

| PROCEDURE RECORD NAME                            | Price<br>1/1/20 |
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| PR OCC MED DOT COMM DRIVER EXAM                  | \$ 115.00       |
| PB PEO PFC IDOT                                  | \$ 115.00       |
| INITIAL PRENATAL CARE VISIT                      | \$ 199.00       |
| SUBSEQUENT PRENATAL CARE                         | \$ 138.00       |
| POSTPARTUM CARE VISIT                            | \$ 201.00       |
| PR DRAIN SKIN ABSCESS SIMPLE                     | \$ 371.00       |
| PR DRAIN SKIN ABSCESS COMPLIC                    | \$ 827.00       |
| PR DRAIN PILONIDAL CYST SIMPL                    | \$ 491.00       |
| PR REMOVE FOREIGN BODY SIMPLE                    | \$ 388.00       |
| PR DRAINAGE OF HEMATOMA/FLUID                    | \$ 435.00       |
| PR PUNCTURE DRAINAGE OF LESION                   | \$ 380.00       |
| PR VISUAL FUNCTIONAL STATUS ASSESSED             | \$ 199.00       |
| PR DEBRIDE NECROTIC SKIN/ TISSUE, GENIT & PERINM | \$ 3,699.00     |
| PR DEBRIDEMENT, SKIN, SUB-Q TISSUE               | \$ 866.00       |
| PR TRIM HYPERKERATOTIC SKIN LESION, ONE          | \$ 139.00       |
| PR BIOPSY OF SKIN LESION                         | \$ 319.00       |
| PR BIOPSY, EACH ADDED LESION                     | \$ 197.00       |
| PR REMOVAL OF SKIN TAGS, UP TO 15                | \$ 304.00       |
| PR SHAV SKIN LES <5MM TRUNK,ARM,LEG              | \$ 242.00       |
| PR SHAV SKIN LES 6-10MM TRUNK,ARM,LEG            | \$ 304.00       |
| PR SHAV SKIN LES 11-20MM TRUNK,ARM,LEG           | \$ 393.00       |
| PR SHAV SKIN LES <5MM REMAINDR BODY              | \$ 289.00       |
| PR SHAV SKIN LES 6-10MM REMAINDR BODY            | \$ 361.00       |
| PR SHAV SKIN LES <5MM FACE,FACIAL                | \$ 295.00       |
| PR SHAV SKIN LES 6-10MM FACE,FACIAL              | \$ 412.00       |
| PR SHAV SKIN LES 11-20MM FACE,FACIAL             | \$ 485.00       |
| PR SHAV SKIN LES >21MM FACE,FACIAL               | \$ 624.00       |
| PR EXC SKIN BENIG <5MM TRUNK,ARM,LEG             | \$ 354.00       |
| PR EXC SKIN BENIG 0.6-1CM TRUNK,ARM,LEG          | \$ 521.00       |
| PR EXC SKIN BENIG 1.1-2CM TRUNK,ARM,LEG          | \$ 617.00       |
| PR EXC SKIN BENIG 2.1-3CM TRUNK,ARM,LEG          | \$ 742.00       |
| PR EXC SKIN BENIG 3.1-4CM TRUNK,ARM,LEG          | \$ 986.00       |
| PR EXC SKIN BENIG >4CM TRUNK,ARM,LEG             | \$ 1,513.00     |
| PR EXC SKIN BENIG <5MM REMAINDR BODY             | \$ 422.00       |
| PR EXC SKIN BENIG 0.6-1CM REMAINDR BODY          | \$ 500.00       |
| PR EXC SKIN BENIG 1.1-2CM REMAINDR BODY          | \$ 666.00       |
| PR EXC SKIN BENIG 2.1-3CM REMAINDR BODY          | \$ 913.00       |
| PR EXC SKIN BENIG 3.1-4CM REMAINDR BODY          | \$ 1,340.00     |
| PR EXC SKIN BENIG >4CM REMAINDR BODY             | \$ 1,678.00     |
| PR EXC SKIN BENIG 0.6-1CM FACE,FACIAL            | \$ 661.00       |
| PR EXC SKIN MALIG 0.6-1CM TRUNK,ARM,LEG          | \$ 654.00       |
| PR EXC SKIN MALIG 1.1-2CM TRUNK,ARM,LEG          | \$ 808.00       |
| PR EXC SKIN MALIG 2.1-3CM TRUNK,ARM,LEG          | \$ 1,041.00     |

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| PR EXC SKIN MALIG >4CM TRUNK,ARM,LEG                 | \$ 2,098.00 |
| PR EXC SKIN MALIG 1.1-2CM REMAINDR BODY              | \$ 1,151.00 |
| PR EXC SKIN MALIG >4CM REMAINDR BODY                 | \$ 1,825.00 |
| PR EXC SKIN MALIG 1.1-2CM FACE,FACIAL                | \$ 1,379.00 |
| PR DEBRIDEMENT OF NAIL(S), 1-5                       | \$ 171.00   |
| PR REMOVAL OF NAIL PLATE                             | \$ 283.00   |
| PR REMOVAL OF NAIL BED                               | \$ 855.00   |
| PR EXCISION OF NAIL FOLD, TOE                        | \$ 552.00   |
| PR REMV PILONIDAL LESION EXTENS                      | \$ 2,827.00 |
| INJECTION INTO SKIN LESIONS, UP TO 7                 | \$ 213.00   |
| PR REMOVAL OF CONTRACEPTIVE CAPSUL                   | \$ 645.00   |
| PR INSERTION DRUG IMPLANT DEVICE                     | \$ 834.00   |
| PR REMOVAL DRUG IMPLANT DEVICE                       | \$ 950.00   |
| PR REMOVAL W/ REINSERT DRUG IMPLANT DEVICE           | \$ 1,039.00 |
| PR REPR SUPERF WND BODY <2.5CM                       | \$ 527.00   |
