-Network
CORTISOL FREE	82530	CPT		outpatient		137.41	61.83	Out-of-Network
Cortisol; total (Random)	82533	CPT		outpatient		115.69	52.06	Out-of-Network
CREATINE	82540	CPT		outpatient		51.72	23.27	Out-of-Network
COL-CHR/MS QUAL 1 STATIONARY&MOBILE PHASE	82541	CPT		outpatient		91.44	41.15	Out-of-Network

COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT		outpatient		120.45	54.2	Out-of-Network
CREATINE KINASE TOT	82550	CPT	QW	outpatient		132.6	59.67	Out-of-Network
CREATINE KINASE ISOENZYMES	82552	CPT		outpatient		132.16	59.47	Out-of-Network
CKMB - CREATINE KINASE MB FXJ ONLY	82553	CPT		outpatient		198.89	89.5	Out-of-Network
CREATINE KINASE ISOFORMS	82554	CPT		outpatient		154.61	69.57	Out-of-Network
Creatinine; blood	82565	CPT	QW	outpatient		110.49	49.72	Out-of-Network
CREATININE OTHER SOURCE	82570	CPT		outpatient		36.74	16.53	Out-of-Network
CYANOCOBALAMIN	82607	CPT		outpatient		55.68	25.06	Out-of-Network
Cystatin C	82610	CPT		outpatient		92.6	41.67	Out-of-Network
Dehydroepiandrosterone-sulfate (DHEA-S)	82627	CPT		outpatient		182.87	82.29	Out-of-Network
DIHYDROTTESTOSTERONE (DHT)	82642	CPT		outpatient		146.4	65.88	Out-of-Network
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT		outpatient		213.9	96.26	Out-of-Network
NZM ACTV CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT		outpatient		112.31	50.54	Out-of-Network
ASSAY OF ESTRADIOL	82670	CPT		outpatient		220.34	99.15	Out-of-Network
ASSAY OF ESTROGENS FRACTIONATED	82671	CPT		outpatient		179.45	80.75	Out-of-Network
ASSAY OF ESTROGENS TOTAL	82672	CPT		outpatient		68.94	31.02	Out-of-Network
Estrone	82679	CPT		outpatient		125	56.25	Out-of-Network
ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	82681	CPT		outpatient		139.7	62.87	Out-of-Network
Fatty acids, nonesterified	82725	CPT		outpatient		93.85	42.23	Out-of-Network
ASSAY OF FERRITIN	82728	CPT		outpatient		112.11	50.45	Out-of-Network
Folic Acid: Serum	82746	CPT		outpatient		120.93	54.42	Out-of-Network
ASSAY OF FOLIC ACID RBC	82747	CPT		outpatient		96.25	43.31	Out-of-Network
ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	82784	CPT		outpatient		76.5	34.43	Out-of-Network
ASSAY OF GAMMAGLOBULIN IGE	82785	CPT		outpatient		82.3	37.04	Out-of-Network
GASES BLD PH ONLY	82800	CPT		outpatient		98.56	44.35	Out-of-Network
GASES BLD PH CALCULATED O2 SATURATION	82803	CPT		outpatient		289.71	130.37	Out-of-Network
ASSAY OF GASTRIN	82941	CPT		outpatient		145.02	65.26	Out-of-Network
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT		outpatient		66.26	29.82	Out-of-Network
GLUC QUAN BLD	82947	CPT	QW	outpatient		83.29	37.48	Out-of-Network
GLUC BLD RGNT STRIP	82948	CPT		outpatient		58.48	26.32	Out-of-Network
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT		outpatient		105.83	47.62	Out-of-Network
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT		outpatient		52.15	23.47	Out-of-Network
ASSAY OF GLUCOSIDASE BETA	82963	CPT		outpatient		169.45	76.25	Out-of-Network
GGT - GLUTAMYLTRASE GAMMA	82977	CPT	QW	outpatient		58.49	26.32	Out-of-Network
Gonadotropin; follicle stimulating hormone (FSH)	83001	CPT		outpatient		152.81	68.76	Out-of-Network
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT		outpatient		152.26	68.52	Out-of-Network
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT		outpatient		62.9	28.31	Out-of-Network
Hemoglobin; glycosylated (A1C)	83036	CPT		outpatient		48.74	21.93	Out-of-Network
ASSAY OF HOMOCYSTEINE	83090	CPT		outpatient		89.6	40.32	Out-of-Network
IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	83516	CPT		outpatient		81.88	36.85	Out-of-Network
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT		outpatient		106.55	47.95	Out-of-Network
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT		outpatient		108.64	48.89	Out-of-Network
Kappa Lambda Light Chains	83521	CPT		outpatient		86.35	38.86	Out-of-Network
ASSAY OF INSULIN TOTAL	83525	CPT		outpatient		94	42.3	Out-of-Network
Iron	83540	CPT		outpatient		53.25	23.96	Out-of-Network

IRON BNDNG CAP (Transferrin Saturation)	83550	CPT		outpatient		121.11	54.5	Out-of-Network
LDH LACTATE DEHYDROGENASE	83615	CPT		outpatient		89.65	40.34	Out-of-Network
LACTOFERRIN FECAL (QUAL)	83630	CPT		outpatient		154.85	69.68	Out-of-Network
ASSAY OF LEAD	83655	CPT		outpatient		67.25	30.26	Out-of-Network
FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	83663	CPT		outpatient		94.55	42.55	Out-of-Network
FETAL LUNG MATURITY LAMELLAR BODY DENSITY	83664	CPT		outpatient		96.6	43.47	Out-of-Network
LIPASE	83690	CPT		outpatient		110.49	49.72	Out-of-Network
ASSAY OF LIPOPROTEIN(A)	83695	CPT		outpatient		71.6	32.22	Out-of-Network
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT		outpatient		231.55	104.2	Out-of-Network
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT	QW	outpatient		58.19	26.19	Out-of-Network
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT	QW	outpatient		67.74	30.48	Out-of-Network
MAGNESIUM	83735	CPT		outpatient		119.34	53.7	Out-of-Network
Mass spectrometry and tandem mass spectrometry, NES	83789	CPT		outpatient		120.55	54.25	Out-of-Network
ASSAY OF MERCURY QUANTITATIVE	83825	CPT		outpatient		90.3	40.64	Out-of-Network
ASSAY OF METANEPHRINES	83835	CPT		outpatient		94.1	42.35	Out-of-Network
MYOGLOBIN	83874	CPT		outpatient		129.95	58.48	Out-of-Network
BNP - B TYPE NATRIURETIC PEPTIDE	83880	CPT	QW	outpatient		243.09	109.39	Out-of-Network
ORGANIC ACID 1 QUANTITATIVE	83921	CPT		outpatient		106.05	47.72	Out-of-Network
