

CPT4	CPT4 Desc	Non-Fac UP	CPT4	CPT4 Desc	Non-Fac UP
				<b>Admin Services</b>	
96360	HYDRATION IV INFUSION INIT	\$78.00	99080	SPECIAL REPORTS OR FORMS	\$75.00
96361	HYDRATE IV INFUSION ADD-ON	\$21.00	G0010	Admin hepatitis b vaccine	\$25.00
	<b>Admin Fees</b>		G0179	Md recertification hha pt	\$104.00
0011A	1st Dose SARSCOV2 100MCG/0.5ML1ST	\$40.00	NSF	NSF Charge	\$20.00
0012A	2nd Dose SARSCOV2 100MCG/0.5ML2ND	\$40.00	RTCheck	Return Check	\$20.00
0013A	AdminSARSCOV2100MCG/0.5ML 3RD Dose	\$40.00		<b>Behavior Wellness</b>	
0031A	Admin Janssen Covid 19	\$40.00	90791	PSYCH DIAGNOSTIC EVALUATION	\$304.00
1111F	DSCHRG MED/CURRENT MED MERGE	\$0.01	90792	PSYCH DIAG EVAL W/MED SRVCS	\$338.00
1125F	AMNT PAIN NOTED PAIN PRSNT	\$0.01	90832	PSYTX W PT 30 MINUTES	\$131.00
1126F	AMNT PAIN NOTED NONE PRSNT	\$0.01	90833	PSYTX W PT W E/M 30 MIN	\$100.00
1159F	MED LIST DOCD IN RCRD	\$0.01	90834	PSYTX W PT 45 MINUTES	\$173.00
1160F	RVW MEDS BY RX/DR IN RCRD	\$0.01	90836	PSYTX W PT W E/M 45 MIN	\$151.00
1170F	FXNL STATUS ASSESSED	\$0.01	90837	PSYTX W PT 60 MINUTES	\$256.00
3008F	BODY MASS INDEX DOCD	\$0.01	90839	PSYTX CRISIS INITIAL 60 MIN	\$244.00
3044F	HG A1C LEVEL LT 7.0%	\$0.01	90846	FAMILY PSYTX W/O PT 50 MIN	\$180.00
3046F	HEMOGLOBIN A1C LEVEL >9.0%	\$0.01	90847	FAMILY PSYTX W/PT 50 MIN	\$187.00
3074F	SYST BP LT 130 MM HG	\$0.01	90849	MULTIPLE FAMILY GROUP PSYTX	\$68.00
3075F	SYST BP GE 130 - 139MM HG	\$0.01	90853	GROUP PSYCHOTHERAPY	\$80.00
3077F	SYST BP >= 140 MM HG	\$0.01	90863	PHARMACOLOGIC MGMT W/PSYTX	\$50.00
3077F	SYST BP >= 140 MM HG	\$0.01	96130	PSYCL TST EVAL PHYS/QHP 1ST	\$202.00
3078F	DIAST BP <80 MM HG	\$0.01	96131	PSYCL TST EVAL PHYS/QHP EA	\$157.00
3079F	DIAST BP 80-89 MM HG	\$0.01	96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$80.00
3080F	DIAST BP >= 90 MM HG	\$0.01	96137	PSYCL/NRPSYC TST PHY/QHP EA	\$98.00
4037F	INFLUENZA IMM ORDER/ADMIN	\$0.01	96158	HLTH BHV IVNTJ INDIV 1ST 30	\$112.00
90460	IM ADMIN 1ST/ONLY COMPONENT	\$42.00	99408	AUDIT/DAST 15-30 MIN	\$55.00
90471	IMMUNIZATION ADMIN	\$38.00		<b>Black Lung</b>	
99075	MEDICAL TESTIMONY	\$50.00	12488	DOL Clarifying Opinion	\$300.00
99406	BEHAV CHNG SMOKING 3-10 MIN	\$25.00	12655	Supply Fee Black Lung	\$40.00
99407	BEHAV CHNG SMOKING > 10 MIN	\$48.00	93000	ELECTROCARDIOGRAM COMPLETE	\$175.00
99443	PHONE E/M PHYS/QHP 21-30 MIN	\$214.00	94010D	PFS DOL	\$450.00
99490	CHRCN CARE MGMT SVC 1ST 20	\$67.00	94060D	PFS Pre/Post DOL	\$600.00
99497	ADVNCDC CARE PLAN 30 MIN	\$146.00	94700	ABG Rest DOL	\$400.00