| PR REPR SUP NPTERF WND BODY 2.6-7.5                  | \$ 608.00   |
| PR REPR SUPERF WND FACE <2.5CM                       | \$ 600.00   |
| PR CLOSURE SUPERF WND DEHIS W PACKING                | \$ 707.00   |
| PR LAYR CLOS WND TRUNK,ARM,LEG 2.6-7.5 CM            | \$ 808.00   |
| PR LAYR CLOS WND TRUNK,ARM,LEG 7.6-12.5 CM           | \$ 929.00   |
| PR REPR CMPL WND TRUNK 1.1-2.5CM                     | \$ 913.00   |
| PR REPR CMPL WND SCALP,EXTR 2.6-7.5                  | \$ 1,551.00 |
| PR DRESS/DEBRID SMALL BURN NO ANES                   | \$ 248.00   |
| PR DESTRUC PREMALIGNANT, FIRST LESION                | \$ 220.00   |
| PR DESTRUC PREMALIGNANT,2-14 LESIONS                 | \$ 105.00   |
| PR DESTRUCTION BENIGN LESIONS UP TO 14               | \$ 295.00   |
| PR CHEMICAL CAUTERIZATION OF GRANULATION TISSUE      | \$ 283.00   |
| PR PUNC/ASPIR BREAST CYST                            | \$ 398.00   |
| PR BX BREAST W DEVICE 1ST LESION STEREOTACTIC GUIDE  | \$ 2,315.00 |
| PR BX BREAST W DEVICE 1ST LESION ULTRASOUND GUIDE    | \$ 2,289.00 |
| PR BIOPSY OF BREAST, NEEDLE CORE                     | \$ 559.00   |
| PR MASTECTOMY,PARTIAL, WITH AXILLARY LYMPHADENECTOMY | \$ 3,650.00 |
| PR MASTECTOMY, SIMPLE, COMPLETE                      | \$ 3,690.00 |
| PR EXPLORE WOUND,ABDOMEN/FLANK/BACK                  | \$ 3,533.00 |
| PR INJECT CARPAL TUNNEL                              | \$ 304.00   |
| PR INJECT TENDON SHEATH/LIGAMENT                     | \$ 264.00   |
| PR INJECT TENDON ORIGIN/INSERT                       | \$ 282.00   |
| PR INJECT TRIGGER POINT, 1 OR 2                      | \$ 295.00   |
| PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US   | \$ 207.00   |
| PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US   | \$ 267.00   |
| PR DRAIN/INJECT LARGE JOINT/BURSA                    | \$ 358.00   |
| PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ < 2CM    | \$ 1,259.00 |
| PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2+CM     | \$ 1,209.00 |
| PR BIOPSY SOFT TISSUE NECK/CHEST                     | \$ 900.00   |
| PR EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM   | \$ 1,607.00 |
| PR EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM   | \$ 3,533.00 |
| PR PERCUT FIXATN HUMERAL EPICONDYLAR FX              | \$ 2,548.00 |

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| PR EXCIS PRIMARY GANGLION WRIST                     | \$ 2,266.00  |
| PR INCISE FINGER TENDON SHEATH                      | \$ 3,192.00  |
| PR EXCIS TENDON SHEATH LESION, HAND/FINGER          | \$ 2,700.00  |
| PR INJECTION HIP ARTHROGRAM                         | \$ 633.00    |
| PR TOTAL HIP ARTHROPLASTY                           | \$ 13,856.00 |
| PR TOTAL KNEE ARTHROPLASTY                          | \$ 12,217.00 |
| PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM        | \$ 1,551.00  |
| PR EXCIS LESN TENDON SHEALTH LEG/ANKLE              | \$ 1,933.00  |
| PR APPLY FOREARM CAST                               | \$ 331.00    |
| PR APPLY SHORT LEG CAST                             | \$ 365.00    |
| PR APPLY OF PASTE BOOT                              | \$ 238.00    |
| PR WRIST ARTHROSCOP,RELEASE XVERS LIG               | \$ 3,557.00  |
| PR ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING     | \$ 7,384.00  |
| PR ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG    | \$ 6,108.00  |
| PR REMOVE NASAL FOREIGN BODY                        | \$ 385.00    |
| PR COLLECTION VENOUS BLOOD,VENIPUNCTURE             | \$ -         |
| PR INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>     | \$ 4,240.00  |
| PR REMOVAL TUNNELED CV CATH                         | \$ 1,004.00  |
| PR TEMPORAL ARTERY LIGATN OR BX                     | \$ 1,385.00  |
| PR BIOPSY/EXCISION, LYMPH NODE(S)                   | \$ 1,325.00  |
| PR BX/REMV,LYMPH NODE,DEEP AXILL                    | \$ 2,240.00  |
| PR INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE   | \$ 157.00    |
| PR ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC  | \$ 1,417.00  |
| PR EGD TRANSORAL BIOPSY SINGLE/MULTIPLE             | \$ 1,734.00  |
| PR FREEING BOWEL ADHESION,ENTEROLYSIS               | \$ 4,979.00  |
| PR APPENDECTOMY                                     | \$ 3,337.00  |