Osmolality: Blood	83930	CPT		outpatient		40.51	18.23	Out-of-Network
Osmolality: Urine	83935	CPT		outpatient		40.51	18.23	Out-of-Network
ASSAY OF PARATHORMONE	83970	CPT		outpatient		293.02	131.86	Out-of-Network
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT		outpatient		29.46	13.26	Out-of-Network
ASSAY OF CALPROTECTIN FECAL	83993	CPT		outpatient		10.9	4.91	Out-of-Network
Phosphatase, alkaline;	84075	CPT		outpatient		25.76	11.59	Out-of-Network
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT		outpatient		41.3	18.59	Out-of-Network
Phosphatase, alkaline; isoenzymes	84080	CPT		outpatient		82.15	36.97	Out-of-Network
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT		outpatient		39.01	17.55	Out-of-Network
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT		outpatient		66.59	29.97	Out-of-Network
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT		outpatient		116.04	52.22	Out-of-Network
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT		outpatient		98.6	44.37	Out-of-Network
POTASSIUM URINE	84133	CPT		outpatient		23.95	10.78	Out-of-Network
Prealbumin	84134	CPT		outpatient		69.44	31.25	Out-of-Network
PREGNENOLONE	84140	CPT		outpatient		114.85	51.68	Out-of-Network
ASSAY OF PROGESTERONE	84144	CPT		outpatient		164.57	74.06	Out-of-Network
Procalcitonin (PCT)	84145	CPT		outpatient		220.31	99.14	Out-of-Network
Prolactin	84146	CPT		outpatient		159.39	71.73	Out-of-Network
Prostate specific antigen (PSA); total	84153	CPT		outpatient		112.33	50.55	Out-of-Network
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT		outpatient		117.53	52.89	Out-of-Network
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT		outpatient		22.09	9.94	Out-of-Network
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT		outpatient		26.05	11.72	Out-of-Network
PROTEIN TOT XCPT REFRACTOMETRY OTH SRC	84157	CPT	QW	outpatient		14.15	6.37	Out-of-Network
PROTEIN TOTAL REFRACTOMETRY ANY SRC	84160	CPT		outpatient		28.05	12.62	Out-of-Network
PROTEIN ELECTROPHORECTIC FRACT&QUANTJ SERUM	84165	CPT		outpatient		53.7	24.17	Out-of-Network
PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATION	84166	CPT		outpatient		66.3	29.84	Out-of-Network
Protoporphyrin, RBC; quantitative	84202	CPT		outpatient		71.75	32.29	Out-of-Network

ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT		outpatient		156.1	70.25	Out-of-Network
Receptor assay; non-endocrine (specify receptor)	84238	CPT		outpatient		182.85	82.28	Out-of-Network
Riboflavin (Vitamin B-2)	84252	CPT		outpatient		101.2	45.54	Out-of-Network
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT		outpatient		120.75	54.34	Out-of-Network
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT		outpatient		53.38	24.02	Out-of-Network
ASSAY OF URINE SODIUM	84300	CPT		outpatient		34.5	15.53	Out-of-Network
ASSAY OF SOMATOMEDIN	84305	CPT		outpatient		135.87	61.14	Out-of-Network
Testosterone; free	84402	CPT		outpatient		200.91	90.41	Out-of-Network
Testosterone; total	84403	CPT		outpatient		212.34	95.55	Out-of-Network
Testosterone; bioavailable, direct measurement (eg, diff precip)	84410	CPT		outpatient		256.4	115.38	Out-of-Network
Thiamine (Vitamin B-1)	84425	CPT		outpatient		53.59	24.12	Out-of-Network
ASSAY OF THYROGLOBULIN	84432	CPT		outpatient		80.3	36.14	Out-of-Network
Thyroxine; total	84436	CPT		outpatient		62.09	27.94	Out-of-Network
THYROXINE FR t4	84439	CPT		outpatient		121.11	54.5	Out-of-Network
TSH - THYR STIMULATING HORM	84443	CPT	QW	outpatient		198.89	89.5	Out-of-Network
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT		outpatient		70.9	31.91	Out-of-Network
TRANSFERASE ASPARTATE AMINO	84450	CPT	QW	outpatient		113.09	50.89	Out-of-Network
TRANSFERASE ALANINE AMINO	84460	CPT	QW	outpatient		101.23	45.55	Out-of-Network
ASSAY OF TRANSFERRIN	84466	CPT		outpatient		90.62	40.78	Out-of-Network
Triglycerides	84478	CPT	QW	outpatient		51.93	23.37	Out-of-Network
THYR HORM UPTK/THYR HORM BNDNG RATIO	84479	CPT		outpatient		164.96	74.23	Out-of-Network
TRIIODOTHYRO9 T3 TOT	84480	CPT		outpatient		120.22	54.1	Out-of-Network
TRIIODOTHYRO9 T3 FR	84481	CPT		outpatient		154.7	69.62	Out-of-Network
Triiodothyronine T3; reverse	84482	CPT		outpatient		63.27	28.47	Out-of-Network
TROPONIN QUAN	84484	CPT		outpatient		198.89	89.5	Out-of-Network
TROPONIN QUAL	84512	CPT		outpatient		116.91	52.61	Out-of-Network
Urea nitrogen; quantitative	84520	CPT	QW	outpatient		96.37	43.37	Out-of-Network
ASSAY OF UREA NITROGEN URINE	84540	CPT		outpatient		27.8	12.51	Out-of-Network
URIC ACID BLD	84550	CPT		outpatient		114.03	51.31	Out-of-Network
URIC ACID OTH SRC	84560	CPT		outpatient		103.68	46.66	Out-of-Network
ASSAY OF UROBILINOGEN URINE QUALITATIVE	84578	CPT		outpatient		22.35	10.06	Out-of-Network
UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	84580	CPT		outpatient		47.75	21.49	Out-of-Network
ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	84583	CPT		outpatient		30.25	13.61	Out-of-Network
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT		outpatient		188.55	84.85	Out-of-Network
ASSAY OF VITAMIN A	84590	CPT		outpatient		58.05	26.12	Out-of-Network
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT		outpatient		85.3	38.39	Out-of-Network
ASSAY OF ZINC	84630	CPT		outpatient		63.25	28.46	Out-of-Network
ASSAY OF C-PEPTIDE	84681	CPT		outpatient		164.16	73.87	Out-of-Network
Gonadotropin, chorionic (hCG); quantitative	84702	CPT		outpatient		158.1	71.15	Out-of-Network
Gonadotropin, chorionic (hCG); qualitative	84703	CPT		outpatient		160.87	72.39	Out-of-Network
BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	85004	CPT		outpatient		32.35	14.56	Out-of-Network
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT		outpatient		17.15	7.72	Out-of-Network
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT		outpatient		25.35	11.41	Out-of-Network
BLOOD COUNT SPUN MICROHEMATOCRIT	85013	CPT		outpatient		35	15.75	Out-of-Network

BLD# HEMATOCRIT	85014	CPT		outpatient		77.17	34.73	Out-of-Network
Blood count; hemoglobin (Hgb)	85018	CPT		outpatient		77.17	34.73	Out-of-Network
CBC-BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	85025	CPT	QW	outpatient		154.7	69.62	Out-of-Network
Blood count; complete (CBC) w/o diff	85027	CPT		outpatient		112.26	50.52	Out-of-Network
BLD# MNL C-CNT RBC WBC/PLTLT EA	85032	CPT		outpatient		115.41	51.93	Out-of-Network
BLD# RETICULOCYTE MNL	85044	CPT		outpatient		75.76	34.09	Out-of-Network
Blood count; reticulocyte, automated	85045	CPT		outpatient		70.02	31.51	Out-of-Network
BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	85046	CPT		outpatient		27.85	12.53	Out-of-Network
AUTOMATED LEUKOCYTE COUNT	85048	CPT		outpatient		20.88	9.4	Out-of-Network
BLOOD COUNT PLATELET AUTOMATED	85049	CPT		outpatient		22.4	10.08	Out-of-Network
Reticulated platelet assay	85055	CPT		outpatient		178.7	80.42	Out-of-Network
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT		outpatient		169.83	76.42	Out-of-Network
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT		outpatient		168.25	75.71	Out-of-Network
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT		outpatient		153.53	69.09	Out-of-Network
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT		outpatient		196.42	88.39	Out-of-Network
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT		outpatient		217.58	97.91	Out-of-Network
COAGJ TM ACTIVATED	85347	CPT		outpatient		26.75	12.04	Out-of-Network
D-DIMER - FIBRIN DGRADJ PRODUXS D-DIMER QUAL/SEMIQUAN	85378	CPT		outpatient		113.85	51.23	Out-of-Network
FIBRIN DGRADJ PRODUXS D-DIMER QUAN	85379	CPT		outpatient		238.92	107.51	Out-of-Network
FIBRIN DGRADJ PRODUXS D-DIMER ULTRSENS	85380	CPT		outpatient		246.91	111.11	Out-of-Network
Fibrinogen: Activity	85384	CPT		outpatient		69.85	31.43	Out-of-Network
Muramidase	85549	CPT		outpatient		93.75	42.19	Out-of-Network
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT		outpatient		114.83	51.67	Out-of-Network
PT - PROTHROMBIN TIME	85610	CPT	QW	outpatient		129.95	58.48	Out-of-Network
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT		outpatient		68.02	30.61	Out-of-Network
SEDIMENTATION RATE RBC NON-AUTO	85651	CPT		outpatient		110.49	49.72	Out-of-Network
SEDIMENTATION RATE RBC AUTO	85652	CPT		outpatient		70.68	31.81	Out-of-Network
SICKLING RBC REDUCTION	85660	CPT		outpatient		27.55	12.4	Out-of-Network
THROMBIN TIME PLASMA	85670	CPT		outpatient		40.94	18.42	Out-of-Network
Thromboplastin inhibition, tissue	85705	CPT		outpatient		48.15	21.67	Out-of-Network
THROMBOPLASTIN TM PRTL PLSM/WHL BLD	85730	CPT		outpatient		85.33	38.4	Out-of-Network
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT		outpatient		32.35	14.56	Out-of-Network
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT		outpatient		29	13.05	Out-of-Network
Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	86008	CPT		outpatient		89.65	40.34	Out-of-Network
Actin (smooth muscle) antibody (ASMA), each	86015	CPT		outpatient		60.25	27.11	Out-of-Network
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT		outpatient		123.83	55.72	Out-of-Network
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT		outpatient		102.05	45.92	Out-of-Network
Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	86036	CPT		outpatient		60.25	27.11	Out-of-Network
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT		outpatient		60.25	27.11	Out-of-Network
Antinuclear antibodies (ANA)	86038	CPT		outpatient		109.39	49.23	Out-of-Network
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT		outpatient		91.77	41.3	Out-of-Network
Acetylcholine receptor (AChR); binding antibody	86041	CPT		outpatient		92	41.4	Out-of-Network
Acetylcholine receptor (AChR); blocking antibody	86042	CPT		outpatient		92	41.4	Out-of-Network

Acetylcholine receptor (AChR); modulating antibody	86043	CPT		outpatient		60.25	27.11	Out-of-Network
ANTISTREPTOLYSIN O TITER	86060	CPT		outpatient		60.08	27.04	Out-of-Network
C-reactive protein	86140	CPT		outpatient		64.93	29.22	Out-of-Network
C-reactive protein; high sensitivity (hsCRP)	86141	CPT		outpatient		117.02	52.66	Out-of-Network
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT		outpatient		180.66	81.3	Out-of-Network
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT		outpatient		180.66	81.3	Out-of-Network
COLD AGGLUTININ TITER	86157	CPT		outpatient		63.6	28.62	Out-of-Network
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT		outpatient		94.65	42.59	Out-of-Network
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT		outpatient		148.29	66.73	Out-of-Network
Cyclic citrullinated peptide (CCP), antibody	86200	CPT		outpatient		101.37	45.62	Out-of-Network
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT		outpatient		112.96	50.83	Out-of-Network
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT		outpatient		141.45	63.65	Out-of-Network
FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT		outpatient		95.05	42.77	Out-of-Network