Copy	Copy Chart	\$20.00	94705	ABG Rest/Ex	\$650.00
G0009	Admin pneumococcal vaccine	\$25.00	94705	ABG Rest/Ex	\$570.00
G0071	Comm svcs by rhc/fqhc 5 min	\$25.00	99078	GROUP HEALTH EDUCATION	\$10.00
G0444	Depression screen annual	\$10.00	99199	SPECIAL SERVICE/PROC/REPORT	\$10.00
Law	Deposition Lawyers Office	\$500.00	B-Read	B-Reading	\$84.00
	<b>Dental Services</b>		CMPE	Coal Mine PreEmployment Phys	\$265.00
D0120	Oral Exam	\$25.00	Cmpep	Coal Mine PreEmployment Phys Inc X Read	\$349.00
D0140	Dental Exam	\$35.00	IME	Independent Medical Evaluation	\$984.00
D0140	Dental Exam	\$55.00	Mrp	Mine Rescue Physical	\$139.00
D0210	Full Mouth XRAY	\$75.00	Mrpx	Mine Rescue Phys W/ XRay	\$213.00
D0220	X Ray	\$15.00		<b>Hospital</b>	
D0230	Dental IP	\$20.00	99217	OBSERVATION CARE DISCHARGE	\$125.00
D0272	X Ray BW	\$12.50	99218	INITIAL OBSERVATION CARE	\$170.00
D0274	BiteWingXray	\$55.00	99219	INITIAL OBSERVATION CARE	\$230.00
D0290	Dental Post Anterior X RAY	\$45.00	99220	INITIAL OBSERVATION CARE	\$320.00
D1110	Prophylaxis Adult	\$55.00	99221	INITIAL HOSPITAL CARE	\$170.00
D1354	Silver Diamine Fluoride	\$15.00	99222	INITIAL HOSPITAL CARE	\$235.00
D2140	Amalgam One Surface	\$55.00	99223	INITIAL HOSPITAL CARE	\$350.00
D2150	Dental Restorative	\$90.00	99224	SUBSEQUENT OBSERVATION CARE	\$100.00
D2160	Dental Amalgam Three Surfaces	\$115.00	99225	SUBSEQUENT OBSERVATION CARE	\$140.00
D2330	Dental Resin Composite One	\$110.00	99226	SUBSEQUENT OBSERVATION CARE	\$180.00
D2331	Comp Resin Two Serfaces Anterior	\$120.00	99231	SUBSEQUENT HOSPITAL CARE	\$60.00
D2332	Resin Two Surface	\$110.00	99232	SUBSEQUENT HOSPITAL CARE	\$124.00
D2335	Resin 4 Or More Sufaces	\$145.00	99233	SUBSEQUENT HOSPITAL CARE	\$170.00
D2391	Post Comp	\$85.00	99234	OBSERV/HOSP SAME DATE	\$230.00
D2392	Dental Comp	\$90.00	99235	OBSERV/HOSP SAME DATE	\$290.00
D2393	Filling White Comp	\$120.00	99236	OBSERV/HOSP SAME DATE	\$375.00
D2750	Dental Crown Prcelain Fuse High Metal	\$250.00	99238	HOSPITAL DISCHARGE DAY	\$125.00
D2752	Crown-Porcelain	\$222.00	99239	HOSPITAL DISCHARGE DAY	\$185.00
D2920	Dental Re-cement Or Rebond Crown	\$45.00	99291	CRITICAL CARE FIRST HOUR	\$468.00
D5650	Partial Denture Repair	\$65.00	99292	CRITICAL CARE ADDL 30 MIN	\$210.00
D7110	Dental Extraction	\$50.00		<b>Injection</b>	

D7140	Extractions	\$70.00	90461	IM ADMIN EACH ADDL COMPONENT	\$23.00
	<b>Lab</b>		90472	IMMUNIZATION ADMIN EACH ADD	\$23.00
-2146826259	Confirmation Positive Drug Screen	\$136.50	90632	HEPA VACCINE ADULT IM	\$95.00