| PR APPENDECTOMY,W OTHR PROC                         | \$ 2,047.00  |
| PR PROCTOSIGMOIDOSCOPY,RIGID,DIAGNOS                | \$ 358.00    |
| PR SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD | \$ 567.00    |
| PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD       | \$ 2,098.00  |
| PR COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE             | \$ 2,279.00  |
| PR COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD     | \$ 2,231.00  |
| PR COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ  | \$ 3,066.00  |
| PR COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)       | \$ 1,051.00  |
| PR REPAIR OF RECTOCELE                              | \$ 2,886.00  |
| PR SURG DIAGNOSTIC EXAM, ANORECTAL                  | \$ 393.00    |
| PR I&D PERIRECTAL ABSCESS                           | \$ 2,125.00  |
| PR I&D PERIANAL ABSCESS,SUPERFICIAL                 | \$ 624.00    |
| PR HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS  | \$ 760.00    |
| PR EXCISION THROMBOSED HEMORRHOID, EXTERNAL         | \$ 688.00    |
| PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD   | \$ 277.00    |
| PR CHOLECYSTOSTOMY,EXPLOR/REMV CALC                 | \$ 3,196.00  |
| PR LAP,CHOLECYSTECTOMY                              | \$ 5,775.00  |
| PR LAP,CHOLECYSTECTOMY/GRAPH                        | \$ 6,383.00  |
| PR REMV GALLBLADDER W CHOLANGIOGRAM                 | \$ 4,842.00  |
| PR PERITONEAL LAVAGE W/VO IMAGING GUIDANCE          | \$ 442.00    |
| PR EXCISION OF UMBILICUS                            | \$ 2,542.00  |

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| PR LAP,DIAGNOSTIC ABDOMEN                               | \$ 3,265.00 |
| PR REPAIR ING HERNIA,5+Y/O,REDUCIBL                     | \$ 3,375.00 |
| PR REPAIR ING HERNIA,5+Y/O,STRANG                       | \$ 4,150.00 |
| PR REPAIR FEMORAL HERNIA,STRANG                         | \$ 3,699.00 |
| PR REPAIR INCISIONAL HERNIA,REDUCIBLE                   | \$ 4,233.00 |
| PR REPAIR INCISIONAL HERNIA,STRANG                      | \$ 5,106.00 |
| PR IMPLANT MESH HERNIA REPAIR/DEBRIDEMENT CLOSURE       | \$ 1,898.00 |
| REPAIR UMBILICAL HERN,5+Y/O,REDUC                       | \$ 3,017.00 |
| PR LAP,INGUINAL HERNIA REPR,INITIAL                     | \$ 3,440.00 |
| PR LAP, VENTRAL HERNIA REPAIR,REDUCIBLE                 | \$ 2,869.00 |
| PR LAP, VENTRAL HERNIA REPAIR,INCARCERATED              | \$ 3,410.00 |
| PR LAP, RECURRENT INCISIONAL HERNIA REPAIR,INCARCERATED | \$ 4,871.00 |
| PR EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I     | \$ 1,569.00 |
| PR IRRIGATION OF BLADDER                                | \$ 351.00   |
| PR INSERT,NON-INDWELLING BLADDER CATHETER               | \$ 249.00   |
| PR INSERT,TEMP INDWELLING BLAD CATH,SIMPLE              | \$ 372.00   |
| PR INSERT,TEMP INDWELLING BLAD CATH,COMP                | \$ 778.00   |
| PR CHANGE OF BLADDER TUBE,SIMPLE                        | \$ 441.00   |
| PR MEAS,POST-VOID RES,US,NON-IMAGING                    | \$ 498.00   |
| PR REPAIR BLADDER WOUND/INJ,SIMPLE                      | \$ 2,688.00 |
| PR LAP,SLING OPERATION                                  | \$ 4,672.00 |
| PR CYSTOURETHROSCOPY                                    | \$ 934.00   |
| PR CYSTOSCOPY,DIL URETHRAL STRICTURE                    | \$ 2,091.00 |
| PR CYSTOSCOPY,REMV CALCULUS,SIMPLE                      | \$ 1,436.00 |
| PR CYSTOSCOPY,INSERT URETERAL STENT                     | \$ 1,826.00 |
| PR CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT     | \$ 1,638.00 |
| PR LASER VAPORIZATION SURGERY PROSTATE, COMPLETE        | \$ 8,291.00 |
| PR SLITTING OF PREPUCE                                  | \$ 846.00   |
| PR CIRCUMCISION,CLAMP,NEWBORN W/ ANESTH                 | \$ 897.00   |
| PR INJECT CORPORA CAVERN,PHARM AGNT                     | \$ 413.00   |
| PR EXCIS SPERMATOCELE                                   | \$ 2,595.00 |
| PR DRAINAGE SCROTAL WALL ABSCESS                        | \$ 860.00   |
| PR REMOVAL OF SPERM DUCT(S)                             | \$ 2,910.00 |
| PR BIOPSY OF PROSTATE,NEEDLE/PUNCH                      | \$ 979.00   |
| PR I&D BARTHOLIN GLAND ABSCESS                          | \$ 625.00   |
| PR LYSIS OF LABIAL LESION(S)                            | \$ 501.00   |