Glialin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	86258	CPT		outpatient		60.25	27.11	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT		outpatient		147.77	66.5	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT		outpatient		147.77	66.5	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT		outpatient		147.78	66.5	Out-of-Network
MONO - HTROPHL ANTIBODIES SCR	86308	CPT	QW	outpatient		80.3	36.14	Out-of-Network
Heterophile antibodies; titer	86309	CPT		outpatient		32.35	14.56	Out-of-Network
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT		outpatient		74.95	33.73	Out-of-Network
IMMUNOELECTROPHORESIS OTH FLUS CONCENTRATION	86325	CPT		outpatient		141.43	63.64	Out-of-Network
IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	86328	CPT		outpatient		200	90	Out-of-Network
IMMUNOFIXJ ELECTROPHORESIS SERUM	86334	CPT		outpatient		111.7	50.27	Out-of-Network
Insulin antibodies	86337	CPT		outpatient		136.45	61.4	Out-of-Network
ISLET CELL ANTIBODY	86341	CPT		outpatient		136.45	61.4	Out-of-Network
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT		outpatient		98.27	44.22	Out-of-Network
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT		outpatient		121.35	54.61	Out-of-Network
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT		outpatient		261	117.45	Out-of-Network
T CELLS ABSOLUTE CD4 COUNT	86361	CPT		outpatient		190.1	85.55	Out-of-Network
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT		outpatient		57.65	25.94	Out-of-Network
MICROSOMAL ANTIBODIES EACH	86376	CPT		outpatient		119.67	53.85	Out-of-Network
Mitochondrial antibody (eg, M2), each	86381	CPT		outpatient		127.25	57.26	Out-of-Network
NEUTRALIZATION TEST VIRAL	86382	CPT		outpatient		84.55	38.05	Out-of-Network
PART AGGLUJ SCR EA ANTB	86403	CPT		outpatient		100.97	45.44	Out-of-Network
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT		outpatient		53.2	23.94	Out-of-Network
RHEUMATOID FACTOR QUAL	86430	CPT		outpatient		55.91	25.16	Out-of-Network
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT		outpatient		46.67	21	Out-of-Network
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFER	86480	CPT		outpatient		120.22	54.1	Out-of-Network
TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	86481	CPT		outpatient		500	225	Out-of-Network
SKN TST TUBERCULOSIS ID	86580	CPT		outpatient		13.26	5.97	Out-of-Network
Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative	86581	CPT		outpatient		16	7.2	Out-of-Network
SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	86592	CPT		outpatient		26.57	11.96	Out-of-Network
Syphilis test, non-treponemal antibody; quantitative	86593	CPT		outpatient		22.1	9.95	Out-of-Network

Antibody; Bartonella	86611	CPT		outpatient		64.52	29.03	Out-of-Network
LYME DISEASE ANTIBODY	86617	CPT		outpatient		127.4	57.33	Out-of-Network
Antibody; Borrelia burgdorferi (Lyme disease)	86618	CPT		outpatient		76.97	34.64	Out-of-Network
Antibody; Brucella,	86622	CPT		outpatient		67.25	30.26	Out-of-Network
ANTIBODY CANDIDA	86628	CPT		outpatient		60.05	27.02	Out-of-Network
ANTB CHLAMYDIA	86631	CPT		outpatient		98.61	44.37	Out-of-Network
ANTIBODY COCCIDIOIDES	86635	CPT		outpatient		63.75	28.69	Out-of-Network
Antibody; Coxiella burnetii (Q fever)	86638	CPT		outpatient		67.25	30.26	Out-of-Network
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT		outpatient		113.51	51.08	Out-of-Network
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT		outpatient		64.52	29.03	Out-of-Network
Antibody; encephalitis, Eastern equine	86652	CPT		outpatient		64.52	29.03	Out-of-Network
Antibody; encephalitis, Western equine	86654	CPT		outpatient		64.52	29.03	Out-of-Network
ANTB EPSTEIN-BARR EB VIRUS EARLY AG EA	86663	CPT		outpatient		186.02	83.71	Out-of-Network
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT		outpatient		120.64	54.29	Out-of-Network
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT		outpatient		143.12	64.4	Out-of-Network
Antibody; Ehrlichia	86666	CPT		outpatient		73.99	33.3	Out-of-Network
Antibody; Francisella tularensis	86668	CPT		outpatient		85.55	38.5	Out-of-Network
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT		outpatient		87	39.15	Out-of-Network
Antibody; Helicobacter pylori	86677	CPT		outpatient		119.36	53.71	Out-of-Network
ANTB HTLV/HIV ANTB CONFIRMATORY TST	86689	CPT		outpatient		162.64	73.19	Out-of-Network
ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	86694	CPT		outpatient		118.39	53.28	Out-of-Network
ANTIBODY HERPES SMPLX TYPE 1	86695	CPT		outpatient		108.49	48.82	Out-of-Network
ANTIBODY HERPES SMPLX TYPE 2	86696	CPT		outpatient		159.21	71.64	Out-of-Network
ANTB HIV-1	86701	CPT		outpatient		109.61	49.32	Out-of-Network
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT		outpatient		112.72	50.72	Out-of-Network
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT		outpatient		95.05	42.77	Out-of-Network
HEP B CORE ANTIBODY IGM	86705	CPT		outpatient		96.84	43.58	Out-of-Network
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT		outpatient		88.33	39.75	Out-of-Network
HEPATITIS A ANTIBODY HAAB	86708	CPT		outpatient		101.86	45.84	Out-of-Network
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT		outpatient		92.55	41.65	Out-of-Network
ANTB INF VIRUS	86710	CPT		outpatient		108.28	48.73	Out-of-Network
Antibody; Leishmania	86717	CPT		outpatient		67.25	30.26	Out-of-Network
Antibody; Leptospira	86720	CPT		outpatient		67.25	30.26	Out-of-Network
ANTIBODY MUMPS	86735	CPT		outpatient		107.28	48.28	Out-of-Network
ANTIBODY MYCOPLSM	86738	CPT		outpatient		66.2	29.79	Out-of-Network