3051F	HG A1C>EQUAL 7.0%<8.0%	\$0.01	90636	HEP A/HEP B VACC ADULT IM	\$100.00
3052F	HG A1C>EQUAL 8.0%<EQUAL 9.0%	\$0.01	90647	HIB PRP-OMP VACC 3 DOSE IM	\$53.00
36415	ROUTINE VENIPUNCTURE	\$19.00	90658	IIV3 VACCINE SPLT 0.5 ML IM	\$25.00
36416	CAPILLARY BLOOD DRAW	\$19.00	90658	IIV3 VACCINE SPLT 0.5 ML IM	\$25.00
80053	COMPREHEN METABOLIC PANEL	\$40.00	90670	PCV13 VACCINE IM	\$220.00
80061	LIPID PANEL	\$83.00	90686	IIV4 VACC NO PRSV 0.5 ML IM	\$17.00
80061	LIPID PANEL	\$83.00	90715	TDAP VACCINE 7 YRS/> IM	\$78.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$80.00	90723	DTAP-HEP B-IPV VACCINE IM	\$120.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$15.00	90736	HZV VACCINE LIVE SUBQ	\$230.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$25.00	95115	IMMUNOTHERAPY ONE INJECTION	\$25.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$95.00	95115M	Allergy Shot	\$25.00
81001	URINALYSIS AUTO W/SCOPE	\$27.00	95117	IMMUNOTHERAPY INJECTIONS	\$32.00
81003	URINALYSIS AUTO W/O SCOPE	\$24.00	95117M	Allergy Shot Medicare	\$32.00
81025	URINE PREGNANCY TEST	\$36.00	96372	THER/PROPH/DIAG INJ SC/IM	\$41.00
82044	UR ALBUMIN SEMIQUANTITATIVE	\$17.00	96372S	Admin Inj Sliding Fee Patient	\$41.00
82075	ASSAY OF BREATH ETHANOL	\$46.00	G0008	Admin influenza virus vac	\$25.00
82270	OCCULT BLOOD FECES	\$56.00	J0696	Ceftriaxone sodium injection	\$54.00
82272	OCCULT BLD FECES 1-3 TESTS	\$76.00	J0702	Betamethasone acet&sod phosph	\$8.00
82570	ASSAY OF URINE CREATININE	\$17.00	J1020	Methylprednisolone 20 mg inj	\$14.00
82803	BLOOD GASES ANY COMBINATION	\$104.00	J1030	Methylprednisolone 40 mg inj	\$21.00
82948	REAGENT STRIP/BLOOD GLUCOSE	\$20.00	J1071	Inj testosterone cypionate	\$0.08
82948	REAGENT STRIP/BLOOD GLUCOSE	\$20.00	J1100	Dexamethasone sodium phos	\$3.00
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$61.00	J1200	Diphenhydramine hcl injectio	\$1.78
83655	ASSAY OF LEAD	\$25.00	J1642	Inj heparin sodium per 10 u	\$10.00
84450	TRANSFERASE (AST) (SGOT)	\$30.00	J1885	Ketorolac tromethamine inj	\$27.00
84460	ALANINE AMINO (ALT) (SGPT)	\$30.00	J1940	Furosemide injection	\$10.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$47.00	J2550	Promethazine hcl injection	\$27.00
85610	PROTHROMBIN TIME	\$31.00	J3301	Triamcinolone acet inj nos	\$21.00
85651	RBC SED RATE NONAUTOMATED	\$30.00	J3420	Vitamin b12 injection	\$10.00
86308	HETEROPHILE ANTIBODY SCREEN	\$40.00	J8540	Oral dexamethasone	\$20.00
86580	TB INTRADERMAL TEST	\$31.00		<b>Invoice Billing</b>	