| PR BIOPSY VULVA/PERINEUM,ONE LESN                       | \$ 525.00   |
| PR DESTRUCT,VAGINAL LESION(S),SIMPLE                    | \$ 950.00   |
| PR FIT/INSERT INTRAVAG SUPPORT DEVICE                   | \$ 639.00   |
| PR ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO           | \$ 3,454.00 |
| PR INSERT MESH/PELVIC FLR ADDON                         | \$ 969.00   |
| PR REPR VAGINAL PROLAPSE,SACROSP LIG                    | \$ 5,178.00 |
| PR COLPOSCOPY,CERVIX W/ADJ VAGINA                       | \$ 595.00   |
| PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURRETAG             | \$ 845.00   |
| PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX                  | \$ 737.00   |
| PR COLPOSCOPY,CERVIX W/ADJ VAGINA, CURETTAG             | \$ 739.00   |
| PR COLPOSCOPY,CERVIX W/ADJ VAG,W/LOOP BX                | \$ 1,909.00 |

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| PR COLPOSCOPY,CERVIX W/ADJ VAG,W/LOOP CONIZ                  | \$ 1,984.00 |
| PR ENDOCERVICAL CURETTAGE                                    | \$ 496.00   |
| PR CONIZATION CERVIX,KNIFE/LASER                             | \$ 2,237.00 |
| PR BIOPSY OF UTERUS LINING                                   | \$ 512.00   |
| PR ENDOMET BIOPSY DONE W/COLPOSCOPY                          | \$ 352.00   |
| PR MYOMECTOMY 1-4,W/TOT 250GMS/,<,ABD APPRCH                 | \$ 5,778.00 |
| PR TOTAL ABDOM HYSTERECTOMY                                  | \$ 6,468.00 |
| PR SUPRACERV ABD HYSTERECTOMY                                | \$ 5,830.00 |
| PR VAGINAL HYSTERECTOMY,UTERUS 250 GMS/<                     | \$ 5,953.00 |
| PR VAG HYST, W/VAGINECTOMY                                   | \$ 4,064.00 |
| PR INSERT INTRAUTERINE DEVICE                                | \$ 619.00   |
| PR REMOVE INTRAUTERINE DEVICE                                | \$ 425.00   |
| PR REOPEN FALLOPIAN TUBE,CHROMOTUBATION                      | \$ 626.00   |
| PR LAP, SUPRACERVIAL HYSTERECTOMY, <250G                     | \$ 2,661.00 |
| PR LAP,VAG HYST,UTERUS 250GMS/<,SALP-OOPH                    | \$ 6,681.00 |
| PR HYSTEROSCOPY,DX,SEP PROC                                  | \$ 1,908.00 |
| PR HYSTEROSCOPY,W/ENDO BX                                    | \$ 2,880.00 |
| PR HYSTEROSCOPY,RMV FB                                       | \$ 2,581.00 |
| PR HYSTEROSCOPY,W/ENDOMETRIAL ABLATION                       | \$ 5,110.00 |
| PR LAPAROSCOPY W TOT HYSTERECT UTERUS 250 GRAM OR LESS       | \$ 3,942.00 |
| PR LAPAROSCOPY W TOT HYSTERECTUTERUS <=250 GRAM W TUBE/OVARY | \$ 3,555.00 |
| PR LIGATE FALLOPIAN TUBE                                     | \$ 2,906.00 |
| PR LIGATE FALLOPIAN TUBE,POSTPARTUM                          | \$ 2,781.00 |
| PR LIGATION,FALLOPIAN TUBE W/C-SECTION                       | \$ 1,930.00 |
| PR OCCLUDE FALLOPIAN TUBE BY DEVICE                          | \$ 2,760.00 |
| PR LAP,LYSIS OF ADHESIONS                                    | \$ 5,332.00 |
| PR LAP,RMV ADNEXAL STRUCTURE                                 | \$ 5,198.00 |
| PR LAP,FULGURATE/EXCISE LESIONS                              | \$ 5,364.00 |
| PR LAP,TUBAL BLOCK BY DEVICE                                 | \$ 3,417.00 |
| PR REMOVAL OF FALLOPIAN TUBE                                 | \$ 4,697.00 |
| PR FETAL NON-STRESS TEST                                     | \$ 262.00   |
| PR RX ECTOP PREG BY SCOPE,RMV TUBE/OVRY                      | \$ 4,880.00 |
| PR D&C AFTER DELIVERY  | \$ 1,467.00 |
| PR EPISIOTOMY/VAG RPR OTH/THN ATTENDING                      | \$ 1,044.00 |
| PR FULL ROUT OBSTE CARE,VAGINAL DELIV                        | \$ 6,672.00 |
| PR OBSTETRICAL CARE,VAG DELIV ONLY                           | \$ 3,847.00 |
| PR ANTEPARTUM CARE ONLY, 4-6 VISITS                          | \$ 1,378.00 |
| PR ANTEPARTUM CARE ONLY, >7 VISITS                           | \$ 2,549.00 |
| PR CARE AFTER DELIVERY ONLY                                  | \$ 578.00   |
| PR FULL ROUT OBSTE CARE,CESAREAN DELIV                       | \$ 7,799.00 |
| PR CESAREAN DELIVERY ONLY                                    | \$ 5,476.00 |
| PR SURG RX INCOMPLETE ABORTN                                 | \$ 1,677.00 |
| PR SURG RX MISSED ABORTN,1ST TRI                             | \$ 1,894.00 |