ANTIBODY PAROVIRUS	86747	CPT		outpatient		75.15	33.82	Out-of-Network
ANTIBODY PROTOZOA NES	86753	CPT		outpatient		68.8	30.96	Out-of-Network
Antibody; Rickettsia	86757	CPT		outpatient		175.12	78.8	Out-of-Network
Antibody; rotavirus	86759	CPT		outpatient		66.22	29.8	Out-of-Network
Antibody; rubella	86762	CPT		outpatient		118.39	53.28	Out-of-Network
ANTIBODY RUBEOLA	86765	CPT		outpatient		105.96	47.68	Out-of-Network
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID19	86769	CPT		outpatient		200	90	Out-of-Network
ANTIBODY TOXOPLASMA	86777	CPT		outpatient		71.95	32.38	Out-of-Network
ANTIBODY TOXOPLASMA IGM	86778	CPT		outpatient		72.05	32.42	Out-of-Network
ANTIBODY TREPONEMA PALLIDUM	86780	CPT	QW	outpatient		66.2	29.79	Out-of-Network

ANTB VARICELLA-ZOSTER	86787	CPT		outpatient		99.85	44.93	Out-of-Network
ANTIBODY WEST NILE VIRUS IGM	86788	CPT		outpatient		67.25	30.26	Out-of-Network
ANTIBODY WEST NILE VIRUS	86789	CPT		outpatient		113.51	51.08	Out-of-Network
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT		outpatient		64.52	29.03	Out-of-Network
THYROGLOBULIN ANTIBODY	86800	CPT		outpatient		125.47	56.46	Out-of-Network
HEPATITIS C ANTIBODY	86803	CPT		outpatient		117.37	52.82	Out-of-Network
HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	86812	CPT		outpatient		203.55	91.6	Out-of-Network
ANTB SCR RBC EA SERUM TQ	86850	CPT		outpatient		143.65	64.64	Out-of-Network
COOMBS TEST DIRECT	86880	CPT		outpatient		44.25	19.91	Out-of-Network
COOMBS TEST INDIRECT TITER	86886	CPT		outpatient		42.56	19.15	Out-of-Network
Blood typing, serologic; ABO	86900	CPT		outpatient		24.58	11.06	Out-of-Network
BLD TYPING RH D	86901	CPT		outpatient		65.23	29.35	Out-of-Network
BLD TYPING RH PHEXPING COMPL	86906	CPT		outpatient		65.23	29.35	Out-of-Network
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT		outpatient		119.15	53.62	Out-of-Network
CONCENTRATION INFECTIOUS AGENTS	87015	CPT		outpatient		54.88	24.7	Out-of-Network
BLOOD CULTURE - CUL BACT BLD AERC ISOL	87040	CPT		outpatient		198.89	89.5	Out-of-Network
CUL BACT STL AERC ISOL SALMONELLA&SHIGELLA	87045	CPT		outpatient		194.47	87.51	Out-of-Network
STOOL CULTR AEROBIC BACT EA	87046	CPT		outpatient		47.38	21.32	Out-of-Network
CUL BACT XCPT URINE BLD/STL AERC ISOL	87070	CPT		outpatient		144.44	65	Out-of-Network
CUL BACT BLD ANAERC ISOL	87075	CPT		outpatient		216.57	97.46	Out-of-Network
CULTURE ANAEROBE IDENT EACH	87076	CPT		outpatient		40.58	18.26	Out-of-Network
Culture Aerobic Identify	87077	CPT		outpatient		40.58	18.26	Out-of-Network
CUL PRSMPTV PTHGNC ORGANISMS SCR	87081	CPT		outpatient		153.18	68.93	Out-of-Network
CUL BACT QUAN COLONY CNT URINE	87086	CPT		outpatient		146.05	65.72	Out-of-Network
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT		outpatient		30.22	13.6	Out-of-Network
CULTURE FUNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT		outpatient		69.13	31.11	Out-of-Network
CUL CHLAMYDIA ANY SRC	87110	CPT		outpatient		196.2	88.29	Out-of-Network
CULTURE TYPE IMMUNOFUORESC	87140	CPT		outpatient		45.83	20.62	Out-of-Network
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT		outpatient		80.43	36.19	Out-of-Network
Susceptibility studies, antimicrobial agent; disk method, per plate								
	87184	CPT		outpatient		37.4	16.83	Out-of-Network
SUSCEPTIBILITY STDY ANTIMICRBIAL MICRO/GAR DILUTJ	87186	CPT		outpatient		48.05	21.62	Out-of-Network
Smear, primary source with interpretation; Gram or Giemsa st...								
	87205	CPT		outpatient		55.52	24.98	Out-of-Network
Smr, prim src, w/ int; spec stain for inclusion bodies or parasites e.g. Malaria.....								
	87207	CPT		outpatient		97.43	43.84	Out-of-Network
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT		outpatient		141.8	63.81	Out-of-Network
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT	QW	outpatient		69.67	31.35	Out-of-Network
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT		outpatient		162.4	73.08	Out-of-Network
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT		outpatient		205.62	92.53	Out-of-Network
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT		outpatient		97.8	44.01	Out-of-Network
GENET VIRUS ISOLATE HSV	87255	CPT		outpatient		267.09	120.19	Out-of-Network
IAADI BORDETELLA PRTOUSSIS/PARAPRTUSSIS	87265	CPT		outpatient		108.39	48.78	Out-of-Network
IAADI CRYPTOSPORIDIUM	87272	CPT		outpatient		94.53	42.54	Out-of-Network
IAADI HERPES SMPLX VIRUS TYPE 2	87273	CPT		outpatient		98.59	44.37	Out-of-Network

HERPES SIMPLEX 1 AG	87274	CPT		outpatient		57.5	25.88	Out-of-Network
LEGION PNEUMOPHILIA AG IF	87278	CPT		outpatient		94.53	42.54	Out-of-Network
Infectious agent antigen detection by immunofluorescent tech...								
	87280	CPT		outpatient		75.1	33.8	Out-of-Network
IAADI VARICELLA ZOSTER VIRUS	87290	CPT		outpatient		94.53	42.54	Out-of-Network
CLOSTRIDIUM AG EIA	87324	CPT		outpatient		108.39	48.78	Out-of-Network
Infectious agent antigen detection .... Cryptococcus neoformans								
	87327	CPT		outpatient		53.96	24.28	Out-of-Network
IAAD IA GIARDIA	87329	CPT		outpatient		94.53	42.54	Out-of-Network
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT		outpatient		84.95	38.23	Out-of-Network
IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	87341	CPT		outpatient		51.65	23.24	Out-of-Network
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT		outpatient		66.25	29.81	Out-of-Network
Infectious agent antigen detection by enzyme immunoassay tec...								