86580R	TB Screen For CHET	\$15.00	Drg1	Drug Court 1 Hour	\$50.00
86706	HEP B SURFACE ANTIBODY	\$50.00	Drg30	Drug Court 30 Min Session	\$25.00
87210	SMEAR WET MOUNT SALINE/INK	\$29.00		<b>Procedure</b>	
87502	INFLUENZA DNA AMP PROBE	\$174.00	10060	DRAINAGE OF SKIN ABSCESS	\$202.00
87502	INFLUENZA DNA AMP PROBE	\$45.38	10061	DRAINAGE OF SKIN ABSCESS	\$346.00
87635	SARS-COV-2 COVID-19 AMP PRB	\$75.00	10120	REMOVE FOREIGN BODY	\$280.00
87651	STREP A DNA AMP PROBE	\$80.00	11200	REMOVAL OF SKIN TAGS <W/15	\$169.00
87804	INFLUENZA ASSAY W/OPTIC	\$30.00	11201	REMOVE SKIN TAGS ADD-ON	\$81.00
87807	RSV ASSAY W/OPTIC	\$20.00	11300	SHAVE SKIN LESION 0.5 CM/<	\$167.00
87880	STREP A ASSAY W/OPTIC	\$34.00	11301	SHAVE SKIN LESION 0.6-1.0 CM	\$203.00
88738	HGB QUANT TRANSCUTANEOUS	\$16.00	11302	SHAVE SKIN LESION 1.1-2.0 CM	\$238.00
95251	CONT GLUC MNTR ANALYSIS I&R	\$75.00	11305	SHAVE SKIN LESION 0.5 CM/<	\$177.00
G0328	Fecal blood scrn immunoassay	\$56.00	11306	SHAVE SKIN LESION 0.6-1.0 CM	\$205.00
G0434	Drug screen multi drug class	\$95.00	11307	SHAVE SKIN LESION 1.1-2.0 CM	\$237.00
G2023	Specimen collect covid-19	\$25.00	11310	SHAVE SKIN LESION 0.5 CM/<	\$193.00
T5999	Supply, nos	\$25.00	11312	SHAVE SKIN LESION 1.1-2.0 CM	\$261.00
	<b>Office Visit</b>		11400	EXC TR-EXT B9+MARG 0.5 CM<	\$209.00
10080	DRAINAGE OF PILONIDAL CYST	\$397.00	11401	EXC TR-EXT B9+MARG 0.6-1 CM	\$255.00
11303	SHAVE SKIN LESION >2.0 CM	\$259.00	11402	EXC TR-EXT B9+MARG 1.1-2 CM	\$282.00
11442	EXC FACE-MM B9+MARG 1.1-2 CM	\$500.00	11403	EXC TR-EXT B9+MARG 2.1-3CM	\$324.00
17111	DESTRUCT LESION 15 OR MORE	\$220.00	11404	EXC TR-EXT B9+MARG 3.1-4 CM	\$368.00
20612	ASPIRATE/INJ GANGLION CYST	\$103.00	11420	EXC H-F-NK-SP B9+MARG 0.5/<	\$211.00
90838	PSYTX W PT W E/M 60 MIN	\$200.00	11421	EXC H-F-NK-SP B9+MARG 0.6-1	\$263.00
96523	IRRIG DRUG DELIVERY DEVICE	\$50.00	11422	EXC H-F-NK-SP B9+MARG 1.1-2	\$296.00
99202	OFFICE O/P NEW SF 15-29 MIN	\$126.00	11426	EXC H-F-NK-SP B9+MARG >4 CM	\$552.00
99203	OFFICE O/P NEW LOW 30-44 MIN	\$184.00	11441	EXC FACE-MM B9+MARG 0.6-1 CM	\$400.00
99204	OFFICE O/P NEW MOD 45-59 MIN	\$280.00	11443	EXC FACE-MM B9+MARG 2.1-3 CM	\$376.00
99205	OFFICE O/P NEW HI 60-74 MIN	\$365.00	11600	EXC TR-EXT MAL+MARG 0.5 CM/<	\$328.00
99212	OFFICE O/P EST SF 10-19 MIN	\$92.00	11601	EXC TR-EXT MAL+MARG 0.6-1 CM	\$379.00
99213	OFFICE O/P EST LOW 20-29 MIN	\$150.00	11602	EXC TR-EXT MAL+MARG 1.1-2 CM	\$410.00
99214	OFFICE O/P EST MOD 30-39 MIN	\$214.00	11603	EXC TR-EXT MAL+MARG 2.1-3 CM	\$470.00