| PR REVISE ULNAR NERVE AT ELBOW                               | \$ 4,135.00 |
| PR REMV EXT CANAL FOREIGN BODY                               | \$ 358.00   |
| PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT            | \$ 42.00    |
| PR REMOVE IMPACTED EAR WAX                                   | \$ 178.00   |

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| CHG RADIOLOGIC EXAM CHEST 2 VIEWS                         | \$ | 114.00 |
| CHG RADEX SPINE CERVICAL 4 OR 5 VIEWS                     | \$ | 142.00 |
| CHG X-RAY THORACIC SPINE+SWIM 3 VW                        | \$ | 142.00 |
| CHG X-RAY LUMBAR SPINE 4 VW                               | \$ | 154.00 |
| CHG X-RAY PELVIS 1/2 VW                                   | \$ | 114.00 |
| PR X-RAY CLAVICLE   | \$ | 91.00  |
| CHG X-RAY SHOULDER 2+ VW                                  | \$ | 142.00 |
| CHG X-RAY HUMERUS   | \$ | 102.00 |
| CHG X-RAY ELBOW 3+ VW                                     | \$ | 91.00  |
| CHG X-RAY FOREARM 2 VW                                    | \$ | 91.00  |
| CHG X-RAY WRIST 3+ VW                                     | \$ | 91.00  |
| CHG X-RAY HAND 3+ VW                                      | \$ | 91.00  |
| CHG X-RAY EXAM OF FINGER(S)                               | \$ | 85.00  |
| CHG RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS            | \$ | 114.00 |
| CHG X-RAY KNEE 3 VIEW                                     | \$ | 114.00 |
| CHG X-RAY TIB + FIB, 2VW                                  | \$ | 102.00 |
| CHG X-RAY ANKLE 3+ VW                                     | \$ | 104.00 |
| CHG X-RAY FOOT 3+ VW                                      | \$ | 91.00  |
| CHG X-RAY HEEL  | \$ | 80.00  |
| CHG X-RAY TOE(S)  | \$ | 80.00  |
| US, OB < 14 WKS, SINGLE FETUS                             | \$ | 567.00 |
| US, OB >= 14 WKS, SNGL FETUS                              | \$ | 652.00 |
| CHG US,PREGNANT UTERUS,LIMITED, 1/> FETUSES               | \$ | 300.00 |
| CHG URINALYSIS NONAUTO W/O SCOPE                          | \$ | 25.00  |
| CHG URINALYSIS, AUTO, W/O SCOPE                           | \$ | 42.00  |
| CHG URINE PREGNANCY TEST                                  | \$ | 51.00  |
| BLOOD OCCULT,BY PEROXID,FECES,SINGLE, COLORECTAL SCREEN   | \$ | 37.00  |
| BLOOD OCCULT,BY PEROXID, FECES, 1-3 SIMULT, NON CA SCREEN | \$ | 34.00  |
| CHG BLOOD,OCCULT,FECAL HGB,FECES,1-3 SIMULT               | \$ | 112.00 |
| CHG GLUCOSE BLOOD TEST                                    | \$ | 41.00  |
| CHG HEMOGLOBIN  | \$ | 34.00  |
| CHG COMPLETE CBC  | \$ | 33.00  |
| CHG TB INTRADERMAL TEST                                   | \$ | 24.00  |
| CHG DETECT AGENT,IMMUN,DIR OBS,INFLUENZA                  | \$ | 51.00  |
| CHG STREP A ASSAY W/OPTIC                                 | \$ | 46.00  |
| PR RH IG, FULL-DOSE, IM                                   | \$ | 280.00 |
| PR IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX        | \$ | 50.00  |
| PR IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT            | \$ | 49.00  |
| PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID                 | \$ | 52.00  |
| PR IMMUNIZ,ADMIN,EACH ADDL                                | \$ | 51.00  |
| PR HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE          | \$ | 187.00 |
| PR HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE        | \$ | 131.00 |
| PR HEPA/HEPB VACCINE ADULT IM                             | \$ | 510.00 |
| PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE             | \$ | 107.00 |
| PR HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE               | \$ | 143.00 |
| PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE               | \$ | 530.00 |
| PR 9VHPV VACC 2/3 DOSE SCHED IM USE                       | \$ | 625.00 |

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| PR IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE      | \$ | 61.00    |
| PR IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE | \$ | 75.00    |
| PR LAIV3 VACCINE LIVE FOR INTRANASAL USE            | \$ | 119.00   |
| PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM   | \$ | 29.00    |
| PR PCV13 VACCINE FOR INTRAMUSCULAR USE              | \$ | 627.00   |
| PR RABIES VACCINE, IM                               | \$ | 1,370.00 |
| PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE    | \$ | 335.00   |
| PR RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE    | \$ | 435.00   |
| PR IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE      | \$ | 50.00    |
| PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE      | \$ | 72.00    |
| PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE        | \$ | 237.00   |
| PR DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE       | \$ | 366.00   |
| DTAP IMMUNIZATION, IM, <7 YO                        | \$ | 125.00   |
| PR DT VACCINE YOUNGER THAN 7 YRS FOR IM USE         | \$ | 55.00    |
| PR MMR VIRUS IMMUNIZATION, SUBCUT                   | \$ | 269.00   |
| PR COMBINED VACCINE,MMR+VARICELLA,SUB-Q             | \$ | 717.00   |
| PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q            | \$ | 127.00   |
| PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE  | \$ | 79.00    |
| PR TDAP VACCINE >7 YO, IM                           | \$ | 150.00   |
| PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE            | \$ | 412.00   |
| PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR              | \$ | 328.00   |
| PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE    | \$ | 320.00   |
| PR MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE  | \$ | 419.00   |
| PR ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE     | \$ | 351.00   |
| PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM      | \$ | 87.00    |
| PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE    | \$ | 183.00   |
| PR PSYCHOTHERAPY W/PATIENT 30 MINUTES               | \$ | 204.00   |
| PR PSYCHOTHERAPY W/PATIENT 45 MINUTES               | \$ | 343.00   |
| PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS   | \$ | 439.00   |
| PR PURE TONE AUDIOMETRY, AIR                        | \$ | 79.00    |
| PR ELECTROCARDIOGRAM, COMPLETE                      | \$ | 150.00   |
| PR ELECTROCARDIOGRAM, TRACING                       | \$ | 126.00   |
| PR ELECTROCARDIOGRAM REPORT                         | \$ | 83.00    |
| PR IMMUNOTHERAPY, ONE INJECTION                     | \$ | 46.00    |
| PR IMMUNOTHERAPY, 2+ INJECTIONS                     | \$ | 57.00    |
| PR CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT  | \$ | 509.00   |
| PR CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R       | \$ | 156.00   |
| PR DEVELOPMENTAL SCREENING W/INTERP&REPRT STD FORM  | \$ | 199.00   |
| PR INJECTION,THERAP/PROPH/DIAGNOST, IM OR SUBCUT    | \$ | 47.00    |
| PR CHEMOTHER HORMON ANTINEOPL SUB-Q/IM              | \$ | 117.00   |
| PR ACTIVE WOUND CARE/20 CM OR <                     | \$ | 197.00   |
| PR MED NUTR THER, 1ST, INDIV, EA 15 MIN             | \$ | -        |
| PR POST-OP FOLLOW-UP VISIT                          | \$ | -        |
| PR EMERGENCY CARE DISRUPTING OFFICE                 | \$ | -        |
| PR OFFICE OUTPATIENT NEW 10 MINUTES                 | \$ | 147.00   |
| PR OFFICE OUTPATIENT NEW 20 MINUTES                 | \$ | 205.00   |
| PR OFFICE OUTPATIENT NEW 30 MINUTES                 | \$ | 265.00   |

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| PR OFFICE OUTPATIENT NEW 45 MINUTES                 | \$ | 402.00 |
| PR OFFICE OUTPATIENT VISIT 5 MINUTES                | \$ | 78.00  |
| PR OFFICE OUTPATIENT VISIT 10 MINUTES               | \$ | 122.00 |
| PR OFFICE OUTPATIENT VISIT 15 MINUTES               | \$ | 170.00 |
| PR OFFICE OUTPATIENT VISIT 25 MINUTES               | \$ | 256.00 |
| PR OFFICE OUTPATIENT VISIT 40 MINUTES               | \$ | 347.00 |
| PR OBSERVATION CARE DISCHARGE MANAGEMENT            | \$ | 243.00 |
| PR INITIAL OBSERVATION CARE/DAY 30 MINUTES          | \$ | 283.00 |
| PR INITIAL OBSERVATION CARE/DAY 50 MINUTES          | \$ | 395.00 |
| PR INITIAL OBSERVATION CARE/DAY 70 MINUTES          | \$ | 514.00 |
| PR INITIAL HOSPITAL CARE/DAY 50 MINUTES             | \$ | 424.00 |
| PR INITIAL HOSPITAL CARE/DAY 70 MINUTES             | \$ | 537.00 |
| PR SBSQ OBSERVATION CARE/DAY 15 MINUTES             | \$ | 112.00 |
| PR SBSQ OBSERVATION CARE/DAY 25 MINUTES             | \$ | 175.00 |
| PR SBSQ HOSPITAL CARE/DAY 25 MINUTES                | \$ | 233.00 |
| PR OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES   | \$ | 549.00 |