	87389	CPT		outpatient		112.91	50.81	Out-of-Network
INFLUENZA B	87400	CPT		outpatient		131.71	59.27	Out-of-Network
IAADIADOO INF	87400	CPT		outpatient		128.18	57.68	Out-of-Network
IAAD EIA RSV	87420	CPT		outpatient		74.6	33.57	Out-of-Network
IAAD IA ROTAVIRUS	87425	CPT		outpatient		98.59	44.37	Out-of-Network
IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS (COVID-19)	87426	CPT	QW	outpatient		200	90	Out-of-Network
IAAD by immunoassay technique and influenza virus types A and B (COVID-19)								
	87428	CPT	QW	outpatient		375	168.75	Out-of-Network
IAAD EIA STREPTOCOCCUS GROUP A	87430	CPT		outpatient		200	90	Out-of-Network
IAAD IA MULT STEP METHOD NOS EACH ORGANISM	87449	CPT		outpatient		85.1	38.3	Out-of-Network
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT		outpatient		175.45	78.95	Out-of-Network
IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	87469	CPT		outpatient		175.45	78.95	Out-of-Network
IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	87478	CPT		outpatient		175.45	78.95	Out-of-Network
IADNA CANDIDA SPECIES DIRECT PROBE TQ	87480	CPT		outpatient		158.18	71.18	Out-of-Network
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT		outpatient		1643.7	739.67	Out-of-Network
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT		outpatient		175.45	78.95	Out-of-Network
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT		outpatient		19.5	8.78	Out-of-Network
IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	87490	CPT		outpatient		164.94	74.22	Out-of-Network
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT		outpatient		158.59	71.37	Out-of-Network
INF AGENT DET NUC ACID CLOSTRIDIUM AMP PROBE	87493	CPT		outpatient		149.39	67.23	Out-of-Network
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT		outpatient		249.15	112.12	Out-of-Network
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT		outpatient		276.81	124.56	Out-of-Network
INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	87502	CPT	QW	outpatient		604.1	271.85	Out-of-Network
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT		outpatient		1643.7	739.67	Out-of-Network
IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	87510	CPT		outpatient		158.18	71.18	Out-of-Network
IADNA Gardnerella Amplified Probe TQ Male or Female	87511	CPT		outpatient		87.73	39.48	Out-of-Network
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT		outpatient		214.2	96.39	Out-of-Network
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT		outpatient		233.35	105.01	Out-of-Network
IADNA HERPES SMPLEX VIRUS DIR PRB	87528	CPT		outpatient		181.96	81.88	Out-of-Network
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT		outpatient		288.59	129.87	Out-of-Network
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87535	CPT		outpatient		194.95	87.73	Out-of-Network

Infect agent detect by nucleic acid (DNA or RNA); HIV-2, amp probe tech	87538	CPT		outpatient		175.45	78.95	Out-of-Network
IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	87542	CPT		outpatient		23.2	10.44	Out-of-Network
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT		outpatient		108.33	48.75	Out-of-Network
IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	87582	CPT		outpatient		151.31	68.09	Out-of-Network
IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	87590	CPT		outpatient		164.94	74.22	Out-of-Network
IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	CPT		outpatient		156.98	70.64	Out-of-Network
IADNA NEISSERIA GONORRHOEAE QUAN	87592	CPT		outpatient		106.08	47.74	Out-of-Network
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT		outpatient		200	90	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); pap...	87621	CPT		outpatient		130.8	58.86	Out-of-Network
Infect agent detect ; resp virus;multi rev transcrp and multi amp probe tech, 6-11 targets	87632	CPT		outpatient		1090.5	490.73	Out-of-Network
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT		outpatient		750	337.5	Out-of-Network
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT	QW	outpatient		200	90	Out-of-Network
IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	87636	CPT	QW	outpatient		375	168.75	Out-of-Network
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT	QW	outpatient		375	168.75	Out-of-Network
IADNA S AUREUS AMPLIFIED PROBE TQ	87640	CPT		outpatient		19.5	8.78	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	87641	CPT		outpatient		288.59	129.87	Out-of-Network
IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	87660	CPT		outpatient		158.18	71.18	Out-of-Network
IADNA Trichomonas Amplified Probe Tech Male or Female	87661	CPT		outpatient		276.81	124.56	Out-of-Network
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT		outpatient		180.5	81.23	Out-of-Network
Infectious agent detection by nucleic acid, not otherwise specified; quantification, each organism	87799	CPT		outpatient		214.2	96.39	Out-of-Network
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT		outpatient		577.3	259.79	Out-of-Network
IAADIADOO STREPTOCOCCUS GROUP B	87802	CPT		outpatient		94.53	42.54	Out-of-Network
CLOSTRIDIUM TOXIN A W/OPTIC	87803	CPT		outpatient		108.42	48.79	Out-of-Network
IAADIADOO INF	87804	CPT		outpatient		128.18	57.68	Out-of-Network
INFLUENZA A	87804	CPT		outpatient		65.85	29.63	Out-of-Network
INFLUENZA B	87804	CPT		outpatient		131.71	59.27	Out-of-Network
IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	87806	CPT		outpatient		198.03	89.11	Out-of-Network
IAADIADOO RSV	87807	CPT	QW	outpatient		31.83	14.32	Out-of-Network
CHYLM D TRACH ASSAY W/OPTIC (Urine)	87810	CPT		outpatient		94.53	42.54	Out-of-Network