99215	OFFICE O/P EST HI 40-54 MIN	\$299.00	11604	EXC TR-EXT MAL+MARG 3.1-4 CM	\$500.00
99242	OFFICE CONSULTATION	\$155.00	11641	EXC F/E/E/N/L MAL+MRG 0.6-1	\$391.00

99243	OFFICE CONSULTATION	\$226.00	11719	TRIM NAIL(S) ANY NUMBER	\$49.00
99244	OFFICE CONSULTATION	\$314.00	11730	REMOVAL OF NAIL PLATE	\$191.00
99381	INIT PM E/M NEW PAT INFANT	\$188.00	11732	REMOVE NAIL PLATE ADD-ON	\$60.00
99382	INIT PM E/M NEW PAT 1-4 YRS	\$196.00	11765	EXCISION OF NAIL FOLD TOE	\$311.00
99383	PREV VISIT NEW AGE 5-11	\$205.00	11981	INSERT DRUG IMPLANT DEVICE	\$233.00
99384	PREV VISIT NEW AGE 12-17	\$232.00	11982	REMOVE DRUG IMPLANT DEVICE	\$265.00
99385	PREV VISIT NEW AGE 18-39	\$225.00	11983	REMOVE/INSERT DRUG IMPLANT	\$376.00
99386	PREV VISIT NEW AGE 40-64	\$261.00	12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	\$240.00
99387	INIT PM E/M NEW PAT 65+ YRS	\$282.00	12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	\$217.00
99391	PER PM REEVAL EST PAT INFANT	\$169.00	16020	DRESS/DEBRID P-THICK BURN S	\$140.00
99392	PREV VISIT EST AGE 1-4	\$181.00	16025	DRESS/DEBRID P-THICK BURN M	\$254.00
99393	PREV VISIT EST AGE 5-11	\$180.00	17000	DESTRUCT PREMALG LESION	\$124.00
99394	PREV VISIT EST AGE 12-17	\$198.00	17003	DESTRUCT PREMALG LES 2-14	\$57.00
99395	PREV VISIT EST AGE 18-39	\$202.00	17004	DESTROY PREMAL LESIONS 15/>	\$270.00
99396	PREV VISIT EST AGE 40-64	\$216.00	17110	DESTRUCT B9 LESION 1-14	\$180.00
99397	PER PM REEVAL EST PAT 65+ YR	\$232.00	17250	CHEM CAUT OF GRANLTJ TISSUE	\$145.00
99441	PHONE E/M PHYS/QHP 5-10 MIN	\$92.00	17262	DESTRUCTION OF SKIN LESIONS	\$291.00
99442	PHONE E/M PHYS/QHP 11-20 MIN	\$150.00	20550	INJ TENDON SHEATH/LIGAMENT	\$100.00
99455	WORK RELATED DISABILITY EXAM	\$80.00	20551	INJ TENDON ORIGIN/INSERTION	\$95.00
99456	DISABILITY EXAMINATION	\$600.00	20552	INJ TRIGGER POINT 1/2 MUSCL	\$88.00
99495	TRANS CARE MGMT 14 DAY DISCH	\$218.00	20605	DRAIN/INJ JOINT/BURSA W/O US	\$88.00
99496	TRANS CARE MGMT 7 DAY DISCH	\$260.00	20610	DRAIN/INJ JOINT/BURSA W/O US	\$184.00
DOT	DOT Physical	\$100.00	23540	TREAT CLAVICLE DISLOCATION	\$850.00
FAA	FAA Physical No Ins Billed	\$100.00	28470	TREAT METATARSAL FRACTURE	\$370.00
G0101	Ca screen,pelvic/breast exam	\$65.00	29580	APPLICATION OF PASTE BOOT	\$104.00
G0402	Initial preventive exam	\$285.00	46600	DIAGNOSTIC ANOSCOPY SPX	\$195.00
G0438	Ppps, initial visit	\$290.00	51701	INSERT BLADDER CATHETER	\$160.00
G0439	Ppps, subseq visit	\$218.00	54056	CRYOSURGERY PENIS LESION(S)	\$237.00