| PR OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES   | \$ | 707.00 |
| PR HOSPITAL DISCHARGE DAY,<30 MIN                   | \$ | 282.00 |
| PR HOSPITAL DISCHARGE DAY,>30 MIN                   | \$ | 441.00 |
| PR OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN     | \$ | 312.00 |
| PR OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN     | \$ | 397.00 |
| PR OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN     | \$ | 527.00 |
| PR INITL INPATIENT CONSULT NEW/ESTAB PT 40 MIN      | \$ | 359.00 |
| PR INITL INPATIENT CONSULT NEW/ESTAB PT 55 MIN      | \$ | 447.00 |
| PR INITIAL NURSING FACILITY CARE/DAY 25 MINUTES     | \$ | 220.00 |
| PR INITIAL NURSING FACILITY CARE/DAY 35 MINUTES     | \$ | 303.00 |
| PR INITIAL NURSING FACILITY CARE/DAY 45 MINUTES     | \$ | 375.00 |
| PR SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN | \$ | 112.00 |
| PR SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN  | \$ | 178.00 |
| PR SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN   | \$ | 249.00 |
| PR NURSING FAC DISCHRG DAY,1-30 MIN                 | \$ | 228.00 |
| PR NURSING FAC DISCHRG DAY,MORE 30 MIN              | \$ | 287.00 |
| PR DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN  | \$ | 206.00 |
| PR DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN  | \$ | 301.00 |
| PR DOMICIL/REST HOME NEW PT HI-MOD SEVER 45 MINUTES | \$ | 451.00 |
| PR DOMICIL/REST HOME NEW PT VISIT HI SEVER 60 MIN   | \$ | 707.00 |
| PR DOM/R-HOME E/M NEW PT SIGNIF NEW PROB 75 MINUTES | \$ | 715.00 |
| PR DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES | \$ | 158.00 |
| PR DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES | \$ | 253.00 |
| PR DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES | \$ | 390.00 |
| PR DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES | \$ | 574.00 |
| PR HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES   | \$ | 220.00 |
| PR HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES   | \$ | 247.00 |
| PR HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES  | \$ | 367.00 |
| PR HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES     | \$ | 386.00 |
| PR PREVENTIVE VISIT,NEW,INFANT < 1 YR               | \$ | 298.00 |
| PR PREVENTIVE VISIT,NEW,AGE 1-4                     | \$ | 291.00 |



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| PR PREVENTIVE VISIT,NEW,AGE5-11                          | \$ | 315.00 |
| PR PREVENTIVE VISIT,NEW,12-17                            | \$ | 336.00 |
| PR PREVENTIVE VISIT,NEW,18-39                            | \$ | 361.00 |
| PR PREVENTIVE VISIT,NEW,40-64                            | \$ | 427.00 |
| PR PREVENTIVE VISIT,NEW,65 & OVER                        | \$ | 443.00 |
| PR PREVENTIVE VISIT,EST, INFANT < 1 YR                   | \$ | 227.00 |
| PR PREVENTIVE VISIT,EST,AGE 1-4                          | \$ | 263.00 |
| PR PREVENTIVE VISIT,EST,AGE5-11                          | \$ | 267.00 |
| PR PREVENTIVE VISIT,EST,12-17                            | \$ | 292.00 |
| PR PREVENTIVE VISIT,EST,18-39                            | \$ | 309.00 |
| PR PREVENTIVE VISIT,EST,40-64                            | \$ | 325.00 |
| PR PREVENTIVE VISIT,EST,65 & OVER                        | \$ | 375.00 |
| PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES       | \$ | 79.00  |
| PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES           | \$ | 166.00 |
| PR INITIAL NORMAL NEWBORN CARE, HOSPITAL OR BIRTH CENTER | \$ | 415.00 |
| PR SUBSEQUENT HOSPITAL CARE, NORMAL NEWBORN              | \$ | 183.00 |
| PR INITIAL NORMAL NEWBORN CARE, SAME DAY DISCHARGE       | \$ | 500.00 |
| PR ATTENDANCE AT DELIVERY W INITIAL STABILIZATION        | \$ | 519.00 |
| PR CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH           | \$ | 146.00 |
| PR ADMIN INFLUENZA VIRUS VAC                             | \$ | 52.00  |
| PR ADMIN PNEUMOCOCCAL VACCINE                            | \$ | 51.00  |
| PR COMM SVCS BY RHC/FQHC 5 MIN                           | \$ | 52.00  |
| PR MEDICARE INITIAL PREVENTIVE EXAM                      | \$ | 375.00 |
| PR EKG TRACING FOR INITIAL PREV                          | \$ | 126.00 |
| PR EKG INTERPRET & REPORT PREVE                          | \$ | 83.00  |