IAADIADOO NEISSERIA GONORRHOEAE	87850	CPT		outpatient		98.61	44.37	Out-of-Network
IAADIADOO STREPTOCOCCUS GRP	87880	CPT	QW	outpatient		108.28	48.73	Out-of-Network
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT		outpatient		983.14	442.41	Out-of-Network
Molecular cytogenetics; DNA probe, each (eg, FISH)	88271	CPT		outpatient		107.1	48.2	Out-of-Network
Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	88274	CPT		outpatient		211.9	95.36	Out-of-Network
IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	88346	CPT		outpatient		608.93	274.02	Out-of-Network
Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, jt fluid), except blood	89050	CPT		outpatient		58.79	26.46	Out-of-Network
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT		outpatient		27.65	12.44	Out-of-Network
Leukocyte assessment	89055	CPT		outpatient		21.45	9.65	Out-of-Network

CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT		outpatient		58.87	26.49	Out-of-Network
SPTM OBTG SPEC AERSL INDUCED SPX	89220	CPT		outpatient		73.81	33.21	Out-of-Network
AGGLUTININS FEBRILE EA AG	86000	CPT		outpatient		43.4	19.53	Out-of-Network
BLOOD COUNT SMEAR MCRSCP W/MNL DIRNRTL WBC COUNT	85007	CPT		outpatient		136.94	61.62	Out-of-Network
RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	90375	CPT		outpatient		1933.66	870.15	Out-of-Network
IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	90460	CPT		outpatient		93.62	42.13	Out-of-Network
IMADM PRQ ID SUBQ/IM NJXS 1 VACC	90471	CPT		outpatient		131.71	59.27	Out-of-Network
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT		outpatient		95.95	43.18	Out-of-Network
INFLUENZA VIRUS VACC SPLIT PRSRV FR 3 YEARS + IM	90656	CPT		outpatient		88.44	39.8	Out-of-Network
IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	90658	CPT		outpatient		102.27	46.02	Out-of-Network
RABIES VACCINE INTRAMUSCULAR	90675	CPT		outpatient		1873.6	843.12	Out-of-Network
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT		outpatient		143.86	64.74	Out-of-Network
TD TOXOIDS ADSORBED PRSRV FR 7 YR + IM	90714	CPT		outpatient		108.85	48.98	Out-of-Network
TDAP VACCINE 7 YR + IM	90715	CPT		outpatient		111.65	50.24	Out-of-Network
HEPATITIS B VACCINE ADULT DOSAGE INTRAMUSCULAR	90746	CPT		outpatient		60.1	27.05	Out-of-Network
ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	90954	CPT		outpatient		4315.25	1941.86	Out-of-Network
ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	90968	CPT		outpatient		97.2	43.74	Out-of-Network
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT		outpatient		343.9	154.76	Out-of-Network
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT		outpatient		198.41	89.28	Out-of-Network
External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	93243	CPT		outpatient		1116.8	502.56	Out-of-Network
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT		outpatient		1360.91	612.41	Out-of-Network
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT		outpatient		1224	550.8	Out-of-Network
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT		outpatient		1223.5	550.58	Out-of-Network
Doppler echocardiography, pulsed wave and/or continuous wave with spectral display	93321	CPT		outpatient		124.85	56.18	Out-of-Network
ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	93350	CPT		outpatient		1235.16	555.82	Out-of-Network
ECHO TTHRC R-T 2D -+M-MODE REST&STRS CONT ECG	93351	CPT		outpatient		1181.75	531.79	Out-of-Network
DUP-SCAN XTRC ART COMPL BI STD	93880	CPT		outpatient		2163	973.35	Out-of-Network
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT		outpatient		596.66	268.5	Out-of-Network
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT		outpatient		3120.75	1404.34	Out-of-Network
DOPPLER - DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STD	93926	CPT		outpatient		1614.2	726.39	Out-of-Network
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT		outpatient		1364.5	614.03	Out-of-Network
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STD	93931	CPT		outpatient		353.58	159.11	Out-of-Network
DUP-SCAN XTR VEINS COMPL BI STD	93970	CPT		outpatient		2132.1	959.45	Out-of-Network
DUP-SCAN XTR VEINS UNI/LMTD STD	93971	CPT		outpatient		1350.8	607.86	Out-of-Network
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT		outpatient		3011.8	1355.31	Out-of-Network
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT		outpatient		1104.14	496.86	Out-of-Network
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT		outpatient		1063.5	478.58	Out-of-Network
US DUPLEX HEMODIALYSIS ACCESS	93990	CPT		outpatient		701.9	315.86	Out-of-Network
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT		outpatient		199.2	89.64	Out-of-Network
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT		outpatient		777.7	349.97	Out-of-Network
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT	59	outpatient		190.06	85.53	Out-of-Network
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT		outpatient		176.79	79.56	Out-of-Network

IV THERAPY 1ST >1 HOUR	96365	CPT	59	outpatient		274.91	123.71	Out-of-Network
IV THERAPY, EACH ADDL HOUR	96366	CPT		outpatient		175.91	79.16	Out-of-Network
INJECTION, INTRAMUSCULAR OR SUBCUTANEOUS	96372	CPT		outpatient		164.05	73.82	Out-of-Network
IV PUSH THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT		outpatient		227.18	102.23	Out-of-Network
IV PUSH ADD DRUG THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG	96375	CPT		outpatient		153.81	69.21	Out-of-Network
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT		outpatient		125	56.25	Out-of-Network
Rmvt devital tis 20 cm/<	97597	CPT		outpatient		89.33	40.2	Out-of-Network