G0463	Hospital outpt clinic visit	\$160.00	54065	DESTRUCTION PENIS LESION(S)	\$370.00
G0466	Fqhc visit new patient	\$227.00	56441	LYSIS OF LABIAL LESION(S)	\$450.00
G0467	Fqhc visit, estab pt	\$169.00	58301	REMOVE INTRAUTERINE DEVICE	\$177.00
G0468	Fqhc visit, ippe or awv	\$227.00	69200	CLEAR OUTER EAR CANAL	\$215.00
G0469	Fqhc visit, mh new pt	\$227.00	69209	REMOVE IMPACTED EAR WAX UNI	\$25.00
G0470	Fqhc visit, mh estab pt	\$169.00	69210	REMOVE IMPACTED EAR WAX UNI	\$102.00
G0506	Comp asses care plan ccm svc	\$100.00	92551	PURE TONE HEARING TEST AIR	\$40.00
G0511	Ccm/bhi by rhc/fqhc 20min mo	\$106.00	92551	PURE TONE HEARING TEST AIR	\$65.00
G2025	Dis site tele swcs rhc/fqhc	\$100.00	94640	AIRWAY INHALATION TREATMENT	\$32.00
Mrpxd	Mine Rescue Phys W/ Drug & XRAY	\$265.00	97602	WOUND(S) CARE NON-SELECTIVE	\$75.00
PHYS	Physical For School	\$80.00	G0127	Trim nail(s)	\$40.00
Sports	Sports Physical	\$25.00	Q0091	Obtaining screen pap smear	\$80.00
	<b>Pulmonary</b>			<b>X-Ray</b>	
94060	EVALUATION OF WHEEZING	\$100.00	70210	X-RAY EXAM OF SINUSES	\$86.00
	<b>Radiology</b>		70250	X-RAY EXAM OF SKULL	\$99.00
70100	X-RAY EXAM OF JAW <4VIEWS	\$46.00	70360	X-RAY EXAM OF NECK	\$69.00
70110	X-RAY EXAM OF JAW 4/> VIEWS	\$50.00	71010D	DOL Chest X-Ray	\$225.00
70140	X-RAY EXAM OF FACIAL BONES	\$35.00	71100	X-RAY EXAM RIBS UNI 2 VIEWS	\$95.00
70150	X-RAY EXAM OF FACIAL BONES	\$60.00	72020	X-RAY EXAM OF SPINE 1 VIEW	\$69.00
70190	X-RAY EXAM OF EYE SOCKETS	\$43.00	72040	X-RAY EXAM NECK SPINE 2-3 VW	\$87.00
70220	X-RAY EXAM OF SINUSES	\$60.00	72070	X-RAY EXAM THORAC SPINE 2VWS	\$87.00
71045	X-RAY EXAM CHEST 1 VIEW	\$93.00	72072	X-RAY EXAM THORAC SPINE 3VWS	\$115.00
71046	X-RAY EXAM CHEST 2 VIEWS	\$112.00	72100	X-RAY EXAM L-S SPINE 2/3 VWS	\$92.00
71101	X-RAY EXAM UNILAT RIBS/CHEST	\$60.00	72170	X-RAY EXAM OF PELVIS	\$116.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS	\$60.00	72202	X-RAY EXAM SI JOINTS 3/> VWS	\$109.00
71120	X-RAY EXAM BREASTBONE 2/>VWS	\$60.00	72220	X-RAY EXAM SACRUM TAILBONE	\$67.00
72050	X-RAY EXAM NECK SPINE 4/5VWS	\$65.00	73000	X-RAY EXAM OF COLLAR BONE	\$74.00
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	\$80.00	73010	X-RAY EXAM OF SHOULDER BLADE	\$77.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS	\$68.00	73020	X-RAY EXAM OF SHOULDER	\$92.00
73050	X-RAY EXAM OF SHOULDERS	\$106.00	73030	X-RAY EXAM OF SHOULDER	\$85.00
73080	X-RAY EXAM OF ELBOW	\$38.00	73060	X-RAY EXAM OF HUMERUS	\$89.00
73521	X-RAY EXAM HIPS BI 2 VIEWS	\$45.00	73070	X-RAY EXAM OF ELBOW	\$74.00