| PR PPS, MEDICARE ANNUAL WELLNESS VISIT, INITIAL          | \$ | 375.00 |
| PR PPS, MEDICARE ANNUAL WELLNESS VISIT, SUBSEQUENT       | \$ | 375.00 |
| PR ADRENALIN EPINEPHRINE INJECT 0.1MG                    | \$ | 911.00 |
| PR PENICILLIN G BENZATHINE INJ 100,000 UNITS             | \$ | 242.00 |
| PR CEFTRIAXONE SODIUM INJECTION PER 250 MG               | \$ | 20.00  |
| PR BETAMETHASONE ACET 3 MG &SOD PHOSP 3 MG               | \$ | 32.00  |
| INJECTION, DENOSUMAB, 1MG                                | \$ | 54.00  |
| PR METHYLPREDNISOLONE 40 MG INJ                          | \$ | 27.00  |
| PR METHYLPREDNISOLONE 80 MG INJ                          | \$ | 32.00  |
| PR MEDROXYPROGESTERONE ACETATE 1 MG                      | \$ | 1.00   |
| PR INJ TESTOSTERONE CYPIONATE                            | \$ | -      |
| PR DEXAMETHASONE SODIUM PHOS 1 MG                        | \$ | 23.00  |
| PR INJ DIHYDROERGOTAMINE MESYLT PER 1 MG                 | \$ | 188.00 |
| PR DIPHENHYDRAMINE HCL INJECTIO UP TO 50 MG              | \$ | 27.00  |
| PR KETOROLAC TROMETHAMINE PER 15 MG INJ                  | \$ | 20.00  |
| PR FUROSEMIDE UP TO 20 MG INJECTION                      | \$ | 36.00  |
| PR ONDANSETRON HCL /1 MG INJECTION                       | \$ | 132.00 |
| PR PENICILLIN G PROCAINE UP TO 600,000 UNITS INJ         | \$ | 27.00  |
| PR PROMETHAZINE HCL 50 MG INJECTION                      | \$ | 27.00  |
| PR RHO(D) IMMUNE GLOBULIN H, SD 100 IU                   | \$ | 497.00 |
| PR METHYLPREDNISOLONE UP TO 40 MG INJECTION              | \$ | 27.00  |
| PR METHYLPREDNISOLONE UP TO 125 MG INJECTION             | \$ | 27.00  |

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| PR TRIAMCINOLONE ACETONIDE 10 MG INJ                      | \$ | 31.00    |
| PR TRIPTORELIN PAMOATE 3.75 MG                            | \$ | 5,134.00 |
| PR VITAMIN B12 UP TO 1,000 MCG INJECTION                  | \$ | 27.00    |
| PR MIRENA, 52 MG  | \$ | 1,888.00 |
| PR INTRAUT COPPER CONTRACEPTIVE                           | \$ | 1,452.00 |
| PR SKYLA, 13.5 MG   | \$ | 1,361.00 |
| ETONOGESTREL IMPLANT SYSTEM EACH                          | \$ | 2,618.00 |
| PR SYNVISIC OR SYNVISIC-ONE                               | \$ | 1,886.00 |
| PR PREDNISONE IR OR DR ORAL 1MG                           | \$ | 2.00     |
| PR DEGARELIX 1 MG INJECTION                               | \$ | 1,818.00 |
| PR LEUPROLIDE ACETATE SUSPNSION 7.5 MG                    | \$ | 3,313.00 |
| PR NO CHARGE VISIT  | \$ | -        |
| HC I&D PILONID CYS SMPL                                   | \$ | 60.00    |
| HC WEDGE EXC NAIL FOLD                                    | \$ | 81.00    |
| HC DEBRIDE NAILS 1-5                                      | \$ | 25.00    |
| HC EXC BENIGN LES S/N/EX/G 1.1-2.0 CM                     | \$ | 565.00   |
| HC EXC FACE-MM B9+MARG 0.6-1.0 CM                         | \$ | 76.00    |
| PBB I&D PILONID CYS; SMPL                                 | \$ | 431.00   |
| PBB EXC BENIGN LES S/N/EX/G 1.1-2.0 CM                    | \$ | 666.00   |
| PBB EXC FACE-MM B9+MARG 0.6-1.0 CM                        | \$ | 661.00   |
| PBB DEBRIDE NAILS 1-5                                     | \$ | 146.00   |
| PBB WEDGE EXC NAIL FOLD                                   | \$ | 470.00   |
| HC CONTINUOUS GLUCOSE MONITOR                             | \$ | 509.00   |
| PR I&D PILONID CYS SMPL                                   | \$ | 491.00   |
| PR WEDGE EXC NAIL FOLD                                    | \$ | 552.00   |
| PR EXC BENIGN LES S/N/EX/G 1.1-2.0 CM                     | \$ | 666.00   |
| PR EXC FACE-MM B9+MARG 0.6-1.0 CM                         | \$ | 661.00   |
| PR DEBRIDE NAILS 1-5                                      | \$ | 171.00   |
| PR GLUCOSE MONITORING CONT 72+ HRS                        | \$ | 509.00   |
| PB CIC OCC MED IDOT PHYSICAL                              | \$ | 115.00   |
| PB CIC OCC MED SPORTS/DAYCARE/TEACHER PHYSICAL            | \$ | 50.00    |
| PB CIC OCC MED BUS DRIVER PHYSICAL                        | \$ | 115.00   |
| PB CIC OCC MED MH PRE-EMPLOYEMENT VISIT                   | \$ | -        |
| PB CIC OCC MED CARTHAGE CLINIC/HOSPITAL EMPLOYEE PHYSICAL | \$ | -        |
| MMCONSULT   | \$ | 225.00   |
| SPORTS PHYSICAL   | \$ | 50.00    |