Remote therap monitoring w/patient; 1st 10 mins	98979	CPT		outpatient		56.8	25.56	Out-of-Network
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT		outpatient		30.94	13.92	Out-of-Network
MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	99152	CPT		outpatient		329	148.05	Out-of-Network
MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	99153	CPT		outpatient		128.18	57.68	Out-of-Network
Screening test of visual acuity, quantitative, bilateral	99173	CPT		outpatient		224.49	101.02	Out-of-Network
Sodium Chloride 0.9% Mini 50ml Ea	A4649	CPT		outpatient		1.43	0.64	Out-of-Network
ACE WRAP - LT COMPRES BAND >=5	A6450	CPT		outpatient		13.26	5.97	Out-of-Network
Dotarem Contrast 10 mL vial	A9575	CPT		outpatient		97.2	43.74	Out-of-Network
Dotarem Contrast 15 mL vial	A9575	CPT		outpatient		145.85	65.63	Out-of-Network
Dotarem Contrast 20 mL vial	A9575	CPT		outpatient		195	87.75	Out-of-Network
Prohance Gadoteridol 279.3 mg/mL; inject vial 5 mL	A9576	CPT		outpatient		60	27	Out-of-Network
Inj, Gadolinium MRI contrast agent, NOS, per 1 ml	A9579	CPT		outpatient		11.91	5.36	Out-of-Network
Gadavist (Gadobutrol) 0.1 mL	A9585	CPT		outpatient		5.09	2.29	Out-of-Network
Cath, inf, per/cent/midline	C1751	CPT		outpatient		100	45	Out-of-Network
CRUTCH ALUM ADLT ADJ	E0114	CPT		outpatient		53.89	24.25	Out-of-Network
Drug test presump optical	G0477	CPT		outpatient		68.59	30.87	Out-of-Network
Drug test def 1-7 classes	G0480	CPT		outpatient		169.87	76.44	Out-of-Network
Drug test def 8-14 classes.	G0481	CPT		outpatient		782.95	352.33	Out-of-Network
Assay of Salicylate	G6038	CPT		outpatient		64.15	28.87	Out-of-Network
Assay of Acetaminophen	G6039	CPT		outpatient		91.45	41.15	Out-of-Network
Bicillin L-A Injection 100,000 units	J0561	CPT		outpatient		84.5	38.03	Out-of-Network
INJECTION, BUPIVICAINE HYDRO	J0665	CPT		outpatient		35.39	15.93	Out-of-Network
ROCEPHIN - CEFTRIAXONE SODIUM up to 250MG	J0696	CPT		outpatient		33.57	15.11	Out-of-Network
DECADRON - DEXAMETHASONE SODIUM PHOS	J1100	CPT		outpatient		16.27	7.32	Out-of-Network
BENADRYL - DIPHENHYDRAMINE HCL INJECTION 50MG	J1200	CPT		outpatient		16.27	7.32	Out-of-Network
INJ ERTAPENEM (INVANZ) 500MG	J1335	CPT		outpatient		15.02	6.76	Out-of-Network
BOLUS IV LOCK PUSH - INJ HEPARIN SODIUM PER 10 U	J1642	CPT		outpatient		10.17	4.58	Out-of-Network
Iron Sucrose 100 mg/5 mL	J1756	CPT		outpatient		212.85	95.78	Out-of-Network
TORADOL,(KETOROLAC TROMETHAMINE) PER 15 MG	J1885	CPT		outpatient		16.27	7.32	Out-of-Network
Injection, lidocaine hcl in 5% dextrose, 1 mg	J2002	CPT		outpatient		28.7	12.92	Out-of-Network
Injection, lidocaine hydrochloride, 10mg/mL	J2003	CPT		outpatient		28.7	12.92	Out-of-Network
Lidocaine Epinephrine (Xylocaine) 2% (20mL); vial	J2004	CPT		outpatient		32.95	14.83	Out-of-Network
ATIVAN - LORAZEPAM INJECTION 2MG	J2060	CPT		outpatient		75.22	33.85	Out-of-Network
Meropenem (Merrem) 1 GM; vial	J2185	CPT		outpatient		63.37	28.52	Out-of-Network
ZOFRAN (ONDANSETRON HCL INJECTION 1MG)	J2405	CPT		outpatient		16.26	7.32	Out-of-Network
Methylprednisolone Sod Succ (Solu-Medrol) 1000mg/16ml SDV	J2919	CPT		outpatient		115.05	51.77	Out-of-Network
TESTOSTERONE ENANTHATE INJ, 1mg	J3121	CPT		outpatient		17.68	7.96	Out-of-Network

Triamcinolone acet inj nos up to 10mg (40mg total)	J3301	CPT		outpatient		14.68	6.61	Out-of-Network
Injection, vancomycin hydrochloride, 10 mg	J3373	CPT		outpatient		2.76	1.24	Out-of-Network
Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3373, 10 mg	J3374	CPT		outpatient		2.76	1.24	Out-of-Network
Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3373, 10 mg	J3375	CPT		outpatient		2.76	1.24	Out-of-Network
KETAMINE UP TO 50MG	J3490	CPT		outpatient		22.11	9.95	Out-of-Network
Tuberculin PPD (Aptisol) Injection	J3490	CPT		outpatient		356.95	160.63	Out-of-Network
NORMAL SALINE SOLUTION INFUS 1000CC	J7030	CPT		outpatient		53.04	23.87	Out-of-Network
NORMAL SALINE SOLUTION INFUS-500ML 1 UNIT	J7040	CPT		outpatient		20.16	9.07	Out-of-Network
Ringers lactate infusion, up to 1000cc	J7120	CPT		outpatient		68.5	30.83	Out-of-Network
Pyridium 100mg tab	J8499	CPT		outpatient		9.96	4.48	Out-of-Network
Zofran (Ondansetron) 8 MG; tab	J8499	CPT		outpatient		2	0.9	Out-of-Network
Wound Culture Anaerobes/Aerobes	87070	CPT		outpatient		124.19	55.89	Out-of-Network
Grey Top Lactic Acid Plasma Test	83605	CPT	QW	outpatient		50.67	22.8	Out-of-Network
WRIST COCK-UP NON-MOLDED	L3908	CPT		outpatient		66.3	29.84	Out-of-Network
Pneuma/vac walk boot pre ots	L4361	CPT		outpatient		156.76	70.54	Out-of-Network
Albumin 25% 50 mL; vial	P9047	CPT		outpatient		56	25.2	Out-of-Network
CATHETERIZE FOR URINE SPEC	P9612	CPT		outpatient		134.18	60.38	Out-of-Network
Set-up portable x-ray equipment	Q0092	CPT		outpatient		168.57	75.86	Out-of-Network
ORAL MR CONTRAST, PER 100 ML	Q9954	CPT		outpatient		173.97	78.29	Out-of-Network
Gastrografin 30ML	Q9963	CPT		outpatient		165.3	74.39	Out-of-Network
LOCM 200-299MG/ML IODINE,1ML	Q9966	CPT		outpatient		15.92	7.16	Out-of-Network
ISOVUE-Low osmolar contrast material, 300-399 mg/ml iodine concentrate, per ml	Q9967	CPT		outpatient		3.65	1.64	Out-of-Network
Omnipaque 300mg/ml per-1ml	Q9967	CPT		outpatient		1.95	0.88	Out-of-Network
ONDANSETRON 4 MG; PO	S0119	CPT		outpatient		5.63	2.53	Out-of-Network
COVID-19 lab test non-CDC	U0002	CPT		outpatient		200	90	Out-of-Network
Ultravist (Iopromide) low osmolar contrast 300-399mg/mL iodine	Q9967	CPT		outpatient		4	1.8	Out-of-Network
Ultravist (Iopromine) low osmolar contrast 200-299 mg/mL iodine	Q9966	CPT		outpatient		24	10.8	Out-of-Network