73551	X-RAY EXAM OF FEMUR 1	\$69.00	73090	X-RAY EXAM OF FOREARM	\$75.00
73552	X-RAY EXAM OF FEMUR 2/>	\$89.00	73100	X-RAY EXAM OF WRIST	\$92.00
73562	X-RAY EXAM OF KNEE 3	\$49.00	73110	X-RAY EXAM OF WRIST	\$106.00
73565	X-RAY EXAM OF KNEES	\$50.00	73120	X-RAY EXAM OF HAND	\$79.00
73592	X-RAY EXAM OF LEG INFANT	\$42.00	73130	X-RAY EXAM OF HAND	\$79.00
74018	X-RAY EXAM ABDOMEN 1 VIEW	\$68.00	73140	X-RAY EXAM OF FINGER(S)	\$84.00
74019	X-RAY EXAM ABDOMEN 2 VIEWS	\$88.00	73502	X-RAY EXAM HIP UNI 2-3 VIEWS	\$65.00

74021	X-RAY EXAM ABDOMEN 3+ VIEWS	\$54.00		73560	X-RAY EXAM OF KNEE 1 OR 2	\$77.00
	<b>Vaccine</b>			73564	X-RAY EXAM KNEE 4 OR MORE	\$90.00
90620	MENB-4C VACC 2 DOSE IM	\$160.00		73590	X-RAY EXAM OF LOWER LEG	\$76.00
90633	HEPA VACC PED/ADOL 2 DOSE IM	\$75.00		73600	X-RAY EXAM OF ANKLE	\$76.00
90651	9VHPV VACCINE 2/3 DOSE IM	\$270.00		73610	X-RAY EXAM OF ANKLE	\$109.00
90654	FLU VACC IIV3 NO PRESERV ID	\$25.00		73620	X-RAY EXAM OF FOOT	\$78.00
90681	RV1 VACC 2 DOSE LIVE ORAL	\$145.00		73630	X-RAY EXAM OF FOOT	\$87.00
90686	IIV4 VACC NO PRSV 0.5 ML IM	\$28.00		73650	X-RAY EXAM OF HEEL	\$65.00
90686	IIV4 VACC NO PRSV 0.5 ML IM	\$28.00		73660	X-RAY EXAM OF TOE(S)	\$54.00
90696	DTAP-IPV VACCINE 4-6 YRS IM	\$153.00		76536	US EXAM OF HEAD AND NECK	\$250.00
90698	DTAP-IPV/HIB VACCINE IM	\$100.00		B READ	NIOSH B READING	\$84.00
90700	DTAP VACCINE < 7 YRS IM	\$56.00			<b>Screening</b>	
90707	MMR VACCINE SC	\$90.00		82075	ASSAY OF BREATH ETHANOL	\$15.00
90716	VAR VACCINE LIVE SUBQ	\$160.00		92250	EYE EXAM WITH PHOTOS	\$100.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	\$110.00		93005	ELECTROCARDIOGRAM TRACING	\$22.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	\$90.00		94010	BREATHING CAPACITY TEST	\$82.00
90734	MENACWYD/MENACWYCRM VACC IM	\$150.00		94150	VITAL CAPACITY TEST	\$50.00
90744	HEPB VACC 3 DOSE PED/ADOL IM	\$115.00		94664	EVALUATE PT USE OF INHALER	\$43.00
90746	HEPB VACCINE 3 DOSE ADULT IM	\$120.00		96110	DEVELOPMENTAL SCREEN W/SCORE	\$50.00
90750	HZV VACC RECOMBINANT IM	\$280.00		96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$40.00
Q2038	Fluzone vacc, 3 yrs & >, im	\$25.00		96160	PT-FOCUSED HLTH RISK ASSMT	\$225.00
Q2038	Fluzone vacc, 3 yrs & >, im	\$25.00		96161	CAREGIVER HEALTH RISK ASSMT	\$15.00
	<b>ENT</b>			99173	VISUAL ACUITY SCREEN	\$46.00
92550	TYMPANOMETRY & REFLEX THRESH	\$50.00		99177	OCULAR INSTRUMNT SCREEN BIL	\$20.00
92567	TYMPANOMETRY	\$35.00			<b>Nurse Visits</b>	
				99211	OFFICE O/P EST MINIMAL PROB	\$46.00